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State Health Planning and Development Agency

Alabama CON Rules & Regulations

DEC 01 2016

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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: Facility ID- 023-P2420
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Homestead Hospice of Southwest Alabama
(ADPH Licensure Name)

Physical Address: 13456 Choctow Avenue
Gilbertown, AL 36908

County of Location: Choctow

Number of Beds/ESRD Stations: None

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Choctow, Clark, Marengo, Sumpter and Washington Counties

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: Homestead Hospice of Southwest Alabama, LLC
By: Homestead Hospice Management, LLC Manager of
Homestead Hospice of Southwest Alabama, LLC

Mailing Address: 10888 Crabapple Rd
Roswell, GA 30075

Operator (Entity Name): Homestead Hospice of Cahaba, LLC-

Part III: Acquiring Entity Information

Name of Entity: Homestead Hospice of Cahaba, LLC
by Homestead Hospice Management, LLC
Manager of Homestead Hospice of Cahaba

Mailing Address: 410 Church St.
Selma, AL 36701

State Health Planning and Development Agency

Alabama CON Rules & Regulations

Operator (Entity Name): Homestead Hospice of Cahaba, LLCProposed Date of Transaction is
on or after: 11/30/2016**Part IV: Terms of Purchase**Monetary Value of Purchase: \$ 368,000.00Type of Beds: N/ANumber of Beds/ESRD Stations: N/A**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:Projected Equipment Cost: \$ N/AProjected Construction Cost: \$ N/AProjected Yearly Operating Cost: \$ N/AProjected Total Cost: \$ N/A**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). Attached
- 2.) Whether the proposal will include the addition of any new beds. Attached
- 3.) Whether the proposal will involve the conversion of beds. Attached
- 4.) Whether the assets and stock (if any) will be acquired. Attached

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): Sol Rezin _____Operator(s): Martin Benson Martin BensonTitle/Date: COO 12/1/16 _____

State Health Planning and Development Agency

Alabama CON Rules & Regulations

SWORN to and subscribed before me, this 1 day of December 2016.

(Seal)

Cathy Garner
Notary Public

My Commission Expires: Cathy Garner
My Commission Expires
March 19, 2017

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): Sol Ryan

Operator(s): Martin Benson

Title/Date: COO 12/1/16

Martin Benson

SWORN to and subscribed before me, this 1 day of December 2016.

(Seal)

Cathy Garner
Notary Public

My Commission Expires: Cathy Garner
My Commission Expires
March 19, 2017

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

11/11/2016

Addendum 11/28/2016

Service Proposal

Notice of Change of Ownership/Control

Homestead Hospice of Cahaba, LLC

SHPDA ID No.: 047-P2434

License No: E-2401

Medicare No.: 01-1549

**Homestead Hospice of Southwest Alabama,
LLC**

SHPDA ID: 023-P2420

License #: E1205

Medicare #: 01-1672

Service Proposal:

- 1.) Hospice Services were previously offered in the counties listed. The Hospice services provided will be an extension of present offered services.
- 2.) This proposal will not include the addition of any new beds.
- 3.) This Proposal will not involve the conversion of beds.
- 4.) No stocks will not be acquired; however, fixed assets, equipment and inventory will be acquired.

Per Additional Documentation Request:

Corrected SHPDA number has been added:

Clarification of Total Cost: It is not applicable at this time, discrepancy noted was a lack of knowledge of application requirements. Information added to initial application was data from previous year's totals. That information is not applicable at this time. "there will be no additional cost if Homestead Hospice of Southwest remained a parent company".

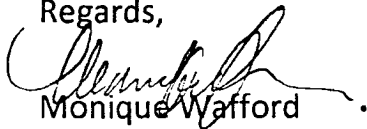
Notary completed by an Alabama Notary as requested.

Planned Operational Structure:

- 1.) Parent Provider Status: Homestead Hospice of Cahaba, LLC
Medicare # 01-1549.
- 2.) Actively looking for Office location in the CON- Counties, upon location
The plan is to request a Satellite office under the Parent Provider
Homestead Hospice of Cahaba, LLC via CMS, ALDH and SHPDA for approval,
license and notification.

Thank you for your attention,

Regards,

A handwritten signature in black ink, appearing to read 'Monique Wafford', with a flourish at the end.

Monique Wafford
Program Development Coordinator
(678) 966-0077 ext. 2014



November 11, 2016

**Alabama State Health Planning and Developing
Agency Attn: Alva M. Lambert, Executive
Director**

100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Request for Change of Ownership

From: Creative Hospice Holding, LLC

Homestead Hospice of Cahaba, LLC

SHPDA ID No.: 047-P2434

License No: E-2401

Medicare No.: 01-1549

Homestead Hospice of Southwest Alabama, LLC

SHPDA ID: 023-P2420

License #: E1205

Medicare #: 01-1672

Dear Mr. Lambert,

Please accept this letter as formal request for Change of Ownership. We understand that the reviewability determination approved on March 3, 2016 to consolidate two parent providers, currently located in **Choctaw and Dallas Counties**, into one surviving parent provider (**Dallas County**) and one satellite provider (**Choctaw County**) is considered voided at this time.

We wish to maintain control of the CON for Choctaw county under common ownership. We also understand the CON Authority may not be subsequently divided into separate CON's for future disposition. We wish to apply at a later date for a satellite office servicing this area once we are able to find a suitable location.

There will be no additional costs due to the change in ownership CON above costs we would have incurred if Homestead Hospice of Southwest remained a parent company.

If you have questions or need additional information, please contact me at 470-383-8436 or via email at mwafford@homesteadhospice.net.

Sincerely,

Monique Wafford

Program Development Coordinator

cc: Ray Sherer, ADPH, Guy Nevins, ADPH, Carter Sims, ADPH

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

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Part I: Facility Information

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

Name of Facility/Provider: Homestead Hospice of Southwest Alabama
(ADPH Licensure Name)

Physical Address: 13456 Choctow Avenue
Gilbertown, AL 36908

County of Location: Choctow

Number of Beds/ESRD Stations: None

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Choctow, Clark, Marengo, Sumpter and Washington Counties

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.)

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Homestead Hospice of Southwest Alabama, LLC

Mailing Address: 10888 Crabapple Rd
Roswell, GA 30075

Operator (Entity Name): Homestead Hospice of Cahaba, LLC-

Part III: Acquiring Entity Information

Name of Entity: Homestead Hospice of Cahaba, LLC
by Homestead Hospice Management, LLC
Manager of Homestead Hospice of Cahaba

Mailing Address: 410 Church St.
Selma, AL 36701

Operator (Entity Name): Homestead Hospice of Cahaba, LLC

Proposed Date of Transaction is on or after: 11/30/2016

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 368,000.00

Type of Beds: N/A

Number of Beds/ESRD Stations: N/A

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

Projected Equipment Cost: \$ 18,000.00

Projected Construction Cost: \$ None

Projected Yearly Operating Cost: \$ 1.6 million

Projected Total Cost: \$ 1 million six hundred eighteen thousand.

On an Attached Sheet Please Address the Following:

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Part V: Certification of Information

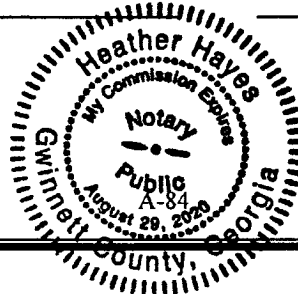
Current Authority Signature(s):

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

Owner(s): Sol Rezaei Sol Rezaei

Operator(s): _____

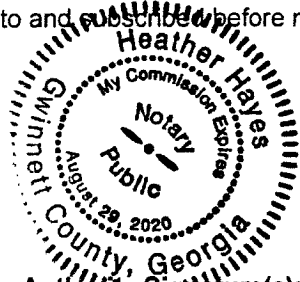
Title/Date: 11/11/2016 _____



Heather Hayes
11/11/16

SWORN to and subscribed before me, this 11th day of November, 2016.

(Seal)



Heather Hayes
Notary Public

My Commission Expires: 8/29/16

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.

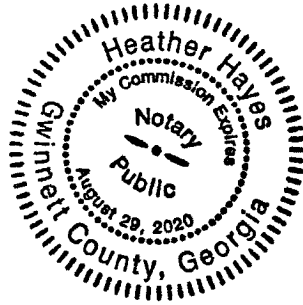
Purchaser(s): Sol Rezaei Sol Rezaei

Operator(s): _____

Title/Date: 11/11/2016 _____

SWORN to and subscribed before me, this 11th day of November, 2016.

(Seal)



Heather Hayes
Notary Public

My Commission Expires: 8/29/16

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

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**Homestead Hospice of Southwest Alabama,
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SHPDA ID: 023-P2420
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