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Aug 30 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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August 30, 2018

Alva M. Lambert
Executive Director
Alabama State Health
Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: Change of Ownership: Health Now Home Health

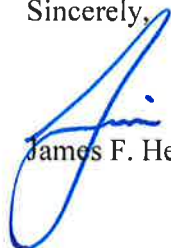
Dear Mr. Lambert:

On behalf of Comfort Care Home Health of West Alabama, LLC ("Comfort Care"), we respectfully submit the attached Notice of Change of Ownership pursuant to Alabama Administrative Code 410-1-7-.04. This change of ownership involves Comfort Care purchasing certain assets of Health Now Home Health from the City of York Health Care Authority ("Health Now"). It is our understanding that Health Now ceased operations as of April 30, 2018. Accordingly, Comfort Care will apply for a new license upon approval by SHPDA of this change of ownership.

This transaction will not involve the purchase of any new equipment, any new operating costs, or any new capital expenditures in excess of the spending threshold set forth in the Certificate of Need rules and regulations. The transaction will not involve the addition, reduction or conversion of any beds.

Based on the above, we respectfully request that you exercise your authority under Alabama Administrative Code Rule 410-1-7-.04(2) and determine that a Certificate of Need is not required for approval of the transaction as described above. In compliance with the CON rules and regulations, we previously submitted the \$2,500 fee for processing of this request which you received on August 29, 2018. If you have any questions, please contact me at 205-716-5257. Thank you for your consideration.

Sincerely,



James F. Henry

JFH/js
Attachment

Aug 30 2018

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: 119-H7101
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: Health Now Home Health
(ADPH Licensure Name)

Physical Address: 751 Derby Drive
York, AL 36925

County of Location: SUMTER

Number of Beds/ESRD Stations: _____

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Sumter, Choctaw, Greene, Marengo, and Pickens Counties

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: Southeast Home Health Care, LLC

Mailing Address: 751 Derby Drive
York, AL 36925

Operator (Entity Name): Health Now Home Health

Part III: Acquiring Entity Information

Name of Entity: Comfort Care Home Health of West Alabama, LLC

Mailing Address: 169 Cahaba Valley Parkway, Suite 200
Pelham, AL 35124

Operator (Entity Name): _____

Proposed Date of Transaction is on or after: 08/09/2018

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 165,000.00

Type of Beds: NA

Number of Beds/ESRD Stations: _____

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

Projected Equipment Cost: \$ 0.00

Projected Construction Cost: \$ 0.00

Projected Yearly Operating Cost: \$ 0.00

Projected Total Cost: \$ 0.00

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: _____

Operator (Entity Name) _____

Proposed Date of Transaction is on or after: 09/01/2018 _____

Part IV: Terms of Purchase

Monetary Value of Purchase \$ 165,000.00 _____

Type of Beds: _____

Number of Beds/ESRD Stations: _____

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

Projected Equipment Cost \$ 0.00 _____

Projected Construction Cost \$ 0.00 _____

Projected Yearly Operating Cost \$ 0.00 _____

Projected Total Cost: \$ 0.00 _____

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): Shirley Byrd Shirley Byrd

Operator(s): Jane _____

Title/Date: Board Chair _____

SWORN to and subscribed before me, this 16th day of August, 2018

(Seal)

Notary Public

LAKETHA FLUKER
My Commission Expires Notary Public, State of Alabama
Alabama State At Large
My Commission Expires
January 29, 2022

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: _____

SWORN to and subscribed before me, this _____ day of _____

(Seal)

Notary Public

My Commission Expires _____

Author: Alva M. Lambert

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

History: New Rule

SWORN to and subscribed before me, this _____ day of _____.

(Seal)

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): Alan G. Parker Alan G. Parker

Operator(s): _____

Title/Date: Chief Executive Officer July 25, 2018SWORN to and subscribed before me, this 30th day of July, 2018

(Seal)

Notary Public

My Commission Expires: _____

My Commission Expires:
November 6, 2021

Author: Alva M. Lambert

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

History: New Rule