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RECEIVED
Apr 24 2020
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

April 24, 2020

Alabama State Health Planning & Development Agency Attn: Karen McGuire PO Box 303025 Montgomery, Alabama, 36130-3025

VIA Email (SHPDA.online@SHPDA.alabama.gov)

Re: Changes of Information for AseraCare Hospice

Dear Ms. McGuire:

We represent Amedisys Hospice, L.L.C. ("Amedisys") and are writing to inform the Alabama State Health Planning & Development Agency of a pending transaction involving Amedisys, HomeCare Preferred Choice, Inc. ("HomeCare"), and Golden Gate Ancillary LLC ("Golden Gate"), the sole shareholder of HomeCare. HomeCare is the sole owner of Hospice of Eastern Carolina, Inc., which in turn is the sole owner of the following five entities and associated hospice agencies (collectively, the "Hospice Agencies"):

- **AseraCare Hospice Demopolis, LLC** d/b/a AseraCare Hospice (CON # 2450 HPC) located at 482 McQueen Smith Road S., Prattville, AL 63066-5631
- **AseraCare Hospice Hamilton, LLC** d/b/a AseraCare Hospice Hamilton (CON # 2428-HPC) located at 1215 Military St. South, Suite B, Hamilton, AL 35570
- AseraCare Hospice Russellville, LLC d/b/a AseraCare Hospice Decatur (CON # 2348) located at 432 East Moulton St., Decatur, AL 35601
- AseraCare Hospice Jackson, LLC d/b/a AseraCare Hospice Jackson (CON #2385-HPC) located at 4115 N. College Ave, Jackson, AL 36545
- AseraCare Hospice Monroeville, LLC d/b/a AseraCare Hospice Mobile (CON # 2415-HPC) located at 1201 Montlimar Drive, Suite 100, Mobile, AL 36609
 - Branch location d/b/a AseraCare Hospice Monroeville (CON # 2415-HPC) located at 1320 S. Highway 21 Bypass, Monroeville, AL 36460-1924

On or about May 29, 2020 (the "Closing Date"), Amedisys will purchase from Golden Gate 100% of the outstanding stock of HomeCare. The result of the transaction is that HomeCare (and by



April 24, 2020 Page 2

extension the Hospice Agencies) will be wholly owned by Amedisys and Amedisys' parent organizations, Amedisys Holding, L.L.C. and Amedisys, Inc. (a publicly traded company). For your reference a "pre-transaction" and "post-transaction" organizational chart is enclosed herein.

Because this transaction involves only a transfer of stock among upstream entities (i.e., at the "grand-parent" level), the direct ownership of the Hospice Agencies will not be affected. The acquisition will not affect the type or scope of hospice services rendered, nor the creation or conversion of beds. Furthermore, each Hospice Agency will retain its respective current name, practice location, EIN, NPI, Medicare PTAN, Medicaid Enrollment Number, employees, etc. for the foreseeable future after the Closing Date.

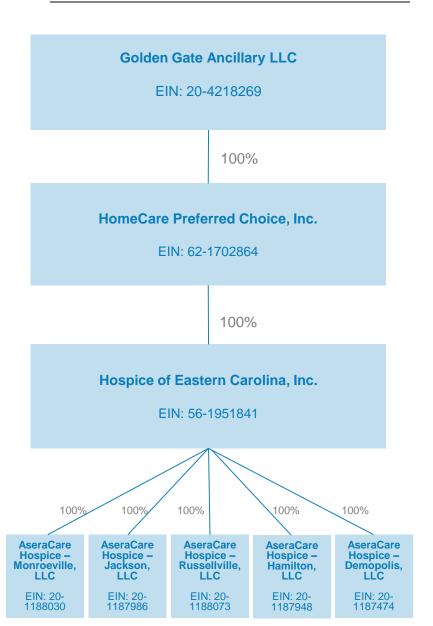
Based upon our conversations with you, we understand that the Alabama State Health Planning & Development Agency requires submission of a Notice of Change of Ownership/Control with respect to each parent Hospice Agency. We have prepared and enclosed herein the requested forms, as well as paid the required fee through the online portal. We are providing advance notice of this transaction in order to avoid any disruption in the ability of the Hospice Agencies to render hospice care through and after closing. While we believe the enclosed forms are all that is required, we are happy to provide any other information or documentation you may request. Please do not hesitate to contact me with any questions. Thank you for your assistance.

Regards,

Reed Williams

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Before



After



State Health Planning and Development Agency

Apr 24 2020

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 (
Part I: Facility Information	
SHPDA ID Number: (This can be found at www.shpda.alabama.gov	059-P3002
Name of Facility/Provider: (ADPH Licensure Name)	AseraCare Hospice - Decatur
Physical Address:	432 East Moulton St.
	Decatur, AL 35601
County of Location:	MORGAN
Number of Beds/ESRD Stations:	0
	Health and Hospice Providers Only). Attach additional nan, Lawrence, Madison, Morgan, Marshall
Part II: Current Authority (Nownership or control, as defined und charts outlining current and proposed	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:	AseraCare Hospice – Russellville, LLC
Mailing Address:	1000 Fianna Way
	Fort Smith, AR 72919
Operator (Entity Name):	AseraCare Hospice – Russellville, LLC
Part III: Acquiring Entity Infor	mation
Name of Entity:	AseraCare Hospice – Russellville, LLC
Mailing Address:	3854 American Way, Suite A
•	Baton Rouge, LA 70816

Operator (Entity Name):	AseraCare Hospice – Russellville, LLC
Proposed Date of Transaction is on or after:	05/29/2020
Part IV: Terms of Purchase	
Monetary Value of Purchase:	\$ N/A based on hierarchy
Type of Beds:	N/A
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 st:
Projected Equipment Cost:	\$ 0.00
Projected Construction Cost:	\$ 0.00
Projected Yearly Operating Cost:	\$ 0.00
Projected Total Cost:	\$ 0.00
	Address the Following: roposal (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	e addition of any new beds.
3.) Whether the proposal will involve the	e conversion of beds.
4.) Whether the assets and stock (if any	y) will be acquired.
Part V: Certification of Information	tion
Current Authority Signature(s):	
The information contained in-this notificatelief.	ation is true and correct to the best of my knowledge and
Owner(s): Welker	HOLLY RASMUSSEN-JONES
Operator(s):	SECRETARY HOLLY RASMUSSEN-JONES
Title/Date: 4- #3-70	CECRETARY

SWORN to and subscribed before me, this 23 day of

L Elmane

(Seal)



lotary Public

My Commission Expires: 4-21-2016

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

State Health Planning and Development Agency	Alabama CON Rules & Regulations		
SWORN to and subscribed before me, this da	y 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. 410-1-312. The information contained in this notification is true and correct to the best of my knowledge and belief.			
Purchaser(s): Latricia U. Moff	Scortary Togulatoly Welforler		
Operator(s): Aprila U. Off	Pathing 4. Gott		
Title/Date: Sear etay, Tegulator	Clepsting Cotting U. hot		
SWORN to and subscribed before me, this da	y of april , 2000.		
	Datta Duda		
(Seal)	Notary Public Kathy Duda		
TARY PUST	My Commission Expires: Atdeas		
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TON PARILLY			

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