STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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 Certificate of Need Holde Change in Facility Management (Fa	
Part I: Facility Information	
SHPDA ID Number:	073-P2447
(This can be found at www.shpda.alabama.gov, H	ealth Care Data, ID Codes)
Name of Facility/Provider: (ADPH Licensure Name)	Kindred Hospice - Hoover
Physical Address:	2550 Acton Road, Suite 110
	Birmingham, AL 35243 4248
County of Location:	JEFFERSON
Number of Beds/ESRD Stations:	0
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. See attached.	
ownership or control, as defined under charts outlining current and proposed st	e: If this transaction will result in a change in direct ALA. CODE § 22-20-271(e), please attach organizational ructures.)
Owner (Entity Name) of Facility named in Part I:	Wiregrass Hospice, LLC
Mailing Address:	655 Brawley School Rd, Suite 200
	Mooresville, NC 28117

Part III: Acquiring Entity Information

Operator (Entity Name):

Name of Entity:	Wiregrass Hospice, LLC
Mailing Address:	655 Brawley School Rd, Suite 200
	Mooresville, NC 28117

Wiregrass Hospice, LLC

Operator (Entity Name):	vviregrass Hospice, LLC
Proposed Date of Transaction is on or after:	07/15/2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 39,451,959.63
Type of Beds:	N/A
Number of Beds/ESRD Stations:	0
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, t:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	\$_0.00
Projected Total Cost:	\$ 0.00
On an Attached Sheet Please A	Address the Following:
 The services to be offered by the prooffered the service, whether the service the service is a new service). 	oposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
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 Informat	ion
Current Authority Signature(s):	
The information contained in this notifica belief.	tion is true and correct to the best of my knowledge and
Owner(s): <u>Janet L. Cor</u>	ubs Sant & Combs
Operator(s):	
Title/Date: <u>VP of Lice</u>	$\frac{6}{27/33}$

SWORN to and subscribed before me, this 27th day of (Seal) Notary Public JOHN NICHOLS Notary Public - State of Kansas My Commission Expires: 4/5/26 My Appointment Expires 4/8/12 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 47th day of (Seal) Notary Public My Commission Expires: 4/5/26 JOHN NICHOLS Notary Public - State of Kansas My Appointment Expires 4/5/26

Author: Alva M. Lambert

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

History: New Rule

Notice of Change of Ownership/Control (Alabama) Kindred Hospice - Hoover, 073-P2447

Part I. Facility Information

CON Authorized Service Area:

Autauga, Bibb, Butler, Calhoun, Chilton, Clay, Cleburne, Coosa, Dallas, Elmore, Fayette, Jefferson, Lowndes, Macon, Marion, Montgomery, Shelby, St. Clair, Talladega, Tallapoosa, Tuscaloosa, Walker, Winston.



CO2022-086 RECEIVED May 31 2022

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

May 26, 2022

VIA EMAIL AND OVERNIGHT MAIL

Emily T. Marsal, Esq.
Executive Director
Alabama State Health Planning &
Development Agency
P.O. Box 303025
Montgomery, Alabama 36130-3025
shpda.online@shpda.alabama.gov
teresa.lee@shpda.alabama.gov

RE: Notice of Transaction

Dear Ms. Marsal:

Pursuant to ALA. Code § 22-21-270 and ALA. Admin. Code R. 410-1-7-.04 we respectfully submit Notice of Change Ownership/Control forms to the Alabama State Health Planning & Development Agency ("SHPDA") for the indirect change of ownership of all of the entities holding the Alabama hospice licenses listed on **Attachment A** (the "Licensees").

I. THE TRANSACTION

Humana Inc. ("Humana"), a publicly traded company, is the ultimate parent entity of the Licensees (several entities above). Humana entered into an agreement to transfer approximately sixty percent (60%) of its interest in Falcon Hospice, L.P. and Falcon Hospice G.P., LLC (collectively, "Falcon"), entities to be formed simultaneously with closing, several entities above the Licensed Hospice. Specifically, on April 20, 2022, Humana entered into that certain Stock Purchase Agreement with CD&R Falcon Holdings, L.P. ("Buyer") and other indirect subsidiaries of Humana, whereby Buyer will acquire a majority interest in Falcon. Thus, following this transaction, Humana will remain a minority indirect owner, and Buyer will become the majority indirect owner of the Licensed Hospice. The transaction is anticipated to close in the next 60-90 days. Please refer to **Attachment B** for the pre- and post-closing organizational charts.

II. REQUEST FOR NON-REVIEWABILITY

Following the transaction, the Licensees will retain the same tax identification, Medicaid and Medicare numbers, and state licenses. There will be no purchase of new equipment or other capital expenditures. Nor will the transaction result in any new or additional services, addition of new beds, conversion of beds, or changes to day-to-day operations, or policies and procedures. The transaction simply entails an indirect change several levels above the Licensee. There will be no change in the immediate parent company.

As such, we respectfully submit the Notice of Change Ownership/Control forms and request that you exercise your authority under Chapter 410-1-7.04(2) of the Rules and issue a letter confirming the non-reviewability of this transfer.

In accordance with ALA. ADMIN. CODE R. 410-1-3-.09., we have also submitted filing fees in the amount of \$25,000 (\$2,500 per form/entity) via overnight mail to the State Health Planning and Development Agency.

* * *

To the extent you have any questions, please contact me at <u>Janet.Combs@gentiva.com</u> or (913) 814-2013. Thanking you in advance for your prompt attention in this matter.

Best Regards,

Janet Combs

Vice President of Licensure

Janet & Combs

Kindred at Home

Enclosures:

Attachment A: Licenses

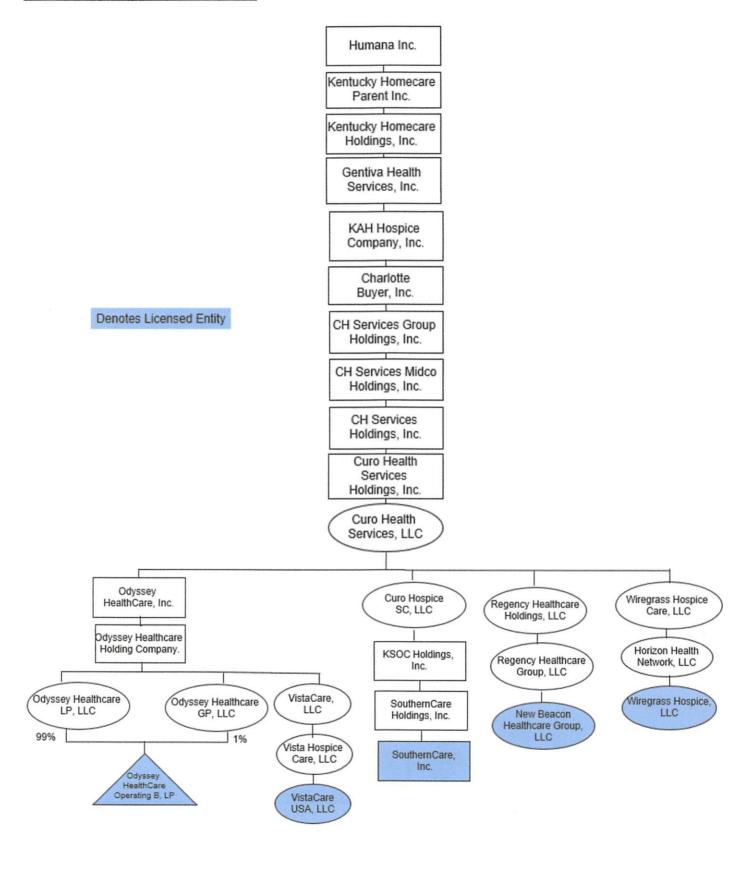
Attachment B: Pre- and Post-Closing Organizational Charts

Attachment A

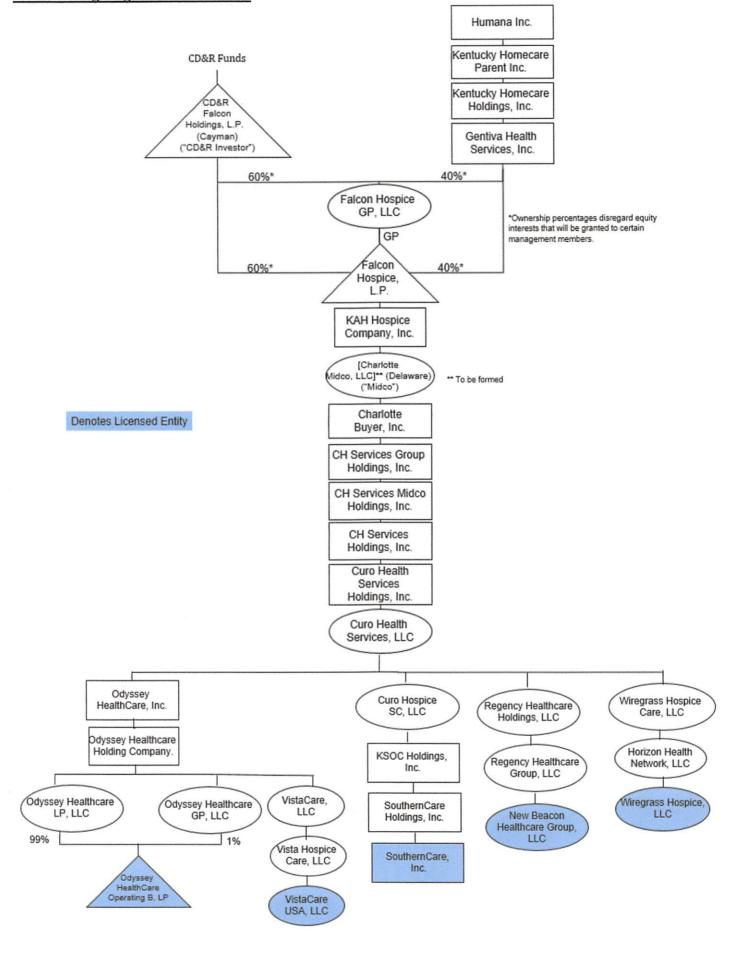
Legal Entity	D/B/A	Address	CON Facility ID
New Beacon Healthcare	SouthernCare New Beacon – Anniston (plus 2	1419 Leighton Avenue Unit A	
Group, LLC	branches)	Anniston, AL 36207-3800	015-P2418
New Beacon Healthcare Group, LLC	SouthernCare New Beacon – N. Birmingham (plus 4 branches)	4735 Norrel Drive STE 129 Trussville, AL 35173-3606	073-P2390
New Beacon Healthcare Group, LLC	SouthernCare New Beacon — Scottsboro (plus 4 branches)	1602 S. Broad Street Scottsboro, AL 35768-2611	071-P2389
New Beacon Healthcare Group, LLC	SouthernCare New Beacon – Jasper (plus 4 branches)	300 North Airport Road Units 3 & 4 Jasper, AL 35504-2517	127-P2417
SouthernCare, Inc.	SouthernCare Greenville (plus 7 branches)	501 E. Commerce St. Greenville, AL 36037-2313	013-P2403
Odyssey HealthCare Operating B, LP	Kindred Hospice (plus branch)	2800 Dauphin Street STE 103 Mobile, AL 36606-2400	097-P2469
VistaCare USA, LLC	Kindred Hospice	1417 Highway 280 Bypass Phenix City, AL 36867-5452 2550 Acton Road	113-P2485
Wiregrass Hospice, LLC	Kindred Hospice (plus 3 branches) Kindred Hospice	STE 110 Birmingham, AL 35243-4248 2740 Headland Avenue	073-P2447
Wiregrass Hospice, LLC	(plus branch)	Dothan, AL 36303-1236 5000 Bradford Drive NW	069-P2448
Wiregrass Hospice, LLC	Kindred Hospice (plus 3 branches)	STE 3A Huntsville, AL 35805-1937	089-P2345

Attachment B

Pre-Closing Organizational Chart



Post-Closing Organizational Chart



Notice of Change of Ownership/Control (Alabama)

Attachment

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 offers Hospice services. There will be no change to the services offered by the applicant as a result of this transaction.

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.

In this transaction, neither the assets nor the direct stock ownership of the operator will be transferred. This change, as described in more detail in the Cover Letter accompanying this submission, will occur several levels above the licensed entities and will not result in a change in the direct or immediate parent companies, tax identification numbers or services areas of the provider entities in Alabama.

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.

on the house much be med at react them, (25) adje 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: (This can be found at www.shpda.alabama.gov , He	073-P2447		
Name of Facility/Provider: (ADPH Licensure Name)	Kindred Hospice		
Physical Address:	2550 Acton Road, Suite 110		
	Birmingham, AL 35243-4248		
County of Location:	JEFFERSON		
Number of Beds/ESRD Stations:	0		
CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. See attached.			
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:	Wiregrass Hospice, LLC		
Mailing Address:	655 Brawley School Rd, Suite 200		
3	Mooresville, NC 28117		
Operator (Entity Name):	Wiregrass Hospice, LLC		
Part III: Acquiring Entity Information			
Name of Entity:	Wiregrass Hospice, LLC		
Mailing Address:	655 Brawley School Rd, Suite 200		
	Mooresville, NC 28117		

Notice of Change of Ownership/Control (Alabama)

Kindred Hospice, 073-P2447

Part I. Facility Information

CON Authorized Service Area:

Autauga, Bibb, Butler, Calhoun, Chilton, Clay, Cleburne, Coosa, Dallas, Elmore, Fayette, Jefferson, Lowndes, Macon, Marion, Montgomery, Shelby, St. Clair, Talladega, Tallapoosa, Tuscaloosa, Walker, Winston.

Operator (Entity Name):	Wiregrass Hospice, LLC
Proposed Date of Transaction is on or after:	07/15/2022
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 39,451,959.63
Type of Beds:	N/A
Number of Beds/ESRD Stations:	0
Financial Scope: to Include Prelimin Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, it:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	\$ 0.00
Projected Total Cost:	\$ 0.00
	Address the Following: oposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
2.) Whether the proposal will include the	a addition of any new hads
Whether the proposal will involve the	
4.) Whether the assets and stock (if any	
Part V: Certification of Informat	
Current Authority Signature(s):	
The information contained in this notificatelief.	ation is true and correct to the best of my knowledge and
Owner(s): Janet L. Con	nbs Janux & Combs
Operator(s):	
Title/Date: VP of Licens	ure 5/26/22

SWORN to and subscribed before me, this 26th day of __

12022

(Seal)

JOHN NICHOLS

Notary Public - State of Kansas

My Appointment Expires 4/5/26

Notary Public

My Commission Expires:

Acquiring Authority Signature(s):

l 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): Janet L. Combs

Jant & Combs

Operator(s):

Title/Date:

VP of Liconsure

5/26/22

SWORN to and subscribed before me, this 2th day of _______

2022

(Seal)

JOHN NICHOLS

Notary Public - State of Kansas
My Appointment Expires 4/5/26

Notary Public

My Commission Expires: $\frac{4/5/26}{}$

Author: Alva M. Lambert

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

History: New Rule