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STATE HEALTH PLANNING

March 2, 2017

### VIA U.S. EXPRESS MAIL

Alva M. Lambert, Esq.
Executive Director
Alabama State Health Planning and Development
Agency
P.O. Box 303025
Montgomery, Alabama 36130-3025

Re: Alabama Hospice Agency & IPU / Change of Ownership

**Dear Executive Director Lambert:** 

Enclosed please find Change of Ownership Applications for the following hospice providers:

Hospice Type	Current Operator / Licensee	Proposed Operator / Licensee	
Agency	Optum Palliative and Hospice Care, Inc. 073-P2470	Compassus OP of Alabama LLC d/b/a Compassus Hospice and Palliative Care – Birmingham	
		1400 Urban Center Drive, Suite 100 Vestavia Hills, AL 35242	
IPU	Optum Palliative and Hospice Care, Inc. 073-P2640	Compassus OP of Alabama LLC d/b/a Compassus Hospice and Palliative Care – Birmingham	
		4941 Montevallo Road Irondale, AL 35210	

Please note that the Change of Ownership is anticipated to occur on or about April 1, 2017.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

ARNALL GOLDEN GREGORY LLP

Alexander B. Foster

cc: Russell Adkins, Esq. (w/encl.)

Hedy Rubinger, Esq. (w/encl.)

State Health Planning and Development Agency

Alabama CON Rules & Regulations H PLANNING AND DEVELCHMENT AGENCY

# NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

Change in Certificate of Need H Change in Facility Management	Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) lolder (ALA. CODE § 22-20-271(f)) (Facility Operator) Dive-described requires an application for a Certificate of Need	
Part I: Facility Information		
SHPDA ID Number: (This can be found at <u>www.shpda.alabama.g</u> c	073-P2640 ov, Health Care Data, ID Codes)	
Name of Facility/Provider: (ADPH Licensure Name)	Optum Hospice Care Suites	
Physical Address:	4941 Montevallo Road	
	Birmingham, AL 35210	
County of Location:	Jefferson	
Number of Beds/ESRD Stations:	10 Beds	
pages if necessary. Bibb, Bloun Walker counties.  Part II: Current Authority (	e Health and Hospice Providers Only). Attach additional t, Chilton, Jefferson, Shelby, St. Clair, Tuscaloosa, and  Note: If this transaction will result in a change in direct der ALA. CODE § 22-20-271(e), please attach organizational distructures.)	
Owner (Entity Name) of Facility named in Part I:	Optum Palliative and Hospice Care, Inc.	
Mailing Address:	9900 Bren Road, E MN 008-T390	
	Minnetonka, MN 37027	
Operator (Entity Name):	Optum Palliative and Hospice Care, Inc.	
Part III: Acquiring Entity Info	rmation	
Name of Entity:	Compassus OP of Alabama LLC	
Mailing Address:	10 Cadillac Drive, Suite 400	
	Brentwood, TN 37027	

State Health Planning and Development Agency	Alabama CON Rules & Regulations			
Operator (Entity Name):	Compassus OP of Alabama LLC			
Proposed Date of Transaction is on or after:	04/01/2017			
Part IV: Terms of Purchase				
Monetary Value of Purchase:	\$ <sup>0</sup>			
Type of Beds:	Hospice In-Patient Unit Bedş			
Number of Beds/ESRD Stations:	10 Beds			
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment,			
Projected Equipment Cost:	\$ 0 (IPU to be acquired along with agency located in Vestavia Hills, AL, at no additional cost			
Projected Construction Cost:	\$ 0			
Projected Yearly Operating Cost: \$ 2.3MM				
Projected Total Cost:	\$ 2.3MM			
	oposal (the applicant will state whether he has previously			
the service is a new service).	is an extension of a presently offered service, or whether			
2.) Whether the proposal will include the	addition of any new beds.			
3.) Whether the proposal will involve the	conversion of beds.			
4.) Whether the assets and stock (if any	) will be acquired.			
Part V: Certification of Informat	tion			
Current Authority Signature(s):				
belief.	ation is true and correct to the best of my knowledge and			
Owner(s): MUNULLY Optum Palliative and Hospice Care, Inc.  Operator(s): MUNULLY Optum Palliative and Hospice Care, Inc.				
Operator(s): MUNULLIM JUNELLY Optum Palliative and Hospice Care, Inc.				
Title/Date: Michelle Huntley, Asst.	Secretary			

SWORN to and subscribed before me, this 15+ day of March JESSICA L. PHILLIPS (Seal) otary Public, State of Minnesota My Commission Expires:

# Acquiring Authority Signature(s):

January 31, 2018

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s):  Operator(s):		Compassus OP of Alabama LLC Compassus OP of Alabama LLC	
SWORN to and	subscribed before me, this da	y of February	, 2017
(Seal)		Notary Public	
		My Commission Ex	cpires:

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

(Seal)



My Commission Expires: 51918

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

#### Attachment

## Responses to Application Questions 1 through 4

1) The services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service).

The Applicant, Compassus OP of Alabama LLC, has not previously offered the service; however, the hospice services offered will not change.

2) Whether the proposal will include the addition of any new beds.

The transaction did not include the addition of any new beds.

3) Whether the proposal will involve the conversion of beds.

The transaction did not involve the conversion of beds.

4) Whether the assets and stock (if any) will be acquired.

The transaction involved the asset sale of an existing licensed hospice provider.