

*Filed Electronically at: [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)*

December 13, 2023

Ms. Emily T. Marsal  
Executive Director  
State Health Planning and Development Agency  
P.O. Box 303025  
Montgomery, Alabama 36130-3025

Re: Notice of Change of Ownership/Control  
RehabWorks Physical Rehabilitation (081-R4103)  
Anticipated Effective Date: February 1, 2024

Dear Ms. Marsal:

Pursuant to Chapter 410-1-7-.04 of the Rules and Regulations of the Alabama Certificate of Need Program (the "CON Rules"), I respectfully submit this Notice of Change of Ownership ("CHOW") involving a change in operator of the facility. RehabWorks Physical Rehabilitation ("RehabWorks") is currently owned by The East Alabama Health Care Authority and is operated by East Alabama Medical Center. Effective February 1, 2024, the operator of the facility will be RehabWorks, LLC. The East Alabama Health Care Authority is the sole member/owner of RehabWorks, LLC.

The following is a summary of the proposed transaction in relation to financial scope, the services to be offered, whether the proposal will include the addition of any new beds, whether the proposal will involve the conversion of beds, and whether the assets and stock (if any) will be acquired.

- I. Financial Scope  
This transaction does not involve the purchase of new equipment, new operating costs, or other capital expenditures. The change in operator is an internal transfer between The East Alabama Health Care Authority d/b/a East Alabama Medical Center and RehabWorks, LLC in which The East Alabama Health Care Authority is the sole member/owner. Therefore, there are no costs associated with a change in operator.
- II. The services to be offered by the Proposal  
The proposal does not involve the offering of any new services by The East Alabama Health Care Authority.
- III. Whether the Proposal will include the addition of any new beds  
The proposal does not include the addition of any new beds.

IV. Whether the Proposal will involve the conversion of beds  
The proposal does not involve the conversion of beds.

V. Whether the assets and stock (if any) will be acquired  
The change in operator does not involve the acquisition of stock.

The fee associated with the change of ownership has been paid via SHPDA's electronic payment portal. If you need any additional information about this notice of change of ownership/control, please do not hesitate to contact me at (334) 528-5825.

Sincerely,



Marcilla C. Gross  
Executive Director  
Regulatory Affairs & Leadership Development

cc: Ms. Laura Grill

**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: 081-R4103  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: RehabWorks Physical Rehabilitation  
(ADPH Licensure Name)

Physical Address: 2450 Village Professional Drive  
Opelika, Alabama 36801

County of Location: LEE 

Number of Beds/ESRD Stations: 0

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: The East Alabama Health Care Authority

Mailing Address: 2000 Pepperell Parkway  
Opelika, Alabama 36801  
East Alabama Medical Center

Operator (Entity Name): \_\_\_\_\_

**Part III: Acquiring Entity Information**

Name of Entity: The East Alabama Health Care Authority

Mailing Address: 2000 Pepperell Parkway  
Opelika, Alabama 36801

Operator (Entity Name): RehabWorks, LLC

Proposed Date of Transaction is on or after: 2/1/2024

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 0.00

Type of Beds: 0

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: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 0.00

Projected Total Cost: \$ 0.00

**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): 

Operator(s): 

Title/Date: President/CEO

The East Alabama HealthCare Authority  
East Alabama Medical Center

SWORN to and subscribed before me, this 13 day of December, 2023.



Lori Connors  
Notary Public

My Commission Expires: 9/8/2025

**Acquiring Authority Signature(s):**

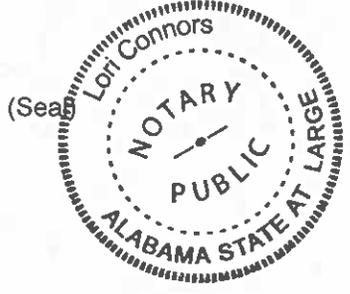
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): [Signature] The East Alabama Health Care Authority

Operator(s): [Signature] Rehab Works, LLC

Title/Date: President/CEO

SWORN to and subscribed before me, this 13 day of December, 2023.



Lori Connors  
Notary Public

My Commission Expires: 9/8/2025

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