



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

August 5, 2021

David A. Lester, Esquire
Chief Executive Officer
ProHealth Home Health
717 37th Street South
Birmingham, Alabama 35222

RE: TW2020-020
ProHealth of North Central Alabama, LLC
SHPDA ID: 009-H7179

Dear Mr. Lester:

On April 10, 2020, TW2020-020 was issued pursuant to ALA. ADMIN. CODE r 410-2-5-.09-E and 410-1-10-.05-E on behalf of the referenced home health agency to provide home health services in Chambers County due to COVID.

On May 20, 2021, the Agency was notified that the waiver to provide home health services in Chambers County was never instituted. As a result of this notification, this waiver is now deemed completed and all services are limited to the provider's Certificate of Need authorized service area only.

Should you have any questions please contact the Agency at (334) 242-4103.

Sincerely,

A handwritten signature in black ink that reads "Emily T. Marsal".

Emily T. Marsal
Executive Director

ETM/kwm



David A. Lester
Chief Executive Officer
717 37th Street South
Birmingham, AL 35222
Tel: (205) 820-7000
Fax: (205) 383-3557
Email: david.lester@prohealthgroup.com

May 20, 2021
TW2020-020
RECEIVED
May 20 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

(DELIVERED BY EMAIL TO shpda.online@shpda.alabama.gov)

Ms. Emily Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: TW2020-20, TW2020-21, and TW2020-022

Dear Ms. Marsal,

I am writing on behalf of ProHealth of North Central Alabama, LLC (“ProHealth”) to comply with your Memorandum dated May 14, 2021, regarding Temporary Emergency Waivers. The waivers issued to ProHealth to provide home health services in Chambers, Lee, and Russell Counties were never instituted.

If you have any questions or need any additional information from us, please do not hesitate to let me know.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. Lester", with a long horizontal flourish extending to the right.

David A. Lester

cc: Ms. Karen McGuire, SHPDA



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE FOR ISSUANCE OF TEMPORARY WAIVER

In the fifth supplemental State of Emergency for the COVID-19 pandemic, Governor Ivey gave the State Health Planning and Development Agency (Agency) the ability to promulgate rules in order to issue temporary waivers to the normal Certificate of Need (CON) process for providers specifically requiring additional capacity or services directly related to the State of Emergency declared for the COVID-19 pandemic.

The Agency has filed two emergency administrative rules: ALA. ADMIN. CODE r. 410-2-5-.09-E COVID-19 State of Emergency, passed by the Statewide Health Coordinating Council, and ALA. ADMIN. CODE r 410-1-10-.05-E Emergency Provisions Related to COVID-19 Emergency, passed by the Certificate of Need Review Board. Both of these emergency rules can be found on the SHPDA website.

By filling out this attached form, the applicant has requested a temporary waiver under these emergency rules and it has been signed and notarized that this request is directly related to the COVID-19 pandemic. The affirmation by the SHPDA Executive Director is related solely to the addition and/or provision of any beds, stations, or services during the State of Emergency and succeeding 60-day period and does not affirm any permanent CON authority for such request. The affirmation shall also not be considered to be a waiver of any requirements related to the Alabama Department of Public Health or any other regulatory agency.

Pursuant to ALA. ADMIN. CODE r. 410-2-5-.09-E (3), the request as affirmed, "shall automatically terminate on the earlier of (i) as applicable, the discontinuation of services or closure of facilities subject to the waiver; or (ii) sixty (60) days following the termination of the State of Emergency as recognized in the Declaration." Furthermore, the rule states, "[a]ny continued operation of institutional health services authorized under a waiver granted pursuant to this section will require a CON, which shall be subject to existing CON criteria and procedures, including compliance with the State Health Plan, without regard to emergency rules adopted by the CON Board or SHCC in response to the Declaration. It is the intent of this subsection that services, facilities or other new institutional health services established as a result a waiver be considered 'new' for purposes of an application for CON authority to extend such new institutional health services beyond the deadlines in this subsection."

In addition, pursuant to ALA. ADMIN. CODE r. 410-2-5-.09-E (4), "new institutional health services authorized on a temporary basis pursuant to a waiver granted under this rule shall not be considered for purposes of the permanent need methodology in the State Health Plan."

For any questions or concerns, please contact the Agency at (334) 242-4103.

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113

FOR STAFF USE ONLY:

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Apr 10 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

WAIVER IDENTIFICATION: TW2020-020

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 009-H7179 COUNTY: ~~Chambers~~ Blount

FACILITY/PROVIDER NAME: ProHealth of North Central Alabama, LLC

STREET ADDRESS: 923 Second Avenue East

CITY: Oneonta ZIP CODE: 35121

AUTHORIZED REPRESENTATIVE: David A. Lester

TITLE: CEO EMAIL ADDRESS: david.lester@prohealthgroup.com

DIRECT TELEPHONE NUMBER: 205-820-7000

TYPE OF FACILITY/PROVIDER: Home Health

Pursuant to a declaration issued by Governor Ivey on April 2, 2020, the following additional services are being enacted pursuant to Ala. Admin. Code r 410-2-5-.09-E and 410-1-10-.05-E.

Home Health services in Chambers County.

Does this request involve an increase in: Beds No Yes Number _____

ESRD Stations No Yes Number _____

Provide a brief explanation of how these services will assist in the health and safety of citizens during the emergency (attach additional sheets if necessary):

Ultra Care Home Health & Hospice in Columbus, GA has reached out to us to inquire as to whether we can help staff patients in this county who have been referred to them by referral sources in the Columbus, GA area who have indicated they are having a difficult time staffing home health referrals in this county due to the COVID outbreak. This county is currently experiencing one of the largest COVID outbreaks in Alabama.

Projected Construction/Renovation Costs: \$0

Projected Equipment Costs: \$0

Projected date additional services/equipment will be available for service: 04/08/2020

If this Waiver request involves construction of a new facility and/or acquisition of new equipment, provide a brief description of the proposal on a separate sheet of paper and return with this form.

The undersigned, being first duly sworn, hereby affirms that he/she has direct knowledge of the facts contained this request, and to the best of their information, knowledge, and belief, such facts are true and correct. The undersigned agrees to comply with the requirements and limitations outlined by Rules 410-2-5-.09-E and 410-1-10-.05-E

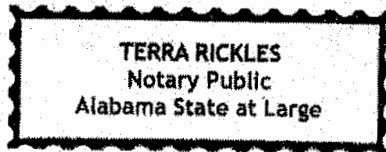

Signature of Authorized Officer


04/08/2020
Date

David A. Lester
Printed Name

CEO
Title

Sworn to and subscribed before me this 8 day of April 2020



Terra Rickles 
Notary Public

My Commission Expires June 21, 2023

(Seal)

My Commission Expires: _____

AFFIRMED BY EXECUTIVE DIRECTOR:



4/10/2020
Date