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September 22, 2022

(DELIVERED BY EMAIL TO: shpda.online@shpda.alabama.gov)

CO2022-115

RECEIVED

Sept. 22, 2022

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

073-H7030

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

Re: Change of Ownership: ProHealth Home Health/Intrepid USA Healthcare Services (SHPDA ID: 073-H7030)

Dear Ms. Marsal,

I am writing on behalf of ProHealth Home Health, LLC (“ProHealth”) to submit the enclosed Change of Ownership (“CHOW”) form that we are filing pursuant to Chapter 410-1-07-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”). The Change of Ownership involves a certificate of need held by FC of Alabama, Inc. d/b/a Intrepid USA Healthcare Services (“Intrepid”) to provide home health services in the counties identified on the enclosed CHOW form.

The information below addresses SHPDA’s required disclosures for a change of ownership:

I. Financial Scope of the Project.

The financial scope of the project will encompass the fair market value payment that ProHealth pay Intrepid as consideration for the transfer of the Certificate of Need (SHPDA ID: 073-H7030) as well as other assets to ProHealth. The proposed transaction does not contemplate new costs exceeding the following expenditure threshold: (i) \$3,165,569 for major medical equipment; (ii) \$1,266,226 for new annual operating costs; and (iii) \$6,331,138 for capital expenditures.

II. Services to be Offered

This transaction will not result in any new or additional services other than those that have been provided by Intrepid.

III. Beds

This transaction will not involve the addition or conversion of any beds.

IV. Stock and Assets

As described above, Intrepid will transfer the Certificate of Need (SHPDA ID: 073-H7030) to ProHealth. In addition, ProHealth will acquire certain other assets owned by Intrepid. Other than the foregoing, the transaction will not involve the acquisition of any stock or other assets.

V. Conclusion

Based upon the above description of the proposed transaction and a showing that there will be no change in health services, conversion of beds, or increase/decrease in bed capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules to determine that a Certificate of Need is not required for the consummation of the proposed transaction. In accordance with SHPDA rules, I am making an online payment to SHPDA in the amount of \$2,500 contemporaneously with the filing of this letter and enclosures.

If you have any questions or need further information, please do not hesitate to contact me at the number or address listed above. Thank you in advance for your assistance with this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DALE', with a long horizontal flourish extending to the right.

David A. Lester

cc: Mr. John Kunysz

Enclosures

NOTICE OF CHANGE OF OWNERSHIP/CONTROLRECEIVED
Sept. 22, 2022STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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: 073-H7030
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Intrepid USA Healthcare Services
(ADPH Licensure Name)

Physical Address: 2700 Corporate Drive, Suite 200
Birmingham, AL 35242

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. Autauga, Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Coosa, Cullman, DeKalb, Elmore, Etowah, Fayette, Franklin, Jackson, Jefferson, Lawrence, Madison, Marion, Marshall, Morgan, Perry, Randolph, Saint Clair, Shelby, Talladega, Tallapoosa, Tuscaloosa, Walker, Winston.

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: FC of Alabama, Inc.

Mailing Address: 3220 Keller Springs Road, Suite 108
Carrollton, TX 75006

Operator (Entity Name): FC of Alabama, Inc.

Part III: Acquiring Entity Information

Name of Entity: ProHealth Home Health, LLC

Mailing Address: 1800 Corporate Drive
Birmingham, Alabama 35242

Operator (Entity Name): ProHealth Home Health, LLC

Proposed Date of Transaction is on or after: On or after October 4, 2022

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ Fair Market Value

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

Projected Yearly Operating Cost: \$ 800,000.00

Projected Total Cost: \$ 810,000.00

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).
- 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.

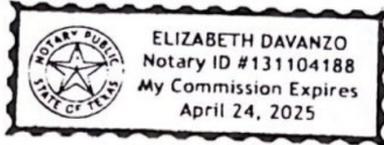
Owner(s): John Kunysz, Jr. 

Operator(s): John Kunysz, Jr. 

Title/Date: CEO 09/22/2022

SWORN

(Seal)



_____ day of Sept

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): David A. Lester

[Signature]

Operator(s): David A. Lester

[Signature]

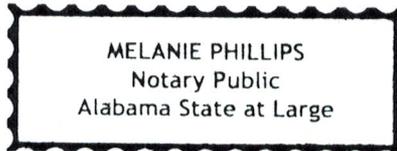
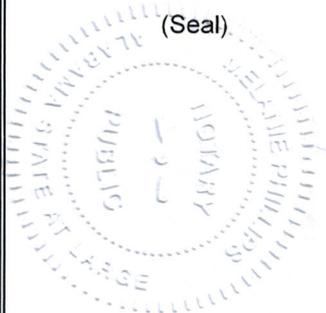
Title/Date: CEO

9-13-22

SWORN to and subscribed before me, this 13 day of September 2022

[Signature: Melanie Phillips]
Notary Public

My Commission Expires: _____ My Commission Expires May 24, 2023



Author: Alva M. Lambert

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

History: New Rule