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AUG 11 2017
STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

August 11, 2017

State Health Planning & Development Agency
RSA Union Building
100 N. Union Street – Suite 870
Montgomery, Alabama 36104

Please find enclosed a completed **Notice of Change of Ownership/Control Application**, and a receipt for fees submitted on 8/8/2017 in the amount of \$2500, in support of an upcoming acquisition. The submitted application is a result of a proceeding **change in ownership** wherein we, Behavioral Health Group (BHG) are acquiring the following Opiate Treatment Program:

Tuscaloosa Treatment Center
1001 Mimosa Park Road
Tuscaloosa, AL 35405
(SHPDA ID #: 126-M0001)

The acquiring entity is as follows:

BHG XLVIII, LLC (d/b/a BHG Tuscaloosa Treatment Center) is acquiring Tuscaloosa Treatment Center.

Behavioral Health Group intends to fully observe the current facilities' NTP Policies & Procedures, while also retaining all staff.

Please do not hesitate to contact us if you have any questions, or if you require any additional information to proceed with the Notice of Change of Ownership/Control application process.

Thank you,

A handwritten signature in black ink that reads 'Jemece Gasaway'. The signature is fluid and cursive, with the first name 'Jemece' and last name 'Gasaway' clearly legible.

Jemece Gasaway, MSW, LMSW

Field Operations Liaison
Behavioral Health Group
5011 Spring Valley Road, Suite 600 East
Dallas, TX 75244
Direct: 214.365.6126 Fax: 214.365.6150
Email: Jemece.Gasaway@bhgrecovery.com
Website: www.bhgrecovery.com

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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: 125-M0001
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: TUSCALOOSA TREATMENT CENTER, LLC
(ADPH Licensure Name)

Physical Address: 1001 MIMOSA PARK ROAD
TUSCALOOSA, ALABAMA

County of Location: TUSCALOOSA

Number of Beds/ESRD Stations: 0

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

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: STEVE NIPPERT

Mailing Address: 1001 MIMOSA PARK ROAD
TUSCALOOSA, ALABAMA

Operator (Entity Name): NA

Part III: Acquiring Entity Information

Name of Entity: BHG XLVIII, LLC

Mailing Address: 5001 SPRING VALLEY ROAD, SUITE 600 EAST
DALLAS, TX 75070

Operator (Entity Name): NA

Proposed Date of Transaction is on or after: 09/01/2017

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 1,000,000.00

Type of Beds: NA

Number of Beds/ESRD Stations: 0

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

Projected Equipment Cost: \$ 85,000.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 764,471.00

Projected Total Cost: \$ 849,471.00

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).
- 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):**

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

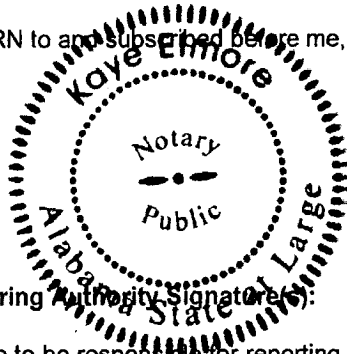
Owner(s): Stephen Nippert

Operator(s): _____

Title/Date: 7/31/17 CEO & Executive Director

SWORN to and subscribed before me, this 31st day of July, 2017.

(Seal)



Notary Public

My Commission Expires: 9.18.17

Acquiring Authority Signatory(s):

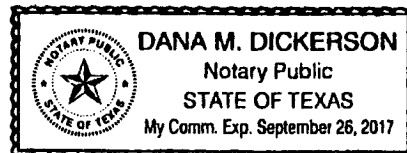
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): [Signature]

Operator(s): _____

Title/Date: 7/31/17SWORN to and subscribed before me, this 31 day of July, 2017.

(Seal)

[Signature]
Notary PublicMy Commission Expires: 9/26/17

Author: Alva M. Lambert

Statutory Authority: § 22-21-271(c), Code of Alabama, 1975

History: New Rule



**STATE HEALTH PLANNING & DEVELOPMENT AGENCY
NOTICE OF CHANGE OF OWNERSHIP/CONTROL ADDENDUM:
PAGE A-84; PART IV; QUESTIONS 1-4**



**CHANGE OF OWNERSHIP/CONTROL
PART IV ADDENDUM**

Part IV:

- 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.)**

There will not be extension or addition of services as a result of this change of ownership.

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

This change of ownership will not include an addition of any beds. (As the current treatment program, an outpatient opioid treatment program, does not contain/include any beds.)

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

This change of ownership will not include a conversion of any beds. (As the current treatment program, an outpatient opioid treatment program, does not contain any beds.)

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

This change of ownership will include the acquisition of assets and stock.

Jemece Gasaway, MSW, LMSW, LAC, CCS
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