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CO2026-075
RECEIVED
Aug 10 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

August 10, 2026

VIA ELECTRONIC FILING - SHPDA.ONLINE@SHPDA.ALABAMA.GOV

Alabama State Health Planning & Development Agency (SHPDA)
P.O. Box 303025
Montgomery, Alabama 36130-3025

Emily T. Marsal
Executive Director
Alabama State Health Planning & Development Agency (SHPDA)
100 N. Union Street - Suite 870
Montgomery, Alabama 36104

Re: Notice of Change of Ownership/Control in Certificate of Need Holder – The Health Care Authority of the City of Huntsville d/b/a HH Health System – SHPDA ID Number: 071-H7104

Dear Ms. Marsal:

We are submitting this correspondence to supplement our Change of Ownership ("CHOW") application in response to the Alabama State Health Planning and Development Agency's ("SHPDA) letter and request for additional information dated July 30, 2026.

Please find attached the updated Notice of Change of Ownership/Control Form ("Form") verifying the acquiring entity information, as requested, as well as updated organization structure charts.

We appreciate your assistance in this process. Should SHPDA require any additional information in connection with its review and processing of this application, please do not hesitate to contact me at (312) 569-1263 or jamie.levin@faegredrinker.com.

Very truly yours,

Jamie E. Levin

Enclosures:
-Notice of Change of Ownership/Control Form
-Supplemental Response Attachment to Notice of Change of Ownership/Control Form
-Structure Charts Reflecting Pre-CHOW Ownership and Post-CHOW Ownership

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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-H7104
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Highlands Home Health
(ADPH Licensure Name)

Physical Address: 901 Heroes Drive
Scottsboro, AL 35768-2409

County of Location: JACKSON

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Madison, Jackson, Marshall, DeKalb

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 Health Care Authority of the City of Huntsville

Mailing Address: 101 Sivley Road
Huntsville, AL 35801

Operator (Entity Name): LHC Group, Inc.

Part III: Acquiring Entity Information

Name of Entity: Northern Alabama HomeCare, LLC

Mailing Address: 4000 Eagle Point Corporate Drive
Birmingham, AL 35242

Operator (Entity Name): LHC Group, Inc.

Proposed Date of Transaction is on or after: 09/01/2026

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: $ 0.00

Projected Construction Cost: $ 0.00

Projected Yearly Operating Cost: $ 2,025,867.00

Projected Total Cost: $ 2,025,867.00

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.

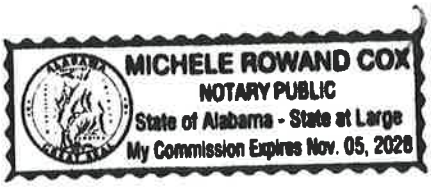
Owner(s): The Health Care Authority of the City of Huntsville

Operator(s): LHC Group, Inc

Title/Date: COO 8/7/2026

SWORN to and subscribed before me, this 7th day of August, 2024.

(Seal)



Michele Rowand Cox
Notary Public

My Commission Expires: 11/5/28

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 _____ 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 7th day of August, 2026.

Jennifer G. Gaines

(Seal) Notary Public

My Commission Expires: _____

JENNIFER G. GAINES
NOTARY PUBLIC # 137689
LAFAYETTE PARISH • STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

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): LHC Group, Inc

Title/Date: COO 8/7/2026

SWORN to and subscribed before me, this 7th day of August, 2026.

Jennifer G. Gaines

(Seal) Notary Public

My Commission Expires: _____

JENNIFER G. GAINES
NOTARY PUBLIC # 137689
LAFAYETTE PARISH • STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

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

Responses to Application Questions 1 through 4

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 currently offers the services (home health services), and the services offered will not change as a result of this proposal.

2) **Whether the proposal will include the addition of any new beds.**

   The proposal will not include the addition of any new beds. The applicant provides home health services and does not maintain any beds.

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

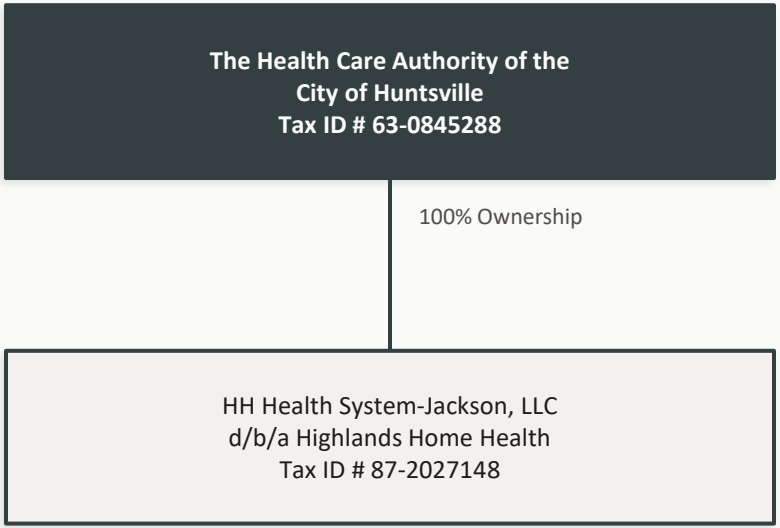
   The proposal will not involve the conversion of beds. The applicant provides home health services and does not maintain any beds.

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

   The Health Care Authority of the City of Huntsville ("Current Authority") currently owns HH Health System - Jackson, LLC d/b/a Highlands Home Health ("Business"). In connection with the proposed transaction, Current Authority and Alabama Health Care Group, LLC ("Alabama Health Care"), which is currently wholly owned by its sole member Alabama Health Care Group, LLC, intend to establish a joint venture entity known as Northern Alabama HomeCare, LLC (the "Acquiring Entity") to own and operate the Business. As part of the transaction, Current Authority and HH Health System – Jackson, LLC will contribute, assign, or otherwise transfer to the Acquiring Entity all of their respective rights, title, and interests in the Business, including leasehold interests and any related assets reasonably necessary to conduct the Business for fair market value monetary and equity consideration, which will include 33% of the membership interests in the Acquiring Entity. Following consummation of the transaction, the Acquiring Entity will own and operate the Business, with the Current Authority holding a 33% ownership interest in the Acquiring Entity and Alabama Health Care holding a 67% ownership interest in the Acquiring Entity.

Part I - Pre-Closing Ownership Chart

Current Structure Prior to Joint Venture Formation



Part II - Post-Closing Ownership Chart

Joint Venture Structure After Closing