

JOE W. CAMPBELL, SHAREHOLDER
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September 6, 2023

CO2023-024
RECEIVED
Sep 07 2023

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

071-H7104

VIA FEDERAL EXPRESS

Ms. Emily T. Marsal
Alabama State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Change of Control – Highlands Home Health
SHPDA ID Number 071-H7104

Dear Ms. Marsal,

Effective October 1, 2023, LHC Group, Inc. will manage the day to day operations of Highlands Home Health pursuant to a Management Agreement between LHC Group, Inc. and HH Health System – Jackson, LLC.

Enclosed please find a “Change of Ownership/Control” form containing the information needed concerning this arrangement.

The following additional information is provided:

- (a) The existing home health services will continue.
- (b) The transaction will not result in the addition of new beds.
- (c) The transaction will not result in the conversion of beds.
- (d) The transaction does not involve stock or any legal change of ownership.

Ms. Emily T. Marsal
September 6, 2023
Page 2

If you have any questions please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe W. Campbell". The signature is fluid and cursive, with the first name "Joe" being the most prominent.

Joe W. Campbell

cc: Jeff Samz, CEO Huntsville Hospital

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

September 20, 2023

VIA EMAIL SHPDA.ONLINE@SHPDA.ALABAMA.GOV

Hon. Emily T. Marsal, Executive Director
Alabama State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

Re: Change of Control – Highlands Home Health
SHPDA ID Number 071-H7104

Dear Ms. Marsal,

Enclosed please find an updated “Change of Ownership/Control” form reflecting the Owner Entity (The Health Care Authority of the City of Huntsville) in Part III and the Value of Purchase reflecting “N/A” and Beds reflecting 0 for this change of manager/operator for the Home Health Agency. Please let me know if you need anything further.

Sincerely,



Joe W. Campbell

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: 071-H7104
(This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

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

Physical Address: 901 Heroes Drive
Scottsboro, AL 35768

County of Location: JACKSON

Number of Beds/ESRD Stations: _____

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Jackson County (primary); Dekalb County, Madison County, Marshall County (Contiguous)

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: The Health Care Authority of the City of Huntsville
101 Sivley Road

Mailing Address: Huntsville AL 35801
HH Health System - Jackson, LLC

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: 3 ^(N/A) ~~The Health Care Authority of the City of~~
901 Hugh Wallis Road South Huntsville

Mailing Address: Lafayette, LA 70508

Operator (Entity Name): LHC Group, Inc. (Manager)

Proposed Date of Transaction is on or after: 10/01/2023

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ (Management Agreement) (N/A)

Type of Beds: 0

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): The Health Care Authority of the City of Huntsville

Operator(s): HH Health System - Jackson, LLC

Title/Date: Jeff Samz, CEO


10-01-23

SWORN to and subscribed to



6th day of September 2023

(Seal)

Kanda Carlise
Notary Public

My Commission Expires: 11-4-2025

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): LHC Group, Inc. _____

Title/Date: Executive VP 08/31/2023 Marcus Macip

SWORN to and subscribed before me, this 31st day of August 2023

(Seal)



Joni Bonin
Notary Public
Notary ID No. 23476
Lafayette Parish, Louisiana

Joni Bonin
Notary Public

My Commission Expires: 11-4-2025

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