



RECEIVED

Apr 24 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

REED WILLIAMS
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rwilliams@spencerfane.com

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.

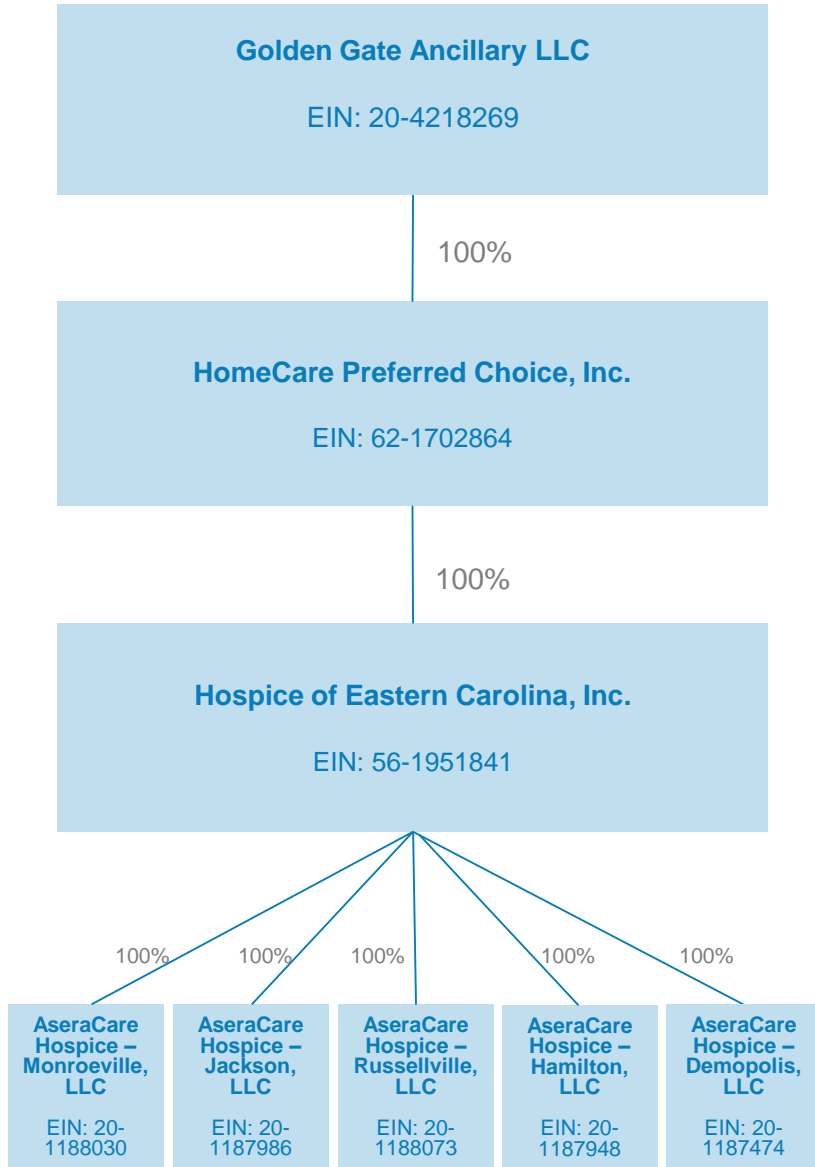
Based upon our conversations with you, we understand that the Alabama State Health Planning & Development Agency requires submission of a Notice of Change of Ownership/Control with respect to each parent Hospice Agency. We have prepared and enclosed herein the requested forms, as well as paid the required 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,

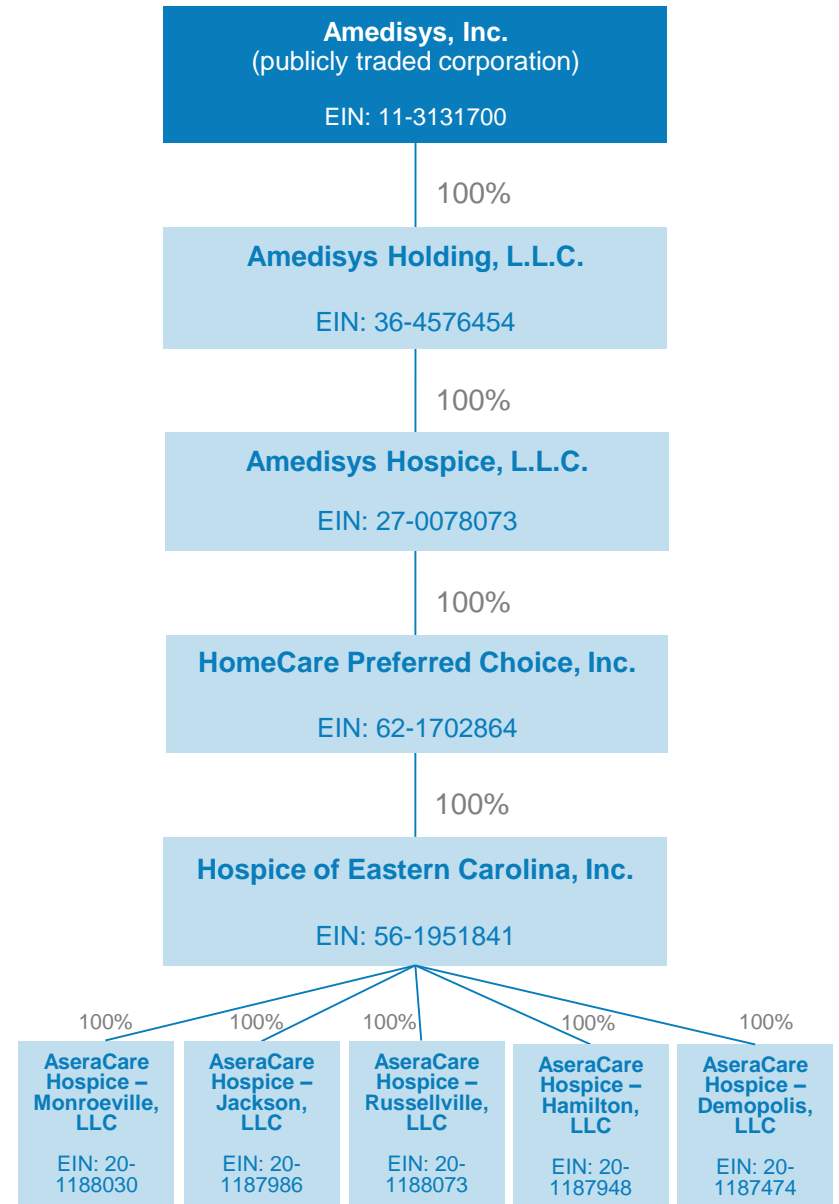


Reed Williams

Before



After



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: 025-P2385
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: AseraCare Hospice - Jackson
 (ADPH Licensure Name)

Physical Address: 4115 N. College Ave
Jackson, AL 36545

County of Location: CLARKE

Number of Beds/ESRD Stations: 0

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

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: AseraCare Hospice - Jackson, LLC

Mailing Address: 1000 Fianna Way
Fort Smith, AR 72919

Operator (Entity Name): AseraCare Hospice - Jackson, LLC

Part III: Acquiring Entity Information

Name of Entity: AseraCare Hospice - Jackson, LLC

Mailing Address: 3854 American Way, Suite A
Baton Rouge, LA 70816

Operator (Entity Name): AseraCare Hospice - Jackson, 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 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): 

HOLLY RASMUSSEN-JONES

SECRETARY

Operator(s): 

HOLLY RASMUSSEN-JONES

SECRETARY

Title/Date: 4-23-2020

SWORN to and subscribed before me, this 23rd day of April, 2020.

(Seal)



Kristal L. Elmore
Notary Public

My Commission Expires: 4-21-2026

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):

Patricia U. Goff Patricia U. Goff

Operator(s):

Patricia U. Goff Patricia U. Goff

Title/Date:

Secretary, Regulatory Reporting Secretary, Regulatory Reporting

SWORN to and subscribed before me, this 23rd day of April, 2020.

(Seal)

Kathy Duda
Notary Public Kathy Duda

My Commission Expires: At death



Author: Alva M. Lambert

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

History: New Rule