



Elmore Patterson, MHA  
Chief Executive Officer

509 Wilson Avenue  
Eutaw, Alabama 35462

Phone  
205-372-3388

February 26, 2015

Mr. Alva Lambert  
Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36130

RECEIVED  
MAR 03 2015  
STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

**Re: Withdrawal of Membership Interests – LHCG XVIII, LLC  
Attachment to Change of Ownership Form**

Dear Mr. Lambert:

We respectfully submit to the State Health Planning and Development Agency (“SHPDA”) this letter as an attachment to the Change of Ownership form that we are filing pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”). The proposed change of ownership involves a transaction with respect to the home health agency owned and operated by Alabama Health Care Group, LLC (“AHCG”) and Greene County Hospital Board, Inc. (the “Hospital”). The transaction is proposed to take place April 1, 2015.

Currently, AHCG holds 75% of the membership interests and the Hospital holds 25% membership interests in LHCG XVIII, LLC (the “Company”). The parties have agreed that effective 04/01/2015 AHCG will withdraw from the Company, resulting in the Hospital holding 100% of the membership interests.

With regards to the questions posed in the Change of Ownership form, please note the following:

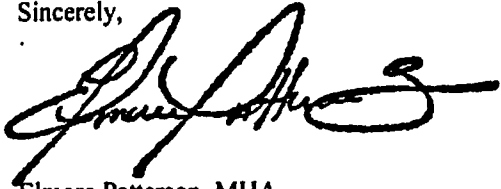
1. Financial Scope - In lieu of a closure of the Company by AHCG, at the request of the Hospital, AHCG has agreed to transfer to Hospital all ownership and responsibility for the Company, thereby relieving AHCG from any continuing obligations relating to the Company.
2. The contemplated transaction will not result in any new or additional services to those already being provided by the Company.
3. The contemplated transaction will not result in the addition of new beds.
4. The contemplated transaction will not result in the conversion of beds.
5. As described above, AHCG and the Hospital have entered into a Membership Withdrawal Agreement to be effective 04/01/2015, resulting in the Hospital holding 100% of the membership interests of the Company.

Simultaneously with the transaction, the Hospital will amend the legal name and d/b/a name of the Company effective 04/01/2015.

Based upon the description of the proposed transaction and showing there will be no change in health services, conversion of beds, or increase or decrease in bed capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a certificate of need is not required for the consummation of this proposed transaction. In respect to this request and in accordance with the SHPDA Rules, enclosed is a check in the amount of \$1,000 made payable to the Alabama State Health Planning and Development Agency. Also, the original Change of Ownership document with the seller’s signature will be mailed in separately.

Should you have any questions or require additional information regarding this matter, please contact me at [e.patterson@gcheutaw.com](mailto:e.patterson@gcheutaw.com) or (205) 372-3388.

Sincerely,

A handwritten signature in black ink, appearing to read "Elmore Patterson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Elmore Patterson, MHA

CEO

Greene County Health System

RECEIVED

## CHANGE OF OWNERSHIP

MAR 09 2015

## Part I: Purchasing Organization Information

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

Name of Organization: Greene County Health System Home Health Agency

Facility Name:  
(ADPH Licensure name) \_\_\_\_\_

SHPDA ID Number: \_\_\_\_\_

Address (PO Box #): 607 Wilson Ave. Suite 3

City, State, Zip, County: Eutaw, AL, 35462, Greene

Number/Type Licensed Beds: N/A

Owner(s): Greene County Health System Home Health Agency

Operator(s): Elmore Patterson

## Part II: Selling Organization Information

Name of Organization: Alabama Health Care Group, LLC

Address (PO Box #): 420 West Pinhook Road

City, State, Zip, County: Lafayette, LA 70503, Lafayette Parish

Number/Type Licensed Beds: N/A

Owner(s): LHC Group, Inc.

Operator(s): LHC Group, Inc.

## Part III: Value of Consideration

Monetary Value of Purchase: \$ See attached letter No./Type Beds: N/A

Terms of Purchase: See attached letter  
*(add more pages as necessary to describe the sale)*

## Part IV: List of Certificate of Need Authority

Number of Beds: N/A

Types of Institutional Health Services: Home health services

List Service Area by County for Home Health Agencies: Greene and all contiguous counties thereto.

\_\_\_\_\_

**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.
- \*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).
- \*3.) Whether the proposal will include the addition of any new beds.
- \*4.) Whether the proposal will involve the conversion of beds.
- \*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): \_\_\_\_\_ Joshua L. Proffitt

Operator(s): \_\_\_\_\_

Title/Date: Executive Vice President, LHC Group, Inc.

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 \$1,000 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: \_\_\_\_\_ CEO    26 FEB 2015

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**CHANGE OF OWNERSHIP** MAR 12 2015

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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SHPDA ID Number: \_\_\_\_\_

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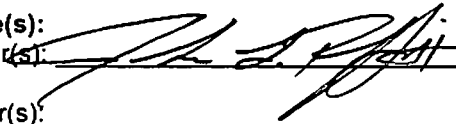
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**Seller(s) Signature(s):**

Owner(s):



Joshua L. Proffitt

Operator(s):

Title/Date: Executive Vice President, LHC Group, Inc.

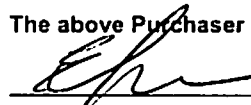
02/24/2015

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 **\$1,000** 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:

CEO / 9 March 2015