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205.521.8298 direct



February 3, 2025

CO2025-016
RECEIVED

Feb 03 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via E-Mail:

Ms.Emily T. Marsal
Executive Director
State Health Planning & Development Agency
RSA Union Building
100 N. Union Street - Suite 870
Montgomery, AL 36104
shpda.online@shpda.alabama.gov

RE: Change of Ownership – Creekside Hospital, SHPDA ID # 071-6533603

Dear Ms. Marsal:

On behalf of Behavioral Healthcare Center at Creekside, LLC d/b/a Unity Psychiatric Care - Creekside ("Buyer"), a wholly owned subsidiary of American Health Companies, LLC d/b/a American Health Partners ("AHP"), please accept this letter and the enclosed Change of Ownership ("CHOW") form as notice of a change of ownership for Creekside Hospital, located at 200 Rowland Dr., Bridgeport, Alabama (the "Hospital"), SHPDA ID number 071-6533603. The Hospital is currently owned by Essential Access Healthcare, LLC ("Seller").

Under the proposed transaction ("Transaction"), Buyer will acquire substantially all of the operating assets of the Hospital and will operate the Hospital after the closing of the Transaction. The Transaction is expected to close on or about February 28, 2025. The Transaction will not result in the addition of any new beds or the conversion of beds, and will not result in any new services or any change in services at this time. The Hospital will continue to offer specialized psychiatric hospital services after the Transaction is complete.

As required by the State Health Planning and Development Agency ("SHPDA"), enclosed herein are the following:

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

Thank you for your attention to this matter. Please note that the \$2,500 filing fee required by this application will be paid via SHPDA's online payment portal. Please don't hesitate to contact me at swillmann@bradley.com or 205-521-8298 if you need additional information or documentation.

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With Warm Regards

/s/ Sydney H. Willmann

Sydney H. Willmann

SHW

Enclosure

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: 071-6533603
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Creekside Hospital
(ADPH Licensure Name)

Physical Address: 200 Rowland Dr.
Bridgeport, AL 35740

County of Location: JACKSON

Number of Beds/ESRD Stations: 21

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: Essential Access Healthcare, LLC

Mailing Address: 422 Magnolia Vale Drive
Chattanooga, TN 37419

Operator (Entity Name): Essential Access Healthcare, LLC

Part III: Acquiring Entity Information

Name of Entity: Behavioral Healthcare Center at Creekside, LLC

Mailing Address: 201 Jordan Road
Franklin, TN 37067

Operator (Entity Name): Behavioral Healthcare Center at Creekside, LLC

Proposed Date of Transaction is on or after: 02/28/2025

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 6,800,000.00

Type of Beds: Specialized Psychiatric Hospital

Number of Beds/ESRD Stations: 21

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

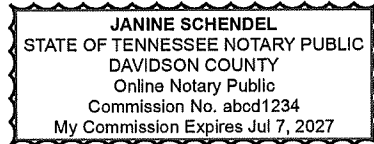
Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

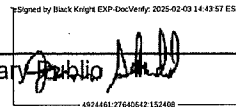
Owner(s):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed by Black Knight EXP-DocVerify: 2025-02-03 14:42:07 EST</small> <i>Phil Rowland</i> <small>4924461:27640642:35990232</small></div>	<u>Phil Rowland</u>
Operator(s):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><small>Signed by Black Knight EXP-DocVerify: 2025-02-03 14:42:19 EST</small> <i>Phil Rowland</i> <small>4924461:27640642:35990232</small></div>	<u>Phil Rowland</u>
Title/Date:	<u>CEO</u>	<u>02/03/2025</u>

SWORN to and subscribed before me, this 3rd day of February, 2025.

(Seal)



Notary Public



My Commission Expires: _____

Acquiring Authority Signature(s): Notarial Act Performed by Audio visual communication

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 _____ day of _____, _____.

(Seal)

Notary Public

My Commission Expires: _____

Author: Alva M. Lambert

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

History: New Rule

SWORN to and subscribed before me, this _____ day of _____.

(Seal)

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): Unity Psychiatric Care - CreeksideOperator(s): Unity Psychiatric Care - CreeksideTitle/Date: SecretarySWORN to and subscribed before me, this 3rd day of February, 2025.

(Seal)

Heidi Burnette
Notary PublicMy Commission Expires: 2-8-2025

Author: Alva M. Lambert

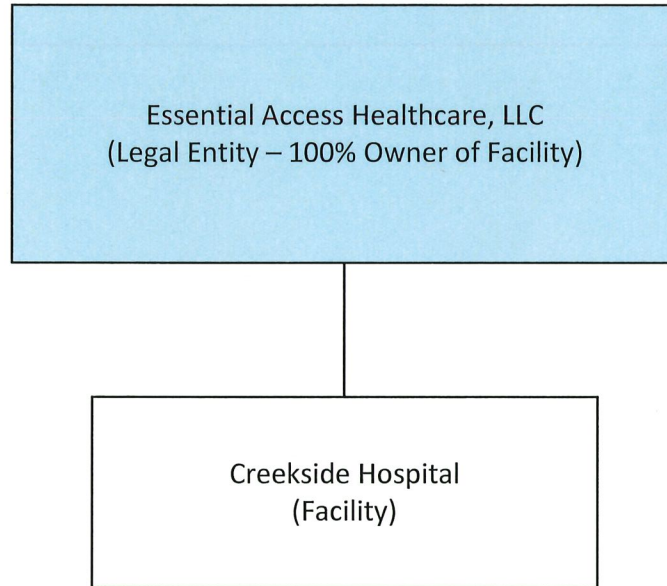
Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule

EXHIBIT B

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

Pre-Closing



Post-Closing

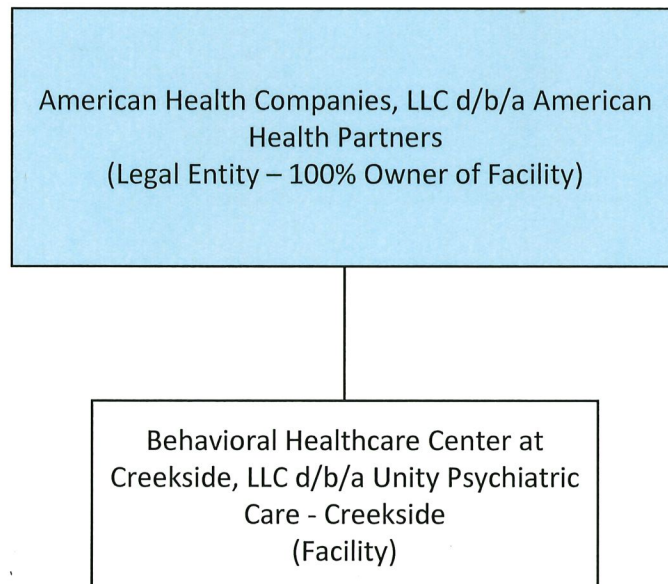


EXHIBIT C

Additional Questions (Part IV)

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).**

Buyer was created by American Health Companies, LLC d/b/a American Health Partners (“AHP”). AHP is an experienced provider of specialized psychiatric hospital services. After the Transaction closes, Buyer will continue to offer the specialized psychiatric hospital services currently offered at Creekside Hospital. No new services will be added as a result of the Transaction.

2. **Whether the proposal will include the additional of any new beds?**

The proposal will not involve the addition of any new beds.

3. **Whether the proposal will involve the conversion of beds.**

The proposal will not involve the conversion of any beds.

4. **Whether the assets and stock (if any) will be acquired.**

This Transaction is structured as an asset purchase. The Buyer is acquiring the assets of Creekside Hospital and is not acquiring any stock in Essential Access Healthcare, LLC.