



Richard J. Brockman  
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RECEIVED

OCT 30 2015

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

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Birmingham, AL 35203

Office (205) 251-3000

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BURR.COM

October 29, 2015

**VIA EMAIL, ORIGINAL TO FOLLOW BY OVERNIGHT MAIL**

Mr. Alva M. Lambert  
Executive Director  
State Health Planning and Development  
Agency  
100 North Union Street  
Suite 870  
Montgomery, AL 36104

**Re: SHPDA ID: 003-H7034 - Home Health Change of Ownership - Mercy Medical  
Baldwin and Mobile Counties**

Dear Mr. Lambert:

In respect to the above referenced project, please accept this letter as a modification to the change of ownership letter provided to you dated October 18, 2015, and a response to your letter dated October 26, 2015. It is our understanding that while the seller, Villa Mercy (known now as Mercy Medical, A Corporation), has pre-July 30, 1979, so-called grandfathered rights to establish home health agencies in Mobile County and Baldwin County, because these agencies are operated under a single Medicare provider number and the Center for Medicare and Medicaid Services (CMS) considers the Mobile operation to be a branch of the Baldwin operation, this is treated as a single change of ownership. In this regard, I am enclosing our firm's check in the amount of \$2500.

I am also enclosing a revised Change of Ownership form modified to show only Mobile and Baldwin Counties. It is our understanding that SHPDA has no record of Mercy Medical's applying to extend either of its Mobile or Baldwin home health operations into contiguous counties. Please be advised that SHPDA will be notified within 14-days of the receipt of a referral from a contiguous county.

We will also notify you in the event that we plan to seek a separate Medicare provider number for the Mobile operation.

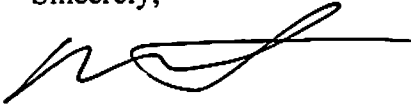
Except as modified by the information contained in this letter, all other information and representations contained in our original letter dated October 18, 2015, remain as written

Mr. Alva M. Lambert  
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Should you have any questions or need further information, please contact me at 205-458-5209.

Sincerely,

A handwritten signature in black ink, appearing to read 'RJ Brockman', with a long horizontal stroke extending to the right.

Richard J. Brockman

RJB  
Enclosures

**CHANGE OF OWNERSHIP**

COT 1-2-2015

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Part I: Purchasing Organization Information**

Name of Organization: Comfort Care Coastal Home Health, LLC

Facility Name:  
(ADPH Licensure name) Comfort Care Coastal Home Health

SHPDA ID Number: 003-H7034

Address (PO Box #): 245 Cahaba Parkway, Suite 200

City, State, Zip, County: Pelham, Alabama 35243

Number/Type Licensed Beds: Home Health Agency

Owner(s): Comfort Care Coastal Home Health, LLC

Operator(s): Comfort Care Coastal Home Health, LLC

**Part II: Selling Organization Information**

Name of Organization: Mercy Medical, A Corporation

Address (PO Box #): P.O. Box 79957

City, State, Zip, County: Mobile, AL 36607

Number/Type Licensed Beds: Home Health

Owner(s): Mercy Medical, A Corporation

Operator(s): Mercy Medical Home Health

**Part III: Value of Consideration**

Monetary Value of Purchase: \$see attached No./Type Beds: Home Health

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

**Part IV: List of Certificate of Need Authority**Number of Beds: N/A

Branch MB in 44 + NB

Types of Institutional Health Services: Home Health based in Mobile County ("Mobile Home Health") and Home Health based in Baldwin County ("Baldwin Home Health")

List Service Area by County for Home Health Agencies: Baldwin Home Health is qualified in  
Monroe County, AL, Escambia County, AL, Mobile County, AL, Washington County, AL, Clarke  
County, AL, Escambia County, FL. Mobile Home Health is qualified in Mobile County, AL;  
Baldwin County AL; and Washington County AL.

**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):** Mercy Medical, A Corporation

By: \_\_\_\_\_

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

Title/Date: Executive Director / CEO 10/14/2015

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 \$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:** Comfort Care Coastal Home Health, LLC

By: \_\_\_\_\_

Title/Date: CEO 10/15/2015