



RECEIVED

Nov 23 2020

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Writer's Fax No. (877) 921-5098  
Writer's Direct Dial No. (502) 596-7815  
Writer's E-mail: [joseph.miller@kindred.com](mailto:joseph.miller@kindred.com)

November 23, 2020

**VIA EMAIL [SHPDA.ONLINE@SHPDA.ALABAMA.GOV]**

State Health Planning & Development Agency  
CON Review Board

**Re: Alabama Certificate of Need / RehabCare Group East, LLC**

Dear Sir or Madam:

This follows the October 29, 2020 SHPDA filing regarding a stock/membership interest transfer for RehabCare Group East, LLC. The transaction is scheduled to occur on November 30, 2020.

Please accept this letter as confirmation that all owners of RehabCare Group East, LLC, including, but not limited to Kindred Healthcare, LLC and Kentucky Hospital Holdings, LLC, consent to this transaction. The October 29, 2020 filing did not include Kentucky Hospital Holdings, LLC as the entity executing the transaction because the transaction is occurring at a lower level in the corporate structure (i.e., Kindred Healthcare, LLC and Kindred Healthcare Operating, LLC, as listed in the diagrams submitted on October 29, 2020).

Thank you for your time and attention to this matter.

Sincerely,

DocuSigned by:

*Joseph B. Miller*

F6A9E399818147F...

Joseph Miller

Senior Vice President and Corporate Counsel

Oct 29 2020

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY**Arnall  
Golden  
Gregory LLP**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

October 29, 2020

**VIA EMAIL [SHPDA.ONLINE@SHPDA.ALABAMA.GOV]**State Health Planning & Development Agency  
CON Review Board**Re: Alabama Certificate of Need / RehabCare Group East, LLC**

Dear Sir or Madam:

Please find enclosed an ownership update form for RehabCare Group East, LLC d/b/a RehabCare, a rehabilitation facility located at 235 Inverness Center Drive, Hoover, AL 35242. We are also enclosing confirmation of payment of the application fee and before and after diagrams. The rehabilitation facility will undergo a stock transfer/internal reorganization, resulting in a change in certain indirect owners, on or around December 1, 2020.

Thank you for your attention to this matter. Should you have any questions or need additional assistance, please do not hesitate to contact our office.

Sincerely,

ARNALL GOLDEN GREGORY LLP



Alexander B. Foster

Enclosure

cc: Hedy S. Rubinger, Esq.

## 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: 117-R5901  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: RehabCare Group East, LLC d/b/a RehabCare  
(ADPH Licensure Name)

Physical Address: 235 Inverness Center Drive  
Hoover, AL 35242

County of Location: Shelby

Number of Beds/ESRD Stations: N/A

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

**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: Kindred Healthcare, LLC

Mailing Address: 680 South 4th Street  
Louisville, KY 40202

Operator (Entity Name): RehabCare Group East, LLC

### Part III: Acquiring Entity Information

Name of Entity: Select Rehabilitation LLC

Mailing Address: 235 Inverness Center Drive  
Hoover, AL 35242

Operator (Entity Name): RehabCare Group East, LLC

Proposed Date of Transaction is on or after: December 1, 2020

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ N/A (corporate restructure)

Type of Beds: N/A

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: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 0

Projected Total Cost: \$ 0

**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.

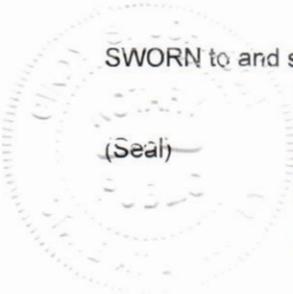
**Part V: Certification of Information**

**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>Kindred Healthcare, LLC</u>	
Operator(s):	<u>RehabCare Group East, LLC</u>	<u>Jeff Stodghill</u>
Title/Date:	<u>Vice President &amp; Corporate Counsel</u> <u>Kindred Healthcare, LLC</u>	<u>Jeff Stodghill</u>

SWORN to and subscribed before me, this 28<sup>th</sup> day of October, 2020.



(Seal)



Cindy S. Johnson  
Notary Public

My Commission Expires: June 17, 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): Select Rehabilitation LLC \_\_\_\_\_

Operator(s): RehabCare Group East, LLC \_\_\_\_\_

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

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

(Seal)

\_\_\_\_\_  
Notary Public

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

Author: Alva M. Lambert

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

History: New Rule

SWORN to and subscribed before me, this 20<sup>th</sup> day of October, 2020

(Seal)



Cindy S. Johnson  
Notary Public

My Commission Expires June 17, 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) Select Rehabilitation LLC

Operator(s) RehabCare Group East, LLC

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

[Signature]  
Michael Spivey  
AS of closing  
Michael Spivey

SWORN to and subscribed before me, this 28<sup>th</sup> day of October, 2020

(Seal)



Marie L. Felton Malec  
Notary Public

My Commission Expires 12/20/20

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

## ***Responses to Section IV, 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, RehabCare Group East, LLC d/b/a RehabCare, has previously offered the service and the rehabilitation services offered will not change.

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

Not applicable.

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

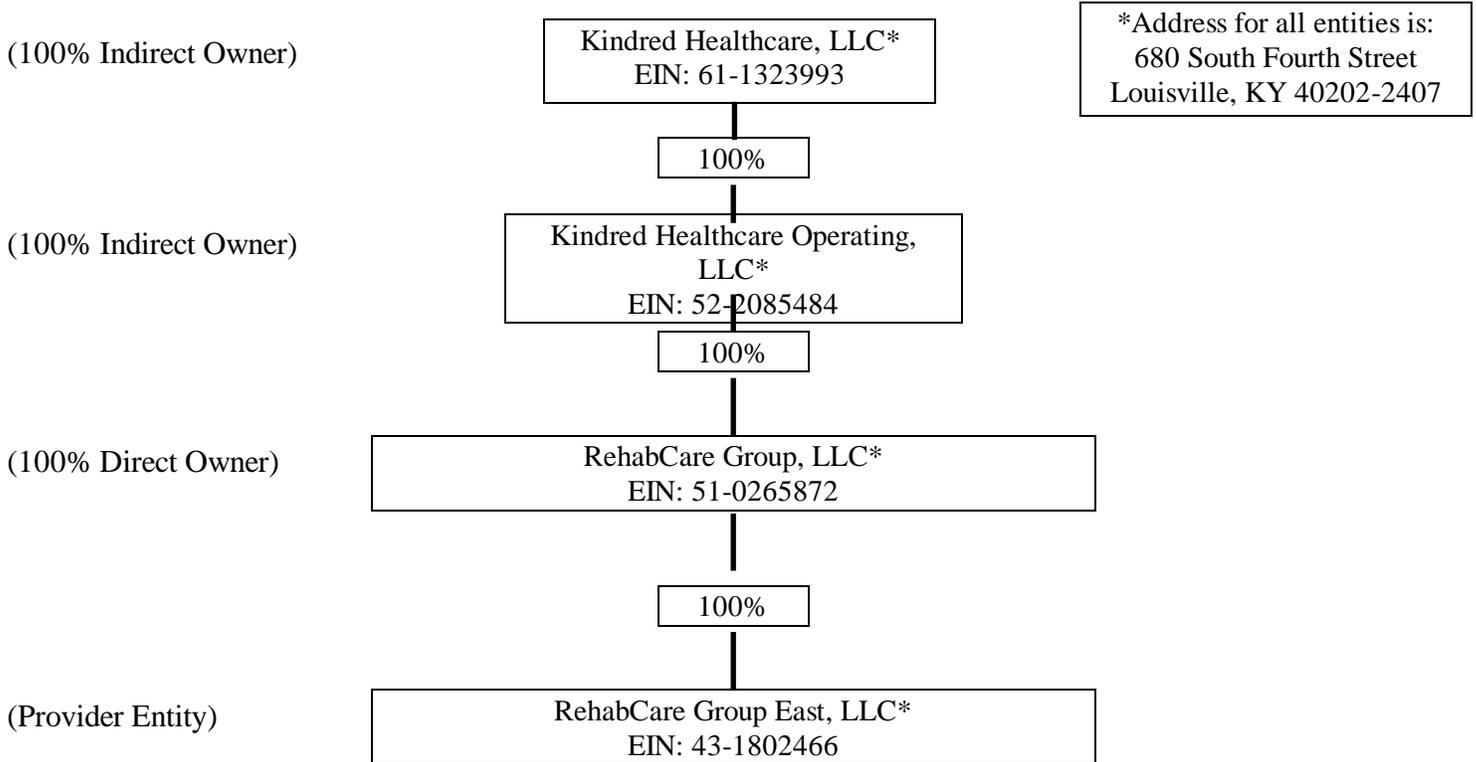
Not applicable.

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

The transaction involves a change of indirect owners of an existing rehabilitation facility, as a result of a stock transfer/corporate reorganization.

# Alabama

## CURRENT OWNERSHIP DIAGRAM



# Alabama

## PROPOSED OWNERSHIP DIAGRAM

\*Address for all entities is:  
Select Rehabilitation  
2600 Compass Road  
Glenview, IL 60026  
(847) 441-5593

(100% Indirect Owner)

Select Rehabilitation LLC\*  
EIN: 37-1378417

100%

(100% Direct Owner)

RehabCare Group, LLC\*  
EIN: 51-0265872

100%

(Provider Entity)

RehabCare Group East, LLC\*  
EIN: 43-1802466