

September 22, 2017

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STATE HEALTH PLANNING AND

DEVELOPMENT AGENCY

State Health Planning & Development Agency RSA Union Building 100 N. Union Street, Ste 870 Montgomery, AL 36104

To Whom It May Concern:

Please find enclosed a completed **Notice of Change of Ownership/Control Application** and receipt for fees submitted on 9/22/2017 in the amount of \$2500 in support of an upcoming acquisition.

The submitted application is a result of a proceeding change in ownership wherein Behavioral Health Group (BHG) is acquiring the following Opiate Treatment Program:

The Gadsden Treatment Center, Inc. 118 North Wetter Street

Gadsden, Alabama 35901 SHPDA ID: 055-M0001

The acquiring entity is as follows:

BHG LIV, LLC (DBA BHG Gadsden Treatment Center) is acquiring The Gadsden Treatment Center, Inc.

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,

Heather Honig

Field Operations Liaison Behavioral Health Group

5001 Spring Valley Road, Suite 600 East

Dallas, TX 75244 Direct: 214.365.6195 Cell: 913.954.0717

Fax: 214.365.6150

heather.honig@bhgrecovery.com

www.bhgrecovery.com

State Health Planning and Development Agency

Sep 22 2017

Alabama CON Rules & Regulations

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.

O Change in Certificate of Need Holo Change in Facility Management (I	
Part I: Facility Information	
SHPDA ID Number:	055-M0001
(This can be found at www.shpda.alabama.gov . Name of Facility/Provider: (ADPH Licensure Name)	DBATHE GADSDEN TREATMENT CENTER,INC.
Physical Address:	118 NORTH WETTER STREET
	GADSDEN, ALABAMA 35901
County of Location:	ETOWAH
Number of Beds/ESRD Stations:	0
CON Authorized Service Area (Home pages if necessary. NA	Health and Hospice Providers Only). Attach additional
	ote: If this transaction will result in a change in direct er ALA. CODE § 22-20-271(e), please attach organizational structures.)
Owner (Entity Name) of Facility named in Part I:	JOHN BATSON (The Treatment Centers, Inc.)
Mailing Address:	1217 BELLEVUE DRIVE
Ç	GADSDEN, AL 35904
Operator (Entity Name):	NA
Part III: Acquiring Entity Infor	mation
Name of Entity:	BHG LIV, LLC
Mailing Address:	5001 SPRING VALLEY ROAD, SUITE 600 EAST
	DALLAS, TX 75244

Title/Date:

Operator (Entity Name):	NA
Proposed Date of Transaction is on or after:	11/15/2017
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ 3,250,000.00
Type of Beds:	NA
Number of Beds/ESRD Stations:	0
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, t:
Projected Equipment Cost:	\$ 85,000.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	
Projected Total Cost:	\$ 844,036.00
On an Attached Sheet Please A 1.) The services to be offered by the pro offered the service, whether the service the service is a new service).	Address the Following: oposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether
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 Informat	ion
Current Authority Signature(s):	
The information contained in this notifical belief. Owner(s): Operator(s): Title/Date: Own (/ 9/21/	tion is true and correct to the best of my knowledge and

SWORN to and subscribed before me, this <u>21</u> day of <u>September</u>, <u>2017</u>.

(Seal)

My Commission Expires: 7-18.2020

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):

Operator(s):

Title/Date:

3/P operations and 9/22/13

SWORN to and subscribed before me, this 22 day of September

(Seal)

DANA M DICKERSON Notary ID #129569340 My Commission Expires September 26, 2021 My Commission Expires:

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:

- The services to be offered by the proposal (the applicant wills 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.

Heather Honig

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