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MAR 0 2 2017

STATE HEALTH PLANNING

March 2, 2017

VIA U.S. EXPRESS MAIL

Alva M. Lambert, Esq. Executive Director Alabama State Health Planning and Development Agency P.O. Box 303025 Montgomery, Alabama 36130-3025

Re: Alabama Hospice Agency & IPU / Change of Ownership

Dear Executive Director Lambert:

Enclosed please find Change of Ownership Applications for the following hospice providers:

Hospice Type	Current Operator / Licensee	Proposed Operator / Licensee
Agency	Optum Palliative and Hospice Care, Inc. 073-P2470	Compassus OP of Alabama LLC d/b/a Compassus Hospice and Palliative Care – Birmingham
		1400 Urban Center Drive, Suite 100 Vestavia Hills, AL 35242
IPU	Optum Palliative and Hospice Care, Inc. 073-P2640	Compassus OP of Alabama LLC d/b/a Compassus Hospice and Palliative Care – Birmingham
		4941 Montevallo Road Irondale, AL 35210

Please note that the Change of Ownership is anticipated to occur on or about April 1, 2017.

Alva M. Lambert, Esq. March 2, 2017 Page 2

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

ARNALL GOLDEN GREGORY LLP

Alexander B. Foster

cc: Russell Adkins, Esq. (w/encl.) Hedy Rubinger, Esq. (w/encl.)

RECEIVED

State Health Planning and Development Agency

MAK UZ ZUII Alabama CON Rules & Regulations

STATEVELOPMENT 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.

X 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:
 073-P2470

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

 Name of Facility/Provider:
 Optum Palliative and Hospice Care, Inc.

Name of Facility/Provider: (ADPH Licensure Name)

Physical Address:

Vestavia Hills, AL 35242

1400 Urban Center Drive, Suite 100

None / Not Applicable (Hospice Agency)

County of Location:

Number of Beds/ESRD Stations:

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair, Tuscaloosa, and Walker counties.

Jefferson

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:	Optum Palliative and Hospice Care, Inc.
Mailing Address:	9900 Bren Road, E MN 008-T390
	Minnetonka, MN 37027
Operator (Entity Name):	Optum Palliative and Hospice Care, Inc.

Part III: Acquiring Entity Information

Name of Entity:	Compassus OP of Alabama LLC	
Mailing Address:	10 Cadillac Drive, Suite 400	
	Brentwood, TN 37027	

Alabama CON Rules & Regulations State Health Planning and Development Agency Compassus OP of Alabama LLC **Operator (Entity Name):** Proposed Date of Transaction is 04/01/2017 on or after: Part IV: Terms of Purchase \$^{5.1MM} Monetary Value of Purchase: None / Not Applicable (Hospice Agency) Type of Beds: None / Not Applicable (Hospice Agency) Number of Beds/ESRD Stations: Financial Scope: to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost: \$0 **Projected Equipment Cost:** \$ 0 **Projected Construction Cost:** Projected Yearly Operating Cost: \$ 5.1MM

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).

\$ 5.1MM

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):

Projected Total Cost:

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

Owner(s):	nunelem	unlloop	n Palliative and Hospice Care, Inc.
Operator(s)	nenelember	neuppium	n Palliative and Hospice Care, Inc. n Pallative and Hospice Care, Inc.
Title/Date:	Michelle Huntley, Asst. Se	cretary U	

State Health Planni	ing and Development Agency	Alabama C	ON Rules & Regulati
SWORN to and	subscribed before me, this 15+	day of March	2017
(Seal)	JESSICA L. PHILLIPS Notary Public, State of Minnesota My Commission Expires January 31, 2018	My Commission Exp	ires: 1/3///
Acquiring Aut	hority Signature(s):		
period, as spe	esponsible for reporting of all servic ecified in ALA. ADMIN. CODE r. 41 rue and correct to the best of my kn	0-1-312. The information	ent annual report n contained in t
Purchaser(s):		Compassus OP of A	labama LLC
Operator(s):		Compassus OP of A	labama LLC
Title/Date:	Anthony James, President		
SWORN to and (Seal)	d subscribed before me, this	Notary Public	
	d subscribed before me, this		
	d subscribed before me, this	Notary Public	
	d subscribed before me, this	Notary Public	nires:

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

SWORN to and	subscribed before me, this day	of February	. 2017 .
(Seal)		Notary Public	
		My Commission Ex	pires:
Acquiring Aut	nority Signature(s):		
period, as spe	sponsible for reporting of all services p cified in ALA. ADMIN. CODE r. 410-1- ue and ce rre ct to the best of my knowle	312. The informati	rrent annual reporting on contained in this
Purchaser(s):	- and -	Compassus OP of	Alabama LLC
Operator(s):	62	Compassus OP of	Alabama LLC
Title/Date:	Anthony James, President		16
SWORN to and	subscribed before me, this $\frac{25}{2}$ day	of February	, 2017
(Seal)	EBRA F. MO	Notary Public My Commission Ex	<u>, Mator</u>
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Author: Alva M. Lambert Statutory Authority: § 22-21-271(c), <u>Code of Alabama</u>, 1975 History: New Rule

Attachment

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 and whether the service is an extension of a presently offered service, or whether the service is a new service).

The Applicant, Compassus OP of Alabama LLC, has not previously offered the service; however, the hospice services offered will not change.

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

The transaction did not include the addition of any new beds.

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

The transaction did not involve the conversion of beds.

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

The transaction involved the asset sale of an existing licensed hospice provider.