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MAR 20 2017

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

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Birmingham, AL 35203

Office (205) 251-3000

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BURR.COM

March 20, 2017

**VIA EMAIL, ORIGINAL TO FOLLOW BY FEDERAL EXPRESS**

Mr. Alva M. Lambert  
Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery Alabama 36104  
[shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)

Re: Notice of Change of Ownership  
CV Home Health Services  
125-H7864  
**Anticipated Effective Date: May 1, 2017**

Dear Mr. Lambert:

I respectfully submit this Notice of Change of Ownership pursuant to Section 410-1-7-.04 of the Rules and Regulations of the Alabama Certificate of Need Program (the "CON Rules") in anticipation of the proposed transaction described below. The Change of Ownership involves CV Home Health Services, a home health agency located in Tuscaloosa County, Alabama (the "Agency"). The following is a summary of the proposed transaction:

I. Scope of the Transaction

1. Techota, L.L.C. d/b/a CV Home Health Services (the "Seller"), an Alabama limited liability company, is the current owner and operator of the Agency.
2. CP Home Care Vance LLC (the "Purchaser") has entered into an Asset Purchase Agreement with the Seller, pursuant to which the Purchaser plans to acquire from

the Seller substantially all of the personal property and assets of the Agency, as well as the associated rights to operate the Agency in all SHPDA-authorized service areas.<sup>1</sup> The proposed transaction does not include the sale of stock. Following the Closing Date, the Purchaser will continue to provide home health services in the SHPDA-authorized service areas.

3. It is contemplated that the above-described asset purchase transaction will close on or around May 1, 2017, subject to applicable regulatory approval ("Closing Date"). Should the Closing Date change, I will notify your office accordingly.

## II. Financial Scope of the Project

The purchase price of the transaction is \$2,000,000.00, subject to post-closing adjustments that may ultimately reduce the purchase price. The Change of Ownership transaction will not involve new construction, the purchase of any new equipment, or the incurrence of new operating costs.

## III. Services to be Offered

1. The proposed transaction does not involve the offering of any new institutional health services.
2. The proposed transaction will not result in the addition or reduction of beds.

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<sup>1</sup> The Seller has appropriate authority to operate the Agency in the following counties: Tuscaloosa County (CON Authority), Bibb County (Contiguous County Authority), Fayette County (Contiguous County Authority), Greene County (Contiguous County Authority), Hale County (Contiguous County Authority), Jefferson County (Contiguous County Authority), Pickens County (Contiguous County Authority), and Walker County (Contiguous County Authority).

Mr. Alva M. Lambert  
March 20, 2017  
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3. The proposed transaction will not involve the conversion of beds.
4. The Purchaser has not previously offered home health services.

In accordance with the CON Rules, enclosed please find a check in the amount of \$2,500.00 for the Change of Ownership Filing fee. Also enclosed, please find an executed Notice of Change of Ownership form.

Based on the facts presented above, I respectfully request that you exercise your authority under § 410-1-7-.04 of the CON Rules and determine that neither a certificate of need, nor any further certificate of need regulatory review, is required for the consummation of the above-described proposed transaction.

Should you have any questions or need further information, please feel free to contact me at (205) 458-5429 or at [kfleming@burr.com](mailto:kfleming@burr.com).

Sincerely,



Kelli C. Fleming

KCF/caj  
Enclosures (\$2,500 Filing Fee and CHOW Form)

cc: Howard E. Bogard, Esq.  
Andy Turner  
Andrew Oksner  
Stuart Johnston  
Jean Robertson

MAR 20 2017

**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 Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))  
☐ Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))  
☐ Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

**Part I: Facility Information**

SHPDA ID Number: 125-H7864  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: CV Home Health Services  
(ADPH Licensure Name)

Physical Address: 17035 Highway 11 North  
Vance, Alabama 35490

County of Location: Tuscaloosa

Number of Beds/ESRD Stations: N/A - Home Health Agency

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Tuscaloosa (CON), Bibb (Contiguous), Fayette (Contiguous), Greene (Contiguous), Hale (Contiguous), Jefferson (Contiguous), Pickens (Contiguous), and Walker (Contiguous)

**Part II: Current Authority** (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of Facility named in Part I: Techota, L.L.C.

Mailing Address: 176 Thompson Lane, Suite 103  
Nashville, Tennessee 37211

Operator (Entity Name): CV Home Health Services

**Part III: Acquiring Entity Information**

Name of Entity: CP Home Care Vance LLC

Mailing Address: 17035 Highway 11 North (Post-Closing)  
Vance, Alabama 35490

Operator (Entity Name): CP Home Care Vance LLC

Proposed Date of Transaction is on or after: May 1, 2017

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 2,000,000.00 (Subject to negative adjustments)

Type of Beds: Home Health Agency

Number of Beds/ESRD Stations: N/A

**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ N/A. The transaction involves an asset purchase for a home health agency whose CON has vested. There will be no additional expenditures, other than the purchase price, as a result of this change of ownership.

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ N/A

Projected Total Cost: \$ N/A

**On an Attached Sheet Please Address the Following:**

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 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 Information****Current Authority Signature(s):**

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s):

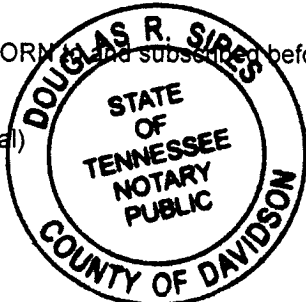
Jean Robertson

Operator(s):

Title/Date:

SWORN to and subscribed before me, this 17 day of March, 2017.

(Seal)



Notary Public

My Commission Expires:

Douglas R. Sipes  
Commission Expires  
November 6, 2017**Acquiring Authority Signature(s):**

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):

Title/Date:

SWORN to and subscribed before me, this \_\_\_\_\_ day of March, 2017.

(Seal)

Notary Public

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

Author: Alva M. Lambert

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

History: New Rule

**Part V: Certification of Information****Current Authority Signature(s):**

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_

SWORN to and subscribed before me, this \_\_\_\_\_ day of March, 2017.

(Seal)

Notary Public

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

**Acquiring Authority Signature(s):**

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): Andrew L. Turner Andrew L. Turner

Operator(s): Andrew L. Turner Andrew L. Turner

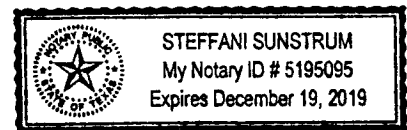
Title/Date: Coo / Director of Home Care Services 3/17/2017

SWORN to and subscribed before me, this 17<sup>th</sup> day of March, 2017.

(Seal)

Notary Public

My Commission Expires: 12/19/19



Author: Alva M. Lambert

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

History: New Rule