



CO2020-030

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June 26 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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Atlanta, GA 30363-1031
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June 26, 2020

VIA EMAIL [SHPDA.ONLINE@SHPDA.ALABAMA.GOV]

Ms. Karen McGuire
State Health Planning & Development Agency
CON Review Board
P.O. Box 303025
Montgomery, Alabama 36130-3025

Re: Certificate of Need Change of Ownership Form – ABC Hospice, Inc.


Dear Ms. McGuire:

Please find enclosed a change of ownership form for ABC Hospice, Inc. The accompanying fee has been paid online (confirmation attached). The hospice agency will undergo a change of ownership in July 2020.

Thank you for your attention to this matter. Should you have any questions or need additional assistance, please do not hesitate to contact our office.

Sincerely,

ARNALL GOLDEN GREGORY LLP



Alexander B. Foster

Enclosure

cc: Jessica Grozine, Esq.
Douglas Griswold, Esq.

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: 049-P2342
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: ABC Hospice, Inc.
(ADPH Licensure Name)

Physical Address: 266 Industrial Dr., Rainsville, AL 35986

County of Location: Dekalb

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. DeKalb County, Jackson County, Madison County, Marshall County, Etowah County, Cherokee County.

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: ABC Hospice, Inc

Mailing Address: PO Box 1486
Rainsville, AL 35986

Operator (Entity Name): ABC Hospice, Inc

Part III: Acquiring Entity Information

Name of Entity: HOS ABC LLC

Mailing Address: 266 Industrial Drive, Rainsville, AL 35986

Operator (Entity Name): HOS ABC LLC

Proposed Date of Transaction is on or after: July 1, 2020

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Part IV: Terms of Purchase

Monetary Value of Purchase: Fair Market Value

Type of Beds: No beds.

Number of Beds/ESRD Stations: None.

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

Projected Equipment Cost: \$ 20,000.00

Projected Construction Cost: \$ None.

Projected Yearly Operating Cost: \$ 1,200,000.00

Projected Total Cost: \$ 1,900,000.00

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): Keith B Sader
Operator(s): Keith B Sader
Title/Date: President 6.18.2020



Subscribed before me, this 18 day of June, 2020.

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Lauren A. Moran
Notary Public

My Commission Expires: Feb 4 2023

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.

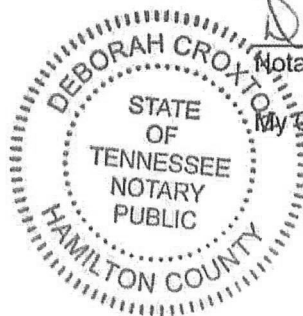
Purchaser(s): [Signature] _____

Operator(s): [Signature] _____

Title/Date: President & CEO 6/25/2020 _____

SWORN to and subscribed before me, this 25th day of June, 2020.

(Seal)



[Signature]
Notary Public

My Commission Expires: 10/12/20

Author: Alva M. Lambert

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

History: New Rule

Responses to Section IV, Questions 1 through 4

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).

ABC Hospice has been providing in-home hospice services in DeKalb County, Jackson County, Madison County, Marshall County, Etowah County, Cherokee County. HOS ABC LLC will purchase the assets of ABC Hospice and will do business as ABC Hospice.

2.) Whether the proposal will include the addition of any new beds.

The proposal will not include the addition of new beds.

3.) Whether the proposal will involve the conversion of beds.

The proposal will not involve the conversion of beds.

4.) Whether the assets and stock (if any) will be acquired.

HOS ABC LLC will obtain the assets of ABC Hospice.