

Sep 27 2019

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Atlanta Office  
171 17th Street NW, Suite 2100  
Atlanta, GA 30363-1031  
Direct phone: 404.873.8598  
Direct fax: 404.873.8599  
E-mail: alex.foster@agg.com

September 27, 2019

**VIA U.S. EXPRESS MAIL & EMAIL**

Alva M. Lambert, Esq., Executive Director  
Alabama State Health Planning and Development Agency  
P.O. Box 303025  
Montgomery, Alabama 36130-3025  
Email: shpda.online@shpda.alabama.gov

**Re: Alabama Hospice Providers / Proposed Change in Certain Indirect Owners**

Dear Executive Director Lambert:

We are writing on behalf of the hospices listed in Attachment A (the "Hospices") to inform you of a change in certain indirect owners of the licensees for each of the Hospices, which is scheduled to occur on or about November 1, 2019 (the "Transaction").

There will be no change to the entities listed on the respective hospice licenses and no change in the direct ownership of the licensees. The change in certain indirect owners will take place multiple levels above the licensees in the corporate structure. The licensees will continue to exist, and the current Medicaid provider agreements will remain in place. The licensees' federal tax identification numbers will not change. In addition, other than changes resulting in the ordinary course of business, there will be no changes to hospice staff for the licensees and the Hospices' day-to-day operations will not be impacted as a result of the change in indirect ownership. Attached is a diagram that depicts the proposed changes.

**Please find enclosed a Notice of Change of Ownership/Control filing for each parent hospice along with required fee.** Please let us know if you need any additional information prior to these changes taking place.

Thank you for your attention to this matter.

Sincerely,

Arnall Golden Gregory LLP



Alexander B. Foster

Enclosures

cc: Russell Adkins, Esq.  
Hedy Rubinger, Esq.

14090726v1

**ATTACHMENT A**

<b>Legal Entity Name</b>	<b>DBA Name</b>	<b>Address</b>	<b>Status</b>	<b>SHPDA No.</b>
Hospice Advantage EAMC LLC	Compassus - Auburn	665 Opelika Road, Suite 200, Auburn, AL 36830	Parent	081-P2322
Hospice Advantage EAMC LLC	Compassus - Auburn Bethany House	1171 Gatewood Drive, Blg 100, Auburn, AL 36830	Branch of Auburn	
HC Healthcare LLC	Compassus - Florence	507 East Drive Hicks Blvd, Florence, AL 35630	Parent	077-P2340
HC Healthcare LLC	Compassus - Huntsville	7262 Governors West Drive, Huntsville, AL 35758	Branch of Florence	
Hospice Advantage, LLC	Compassus - Troy	1340 Hwy 231 South, Suite 7 Troy, AL 36081	Parent	109-P2440
Life Choice Hospice of Alabama, LLC	Compassus - Gadsden	1735 Highway 77, Southside AL 35907	Parent	055-P2489
Life Choice Hospice of Alabama, LLC	Compassus - Roanoke	4455 Hwy 431, Suite 3, Roanoke, AL 36274	Branch of Roanoke	
Compassus OP of Alabama LLC	Compassus Hospice and Palliative Care -Birmingham	1400 Urban Center Drive, Suite 100 Vestavia Hills, AL 35242	Parent	073-P2470
Compassus OP of Alabama LLC	Compassus Hospice Care Suite	4941 Montevallo Road Birmingham, AL 35210	Branch of Birmingham	

ATTACHMENT A

<b>Hospice Name</b>	<b>Hospice Identification</b>
Hospice Advantage EAMC, LLC d/b/a Compassus - Auburn	CO2019-058 SHPDA ID: 081-P2322
Compassus OP of Alabama, LLC d/b/a Compassus Hospice and Palliative Care – Birmingham	CO2019-062 073-P2470
HC Healthcare LLC d/b/a Compassus – Florence	CO2019-059 SHPDA ID: 077-P2340
Life Choice Hospice of Alabama, LLC d/b/a Compassus – Gadsden	CO2019-061 SHPDA ID: 055-P2489
Hospice Advantage, LLC d/b/a Compassus – Troy	CO2019-060 SHPDA ID: 109-P2440

2019-060

RECEIVED

Sep 27 2019

**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: 109-P2440  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: Hospice Advantage, LLC d/b/a Compassus - Troy  
(ADPH Licensure Name)

Physical Address: 1340 Hwy 231 South, Suite 7  
Troy, AL 36081

County of Location: Pike

Number of Beds/ESRD Stations: None / Not Applicable (Hospice Agency)

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. Pike, Bullock, Barbour, Coffee, Crenshaw, and Dale

**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: Hospice Advantage, LLC  
10 Cadillac Drive, Suite 400

Mailing Address: Brentwood, TN 37027

Operator (Entity Name): Hospice Advantage, LLC

**Part III: Acquiring Entity Information**

Name of Entity: Hospice Advantage, LLC (No Change)  
10 Cadillac Drive, Suite 400

Mailing Address: Brentwood, TN 37027

Operator (Entity Name): Hospice Advantage, LLC (No Change)

Proposed Date of Transaction is on or after: November 1, 2019

**Part IV: Terms of Purchase**

Monetary Value of Purchase: \$ 8,670,516

Type of Beds: Hospice Agency

Number of Beds/ESRD Stations: None / Not Applicable (Hospice Agency)

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

Projected Equipment Cost: \$ 0

Projected Construction Cost: \$ 0

Projected Yearly Operating Cost: \$ 1,843,496

Projected Total Cost: \$ 1,843,496

**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): [Signature] \_\_\_\_\_

Operator(s): [Signature] \_\_\_\_\_

Title/Date: General Counsel 9/27/19 \_\_\_\_\_

SWORN to and subscribed before me, this 27th day of September, 2019.

(Seal)



Jenie N. [unclear]  
Notary Public

My Commission Expires: 9-6-22

**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 27th day of September, 2019.

(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 25th day of October, 2019.

(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.

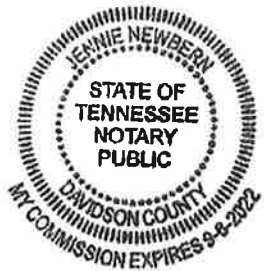
Purchaser(s): Russell Adkins [Signature]

Operator(s): Russell Adkins [Signature]

Title/Date: General Counsel 10/25/19

SWORN to and subscribed before me, this 25th day of October, 2019.

(Seal)



\_\_\_\_\_  
Notary Public

My Commission Expires: 9-6-2022

Author: Alva M. Lambert

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

History: New Rule

**Troy**

**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, Hospice Advantage, LLC d/b/a Compassus – Troy, has previously offered the service and the hospice services offered will not change.

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

The transaction will not include the addition of any new beds.

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

The transaction will not involve the conversion of beds.

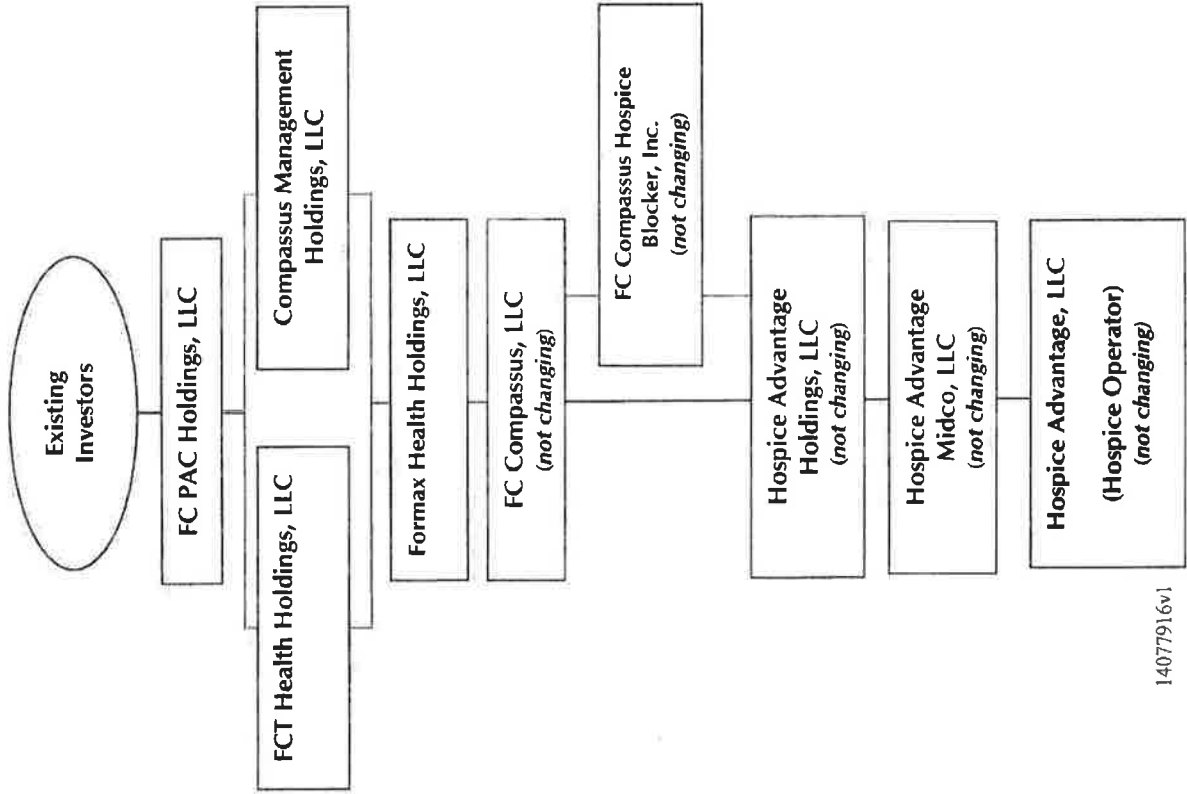
**4) Whether the assets and stock (if any) will be acquired.**

The transaction involves a change of indirect owners of an existing licensed hospice provider, as a result of a stock transfer.

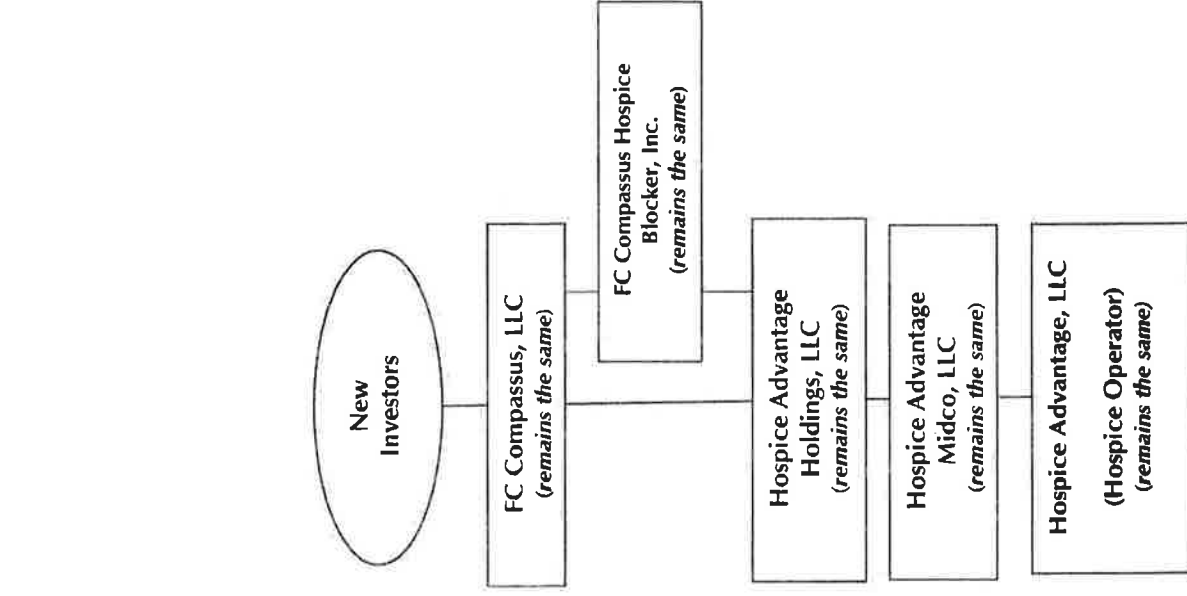


**Summary Overview of Change in Certain Indirect Owners  
ALABAMA**

**CURRENT**



**PROPOSED**



140779|6v1

This diagram presents the restructuring generalized terms. Please let us know if you would like additional information regarding the restructuring.