

Morgan D'Arcy  
Attorney  
(312) 214-8830

October 10, 2025

**Via Electronic Filing - shpda.online@shpda.alabama.gov**

Alabama State Health Planning & Development Agency  
P.O. Box 303025  
Montgomery, Alabama 36130-3025

RE: Stock Transfer Notification – Facility ID: 121-H7085

Greetings:

Please find enclosed a Notice of Change of Ownership form for the home health agency owned and operated by Coosa Valley Homecare, LLC d/b/a Coosa Valley Home Care (the “**Agency**”), which has been assigned Facility ID 121-H7085. We are also including before-and-after organization diagrams and confirmation of payment of the \$2,500 CHOW application fee. As indicated on the enclosed diagrams, Adoration Home Health Acquisitions, LLC will be acquiring 100% of the equity of the Agency from its current parent company, Alabama Health Care Group, LLC.

This transfer of equity interest will not impact the Agency’s EIN (27-0533277), NPI number (1871723841), Medicare provider enrollment (01-7085), etc. There will be no change or interruption to the Agency’s services or operations, nor will there be any impact to the Agency’s CON authorized service area. Following the acquisition we will be changing the Agency’s assumed name “Adoration Home Health” but the entity’s legal business name will remain the same.

The financial scope of the proposed acquisition will encompass the fair market value for the transfer of the stock of the Agency. The proposed acquisition does not involve any new costs associated with the Agency exceeding any of the thresholds set forth in Alabama Code § 22-21-263(a)(2).

The transaction is scheduled to close in the 4<sup>th</sup> quarter of 2025, with an anticipated effective date on or after October 31, 2025. If you have any questions or if you need any additional information, please do not hesitate to contact me at Morgan.Darcy@btlaw.com or (312) 214-8830.

Sincerely,

*Morgan D'Arcy*

Morgan D'Arcy

Morgan D'Arcy  
Attorney  
(312) 214-8830

November 21, 2025

**Via Electronic Filing - [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)**

Alabama State Health Planning & Development Agency  
P.O. Box 303025  
Montgomery, Alabama 36130-3025

RE: CO2026-015  
Alabama Homecare of Coosa Valley  
SHPDA ID: 121-H7085

Dear Ms. Marsal:

In response to the Alabama State Health Planning and Development Agency's ("SHPDA") October 30, 2025 written response to the Notice of Change of Ownership/Control Form (the "**Notice**"), submitted on behalf of Coosa Valley Homecare, LLC d/b/a Coosa Valley Home Care (the "**Agency**"), please see the updated page of the Notice confirming the name of the referenced provider, as requested, as well as confirming the verification of the Certificate of Need ("CON") authorized service area, as requested.

In addition, following our further discussion with SHPDA, we are confirming that this transaction is structured as the sale of the equity of the Agency. The CON will remain with the Agency, which will continue to own and operate the home health provider. Accordingly, we have updated Part III of the Notice to clarify the "Name of Entity" "Address" and "Operator" fields.

Please also note that we have updated the "Proposed Date of Transaction" to December 1, 2025.

Please contact me at [Morgan.Darcy@btlaw.com](mailto:Morgan.Darcy@btlaw.com) or (312) 214-8830 if you have any questions or need any additional information in connection with this review.

Sincerely,

*Morgan D'Arcy*  
Morgan D'Arcy

**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: 121-H7085  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Alabama HomeCare of Coosa Valley  
(ADPH Licensure Name)

Physical Address: 640 W. Fort Williams Street, Suite A  
Sylacauga, AL 35150

County of Location: TALLADEGA

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Calhoun, Clay, Cleburne, Coosa, Shelby, St. Clair, Talladega, Tallapoosa

**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: Coosa Valley Homecare, LLC

Mailing Address: 640 W. Fort Williams Street, Suite A  
Sylacauga, AL 35150

Operator (Entity Name): Coosa Valley Homecare, LLC

**Part III: Acquiring Entity Information**

Name of Entity: Coosa Valley Homecare, LLC

Mailing Address: 640 W. Fort Williams Street, Suite A  
Sylacauga, AL 35150

Operator (Entity Name): Coosa Valley Homecare, LLC

Proposed Date of Transaction is on or after: 12/1/2025

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 2,013,622.00

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: \$ 1,985,707.00

Projected Total Cost: \$ 1,985,707.00

**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): Alabama Health Care Group, LLC

Operator(s): Joshua L. Proffitt

Title/Date: President



SWORN to and subscribed before me, this 23rd day of September, 2025.

(Seal)

Joni Bonin  
Notary Public

My Commission Expires: At Death

**Acquiring Authority Signature(s):**



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

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):**

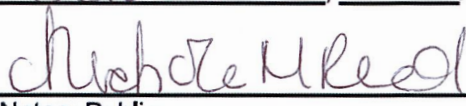
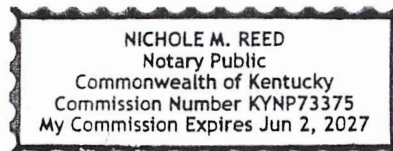
I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): \_\_\_\_\_ Allison L. Brown \_\_\_\_\_ Operator(s): \_\_\_\_\_ Allison L. Brown \_\_\_\_\_ 

Title/Date: \_\_\_\_\_ Secretary \_\_\_\_\_ 10/06/2025

SWORN to and subscribed before me, this 10<sup>th</sup> day of October, 2025.

(Seal)

  
\_\_\_\_\_  
Notary PublicMy Commission Expires: Jun 2, 2027

Author: Alva M. Lambert

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

History: New Rule

## **Responses to Application 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).**

The Applicant currently offers the services (home health services), and the services offered will not change as a result of this proposal.

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

The proposal will not include the addition of any new beds. (The Applicant provides home health services and does not maintain any beds.)

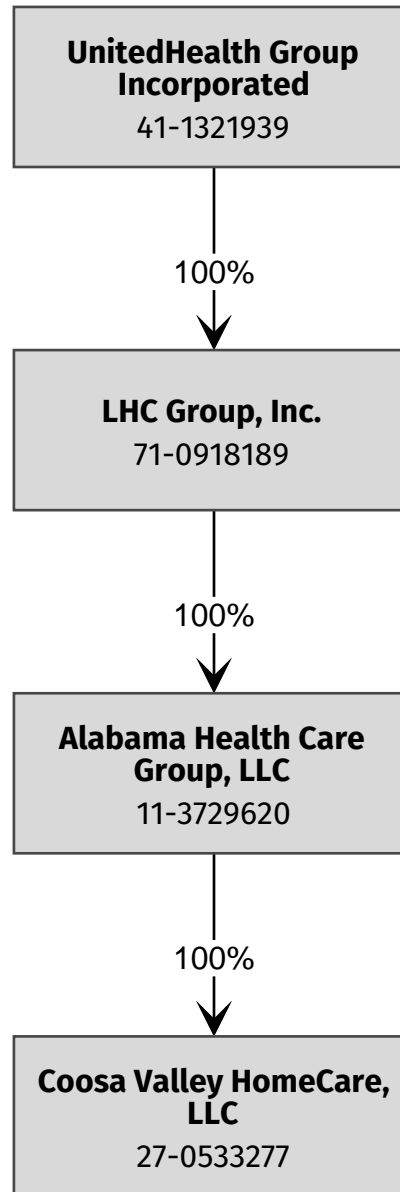
**3) Whether the proposal will involve the conversion of beds.**

The proposal will not involve the conversion of beds. (The Applicant provides home health services and does not maintain any beds.)

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

The transaction involves a stock transfer of the Applicant. As indicated on the accompanying before-and-after organizational charts, Adoration Home Health Acquisitions, LLC will be acquiring 100% of the equity of the Applicant from its current owner. The Applicant will continue to be the entity that provides home health services.

**Coosa Valley HomeCare, LLC**  
Alabama HomeCare of Coosa Valley  
640 W. Fort Williams Street, Suite A, Sylacauga, AL 35150-2440





**COOSA VALLEY HOMECARE, LLC**  
**PROPOSED ORGANIZATIONAL CHART**



\* Publicly traded on Nasdaq Global Select Market (BTSG).