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STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

September 22, 2017

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:

Shoals Treatment Center  
3430 North Jackson Highway  
Sheffield, Alabama 35660  
SHPDA ID: 033-M0001

The acquiring entity is as follows:

BHG LV, LLC (DBA BHG Sheffield Treatment Center) is acquiring Shoals 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, appearing to read 'Heather Honig', is written over a light blue horizontal line.

**Heather Honig**  
Field Operations Liaison  
Behavioral Health Group  
5001 Spring Valley Road, Suite 600 East  
Dallas, TX 75244  
Direct: 214.365.6195  
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[www.bhgrecovery.com](http://www.bhgrecovery.com)

**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: 033-M0001  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: D/B/A - SHOALS TREATMENT CENTER, LLC  
(ADPH Licensure Name)

Physical Address: 3430 NORTH JACKSON HIGHWAY  
SHEFFIELD, ALABAMA 35660

County of Location: COLBERT

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: JOHN BATSON (The Treatment Centers, Inc.)

Mailing Address: 1217 BELLEVUE DRIVE  
GADSDEN, AL 35904

Operator (Entity Name): NA

**Part III: Acquiring Entity Information**

Name of Entity: BHG LV, LLC

Mailing Address: 5001 SPRING VALLEY ROAD, SUITE 600 EAST  
DALLAS, TX 75244

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 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: \$ 759,036.00

Projected Total Cost: \$ 844,036.00

**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):  \_\_\_\_\_

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

Title/Date: owner 9/21/17 \_\_\_\_\_

SWORN to and subscribed before me, this 21 day of September, 2017.

(Seal)

Jona L. Duncan  
Notary Public

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): [Signature]

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

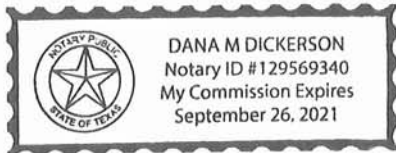
Title/Date: SKP Operations 9/22/17

SWORN to and subscribed before me, this 22 day of September, 2017.

(Seal)

Dana M. Dickerson  
Notary Public

My Commission Expires: 9/26/21



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.*

**Heather Honig**  
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