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

NOTICE FOR ISSUANCE OF TEMPORARY WAIVER

In the State of Emergency issued on August 13, 2021, for the COVID-19 pandemic, Governor Ivey directed the State Health Planning and Development Agency (Agency) to provide for temporary waivers to the Certificate of Need process to permit new services, facilities, and other resources needed for treatment of patients affected by the appearance of Covid-19, or to free up bed and treatment space at existing health care facilities to permit such needed treatment in accordance with ALA. ADMIN. CODE r. 410-1-10-.05 and ALA. ADMIN. CODE r. 410-2-5-.09.

By filling out this attached form, the applicant has requested a temporary waiver 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 (3), the request as affirmed, "shall automatically terminate on the earlier of (i) as applicable, the discontinuation of services 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, subject to regular CON criteria and procedures, including compliance with the SHP, without regard to this rule."

In addition, ALA. ADMIN. CODE r. 410-2-5-.09 (4) provides that "[e]xcept as specifically provided in ALA. ADMIN. CODE § 410-2-5-.09.1(A)(1) and (2), the construction, development or other establishment of a new health care facility, as defined in Section 410-1-2-.05, shall not be eligible for a waiver under this rule."

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

RECEIVED
Aug 16 2021
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2021-012

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 009-H7179 COUNTY: Talladega

FACILITY/PROVIDER NAME: ProHealth Home Health, LLC f/k/a ProHealth of North Central

STREET ADDRESS: 25522 Highway 75 North

CITY: Oneonta ZIP CODE: 35121

AUTHORIZED REPRESENTATIVE: David A. Lester

TITLE: Chief Executive Officer 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.

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

ESRD Stations No [X] 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):

ProHealth Home Health, LLC is seeking a temporary waiver to continue to provide home health services offered under the previous temporary waiver granted by SHPDA. In addition, ProHealth Home Health LLC has been notified by referral sources in the area that they are having difficulties finding home health agencies that will accept less desirable Medicare Advantage plans due to staffing and other problems created by the COVID pandemic.

Projected Construction/Renovation Costs: $ 0.00

Projected Equipment Costs: $ 0.00

Projected date additional services/equipment will be available for service: 8/16/2021

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

Signature of Authorized Officer

8/16/2021
Date

David A. Lester
Printed Name

Chief Executive Officer
Title

Sworn to and subscribed before me this 16th day of August, 2021.

(Seal)

MELANIE PHILLIPS
Notary Public
Alabama State at Large

Notary Public

My Commission Expires: My Commission Expires May 24, 2023

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsal
Emily T. Marsal

8/17/2021
Date

THIS FORM *MUST* BE SUBMITTED IN PDF SEARCHABLE FORMAT TO SHPDA.ONLINE@SHPDA.ALABAMA.GOV