



## 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

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WAIVER IDENTIFICATION: TW2021-011

Feb 26 2021

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

REQUEST FOR CERTIFICATE OF NEED WAIVER

043-65303020

FACILITY ID NO.: ~~H2201~~ COUNTY: Cullman

FACILITY/PROVIDER NAME: Cullman Regional Medical Center

STREET ADDRESS: 1912 Alabama Highway 157

CITY: Cullman ZIP CODE: 35058

AUTHORIZED REPRESENTATIVE: Nesha Donaldson

TITLE: COO EMAIL ADDRESS: Nesha.Donaldson@cullmanregional.com

DIRECT TELEPHONE NUMBER: (256) 737-2930

TYPE OF FACILITY/PROVIDER: 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.

At ADPH's request in conjunction with the filing of an Emergency Alternate Care Site request, Cullman Regional Medical Center ("CRMC") requests the temporary use of existing observation room space to accommodate up to thirty (30) inpatient beds in the event of spikes in hospital census due to COVID, and to house displaced non-COVID inpatients, commencing on an as needed basis on or around March 1, 2021. This request is addressing the requested use of the temporary observation room space as reflected in CRMC's recently approved AL2021-017-E and is not requesting use of an additional thirty (30) beds herein. CRMC has experienced large spikes in inpatient volumes this winter due to large influxes of COVID-19 patients and has not had adequate space and beds to treat the large influx of such patients. CRMC requests the approval of this emergency request for the duration of the current health care emergency.

Does this request involve an increase in: Beds No  Yes  Number 30

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):

During this time of global pandemic, CRMC has not had the space and beds needed to treat the large influx of COVID-19 patients. This requested temporary use of existing observation rooms to house up to thirty (30) additional inpatient beds on an as needed basis will allow CRMC to be prepared for any future spikes in utilization such as from new COVID strains that are beginning to circulate in the United States. This requested waiver for the duration of this health care state of emergency will help to alleviate some of the bed shortages that CRMC has experienced this winter and allow CRMC to have additional space in which to provide inpatient care that will allow for necessary separation between COVID and non-COVID patients and to avoid using semi-private rooms for COVID patients.

Projected Construction/Renovation Costs: \$ 0.00

Projected Equipment Costs: \$ 0.00

Projected date additional services/equipment will be available for service: 3/1/2021

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

Nesha Donaldson  
Signature of Authorized Officer

2/26/21  
Date

Nesha Donaldson  
Printed Name

COO  
Title

Sworn to and subscribed before me this 26<sup>th</sup> day of February, 2021.



Charlotte Hicks  
Notary Public

My Commission Expires: 7/1/2023

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsuf

3/1/2021  
Date