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Sep 26 2017

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

September 25, 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 9/25/2017 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:

Northwest Alabama Treatment Center  
4204 Edmonton Drive  
Bessemer, AL 35022  
SHPDA ID: 073-M0002

The acquiring entity is as follows:

BHG LIII, LLC (DBA BHG Bessemer Treatment Center) is acquiring Northwest Alabama 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".

Heather Honig  
Field Operations Liaison  
Behavioral Health Group  
5001 Spring Valley Road, Suite 600 East  
Dallas, TX 75244  
Direct: 214.365.6195  
Cell: 913.951.0717  
Fax: 214.365.6150  
[heather.honig@bhgrecovery.com](mailto:heather.honig@bhgrecovery.com)  
[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: 073-M0002  
 (This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: NORTHWEST ALABAMA TREATMENT CENTER  
 (ADPH Licensure Name)

Physical Address: 4204 EDMONTON DRIVE  
BESSEMER, ALABAMA 35022

County of Location: JEFFERSON

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: JAKE BIVONA

Mailing Address: 4204 EDMONTON DRIVE  
BESSEMER, ALABAMA 35022

Operator (Entity Name): NA

**Part III: Acquiring Entity Information**

Name of Entity: BHG LIII, 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: 10/31/2017

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 4,000,000.00

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: \$ 1,167,872.00

Projected Total Cost: \$ 1,252,872.00


**On an Attached Sheet Please Address the Following:**

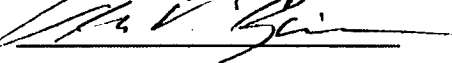
- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 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):  PRESIDENT

Operator(s):  owner / board member

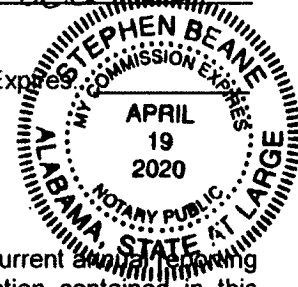
Title/Date: 09/22/2017 09/22/2017

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

(Seal)

Stephen Beane  
Notary Public

My Commission Expires:



**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] \_\_\_\_\_

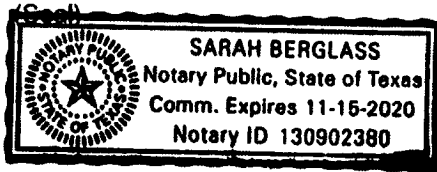
Operator(s): \_\_\_\_\_

Title/Date: SVP COMPLIANCE AND OPERATIONS 9/25/17

SWORN to and subscribed before me, this 25 day of September, 2017.

Laura Byler  
Notary Public

My Commission Expires: 11-15-2020



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



Department of Health

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  
Field Operations Liaison  
Behavioral Health Group  
5001 Spring Valley Road, Suite 600 East  
Dallas, TX 75244  
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Cell: 913.954.0717  
Fax: 214.365.6150  
heather\_honig@bhgrecovey.com  
www.bhgrecovey.com



**STATE HEALTH PLANNING & DEVELOPMENT AGENCY  
NOTICE OF CHANGE OF OWNERSHIP/CONTROL:  
COPY OF PURCHASE RECEIPT  
(PAYMENT SUBMITTED ONLINE)**

# Your Receipt

**PURCHASE RECEIPT**

**SHPDA**

PO Box 303025  
Montgomery AL 36130-3025  
(334)242-4109  
bradford.williams@shpda.alabama.gov  
OTC Local Ref ID: 19183386

Status:	<b>APPROVED</b>
Customer Name:	Jemece Gasaway
Type:	AmericanExpress
Credit Card Number:	**** * 1009
<b>alabama total amount charged</b>	<b>USD\$2,588.50</b>

Items	Location	Quantity	TPE Order ID	Total Amount
Annual Report Late Filing Fee		1	31835342	\$2,500.00

Applicant Name: **BHG LIII, LLC**  
 Filing Date: **09/25/2017**  
 Phone Number: **913.954.0717**  
 Email Address: **heather.honig@bhgrecovery.com**

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Total remitted to the SHPDA	\$2,500.00
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