CO2018-065 RECEIVED

May 24 2018

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Atlanta Office 171 17th Street NW, Suite 2100 Atlanta, GA 30363-1031

> Direct phone: 404.873.8598 Direct fax: 404.873.8599 E-mail: alex.foster@agg.com

May 22, 2018

## EL107645958US

Arnall

Gregory LLP

Golden

## VIA U.S. EXPRESS MAIL AND EMAIL

Ms. Karen W. McGuire State Health Planning and Development Post Office Box 303025 Montgomery, Alabama 36130-3025 Email: Karen.McGuire@shpda.alabama.gov

Re: Alabama Hospice Agencies / Changes in Indirect Ownership Interest

Dear Ms. McGuire:

We are writing on behalf of CH Services Group Holdings, Inc. and its subsidiaries ("Curo") to notify you of a proposed transaction (the "Transaction") that will result in a change in ultimate control and indirect ownership interests of the hospice operators listed on Attachment A and B (the "Operators").

The Transaction will cause a change in indirect ownership interests multiple levels above the Operators. Under the Transaction, a consortium comprised of TPG Capital ("TPG"), Welsh, Carson, Anderson & Stowe ("WCAS"), Humana Inc. ("Humana") and certain other minority investors (collectively the "Shareholder Group") will acquire control of CH Services Group Holdings, Inc. Please see Attachment C and D for diagrams reflecting the pre- and post-closing structures. Note that the Transaction is expected to close in July 2018.

Enclosed please find Change of Control Applications for the parent Operators listed on Attachment A. Based on our telephone call on April 10, 2018, we understand Applications are only required for parent hospices and that branch hospices (included at Attachment B) do not require a separate Application.

As discussed on our April 30, 2018, telephone call, we understand that, if the Shareholder Group decides to re-organize or change the proposed organizational structure (as indicated in <u>Attachment D</u>) to include additional intermediate entities, any proposed changes may be submitted for your review in a separate filing. We also understand that any proposed re-organization that <u>does not change the ultimate control and ownership interests in the Certificates of Need (which would continue to be held by the Shareholder than the control and ownership interests in the Certificates of Need (which would continue to be held by the Shareholder than the control and ownership interests in the Certificates of Need (which would continue to be held by the Shareholder than the control and ownership interests in the Certificates of Need (which would continue to be held by the Shareholder than the control and ownership interests in the Certificates of Need (which would continue to be held by the Shareholder than the control and ownership interests in the Certificates of Need (which would continue to be held by the Shareholder than the control and th</u>

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Group as proposed), will not be considered a Change in Indirect Ownership Interest requiring further Certificate of Need review.

We also respectfully request that your consideration of any proposed reorganization that may be submitted not delay your approval of the enclosed filings for a Change in Indirect Ownership Interest.

In a separate communication, change-of-information CMS-855As will be submitted to the assigned Medicare Administrative Contractor and, where required, the applicable state Medicaid agency to report this change.

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

Sincerely,

ARNALL GOLDEN GREGORY LLP

Alexander B. Foster

cc: Douglas Abell, Esq. (Curo Health Services)

Carol Saul, Esq.

Susan W. Berson, Esq. (Counsel to TPG and WCAS)

Robert Belfort, Esq. (Counsel to Humana)

# ATTACHMENTA

	015-P2418	013-P2403	127-92417	071-P2389	073-P2390
40	36207-3800	36037-2313	35504-2517	35768-2611	35173-3606
SEC.	AI.	ΑΓ	7	Ŧ	T V
	Anniston	Greenville	Jasper	Scottsboro	Trussville
	Unit A		Units 3 & 4		Suite 129
	1419 Leighton Avenue	501 E. Commerce St.	300 North Airport Road	1602 S. Broad Street	4735 Norrel Drive
	Parent	Parent	Parent	Parent	Parent
	SouthernCare New Beacon - Anniston	SouthernCare Greenville	SouthernCare New Beacon - Jasper	SouthernCare New Beacon - Scottsboro	SouthernCare New Beacon - N. Birmingham
	New Beacon Healthcare Group, U.C	SouthernCare, Inc.	New Beacon Healthcare Group, LLC	New Beacon Healthcare Group, LLC	New Beacon Healthcare Group, LLC

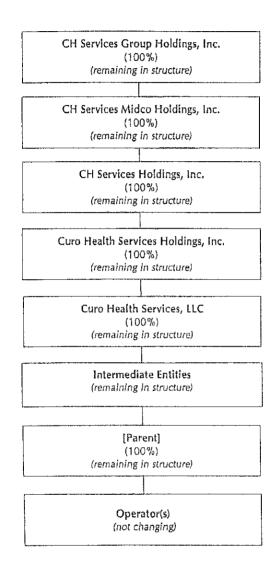
# ATTACHMENT B

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New Beacon Healthcare Group, LLC	SouthernCare New Reacon Alexander City	Branch of Anniston	124 Aliant Parkway		Alexander City	٦٢	35010-3158	015- P2418B
New Beacon Healthcare Group, LLC	Southern Care New Beacon Gadsden	Branch of Anniston	412 South 5th Street		Gadsden	٩Ľ	35901-5102	015- P2418C
Southern Care, Inc.	SouthernCare Andalusia	Branch of Greenville	109 Medical Park Drive	STE A	Andalusia	AL.	36420-5323	013- P2403A
SouthemCare, Inc.	SouthernCare Atmore	Branch of Greenville	1321 S. Main Street	STE 4	Atmore	7	36502-2812	003- P2329A
Southern Care, Inc.	SouthernCare Daphne	Branch of Greenville	101 Villa Dr.	Suite A	Daphne	AL	36526-4653	003- P2329
SouthernCare, Inc.	SouthernCare Dothan	Branch of Greenville	2576 Montgomery Hwy	Suite 2	Dothan	ΑΓ	36303-2633	069- P2361
SouthernCare, Inc.	SouthernCare Enterprise	Branch of Greenville	1253 Rucker Blvd.	Suite A	Enterprise	AL	36330-3766	031- P1603
SouthernCare, Inc.	Southern Care Grove Hill	Branch of Greenville	179-B Jackson Street		Grove Hill	AL.	36451-3009	025- P2360
Southern Care, Inc.	SouthernCare Mobile	Branch of Greenville	3938A Government Blvd	Suite 103	Mobile	Je J	36693-4383	097- P4904
	1							
New Beacon Healthcare Group, LLC	SouthemCare New Beacon S. Birmingham	Branch of Jasper	1280 Columbiana Road	Suite 110	Birmingharn	AL	35216-1642	127- P2417A
New Beacon Healthcare Group, LLC	SouthemCare New Beacon Demopolis	Branch of Jasper	927 Hwy 80 West		Demopolis	- AI	36732-4102	127- P2417B
New Beacon Healthcare Group, LLC	SouthernCare New Beacon Tuscaloosa	Branch of Jasper	3835 Watemelon Road	Suite 3 and 4	Northport	74	35473-5001	127- P2417C
New Beacon Healthcare Group, LLC	SouthernCare New Beacon Selma	Branch of Jasper	1013 Medical Center Parkway	Bidg 1, STE 101	Selma	AL	36701-6742	091- P2424A
New Beacon Healthcare Group, LLC	Southern Care New Reacon Decadur	Branch of Scottsboro	1316 Somerville Rd. SE	Suite 4	Decatur	J4	35601-4309	071- P2389D
New Beacon Healthcare Group, LLC	SouthernCare New	Branch of Scottsboro	239 Azalea Drive		Florence	7	35630-1733	071- P2389C
New Beacon Healthcare Group, LLC	SouthernCare New Beacon Cullman	Branch of Scottsboro	417 Main Street		Hanceville	٦	35077-5459	071- P238A
New Beacon Healthcare Group, LLC	SouthernCare New Beacon Huntsville	Branch of Scottsboro	200 West Side Square	Suite 440	Huntsville	At	35801-4864	071- P2389B

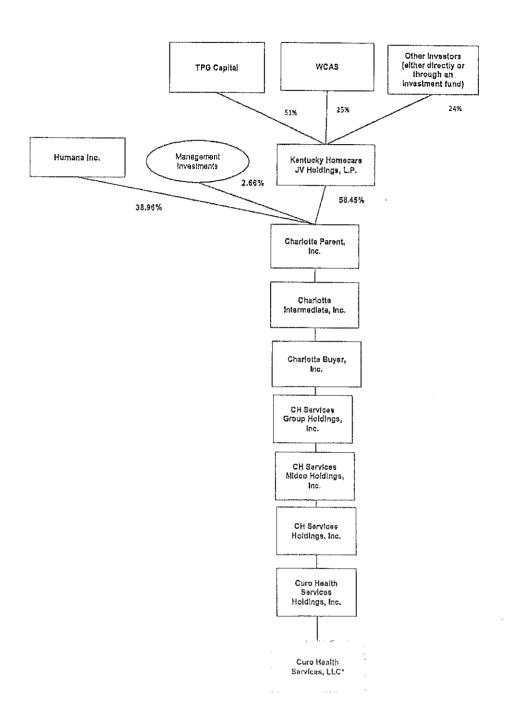
	Court our Com Mon	Branch of	122 7th Avenue	Suite D	Alabaster	Aľ.	35007-9121	117-
New Beacon Healthcare Group, LLC	Boscon - Alahaster	Trussville		 				P2416
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New Beacon Healthcare Group, LLC	SouthernCare New	Branch of	ZOI MEDICAL		Claricon			1000
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	Beacon - Sylacauga	Lussaille	Dillimingham			•		
			Highway					

## ATTACHMENT C

## Curo – Current Ownership Structure



## ATTACHMENT D



<sup>\*</sup>Please see Attachment C for the entities below Curo Health Services, LLC.

## AL NOTICE OF CHANGE OF OWNERSHIP/CONTROL

# NEW BEACON HEALTHCARE GROUP, LLC DBA SOUTHERNCARE NEW BEACON SCOTTSBORO

State Health Planning and Development Agency

Alabama CON Rules & Regulations

STATE HEALTH PLANNING AND DEVELOPMENT 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.

<ul> <li>Change in Certificate of Need Hold</li> <li>Change in Facility Management (F</li> </ul>	entrol (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) der (ALA. CODE § 22-20-271(f)) facility Operator) a-described requires an application for a Certificate of Need.
Part I: Facility Information	
SHPDA ID Number: (This can be found at <u>www.shreta.alabansa.gov</u> ,	071-P2389 Health Care Data, ID Codes)
Name of Facility/Provider: (ADPH Licensure Name)	New Beacon Healthcare Group, LLC (See Attachment A)
Physical Address:	1602 S. Broad Street
	Scottsboro, AL 35768
County of Location:	Jackson
Number of Beds/ESRD Stations:	None / Not Applicable (Hospice Agency)
Part II: Current Authority (No ownership or control, as defined under	Health and Hospice Providers Only). Attach additional ent A (no change)  ote: If this transaction will result in a change in direct or ALA. CODE § 22-20-271(e), please attach organizational
charts outlining current and proposed s	structures.)
Owner (Entity Name) of Facility named in Part I:	New Beacon Healthcare Group, LLC
Mailing Address;	655 Brawley School Rd., Ste. 200
•	Mooresville, NC 28117
Operator (Entity Name):	New Beacon Healthcare Group, LLC
Part III: Acquiring Entity Inform	nation
Name of Entity:	New Beacon Healthcare Group, LLC (No Change)
Malling Address:	655 Brawley School Rd., Ste. 200
	Mooresville, NC 28117

Operator (Entity Name):	New Beacon Healthcare Group, LLC (No Change)
Proposed Date of Transaction is on or after:	July 2018
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 6,424,085
Type of Beds;	Hospice Agency
Number of Beds/ESRD Stations:	None/Not Applicable (Hospice Agency)
Financial Scope: to Include Prelimin Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, it:
Projected Equipment Cost:	\$ 0
Projected Construction Cost:	\$_0
Projected Yearly Operating Cost:	\$ 10,097,730
Projected Total Cost:	\$10,097,730
On an Attached Sheet Please A	Address the Following: See Attachment B
1.) The services to be offered by the proffered the service, whether the service the service is a new service).	oposal (the applicant will state whether he has previously 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	lion
Current Authority Signature(s):	
The Information contained in this notifice belief.  Owner(s):  Operator(s):  Title/Date:  Gusti McGee	ation is true and correct to the best of my knowledge and
Director of Regulatory	Services

New Beacon Healthcare Group, LLC

SWORN to all discomped before me, this 12 day of	APRIL 2018  Notary Public
NBLIC COMMITTEE OF THE PROPERTY OF THE PROPERT	My Commission Expires: Aus. 7, 202
Acquirug Anthermy Signature(s):	
I agree to be responsible for reporting of all services properiod, as specified in ALA. ADMIN. CODE r. 410-1-3-notification is true and correct to the best of my knowledge.	.12. The information contained in this
Purchaser(s):	
Operator(s): Child MCALL	
Title/Date: Gusti McGee Director of Regulatory Services	
New Beacon Healthcare Group, LLC SWORN to and subscribed before me, this 121 day of	APRIL 2018
(Seal) OTAP	Notary Public S. herri
WOTARY WOTARY OF THE WORK OF THE PROPERTY OF T	My Commission Expires: Aus. 7, 2021
THE COUNTY THE	

Author: Alva M. Lambert

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

# Attachment A - Scottsboro

Legal Entity Name	DBA Name	Status	Address	Address	ΔιD	State	Zip	SHPDA No.	Counties Served
New Beacon Healthcare Group, LLC	SouthemCare New Beacon - Scottsboro	Parent	1602 S. Broad Street		Scottsboro	ΑΓ	35768-2611	071. P2389	Jackson, Blount, Colbert, Cullman, DeKalb, Franklin, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Walker,
New Beacon Healthcare Group, LLC	SouthernCare New Beacon Decatur	Branch of Scottsboro	1316 Somerville Rd. SE	Suite 4	Decatur	TK YE	35601-4309	071- P2389D	Morgan, Blount, Cullman, Walker, Winston
New Beacon Healthcare Group, LLC	SouthemCare New Beacon Quad Cities	Branch of Scottsboro	239 Azalea Dríve		Florence	AL	35630-1733	071- P2389C	Lauderdale, Colbert, Franklin, Lawrence, Marion
New Beacon Healthcare Group, LLC	SouthernCare New Beacon Cullman	Branch of Scottsboro	417 Main Street		Hanceville	T/	35077-5459	071- P2389A	Cullman, Blount, Morgan, Walker, Winston
New Beacon Healthcare Group, ELC	Southern Care New Beacon Huntsville	Branch of Scottsboro	200 West Side Square	Suite 440	Huntsville	AĮ.	35801-4864	071- P2389B	Madison, Jackson, Limestone, Marshall

### Attachment B - Scottsboro

## 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, whether the service is an extension of a presently offered service, or whether the service is a new service).

The Applicant, New Beacon Healthcare Group, LLC d/b/a SouthernCare New Beacon - Scottsboro, has previously offered the service and the hospice services offered will not change.

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

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

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

The transaction will not involve the conversion of beds.

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

The transaction involves a change of indirect owners of an existing licensed hospice provider, as a result of a stock transfer.