



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

August 6, 2021

Gregg Brantley Everett, Esquire
Gilpin Givhan
Post Office Drawer 4540
Montgomery, Alabama 36103

RE: TW2020-039
Geneva County Health Care Authority
d/b/a Wiregrass Medical Center
SHPDA ID: 061-6530475

Dear Mr. Everett:

On May 1, 2020, TW2020-039 was issued pursuant to ALA. ADMIN. CODE r 410-2-5-.09-E and 410-1-10-.05-E on behalf of the referenced facility for the utilization of ten (10) general acute care beds as swing beds in the provision of healthcare services due to COVID.

On May 24, 2021, the Agency was notified that the waiver to utilize these beds is no longer being utilized, and the facility is instead operating ten (10) swing beds authorized by CON 2899-H issued on August 3, 2020. As a result of this notification, this waiver is now deemed completed and all services are limited to Certificate of Need authorized services only.

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

Sincerely,

Emily T. Marsal
Executive Director

ETM/kwm



TW2020-039
RECEIVED
May 24 2021

GREGG BRANTLEY EVERETT
DIRECT DIAL: (334) 409-2228
EMAIL: GEVERETT@GILPINGIVHAN.COM

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

May 24, 2021

**FILED THIS DATE VIA EMAIL AT: shpda.online@shpda.alabama.gov;
SENT VIA EMAIL TO: Emily.marsal@shpda.alabama.gov;
Karen.McGuire@shpda.alabama.gov; and Teresa.Lee@shpda.alabama.gov**

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

**Re: Temporary Waiver Status Report
Geneva County Health Care Authority, d/b/a Wiregrass Medical Center
CON Application /Project No. AL2020-004 (10 Swing Beds)
Our File No.: 4630.1058**

Dear Ms. Marsal:

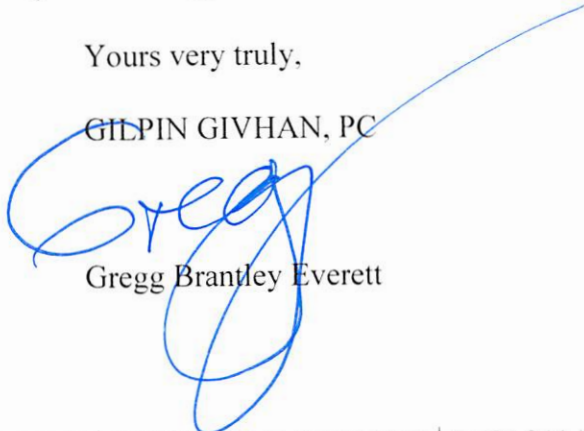
This correspondence is submitted in response to your May 14, 2021, Memorandum requesting the status of services Wiregrass Medical Center ("Wiregrass") is currently providing pursuant to the Temporary Certificate of Need Waiver for 10 Swing Beds that it was granted by SHPDA on May 1, 2020 (copy attached for your convenience).

At the time Wiregrass applied for this Temporary Waiver, it had already submitted its Application for a Certificate of Need for Ten *permanent* Swing Beds (see Project No. AL2020-0004 - submitted to SHPDA on November 12, 2019). That Application was subsequently granted on August 3, 2020 (see attached). Therefore, Wiregrass is no longer operating under the May 1, 2020, Temporary CON.

If you need anything further regarding this matter, please let me know.

Yours very truly,

GILPIN GIVHAN, PC



Gregg Brantley Everett

GBE/sd
Enclosures

ALABAMA
STATE HEALTH PLANNING & DEVELOPMENT AGENCY
CERTIFICATE OF NEED
FOR HEALTH CARE SERVICES

I. IDENTIFICATION

1. Certificate of Need 2899-H	2. Date Issued: August 3, 2020	3. Termination Date: August 2, 2021
4. Project Number: AL2020-004	5. Name of Facility: Geneva County Health Care Authority d/b/a Wiregrass Medical Center	
6. Service Area: Geneva County	7. Location of Facility: 1200 West Maple Avenue Geneva, Alabama 36340	
8. Type of Facility: HOSPITAL	9. Number of Beds: 10	10. Estimated Cost: \$349,000.00
11. Services to be provided: The applicant is proposing to certify ten (10) existing general acute care beds as ten (10) swing beds in the city of Geneva, Geneva County, Alabama, pursuant to ALA. ADMIN. CODE r. 410-2-4-.09 of the <i>2014-2017 Alabama State Health Plan</i> .		

II. CERTIFICATE OF NEED

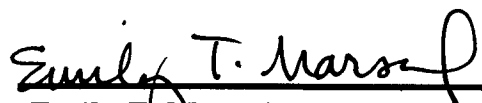
In accordance with Section 22-21-260 through 22-21-279, Code of Alabama, 1975, the Certificate of Need Review Board finds as follows:

1. There is a need for the project.
2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued to **Geneva County Health Care Authority d/b/a Wiregrass Medical Center** only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.

ORIGINAL



Emily T. Marsal, Executive Director

FOR STAFF USE ONLY:

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May 1 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

WAIVER IDENTIFICATION: TW2020-039

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 061-6530475 COUNTY: Geneva

FACILITY/PROVIDER NAME: Geneva County Health Care Authority d/b/a Wiregrass Medical Center

STREET ADDRESS: 120 West Maple Avenue

CITY: Geneva ZIP CODE: 36340

AUTHORIZED REPRESENTATIVE: Jeffrey M. Brannon, RN

TITLE: CEO EMAIL ADDRESS: jeff.brannon@wiregrassmedicalcenter.org

DIRECT TELEPHONE NUMBER: (334) 684-3655

TYPE OF FACILITY/PROVIDER: General Acute Care Hospital

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.

Please see **Attachment A** for response.

Does this request involve an increase in: Beds No Yes Number 10

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):

Please see **Attachment B** for response.

Projected Construction/Renovation Costs: \$ -0-

Projected Equipment Costs: \$ -0-

Projected date additional services/equipment will be available for service: Immediately

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

Jeffrey M. Brannon
Signature of Authorized Officer

4-30-2020
Date

Jeffrey M. Brannon, RN
Printed Name

CEO
Title

Sworn to and subscribed before me this 30th day of April, 2020.



Kimberly Anne Watson
Notary Public

My Commission Expires: My Commission Expires 7/18/22

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsolf 5/1/2020
Date

ATTACHMENT A

(Request for Certificate of Need Waiver)

Wiregrass Medical Center is a 67 bed general acute care hospital in Geneva, Alabama. Wiregrass Medical Center is owned by the Geneva County Health Care Authority, which also owns a 96 bed nursing home on the hospital campus. Wiregrass Medical Center meets all of the Center for Medicare and Medicaid Services (CMS) requirements for Swing Bed providers.

Wiregrass Medical Center ("Hospital") meets the requirements at 42 C.F.R. § 482.66. These include:

- Hospital has a Medicare provider agreement;
- The facility has fewer than 100 hospital beds, excluding beds for newborns and beds in intensive care type inpatient units;
- Hospital is located in a rural area. This includes all areas not delineated as "urbanized" areas by the Census Bureau, based on the most recent census;
- Hospital does not have in effect a 24-hour nursing waiver granted under 42 C.F.R. § 488.54(c);
- Hospital has not had a swing-bed approval terminated within the two years previous to its application, and
- Hospital meets the swing-bed Conditions of Participation on Resident Rights; Admission, Transfer, and Discharge Rights; Resident Behavior and Facility Practices; Patient Activities; Social Services; Discharge Planning; Specialized Rehabilitative Services; and Dental Services.

Wiregrass has a CON application for 10 Swing Beds (SHPDA Project No. AL2020-004) which is scheduled to be heard at the next CON Review Board meeting. Wiregrass Medical Center is requesting that it be granted a temporary CON for 10 Swing Beds. The total number of beds at Wiregrass Medical Center will remain 67, because Swing Bed approval does not change or add beds. Swing Beds can be used to provide general acute care or Skilled Nursing (nursing home) care depending on patient needs.

ATTACHMENT B

(Request for Certificate of Need Waiver)

Wiregrass Medical Center is a general acute care hospital located in Geneva, Alabama. Wiregrass Medical Center is located on the same campus as the Wiregrass Medical Center Nursing Home and both are owned by the Geneva County Health Care Authority. Wiregrass Medical Center is licensed for 67 general acute care beds and Wiregrass has a CON application for 10 Swing Beds (SHPDA Project No. AL2020-004) which is scheduled to be heard at the next CON Review Board meeting. Wiregrass Medical Center is proposing to temporarily add 10 Swing Beds. The hospital's total licensed beds will remain at 67 general acute care beds, because a Swing Bed is counted as a general acute care bed for licensing purposes.

Wiregrass Medical Center is very experienced in caring for patients who qualify for nursing home care. There are other hospitals and nursing homes with patients who have active COVID-19 infections who need to be transferred for care because of concerns about the possible infection of other patients. Wiregrass Medical Center has the space and experienced staff necessary to care for these patients. The addition of 10 Swing Beds at Wiregrass Medical Center will provide beds for patients with COVID-19 infections who need to be separated from other patients in nursing homes and hospitals. Because of the COVID-19 pandemic, Wiregrass Medical Center, which has historically had high utilization, currently has unused hospital beds available for the care of patients with Covid-19 infections.



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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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



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May 1 2020

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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Jeffrey M. Brannon
Signature of Authorized Officer

4-30-2020
Date

Jeffrey M. Brannon, RN
Printed Name

CEO
Title

Sworn to and subscribed before me this 30th day of April, 2020.

Amberly Anne Watson
Notary Public



My Commission Expires: My Commission Expires 7/18/22

AFFIRMED BY EXECUTIVE DIRECTOR: Emily T. Mansuf 5/1/2020
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