

Mazie Bryant
mbryant@bradley.com
205.521.8011



November 5, 2024

CO2025-007
RECEIVED

Nov 05 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via Email (shpda.online@shpda.alabama.gov)

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

RE: Notice of Change of Ownership/Control Application – Alabama Hospice Care of Birmingham (SHPDA ID No. 073-P2371)

Dear Ms. Marsal:

On behalf of Alabama Health Care Group, LLC (the “Applicant”), we respectfully submit to the State Health Planning & Development Agency (“SHPDA”) the enclosed Notice of Change of Ownership/Control Application (the “Application”) for the above-referenced in-home hospice agency (the “Agency”). The Agency does not provide inpatient hospice services.

The proposed change of ownership is the result of an internal reorganization in which LHCG XXII, LLC (“Seller”), a wholly owned subsidiary of Applicant, will transfer 100% of the equity interest in the Agency to Applicant, its parent entity. The reorganization is expected to occur on or about November 15, 2024. No other changes to the Agency are expected as a result of this reorganization. As required by SHPDA, enclosed herein are the following:

- **Exhibit A** – Notice of Change of Ownership/Control Application;
- **Exhibit B** – Pre- and Post-Closing Organizational Charts (Part II); and
- **Exhibit C** – Additional Application Questions (Part IV)

Thank you for your attention to this matter. Please note that the Applicant will submit the filing fee required by this Application via SHPDA’s online payment portal. Please don’t hesitate to contact me at mbryant@bradley.com or 205-521-8011 if you need additional information or documentation.

Best regards,

A handwritten signature in black ink that reads "Mazie Bryant". The signature is written in a cursive, flowing style.

Mazie Bryant

Enclosures

Exhibit A

Notice of Change of Ownership/Control Application

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: 073-P2371
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)
 Name of Facility/Provider: Alabama Hospice Care of Birmingham
 (ADPH Licensure Name)
 Physical Address: 5998 Deerfoot Parkway
Trussville, AL 35173-3251
 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. Blount, Cullman, Etowah, Jefferson, and St. Clair counties

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: LHCG XXII, LLC
 Mailing Address: PO Box 51266
Lafayette, LA 70505
 Operator (Entity Name): N/A

Part III: Acquiring Entity Information

Name of Entity: Alabama Health Care Group, LLC
 Mailing Address: 901 Hugh Wallis Road South
Lafayette, LA 70508

Operator (Entity Name): N/A

Proposed Date of Transaction is on or after: 11/15/2024

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 0.00

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: \$ 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): _____ LHCG XXII, LLC

Operator(s):  _____

Title/Date: President _____

SWORN to and subscribed before me, this 25th day of October, 2024.

(Seal)



Joni Bonin
Notary Public
Notary ID No. 23476
Lafayette Parish, Louisiana

Notary Public

My Commission Expires: at Death

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): _____ Alabama Health Care Group, LLC

Operator(s): _____

Title/Date: Secretary _____

SWORN to and subscribed before me, this 25th day of October, 2024.

(Seal)



Joni Bonin
Notary Public
Notary ID No. 23476
Lafayette Parish, Louisiana

Notary Public

My Commission Expires: at Death

Author: Alva M. Lambert

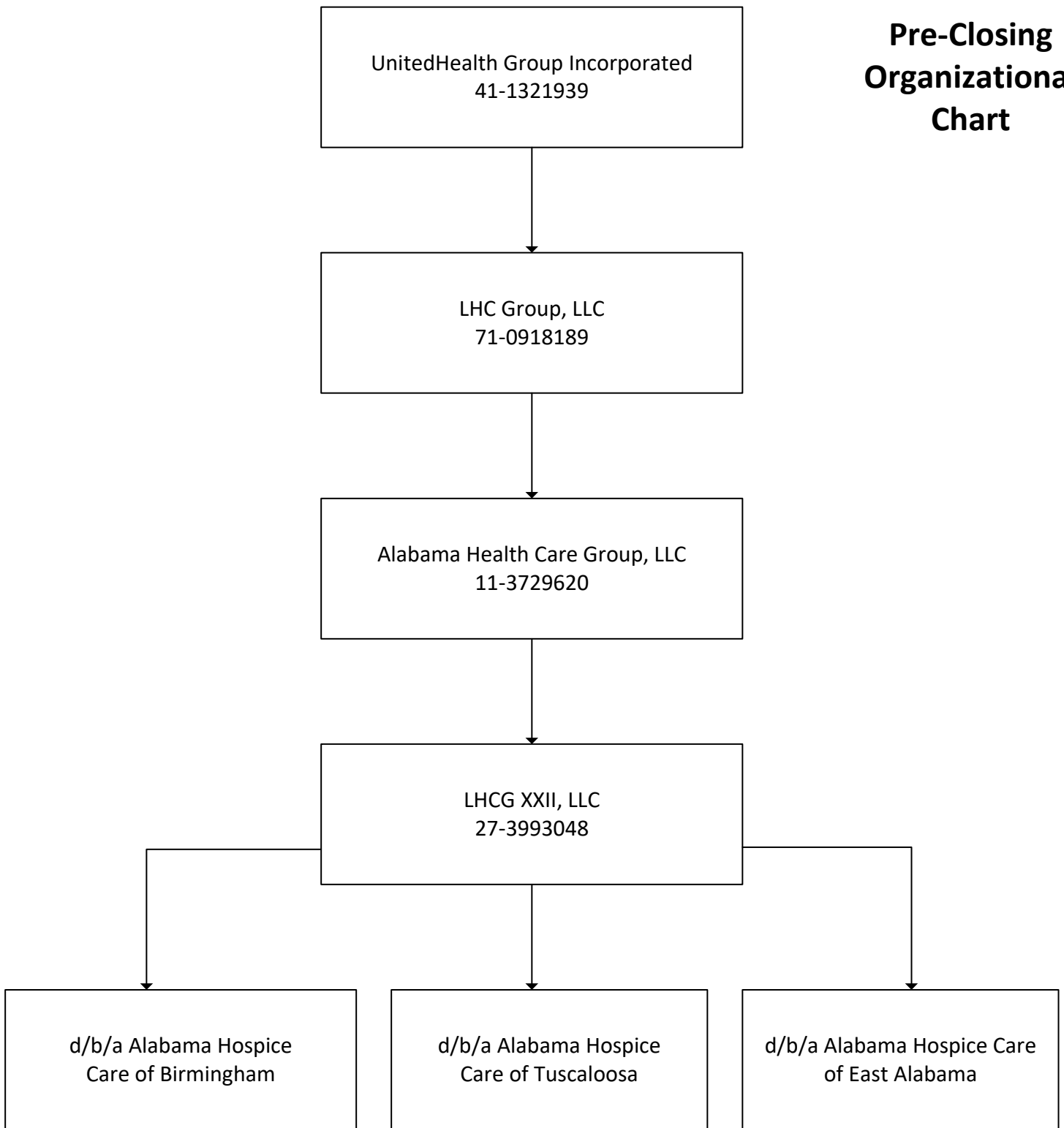
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

Exhibit B

Pre- and Post-Closing Organizational Charts (Part II)

Pre-Closing Organizational Chart



Post-Closing Organizational Chart

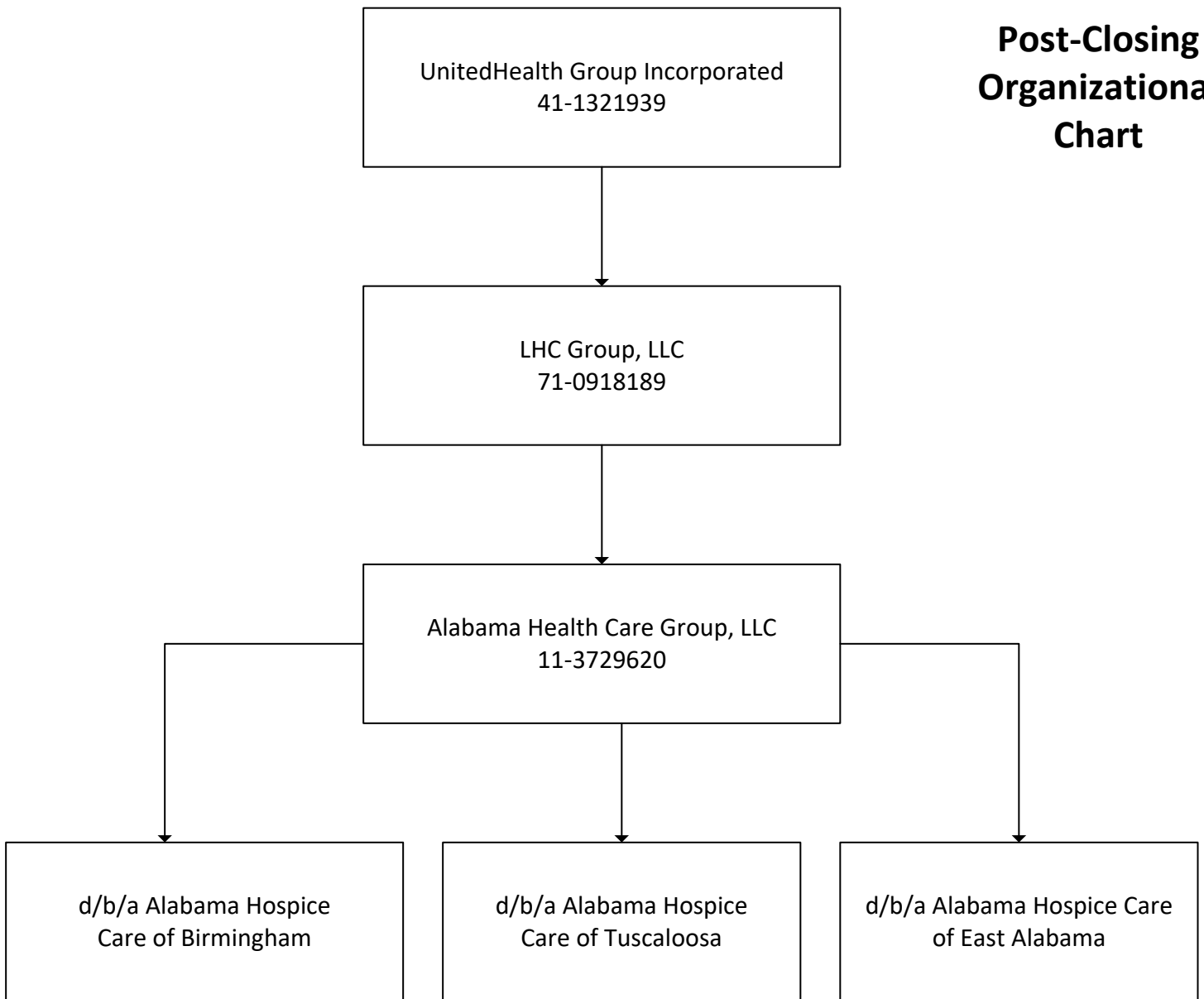


Exhibit C

Additional Questions (Part IV)

1. The Applicant has previously provided in-home hospice services in its CON-authorized service area. The proposal will not affect the services being offered by the Applicant.
2. The proposal will not involve the addition of any new beds.
3. The proposal will not involve the conversion of any beds.
4. The proposal will involve the transfer of 100% equity interest (membership interest) in the Applicant from LHCG XXII, LLC to Alabama Health Care Group, LLC.