

Stephanie M. Hoffmann

Attorney at Law
shoffmann@bradley.com
(615) 252-3837

RECEIVED

Apr 05 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY**Bradley**

April 4, 2019

Via Email and Federal Express

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

**Re: Notice of Proposed Change of Ownership: Alacare Home Health Services, Inc.
(See Exhibit A for Names and SHPDA ID Numbers of Relevant Facilities)**

Dear Ms. Marsal:

I write on behalf of our client, Encompass Health Hospice of Alabama, LLC (“Buyer”), regarding a proposed transaction involving Alacare Home Health Services, Inc. (“Alacare”). Alacare owns and operates all of the hospice facilities listed in Exhibit A (the “Facilities”), which hold identification numbers issued by the Alabama State Health Planning & Development Agency (“SHPDA”).

The purpose of this letter is to notify SHPDA of the proposed transaction, address SHPDA requirements for a change of ownership, and request a determination from the agency that no certificate of need is required for consummation of the proposed transaction. The proposed transaction is structured as an asset purchase between Buyer and the individual and entity owners of Alacare: JGBI, LLC; LRBI, LLC; CDBI, LLC; KBB, LLC; Susan B. Brouillette; and John G. Beard (collectively, “Sellers”). Sellers currently own and operate hospices throughout Alabama, including the Facilities. The parties have negotiated an agreement that, subject to the satisfaction or waiver of certain conditions, will result in the purchase of substantially all of the assets related to the Facilities by Buyer (the “Proposed Transaction”). The Proposed Transaction is expected to occur effective **June 1, 2019**. Please find enclosed as Exhibit B a diagram depicting the ownership of the Facilities before and after the Proposed Transaction.

Based on the applicable statutes and regulations, we understand that the Proposed Transaction constitutes a change of ownership for certificate of need purposes. Accordingly, please find enclosed as Exhibit C a completed Notice of Change of Ownership/Control for the Facilities.

SHPDA Requirements for Changes of Ownership

In response to the specific questions posed in the SHDPA Notice of Change of Ownership/Control, please note the following:

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
April 4, 2019
Page 2

Financial Scope of the Project. The financial scope of the project will encompass the fair market value payment that Buyer will make to Sellers as consideration for the purchase of substantially all of the assets of the Facilities. The fair market value payment involved in the proposed transaction does not exceed the following expenditure thresholds: (i) \$2,997,918 for major medical equipment; (ii) \$1,199,166 for new annual operating costs; and (iii) \$5,995,836 for capital expenditures.

Services to Be Offered. The Proposed Transaction will not result in any new or additional services beyond those already authorized to be provided by the Facilities.

Whether the Proposal Will Include the Addition of Any New Beds. The Proposed Transaction will not result in the addition of new beds.

Whether the Proposal Will Involve the Conversion of Beds. The Proposed Transaction will not result in the conversion of beds.

Whether the Assets and Stock (If Any) Will be Acquired. As described above, pursuant to the Proposed Transaction, Buyer will purchase substantially all of the Facilities' assets from Sellers.

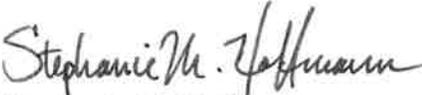
Requested Action

Based upon the above description of the Proposed Transaction and a showing that there will be no change in services offered, no increase or decrease in bed capacity, or conversion of beds, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Alabama Administrative Code (the "Code") and determine that a certificate of need is not required for consummation of the Proposed Transaction. In accordance with the Code, a check in the amount of \$2,500.00 made payable to SHPDA has been submitted, along with a hard copy of these materials, via Federal Express.

Thank you for your attention to this matter. If you have any questions or require further information, please do not hesitate to contact me at (615) 252-3837 or shoffmann@bradley.com.

Very truly yours,

BRADLEY ARANT BOULT CUMMINGS LLP

By: 
Stephanie M. Hoffmann

Enclosures

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
April 24, 2019
Page 2

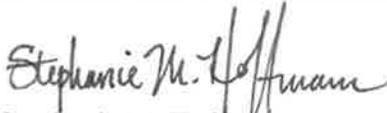
Buyer does not intend to pursue project AL2015-009 to construct and operate a 14-bed freestanding inpatient hospice facility. Accordingly, the transaction will result in the surrender of the associated CON and termination of the project. The agreement between the parties provides that Seller will surrender the CON for the project in accordance with Alabama Administrative Code § 410-1-11-.08 prior to the closing of the transaction. Seller has agreed to work with SHPDA to complete the surrender process within 60 days following the closing date. Seller submitted its withdrawal letter for the CON yesterday, April 23, 2019; a copy is enclosed as **Exhibit D**.

Thank you for your attention to this matter. If you have any questions or require further information, please do not hesitate to contact me at (615) 252-3837 or shoffmann@bradley.com.

Very truly yours,

BRADLEY ARANT BOULT CUMMINGS LLP

By:


Stephanie M. Hoffmann

Enclosures

Stephanie M. Hoffmann

Attorney at Law
shoffmann@bradley.com
(615) 252-3837

Bradley

RECEIVED

Apr 24 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

April 24, 2019

Via Email (shpda.online@shpda.alabama.gov)

Emily T. Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

**Re: Response to Notice of Omission: Alacare Home Health Services, Inc.
(CO2019-034; SHPDA ID No. 073-P2458)**

Dear Ms. Marsal:

I write on behalf of our client, Encompass Health Hospice of Alabama, LLC (“Buyer”), regarding a proposed transaction involving Alacare Home Health Services, Inc. (“Seller”), which owns and operates a hospice agency based in Birmingham, Alabama (the “Hospice”). Buyer recently submitted a Notice of Proposed Change of Ownership application (the “Application”) to the Alabama State Health Planning and Development Agency (“SHPDA”) in connection with the anticipated acquisition of substantially all the assets of Seller associated with the operation of the Hospice.

The purpose of this letter is to respond to your Notice of Omission dated April 16, 2019, in connection with the Application. A copy of this notice is enclosed as Exhibit A.

Buyer wishes to respond to each identified omission as set forth below:

- 1. Part I of the Change of Ownership form should include identifying information on behalf of the parent provider only. All branch offices operate under the CON Authority granted to the parent provider. Please advise if all branch offices are expected to remain operational as a result of the proposed transaction.**

Per your request, please find enclosed as Exhibit B a revised first page of the Application identifying the parent provider only. Please be advised that Buyer anticipates all of the Hospice’s branch offices will remain certified and operational, and does not anticipate closing any of the existing offices in connection with the transaction. A list of these branch offices is enclosed for reference as Exhibit C.

- 2. Provide information concerning the effect the proposed transaction will have on project AL2015-009 to construct and operate a fourteen (14) bed freestanding inpatient hospice facility in Region V.**

EXHIBIT A**Facility Names and SHPDA ID Nos.**

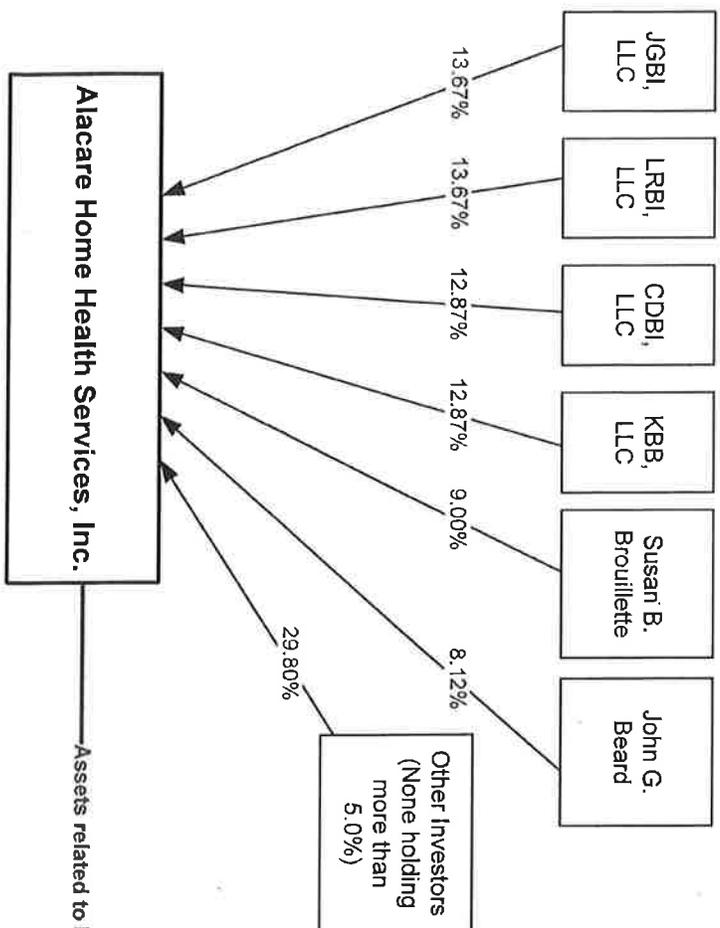
D/B/A Name	Physical Address	County	SHPDA ID No.
Alacare Home Health & Hospice	2970A Lorna Road Hoover, AL 35209	Jefferson	073-P2458X
Alacare Hospice-Tallapoosa County	33 Aliant Parkway Alexander City, AL 35010	Tallapoosa	073-P2458T
Alacare Hospice-Calhoun	2109 Highway 78 East Anniston, AL 36207	Calhoun	073-P2458D
Alacare Hospice-Lee	2312 Center Hills Drive, Suite B & C Opelika, AL 36801	Lee	073-P2458L
Alacare Hospice-Chilton County	2002 Lay Dam Road Clanton, AL 35045	Chilton	073-P2458E
Alacare Hospice-Cullman County	407 4th Avenue SW Cullman, AL 35055-4217	Cullman	073-P2458G
Alacare Hospice Morgan County	1690 Beltline Road, Suite B Decatur, AL 35601	Morgan	073-P2458P
Alacare Hospice-Dothan	3379 West Main Street Dothan, AL 36305	Houston	073-P2458J
Alacare Hospice-Gadsden	310 South Third Street Gadsden, AL 35901	Etowah	073-P2458I
Alacare Hospice-Butler County	321 Greenville Bypass, Ste. 1 Greenville, AL 36037	Butler	073-P2458C
Alacare Hospice-Madison County	802 Shoney Drive SW, Suite 4 Huntsville, AL 35801	Madison	073-P2458M
Alacare Hospice-Walker County	3699 Industrial Parkway Jasper, AL 35501	Walker	073-P2458V
Alacare Hospice-Mobile County	6333 Cottage Hill Road Mobile, AL 36609	Mobile	073-P2458N
Alacare Hospice-Montgomery	4782 Woodmere Blvd. Montgomery, AL 36106	Montgomery	073-P2458O
Alacare Hospice-Muscle Shoals	2713 Avalon Avenue Muscle Shoals, AL 35661	Colbert	073-P2458F
Alacare Hospice-Blount County	1409A 2nd Avenue E. Oneonta, AL 35121	Blount	073-P2458B
Alacare Hospice-St. Clair County	74 Plaza Drive, Suite 1C Pell City, AL 35125	Saint Clair	073-P2458R
Alacare Hospice-DeKalb	504 McCurdy Avenue South Rainsville AL 35986	Dekalb	073-P2458H
Alacare Hospice-Jackson County	23820 John T. Reid Parkway Scottsboro, AL 35768	Jackson	073-P2458K
Alacare Hospice-Pike County	824 Highway 231 South Troy, AL 36081	Pike	073-P2458Q
Alacare Hospice-Tuscaloosa County	5710 Watermelon Road, Suite 310 Northport, AL 35473	Tuscaloosa	073-P2458U
Alacare Hospice-Albertville	9044 Highway 431 North Albertville, AL 35950	Marshall	095-P2458Y
Alacare Hospice-Hamilton	311 State Highway 17, Suite 3 Hamilton, AL 35570	Marion	073-P2458Z

EXHIBIT B

Ownership Diagram

Please see attached.

Transaction Diagram Hospice



Assets related to Hospice

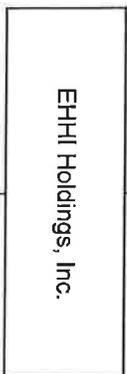
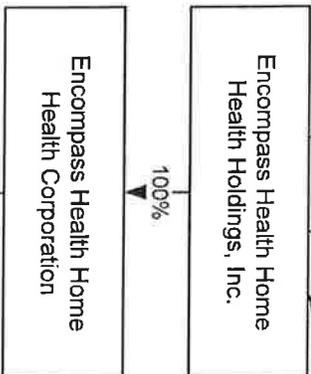
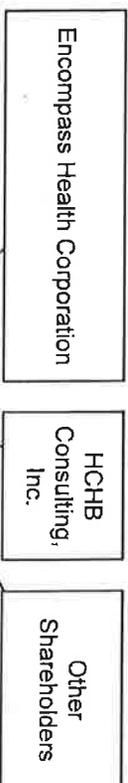


EXHIBIT C

Notice of Change of Ownership/Control

Please see attached.

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: **073-P2458**
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider:
(ADPH Licensure Name) **Alacare Home Health Services, Inc.
d/b/a Alacare Home Health & Hospice.**

***A complete list of
facility branches is
enclosed.**

Physical Address: **2970A Lorna Road, Hoover, AL 35209**

County of Location: **Jefferson**

Number of Beds/ESRD Stations: **None (0)**

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. **Choctaw, Clarke, Conecuh, Covington, Escambia, Marengo, Monroe, Perry, Sumter, Wilcox, Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Clay, Cleburne, Coffee, Colbert, Coosa, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marion, Marshall, Mobile, Montgomery, Morgan, Pickens, Pike, Randolph, Russell, Saint Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington and Winston 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: **Alacare Home Health Services, Inc.**

Mailing Address: **2970A Lorna Road
Birmingham, AL 35209**

Operator (Entity Name): **Alacare Home Health Services, Inc.**

Part III: Acquiring Entity Information

Name of Entity: **Encompass Health Hospice of Alabama, LLC**

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: **See Exhibit A**
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: **Alacare Home Health Services, Inc.**
 (ADPH Licensure Name) **See Exhibit A for d/b/a Names.**

Physical Address: **See Exhibit A.**

County of Location: **See Exhibit A.**

Number of Beds/ESRD Stations: **None (0)**

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. **Choctaw, Clarke, Conecuh, Covington, Escambia, Marengo, Monroe, Perry, Sumter, Wilcox, Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Clay, Cleburne, Coffee, Colbert, Coosa, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marion, Marshall, Mobile, Montgomery, Morgan, Pickens, Pike, Randolph, Russell, Saint Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington and Winston 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: **Alacare Home Health Services, Inc.**

Mailing Address: **2970A Lorna Road**
Birmingham, AL 35209

Operator (Entity Name): **Alacare Home Health Services, Inc.**

Part III: Acquiring Entity Information

Name of Entity: **Encompass Health Hospice of Alabama, LLC**

Mailing Address: 6688 N. Central Expressway, Suite 1300
Dallas, TX 75206

Operator (Entity Name): Encompass Health Hospice of Alabama, LLC

Proposed Date of Transaction is
on or after: June 1, 2019

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Please see enclosed letter

Type of Beds:

Number of Beds/ESRD Stations:

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

Projected Equipment Cost: \$ Please see enclosed letter

Projected Construction Cost: \$

Projected Yearly Operating Cost: \$

Projected Total Cost: \$

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.

Please see enclosed letter

Part V: Certification of Information

Please see attached.

Author: Alva M. Lambert
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975
History: New Rule

Current Authority Signature(s):

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

Owner(s): John G. Beard
President
Alacare Home Health Services, Inc.



Operator(s): John G. Beard
President
Alacare Home Health Services, Inc.



Title/Date:

President, 4/3/2019

SWORN to and subscribed before me, this 3rd day of April, 2019.

(Seal)

Nanette Heard
Notary Public

My Commission Expires: _____



MY COMMISSION EXPIRES 9/21/2019

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): G. Robert Thompson
Vice President
Encompass Health Hospice
of Alabama, LLC

G. Robert Thompson

Operator(s): G. Robert Thompson
Vice President
Encompass Health Hospice
of Alabama, LLC

G. Robert Thompson

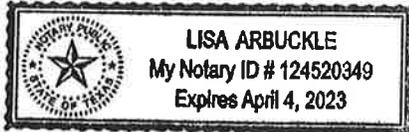
Title/Date:

Vice President, 4/3/2019

SWORN to and subscribed before me, this 3rd day of April, 2019.

(Seal)

Lisa Ar buckle
Notary Public



My Commission Expires: 04/04/23

EXHIBIT D

Seller's Withdrawal Letter for CON AL2015-009

Please see attached.



RECEIVED
Apr 24 2019
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

April 23, 2019

VIA E-MAIL: shpda.online@shpda.alabama.gov

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Project No. AL2015-009; CON 2744-HPC

Dear Ms. Marsal,

In connection with the above-referenced Certificate of Need (CON), and pursuant to Alabama Administrative Code Section 410-1-11-.08, we respectfully submit this correspondence to serve as Alacare's notice of intent to surrender this CON, effective on today's date.

We appreciate your guidance and the assistance provided by SHPDA staff during this entire process. Please feel free to contact me directly at 205-981-8600 should your office require anything further in the meantime.

Sincerely,

Nanette Heard
Corporate Compliance Officer/General Counsel

Enclosure

cc: Bradford Williams via email
I:\Legal\Private\Compliance Uploading\Letter SHPDA to B. Williams (CON2744-HPC) 4-23-19.docx

We're the people who CARE for you.™

Alabama

Certificate # 19531

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-ALBERTVILLE

as a

HOSPICE

This license is valid for the following location

9044 HIGHWAY 431 NORTH • ALBERTVILLE, AL 35950



E4807

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19532

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-TALLAPOOSA COUNTY

as a

HOSPICE

This license is valid for the following location

33 ALLIANT PARKWAY • ALEXANDER CITY, AL 35010



E6206

Facility Identification

2019

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Certificate # 19533

Alabama

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-CALHOUN

as a

HOSPICE

This license is valid for the following location

2109 HIGHWAY 78 EAST • ANNISTON, AL 36207-6705



E0803

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19534

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-LEE

as a

HOSPICE

This license is valid for the following location

2312 CENTER HILLS DRIVE, SUITE B & C • OPELIKA, AL 36801-5475



E4103

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, MD

Scott Harris, M.D.
State Health Officer



Certificate # 19535

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-CHILTON COUNTY

as a

HOSPICE

This license is valid for the following location

2002 LAY DAM ROAD • CLANTON, AL 35045



E1104

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

State Health Officer

Alabama

Certificate # 19536

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE-CULLMAN COUNTY

as a

HOSPICE

This license is valid for the following location

407 4TH AVENUE SW • CULLMAN, AL 35055-4217



E2208

Facility Identification

2019

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Alabama

Certificate # 19537

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE MORGAN COUNTY

as a

HOSPICE

This license is valid for the following location

1690 BELTLINE ROAD, SUITE B • DECATUR, AL 35601



E5202

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19538

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE-DOTHAN

as a

HOSPICE

This license is valid for the following location

3379 WEST MAIN STREET • DOTHAN, AL 36305



E3504

Facility Identification

2019

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Alabama

STATE BOARD OF HEALTH

Certificate # 19539

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-GADSDEN

as a

HOSPICE

This license is valid for the following location

310 SOUTH THIRD STREET • GADSDEN, AL 35901-5209



E2803

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19540

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-BUTLER COUNTY

as a

HOSPICE

This license is valid for the following location

321 GREENVILLE BYPASS, STE.1 • GREENVILLE, AL 36037



E0704

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19541

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-HAMILTON

as a

HOSPICE

This license is valid for the following location

311 STATE HIGHWAY 17, SUITE 3 • HAMILTON, AL 35570



E4705

Facility Identification

2019

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Scott Harris, MD

Alabama

Certificate # 19542

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOME HEALTH & HOSPICE

as a

HOSPICE

This license is valid for the following location

2970A LORNA ROAD • HOOVER, AL 35209-4506



E3710

Facility Identification

2019

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Scott Harris, MD

Alabama

Certificate # 19543

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE MADISON COUNTY

as a

HOSPICE

This license is valid for the following location

802 SHONEY DRIVE, SUITE #4 • HUNTSVILLE, AL 35802



E4512

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19544

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-WALKER COUNTY

as a

HOSPICE

This license is valid for the following location

3699 INDUSTRIAL PARKWAY • JASPER, AL 35501



E6406

Facility Identification

2019

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Alabama

Certificate # 19545

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE - MOBILE COUNTY

as a

HOSPICE

This license is valid for the following location

6333 COTTAGE HILL ROAD • MOBILE, AL 36609-1776



E4918

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

STATE BOARD OF HEALTH

Certificate # 19546

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-MONTGOMERY

as a

HOSPICE

This license is valid for the following location

4782 WOODMERE BLVD. • MONTGOMERY, AL 36106



E5106

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19547

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE-MUSCLE SHOALS

as a

HOSPICE

This license is valid for the following location

2713 AVALON AVENUE • MUSCLE SHOALS, AL 35661



E1703

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19548

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE BLOUNT COUNTY

as a

HOSPICE

This license is valid for the following location

1409 A 2ND AVENUE E • ONEONTA, AL 35121-3203



E0502

Facility Identification

2019

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.



Certificate # 19549

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-ST. CLAIR COUNTY

as a

HOSPICE

This license is valid for the following location

74 PLAZA DRIVE, SUITE 1C • PELL CITY, AL 35125



E5802

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

State Health Officer

Certificate # 19550

Alabama

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE-DEKALB

as a

HOSPICE

This license is valid for the following location

504 MCCURDY AVENUE, SOUTH • RAINSVILLE, AL 35986-5254



E2501

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19551

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE-JACKSON COUNTY

as a

HOSPICE

This license is valid for the following location

23820 JOHN T. REID PARKWAY • SCOTTSBORO, AL 35769-7935



E3605

Facility Identification

2019

This License shall expire December 31, 2019.

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

Alabama

Certificate # 19552

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to

ALACARE HOME HEALTH SERVICES, INC.

to operate

ALACARE HOSPICE-PIKE COUNTY

as a

HOSPICE

This license is valid for the following location

824 HIGHWAY 231 SOUTH • TROY, AL 36081



E5504

Facility Identification

2019

Scott Harris, M.D.

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

Alabama

Certificate # 19553

STATE BOARD OF HEALTH

*This is to certify that a license is hereby granted by the State Board of Health to
ALACARE HOME HEALTH SERVICES, INC.*

to operate

ALACARE HOSPICE - TUSCALOOSA COUNTY

as a

HOSPICE

This license is valid for the following location

5710 WATERMELON ROAD, SUITE 310 • NORTHPORT, AL 35476



E6308

Facility Identification

2019

Scott Harris, MD

Scott Harris, M.D.
State Health Officer

This License shall expire December 31, 2019.

EXHIBIT C

RECEIVED

Apr 24 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Facility Names and SHPDA ID Nos.

D/B/A Name	Physical Address	County	SHPDA ID No.
Alacare Home Health & Hospice	2970A Lorna Road Hoover, AL 35209	Jefferson	073-P2458X
Alacare Hospice-Tallapoosa County	33 Aliant Parkway Alexander City, AL 35010	Tallapoosa	073-P2458T
Alacare Hospice-Calhoun	2109 Highway 78 East Anniston, AL 36207	Calhoun	073-P2458D
Alacare Hospice-Lee	2312 Center Hills Drive, Suite B & C Opelika, AL 36801	Lee	073-P2458L
Alacare Hospice-Chilton County	2002 Lay Dam Road Clanton, AL 35045	Chilton	073-P2458E
Alacare Hospice-Cullman County	407 4th Avenue SW Cullman, AL 35055-4217	Cullman	073-P2458G
Alacare Hospice Morgan County	1690 Beltline Road, Suite B Decatur, AL 35601	Morgan	073-P2458P
Alacare Hospice-Dothan	3379 West Main Street Dothan, AL 36305	Houston	073-P2458J
Alacare Hospice-Gadsden	310 South Third Street Gadsden, AL 35901	Etowah	073-P2458I
Alacare Hospice-Butler County	321 Greenville Bypass, Ste. 1 Greenville, AL 36037	Butler	073-P2458C
Alacare Hospice-Madison County	802 Shoney Drive SW, Suite 4 Huntsville, AL 35801	Madison	073-P2458M
Alacare Hospice-Walker County	3699 Industrial Parkway Jasper, AL 35501	Walker	073-P2458V
Alacare Hospice-Mobile County	6333 Cottage Hill Road Mobile, AL 36609	Mobile	073-P2458N
Alacare Hospice-Montgomery	4782 Woodmere Blvd. Montgomery, AL 36106	Montgomery	073-P2458O
Alacare Hospice-Muscle Shoals	2713 Avalon Avenue Muscle Shoals, AL 35661	Colbert	073-P2458F
Alacare Hospice-Blount County	1409A 2nd Avenue E. Oneonta, AL 35121	Blount	073-P2458B
Alacare Hospice-St. Clair County	74 Plaza Drive, Suite 1C Pell City, AL 35125	Saint Clair	073-P2458R
Alacare Hospice-DeKalb	504 McCurdy Avenue South Rainsville AL 35986	Dekalb	073-P2458H
Alacare Hospice-Jackson County	23820 John T. Reid Parkway Scottsboro, AL 35768	Jackson	073-P2458K
Alacare Hospice-Pike County	824 Highway 231 South Troy, AL 36081	Pike	073-P2458Q
Alacare Hospice-Tuscaloosa County	5710 Watermelon Road, Suite 310 Northport, AL 35473	Tuscaloosa	073-P2458U
Alacare Hospice-Albertville	9044 Highway 431 North Albertville, AL 35950	Marshall	095-P2458Y
Alacare Hospice-Hamilton	311 State Highway 17, Suite 3 Hamilton, AL 35570	Marion	073-P2458Z

EXHIBIT A

Notice of Omission

Please see attached.



RECEIVED
Apr 24 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

April 16, 2019

Stephanie M. Hoffmann, Esquire
Bradley Arant Boult Cummings LLP
Roundabout Plaza
1600 Division Street, Suite 700
Nashville, Tennessee 37203-2754

RE: CO2019-034
Alacare Home Health Services, Inc.
SHPDA ID: 073-P2458

Dear Ms. Hoffmann:

This letter is written in response to the referenced Change of Ownership/Control filing received April 5, 2019, whereby Encompass Health Hospice of Alabama, LLC will acquire the referenced provider from Alacare Home Health Services, Inc. in a transaction that will take place on or after June 1, 2019. Additional information is required prior to final review of this proposal.

Part I of the Change of Ownership form should include identifying information on behalf of the parent provider only. All branch offices operate under the CON Authority granted to the parent provider. Please advise if all branch offices are expected to remain operational as a result of the proposed transaction.

Provide information concerning the effect the proposed transaction will have on project AL2015-009 to construct and operate a fourteen (14) bed freestanding inpatient hospice facility in Region V.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all documents to be filed with SHPDA must be submitted electronically to shpda.online@shpda.alabama.gov in text searchable, PDF format. Only corrected pages should be resubmitted.

Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,

Emily T. Marsal
Executive Director

ETM/kfn

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113

EXHIBIT B

Revised Application Page 1

Please see attached.