



SpencerFane®

CO2022-077
RECEIVED

Apr 22 2022

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

ANNE SUMPTER ARNEY
DIRECT DIAL: (615) 238-6360
asarney@spencerfane.com

April 22, 2022

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

**Re: Amendment to Notice of Change of Ownership for CV Home Health of Bibb County
(SHTDA ID Number 007-h7082)**

To Whom It May Concern:

Enclosed please find a fully executed and notarized Notice of Change of Ownership for the above referenced facility. This Notice has been amended to respond to the comments in your letter of April 14, 2022.

The filing fee of \$2,500.00 (total was \$2,588.50) was paid online on April 4 2022, through the SHPD portal – a copy of the receipt is enclosed. Please confirm the receipt of this letter and this electronic filing of the Change of Ownership made on April 4, 2022. If you have any questions, please contact me at 615-238-6360.

Sincerely,

Anne Sumpter Arney

ASA/kmt
Enclosures

Apr 22 2022

State Health Planning and Development Agency

Alabama CON Rules & Regulations

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: 007-H7082
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)
 Name of Facility/Provider: CV Home Health of Bibb County
 (ADPH Licensure Name)
 Physical Address: 155 Birmingham Road, Suite 123
Centerville, AL 35042-2949
 County of Location: Bibb
 Number of Beds/ESRD Stations: N/A

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Bibb County Tuscaloosa County, Jefferson County, Shelby County, Chilton County, Perry County, Hale County

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: Techota, LLC
 Mailing Address: 2 International Plaza, Suite 100
Nashville, TN 37217
 Operator (Entity Name): Techota, LLC

Part III: Acquiring Entity Information

Name of Entity: CV Home Health Holdings, LLC
 Mailing Address: 1101 Kermit Drive, Suite 204
Nashville, TN 37217

Operator (Entity Name): Techota, LLC

Proposed Date of Transaction is on or after: April 30, 2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 6,000,000.00

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: \$ N/A

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ 5,766,000.00

Projected Total Cost: \$ 5,766,000.00

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). See attached.
- 2.) Whether the proposal will include the addition of any new beds. See attached.
- 3.) Whether the proposal will involve the conversion of beds. See attached.
- 4.) Whether the assets and stock (if any) will be acquired. See attached.

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): Techota, LLC

Operator(s): By: *Phyllis J. Robertson*
Phyllis J. Robertson

Title/Date: President
April 21, 2022

SWORN to and subscribed before me, this 21st day of April, 2022.

(Seal)



Alisia R. Craig-Robinson
Notary Public

My Commission Expires: Sept. 8, 2025

Acquiring Authority Signature(s) My Commission Expires Sept. 8, 2025

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): CV Home Health Holdings, LLC

Operator(s): By: James Happ

Title/Date: President
April 21, 2022

SWORN to and subscribed before me, this 21st day of April, 2022.

(Seal)



Alisia R. Craig-Robinson
Notary Public

My Commission Expires: Sept. 8, 2025

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

- 1.) No new service will be offered.
- 2.) No addition of beds.
- 3.) No conversion of beds.
- 4.) Acquire 100.00% of membership interest.

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025
Montgomery AL 36130-3025
(334)242-4109
bradford.williams@shpda.alabama.gov
OTC Local Ref ID: 68992746
4/4/2022 02:01 PM

Status: **APPROVED**
Customer Name: Vicki L. Scruggs
Type: Visa
Credit Card Number: **** * 1949

Items	Quantity	TPE Order ID	Total Amount
Change of Ownership	1	82818642	\$2,500.00
Applicant Name: CV Home Health of Bibb County			
Filing Date: 4/4/2022			
Phone Number: 615.238.6360			
Email Address: asarney@spencerfane.com			
Total remitted to the SHPDA			\$2,500.00
Alabama total amount charged			\$2,588.50

RECEIVED

Apr 04 2022

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



SpencerFane®

Bone McAllester

CO2022-077

ANNE SUMPTER ARNEY
DIRECT DIAL: (615) 238-6360
asarney@spencerfane.com

April 4, 2022

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

**Re: Notice of Change of Ownership for CV Home Health of Bibb County
(SHTDA ID Number 007-h7082)**

To Whom It May Concern:

Enclosed please find a fully executed and notarized Notice of Change of Ownership for the above reference facility. The filing fee of \$2,500.00 (total was \$2,588.50) has been paid online through the SHPD portal – a copy of the receipt is enclosed. Please confirm the receipt of this letter and this electronic filing of the Change of Ownership made on April 4, 2022. If you have any questions, please contact me at 615-238-6360.

Sincerely,

A handwritten signature in blue ink that reads "Anne S Arney".

Anne Sumpter Arney

ASA/kmt
Enclosures

NASHVILLE 2455705.1

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: 007-H7082
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: CV Home Health of Bibb County
(ADPH Licensure Name)

Physical Address: 142 Pierson Avenue

Centerville, AL 35042

County of Location: Bibb

Number of Beds/ESRD Stations: N/A

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Bibb County Tuscaloosa County, Jefferson County, Shelby County, Chilton County, Perry County, Hale County

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: Techota, LLC

Mailing Address: 2 International Plaza, Suite 100
Nashville, TN 37217

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: CV Home Health Holdings, LLC

Mailing Address: 1101 Kermit Drive, Suite 204
Nashville, TN 37217

Operator (Entity Name): Techota, LLC

Proposed Date of Transaction is on or after: April 1, 2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 6,000,000.00

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: \$ N/A

Projected Construction Cost: \$ N/A

Projected Yearly Operating Cost: \$ 5,766,000.00

Projected Total Cost: \$ 5,766,000.00

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). Nothing new.
- 2.) Whether the proposal will include the addition of any new beds. No.
- 3.) Whether the proposal will involve the conversion of beds. No.
- 4.) Whether the assets and stock (if any) will be acquired. Acquire 100.00% of membership interest.

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): Techota, LLC

Operator(s): By: Phyllis J. Robertson
Phyllis J. Robertson

Title/Date: President
March 30, 2022

SWORN to and subscribed before me, this 4th day of April, 2022.

(Seal)



[Signature]
Notary Public

My Commission Expires: May 5, 2025

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): CV Home Health Holdings, LLC

Operator(s): By: James Happ
James Happ

Title/Date: President
March 30, 2022

SWORN to and subscribed before me, this 4th day of April, 2022.

(Seal)



[Signature]
Notary Public

My Commission Expires: May 5, 2025

My Commission Expires May 5, 2025

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

Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025
 Montgomery AL 36130-3025
 (334)242-4109
 bradford.williams@shpda.alabama.gov
 OTC Local Ref ID: 68992746
 4/4/2022 02:01 PM

Status: **APPROVED**
 Customer Name: Vicki L. Scruggs
 Type: Visa
 Credit Card Number: **** * 1949

Items	Quantity	TPE Order ID	Total Amount
Change of Ownership	1	82818642	\$2,500.00
Applicant Name: CV Home Health of Bibb County			
Filing Date: 4/4/2022			
Phone Number: 615.238.6360			
Email Address: asarney@spencerfane.com			
Total remitted to the SHPDA			\$2,500.00
Alabama total amount charged			\$2,588.50