



CO2020-028
RECEIVED
July 7 2020
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

July 7, 2020

State Health Planning & Development Agency
RSA Union Building
100 N. Union Street – Suite 870
Montgomery, Alabama 36104

Re: SHPDA Notice of Change of Ownership/Control Application – Huntsville Recovery, Inc.

To Whom It May Concern:

Please find enclosed a completed **SHPDA Notice of Change of Ownership/Control Application**, and a receipt for fees submitted on July 7, 2020 in the amount of \$2500, (\$2588.50 including additional charges) in support of an upcoming acquisition.

The submitted application is a result of a proceeding **change in ownership** wherein we, Behavioral Health Group (BHG) are acquiring the following Opioid Treatment Program:

Huntsville Recovery, Inc.
D/B/A Stevenson Recovery
196 County Road
Stevenson, AL
SHPDA ID #: 071-M0001

The acquiring entity is as follows:

BHG LXX, LLC
DBA-BHG Stevenson Treatment Center

Per the application, enclosed are the following supporting documents:

- Change of Ownership/Control Part IV Addendum
- Receipt of Payment of \$2500

Behavioral Health Group intends to fully observe the current facility's NTP Policies and Procedures, while also retaining the same staff.

Please do not hesitate to contact us if you have any questions, or if you require any additional information to proceed with the Notice of Change of Ownership/Control application process.

Thank you,

Myra Del Campo

Myra Del Campo
Field Operations Support | Behavioral Health Group
myra.delcampo@bhgrecovery.com | www.bhgrecovery.com

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: 071-M0001
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Huntsville Recovery, Inc dba Stevenson Recovery
(ADPH Licensure Name)

Physical Address: 196 County Road 85
Stevenson, AL 35772

County of Location: JACKSON

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. NA

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: George & Clara Payne (Huntsville Recovery, Inc.)

Mailing Address: 196 County Road 85
Stevenson, AL 35772

Operator (Entity Name): George & Clara Payne (Huntsville Recovery, Inc.)

Part III: Acquiring Entity Information

Name of Entity: BHG LXX, LLC

Mailing Address: 5001 Spring Valley Road, Suite 600 East
Dallas, TX 75244

Operator (Entity Name): BHG LXX, LLC D/B/A BHG Stevenson Treatment Center

Proposed Date of Transaction is on or after: 07/31/2020

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 500,000.00

Type of Beds: N/A

Number of Beds/ESRD Stations: 0

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

Projected Equipment Cost: \$ 10,000.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 368,360.00

Projected Total Cost: \$ 378,360.00

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):	<u>George Payne</u>	<u>Clara Payne</u>
Operator(s):	<u>George Payne</u>	<u>Clara Payne</u>
Title/Date:	<u>Spanson July 2, 2020</u>	<u>President, July 2, 2020</u>

SWORN to and subscribed before me, this 2nd day of JULY, 2020.

(Seal)

[Signature]
Notary Public

My Commission Expires: 4/30/2022

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.

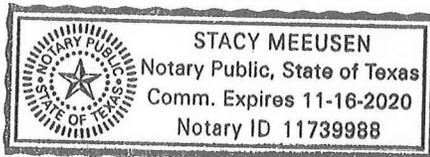
Purchaser(s): [Signature]
Operator(s): [Signature]
Title/Date: CEO 7/7/2020

SWORN to and subscribed before me, this 7th day of July, 2020.

(Seal)

[Signature: Stacy Meeusen]
Notary Public

My Commission Expires: 11/16/2020



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



**State Health Planning & Development Agency
Notice of Change of Ownership/Control Application
BHG LXX, LLC D/B/A BHG Stevenson Treatment Center**

**CHANGE OF OWNERSHIP/CONTROL
PART IV ADDENDUM**



**CHANGE OF OWNERSHIP/CONTROL
PART IV ADDENDUM**

Part IV:

- 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.)**

There will not be an extension or addition of services as a result of this change of ownership.

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

This change of ownership will not include an addition of any beds. (As the current treatment program, an outpatient opioid treatment program, does not contain any beds)

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

This change of ownership will not include a conversion of any beds. (As the current treatment program, an outpatient opioid treatment program, does not contain any beds)

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

This change of ownership will include the acquisition of assets.

Jemece Gasaway, MSW, LMSW

Director of Licensing

Behavioral Health Group

5001 Spring Valley Road

Suite 600 East

Dallas, TX 75244

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Email: Jemece.Gasaway@bhgrecovery.com

Website: www.bhgrecovery.com



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Notice of Change of Ownership/Control Application
BHG LXX, LLC D/B/A BHG Stevenson Treatment Center**

RECEIPT OF PAYMENT