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RECEIVED

JUN 16 2017

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

June 16, 2017

VIA ONLINE FILING (shpda.online@shpda.alabama.gov)
& FEDERAL EXPRESS

Mr. Alva Lambert, Executive Director
Alabama State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Notice of Change of Ownership
Hospice Family Care, Inc., a 501(c)(3) nonprofit corporation
SHPDA ID 089-P2335

Dear Alva,

Previously we advised SHPDA in July, 2013, that the bylaws of Hospice Family, Care Inc. were amended to provide that its Board of Directors would thereafter be appointed by The Health Care Authority of the City of Huntsville, an Alabama public corporation (the "Authority").

This letter serves as notice that effective July 1, 2017, Hospice Family Care, Inc. will be transferring its tangible and intangible assets to HH Health System – Caring for Life, LLC, a wholly owned subsidiary of The Health Care Authority of the City of Huntsville that will complete the transaction.

There will be no purchase or exchange of dollars in this transaction. The transaction is a transfer of ownership of the assets and liabilities from Hospice Family care, a 501(c)(3) entity to the Authority, a public corporation. The transaction will not involve the acquisition of stock.

The transaction will not involve the offering of any new services, nor will it involve any addition or reduction or conversion of beds.

Mr. Alva M. Lambert, Executive Director
Alabama State Health Planning and Development Agency
Page 2

Also, please note the new Administrator of the facility is Kristina Johnson. Effective September 1, 2017, the office of the outpatient hospice services will move to the new inpatient hospice facility. The new address will be 10000 Serenity Lane, Huntsville, AL 35803. Please let us know if you need any further information.

Sincerely,



Joe W. Campbell

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.

☒ X 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: 089-P2335

(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Hospice Family Care, Inc.
(ADPH Licensure Name)

Physical Address: 3304 Westmill Drive

Huntsville, AL 35805

County of Location: Madison

Number of Beds/ESRD Stations: 15 inpatient beds / outpatient hospice services

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Madison, Limestone, Morgan, Jackson and Marshall Counties.

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: Hospice Family Care, Inc.

Mailing Address: 3304 Westmill Drive

Huntsville, AL 35805

Operator (Entity Name): Hospice Family Care, Inc.

Part III: Acquiring Entity Information

Name of Entity: HH Health System – Caring for Life, LLC

*Mailing Address: 3304 Westmill Drive

Huntsville, AL 35805

**Effective 9/1/17, address will change to 10000 Serenity Lane, Huntsville, AL 35803*

Operator (Entity Name): HH Health System – Caring for Life, LLC

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

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 0

Type of Beds: General Inpatient Hospice

Number of Beds/ESRD Stations: 15

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

Projected Equipment Cost: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 2,300,000

Projected Total Cost: \$ 2,300,000

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). Please see attached cover letter.
- 2.) Whether the proposal will include the addition of any new beds. Please see attached cover letter.
- 3.) Whether the proposal will involve the conversion of beds. Please see attached cover letter.
- 4.) Whether the assets and stock (if any) will be acquired. Please see attached cover letter.

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.

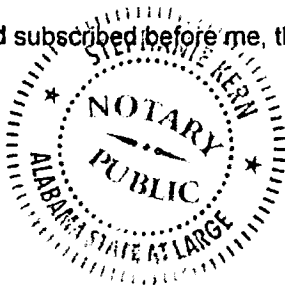
Owner(s): Hospice Family Care, Inc.

Operator(s): Hospice Family Care, Inc.

Title/Date: Executive Director / 6/13/17 Kristina Phasen

SWORN to and subscribed before me, this 13th day of June, 2017.

(Seal)



Stephanie L. Kern
Notary Public

My Commission Expires: 12/27/17

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.

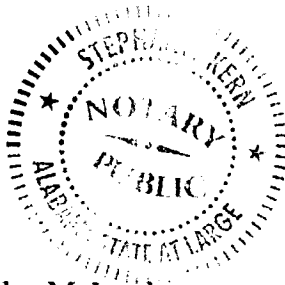
Purchaser(s): HH Health System – Caring for Life, LLC

Operator(s): HH Health System – Caring for Life, LLC

Title/Date: EVP / CHIEF OPERATING OFFICER

SWORN to and subscribed before me, this 14th day of June, 2017.

(Seal)



Stephanie L. Kern
Notary Public

My Commission Expires: 12/27/17

Author: Alva M. Lambert

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

History: New Rule