



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE OF INTENDED ACTION

AGENCY NAME: STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
(Certificate of Need Review Board)

RULE NO. & TITLE: Appendix Notice of Change of Ownership/Control

INTENDED ACTION:

The State Health Planning and Development Agency and the Certificate of Need Review Board propose to amend the above-styled section of the *Alabama Certificate of Need Program Rules and Regulations*.

SUBSTANCE OF PROPOSED ACTION:

This amendment will include the Change of Ownership/Control form in the Appendix.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

In response to this Proposed Rule, all interested persons are invited to submit data, views, comments and/or arguments, orally or in writing. Any and all such data, comments, arguments and/or requests to orally address the Certificate of Need Review Board shall be made in writing on or before August 4, 2016, and shall be made to:

Nicole Horn, Executive Secretary
State Health Planning and Development Agency
P. O. Box 303025
Montgomery, Alabama 36130-3025

On August 17, 2016, at 10:00 a.m., the Certificate of Need Review Board shall conduct a public hearing in the State Capitol, Capitol Auditorium, 600 Dexter Avenue, Montgomery, Alabama, at which time it shall consider the Proposed Amendment, along with all written and oral submissions respecting the Proposed Amendment. Only those interested persons who have made timely written requests will be afforded the opportunity to speak.

Copies of the proposed changes are available for review at 100 North Union Street, RSA Union Building, Suite 870, Montgomery, Alabama. Phone (334) 242-4103 or visit the office Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding State holidays.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

August 4, 2016

CONTACT PERSON AT AGENCY:

Nicole Horn
100 North Union Street
RSA Union, STE 870
Montgomery, AL 36104
(334) 242-4103


Alva M. Lambert, Executive Director

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~~Purchasing Organization Information~~

—Name of Organization: _____

Facility Name:
(ADPH Licensure name) _____

—SHPDA ID Number: _____

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

Name of Facility/Provider: _____
(ADPH Licensure Name)

Physical — Address (PO Box #): _____

City, State, Zip, County: _____

County of Location: _____

Number of Type-Licensed Beds/ESRD Stations: _____

—Owner(s): _____

—Operator(s): _____

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. _____

Part II: Current Authority Selling Organization Information (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: Name of Organization: _____

Mailing Address Address(PO Box #): _____

City, State, Zip, County: _____

Number/Type Licensed Beds: _____

Owner(s): _____

-Operator(s) (Entity Name): _____

Part III: Acquiring Entity Information ~~Value of Consideration~~

Monetary Value of Purchase: \$ _____ No./Type Beds: _____

Terms of Purchase: _____
(add more pages as necessary to describe the sale)

Name of Entity: _____

Mailing Address: _____

Operator (Entity Name): _____

Proposed Date of Transaction is on or after: _____

Part IV: Terms of Purchase ~~List of Certificate of Need Authority~~

Number of Beds: _____

Types of Institutional Health Services: _____

List Service Area by County for Home Health Agencies: _____

Monetary Value of Purchase: \$ _____

Type of Beds: _____

Number of Beds/ESRD Stations: _____

Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ _____

Projected Construction Cost: \$ _____

Projected Yearly Operating Cost: \$ _____

Projected Total Cost: \$ _____

On an Attached Sheet Please Address the Following:

~~*1.) The financial scope of the project to include the preliminary estimate of costs broken down by equipment, construction, and yearly operating costs.~~

~~1*2.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, and whether the service is an extension of a presently offered service, or whether the service is a new service).~~

~~2*3.) Whether the proposal will include the addition of any new beds.~~

~~3*4.) Whether the proposal will involve the conversion of beds.~~

~~4*5.) Whether the assets and stock (if any) will be acquired.~~

Part V: Certification of Information

~~I certify that I agree to provide the information necessary (financial, utilization of services and beds, etc.) so the new owner can have the necessary information to complete reports as necessary for the entire fiscal year. The purchaser has agreed to these terms,~~

Seller(s) Signature(s):

____ Owner(s): _____

____ Operator(s): _____

____ Title/Date: _____

~~I certify that I will be responsible for retaining records as necessary to complete reports required for the entire fiscal year, and agree to these terms. I have enclosed a check in the amount of \$2,500 made payable to 'Alabama State Health Planning and Development Agency' to cover the cost of the change of ownership.~~

~~___ YES ___ NO ___ The above Purchaser and Seller have agreed to these purchase terms.~~

Purchaser Signature: _____

Title/Date: _____

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: _____

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): _____

Operator(s): _____

Title/Date: _____

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

(Seal) _____ Notary Public

_____ My Commission Expires: _____
