

November 2, 2021

Via Electronic Filing To:

shpda.online@shpda.alabama.gov

Ms. Emily Marsal, Executive Director
State Health Planning and Development Agency
RSA Union Building
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: Notice of Change of Ownership (SHPDA ID # 025-P2427*)

Dear Ms. Marsal:

We represent Kare-In-Home Hospice of Mobile, LLC (“Kare-In-Home” or the “Hospice”) in the above-referenced proposed change of ownership of Kare-In-Home (SHPDA ID # 025-P2427*) to TVP NP Homecare Acquisition, Inc. Please accept this letter as an attachment to the Notice of Change of Ownership form that we are filing pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (“Rules”) for the transaction described herein. The attached Notice of Intent to Change Ownership involves the transfer of the ownership of Kare-In-Home (the “CON Holder”) which has authority to operate in-home hospice services in Mobile, Clarke, Washington and Choctaw Counties. The following addresses the State Health Planning and Development Agency’s requirements for a change of ownership:

I. Proposed Transaction

On or about December 1, 2021, Kare-In-Home Hospice of Mobile, LLC’s owners (“Sellers”) will transfer to TVP NP Homecare Acquisition, Inc. (the “Buyer”) one hundred percent (100%) of the membership interest of Kare-In-Home. The current CON Holder, Kare-In-Home, will continue to own and operate the Hospice. I have enclosed an organization chart showing the ownership of the CON Holder following the closing of the transaction.

II. SHPDA Information Per Change of Ownership/Control Application

1) Financial Scope: This transaction involves the transfer of 100% ownership of the membership interest of the CON Holder in exchange for fair market value consideration.

*www.shpda.alabama.gov/Facilities/FacilitiesList.asp?Page=2 is not yet updated from the 2021 transaction from Hometown Hospice, Inc. to Kare-In-Home Hospice of Mobile, LLC.

Post Office Box 6010
Ridgeland, MS 39158-6010

ALLISON C. SIMPSON
601.985.4599
C 601.940.5332
allison.simpson@butlersnow.com

Suite 1400
1020 Highland Colony Parkway
Ridgeland, MS 39157

T 601.948.5711 • F 601.985.4500 • www.butlersnow.com

BUTLER SNOW LLP

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However, the transaction does not involve costs associated with the Hospice exceeding the following expenditure thresholds: (i) \$3,165,569.00 for major medical equipment; (ii) \$1,266,226.00 for annual operating costs; or (iii) \$6,331,138.00 for capital expenditures.

2) Services to be Offered: There are no new or additional services as a result of the transaction. The Hospice will continue to provide the same, authorized services.

3) Whether the Proposal Will Include the Addition of Any New Beds: The transaction will not result in the addition of new beds.

3) Whether the Proposal Will Involve the Conversion of Beds: The transaction will not result in the conversion of beds.

4) Whether the Assets and Stock (if any) Will be Acquired: As described herein, the transaction involves the transfer of 100% of the ownership interests in Kare-In-Home in exchange for fair market value consideration.

III. Conclusion

Based upon the above description of the proposed transaction and a showing that there will be no change in the number or type of health services, conversion of beds, or increase or decrease in bed capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a CON is not required for the transaction.

In accordance with the Rules, a check in the amount of Two Thousand Five Hundred Dollars (\$2,500.00) made payable to SHPDA is being sent overnight via Federal Express (Tracking No. 7750 7873 8074) to SHPDA, 100 North Union Street, Suite 870, Montgomery, AL 36104.

Please contact me if you have any questions or need any additional information.

Sincerely,

BUTLER SNOW LLP

Allison C. Simpson

Encl.

cc: (via email)

Chad Blalack

Howard Young

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: 025-P2427* (*not yet updated on report)
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Kare-In-Home Hospice
(ADPH Licensure Name)

Physical Address: 23 Shell Street
Saraland

County of Location: MOBILE

Number of Beds/ESRD Stations: _____

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Mobile, Clarke, Washington & Choctaw

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: Kare-In-Home Hospice of Mobile, LLC

Mailing Address: 10281 Corporate Drive
Gulfport, Mississippi 39503

Operator (Entity Name): Kare-In-Home Hospice of Mobile, LLC

Part III: Acquiring Entity Information

Name of Entity: TVG NP Homecare Acquisition, Inc.

Mailing Address: 300 East Randolph Street, Ste 3850
Chicago, Illinois 60601

Operator (Entity Name): Kare-In-Home Hospice of Mobile, LLC
 Proposed Date of Transaction is on or after: 12/01/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Please see attached letter
 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: \$ 0.00
 Projected Construction Cost: \$ 0.00
 Projected Yearly Operating Cost: \$ 1,100,000.00
 Projected Total Cost: \$ 1,100,000.00

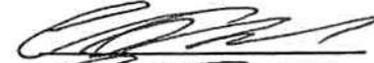
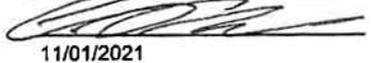
On an Attached Sheet Please Address the Following: Please see attached letter.

- 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): Kare-In-Home Hospice of Mobile, LLC
 By Its Member, Chad Blalack 
 Operator(s): Kare-In-Home Hospice of Mobile, LLC
 By Its Member, Chad Blalack 
 Title/Date: Member 11/01/2021

SWORN to and subscribed before me, this 1st day of November, 2021.

(Seal)

Notary Public

My Commission Expires: 9-27-22



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): _____

Operator(s): _____

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

Operator (Entity Name): Kare-In-Home Hospice of Mobile, LLC

Proposed Date of Transaction is on or after: 12/01/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Please see attached letter

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: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 1,100,000.00

Projected Total Cost: \$ 1,100,000.00

On an Attached Sheet Please Address the Following: Please see attached letter.

- 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): Kare-In-Home Hospice of Mobile, LLC
By Its Member, Clay Blalack 

Operator(s): Kare-In-Home Hospice of Mobile, LLC
By Its Member, Clay Blalack 

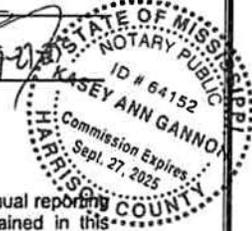
Title/Date: Member 11/01/2021

SWORN to and subscribed before me, this 1st day of November, 2021

(Seal)

Notary Public

My Commission Expires: 9-27-25



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): _____

Operator(s): _____

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 ____ day of _____.

(Seal)

Notary Public

My Commission Expires: _____

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.

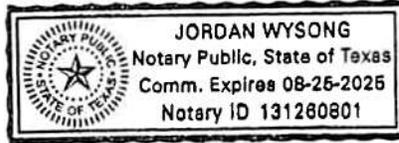
Purchaser(s): TVG NP Homecare Acquisition, Inc. _____

Operator(s): *[Signature]* _____

Title/Date: *COO* 11/01/2021

SWORN to and subscribed before me, this 2nd day of November, 2021.

(Seal)

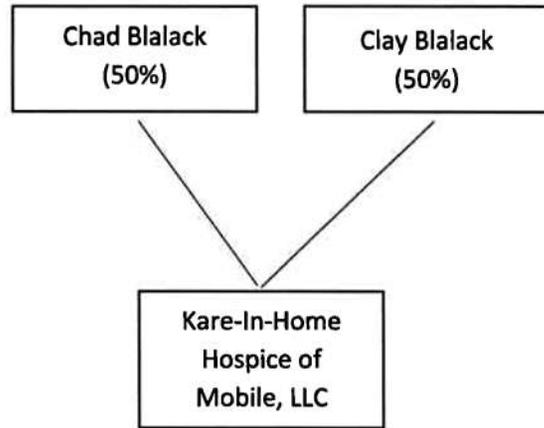


[Signature]
Notary Public

My Commission Expires: 08/25/2025

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

Prior to Transaction



After Transaction

