

RECEIVED

Mar 26 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



3/26/2019

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 3/26/19 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:

ECD Program, Inc
808 Downtowner Loop West
Mobile, Alabama 36609
(SHPDA ID #: 097-M0004)

Behavioral Health Group intends to fully observe the current facilities' name, 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 cursive script that reads "Jemece Gasaway".

Jemece Gasaway, MSW, LMSW
Director of Licensing
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

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: 097-M0004
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: ECD PROGRAM, INC
 (ADPH Licensure Name)

Physical Address: 808 DOWNTOWNER LOOP WEST
MOBILE, ALABAMA

County of Location: MOBILE

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: JANET SCOFFIELD (ECD PROGRAM, INC)

Mailing Address: 808 DOWNTOWNER LOOP WEST
MOBILE, ALABAMA

Operator (Entity Name): NA

Part III: Acquiring Entity Information

Name of Entity: BEHAVIORAL HEALTH GROUP

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

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: 097-M0004
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: ECD PROGRAM, INC
(ADPH Licensure Name)

Physical Address: 808 DOWNTOWNER LOOP WEST
MOBILE, ALABAMA
MOBILE

County of Location: _____

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: JANET SCOFFIELD (ECD PROGRAM, INC)

Mailing Address: 808 DOWNTOWNER LOOP WEST
MOBILE, ALABAMA

Operator (Entity Name): NA

Part III: Acquiring Entity Information

Name of Entity: ECD PROGRAM, INC

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

Operator (Entity Name): NA

Proposed Date of Transaction is on or after: 7/2/2019

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ 5,000,000.00

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: \$ 1,080,000.00

Projected Total Cost: \$ 6,165,500.00

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.

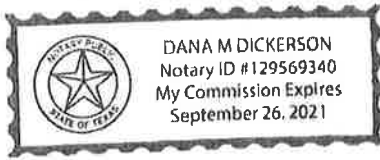
Owner(s): Janet Dejeu _____

Operator(s): _____

Title/Date: President 3.11.19 _____

SWORN to and subscribed before me, this 21st day of March, 2019.

(Seal)



Dana M. Dickerson
Notary Public

My Commission Expires: 9/26/21

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.

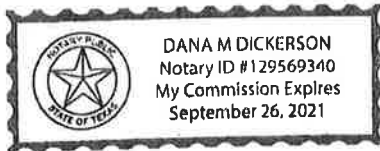
Purchaser(s): [Signature] _____

Operator(s): _____

Title/Date: SR VP OF OPERATIONS 3/21/19

SWORN to and subscribed before me, this 21st day of March, 2019.

(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



**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 an 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
Director of Licensing
Behavioral Health Group
5100 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