



## 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:

WAIVER IDENTIFICATION: TW2021-028

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 097-6530600 COUNTY: Mobile

FACILITY/PROVIDER NAME: USA Health University Hospital

STREET ADDRESS: 2451 Fillingim Street

CITY: Mobile ZIP CODE: 36617-2238

AUTHORIZED REPRESENTATIVE: Alan Whaley

TITLE: Chief Operating Officer & Chief Strat EMAIL ADDRESS: awhaley@health.southalabama.edu

DIRECT TELEPHONE NUMBER: (251) 471-7118

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.

USA Health University Hospital ("USA") requests the temporary conversion of the old emergency department space that ceased to be utilized for emergency services following the final approval of the updated emergency department and trauma center, and the commencement of the operation thereof, in January of 2021, to an area for the inpatient treatment of COVID-19 patients. USA is currently overwhelmed with COVID-19 patients and does not have adequate space and beds to treat the large influx of patients. USA requests the approval of this emergency request for the temporary conversion of the old emergency department space to a COVID-19 treatment area during this current health care emergency.

Does this request involve an increase in: Beds No  ESRD Yes  Number 18

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, USA does not have the space and beds needed to treat the large influx of COVID-19 patients. This requested temporary use of the old emergency department space to convert into space to house the overflow of COVID-19 patients for the duration of this health care state of emergency will help to alleviate some of the bed shortage and allow patients to have additional space in which to receive inpatient care. USA plans for this space to be used to house up to eighteen additional inpatient care beds.

Projected Construction/Renovation Costs: \$ 0.00

Projected Equipment Costs: \$ 0.00

Projected date additional services/equipment will be available for service: 9/3/2021

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

*Alan Whaley*  
Signature of Authorized Officer

8/26/21  
Date

Alan Whaley  
Printed Name

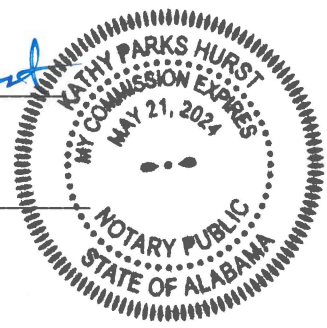
COO & CSO  
Title

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

*Kathy Parks Hurst*  
Notary Public

(Seal)

My Commission Expires: \_\_\_\_\_

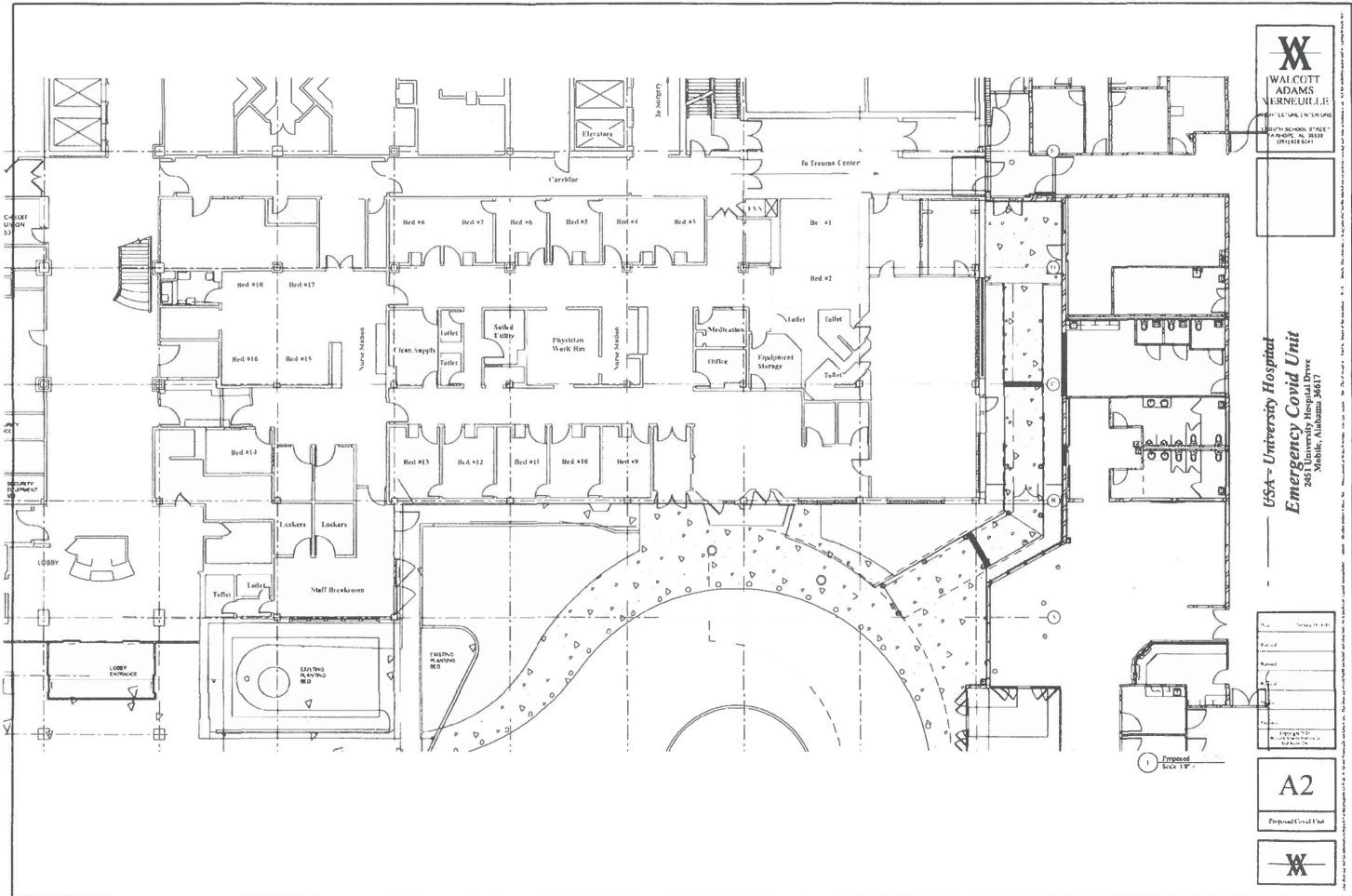


AFFIRMED BY EXECUTIVE DIRECTOR:

*Emily T. Marsal*  
Emily T. Marsal

8/30/2021  
Date






  
**WALCOTT  
ADAMS  
VERNEUIL, LLC**  
 ARCHITECTS  
 100 SOUTH BROAD STREET  
 FLORENCE, AL 36830  
 (205) 651-8000

**USA University Hospital**  
**Emergency Covid Unit**  
 2465 University Hospital Drive  
 Mobile, Alabama 36617

NO.	DATE	DESCRIPTION

**A2**  
 Proposed Covid Unit  


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