



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.

FOR STAFF USE ONLY:

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Aug 18 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

WAIVER IDENTIFICATION: TW2021-023

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 055-1112 **COUNTY:** Etowah

FACILITY/PROVIDER NAME: Encompass Health Rehabilitation Hospital of Gadsden

STREET ADDRESS: 801 Goodyear Avenue

CITY: Gadsden **ZIP CODE:** 35903

AUTHORIZED REPRESENTATIVE: Elizabeth Mahon

TITLE: Chief Executive Officer **EMAIL ADDRESS:** Elizabeth.Mahon@encompasshealth.com

DIRECT TELEPHONE NUMBER: (256) 439-5010

TYPE OF FACILITY/PROVIDER: Inpatient Rehabilitation 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.

Addition of 4 Inpatient Rehabilitation Beds

Does this request involve an increase in: Beds No Yes Number 4

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):

Encompass Health Rehabilitation Hospital of Gadsden (the "Hospital") proposes to continue operating four (4) additional inpatient rehabilitation beds to provide inpatient physical rehabilitation services to patients who are ready to be discharged from the general acute care hospital but require inpatient physical rehabilitation and hospital-level care. SHDPA initially approved the operation of the additional beds through TW 2020-037. Allowing the Hospital to continue operating the additional beds will enable the Hospital to admit and treat more patients from general acute care hospitals in the area, thereby freeing up acute care and ICU beds to be used in treating patients with COVID-19. No construction is required for the continued operation of the additional beds.

Projected Construction/Renovation Costs: \$ See AL2021-015, CON 2954-REHAB. kwm

Projected Equipment Costs: \$ See AL2021-015, CON 2954-REHAB. kwm

Projected date additional services/equipment will be available for service: 8/17/2021

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

Elizabeth Mahon

Signature of Authorized Officer

8.18.21

Date

Elizabeth Mahon

Printed Name

Chief Executive Officer

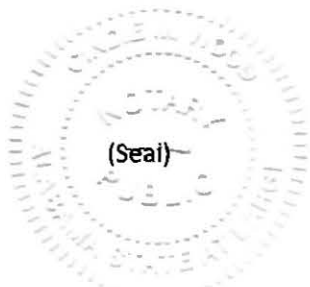
Title

Sworn to and subscribed before me this 18th day of August, 2021.

Cindie M Wood

Notary Public

My Commission Expires: 01/11/2022



AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Mason

8/19/2021

Date