

October 12, 2021

Via Electronic Filing (shpda.online@shpda.alabama.gov)

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

RE: Notice of Change of Ownership (prior to becoming vested); Rehab Associates, LLC d/b/a Champion Sports Medicine; SHPDA CON# 2966-ORT

#### Dear Ms. Marsal,

Pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program, we respectfully submit to the State Health Planning and Development Agency ("SHPDA") the attached Notice of Change of Ownership for CON-2966-ORT. The proposed change of ownership involves the transfer of all assets of the clinic from Rehab Associates, LLC ("RA") to Champion Sports Medicine Birmingham, LLC ("CSMB"), an entity under "common ownership and control" as defined in CON Rule 410-1- 11-.09(b) and as reported on the attached Exhibit A (organizational charts before and after the change).

#### Facts

- The facility is located at 200 Montgomery Highway, Suite 150, Vestavia Hills, AL 35216-1898 (the "Facility").
- The Facility is currently providing Physical Therapy services; upon becoming fully vested, it will provide both Physical Therapy and and Occupation Therapy services in Jefferson County and the surrounding area.
- The transaction is anticipated to close November 1, 2021.
- Following the transaction, the Facility will be known as Champion Sports Medicine in association with Grandview Health.
- Pursuant to a proposed purchase, RA will sell and convey the Facility to CSMB, with the following ownership and oversight structure in place at time of transfer: (i) CSMB will be owned 51% by RA and 49% by Birmingham Holdings, LLC ("BH").

#### II. SHPDA Requirements for Change of Ownership (Change of Ownership application)

1. Financial Scope: RA will be contributing the assets of the Facility to CSMB in exchange of an equity membership interest in CSMB.

The transaction does not involve new cost associates with the Facility that would exceed the expenditure thresholds:

(i) \$2,000,000 for major medical equipment; (ii) \$800,000 for new annual operating costs; and (iii) \$4,000,000 for

capital expenditures.

2. No New Services: The transaction will not result in additional services being offered.

3. Beds: The transaction does not involve the reduction, addition or conversion of beds.

4. Stock and Assets: The proposed transaction involves the assets being transferred to CSMB from RA.

#### III. Requested Action

Based on the above information, we respectfully request that you determine that a CON or other action by SHPDA is not required for the consummation of this proposed transaction. The executed change of ownership form and the required fee in the amount of \$2500 is enclosed.

We appreciate your assistance in the matter. Should you have any questions or require additional information, do not hesitate to contact me at (717)975-4510 or email <a href="mailto:egelbaugh@selectmedical.com">egelbaugh@selectmedical.com</a>.

Kind Regards,

Elizabeth Gelbaugh

Manager of Regulatory Affairs



CO2021-072
RECEIVED
Oct 12 2021
STATE HEALTH PLANNING AND

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Kind Regards,

Elizabeth Gelbaugh

Manager of Regulatory Affairs

#### 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.

gorB)

Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

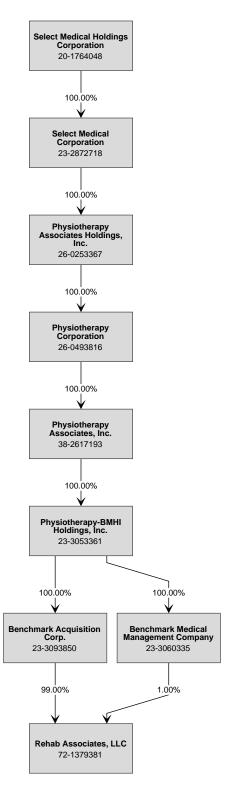
Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))
Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

#### Part I: Facility Information

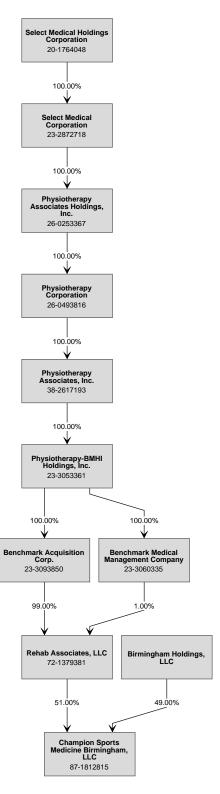
•			
SHPDA ID Number: (This can be found at <u>www.shpda.alabama.gov</u> ,	AL2021-035 Health Care Data, ID Codes)		
Name of Facility/Provider: (ADPH Licensure Name)	Champion Sports Medicine		
Physical Address:	1021 Montgomery Highway Suite 200		
	Vestavia Hills, AL 35216		
County of Location:	Jefferson County		
Number of Beds/ESRD Stations:	0		
CON Authorized Service Area (Home I pages if necessary. n/a	Health and Hospice Providers Only). Attach additional		
Part II: Current Authority (No ownership or control, as defined under charts outlining current and proposed so Owner (Entity Name) of	ote: If this transaction will result in a change in directer ALA. CODE § 22-20-271(e), please attach organizational structures.)		
Facility named in Part I:	Rehab Associates, LLC		
Mailing Address:	4714 Gettysburg Road		
	Mechanicsburg, PA 17055		
Operator (Entity Name):	Rehab Associates, LLC		
Part III: Acquiring Entity Inform	nation		
Name of Entity:	Champion Sports Medicine Birmingham, LLC		
Mailing Address:	4714 Gettysburg Road		
	Mechanicsburg, PA 17055		

#### REHAB ASSOCIATES, LLC EXHIBIT A



#### **EXHIBIT A**

#### CHAMPION SPORTS MEDICINE BIRMINGHAM, LLC





CO2021-072
RECEIVED
Sep 13 2021
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

September 13, 2021

Via Electronic Filing

(shpda.online@shpda.alabama.gov)

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

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#### I. Facts

- The facility is located at 200 Montgomery Highway, Suite 150, Vestavia Hills, AL 35216-1898 (the "Facility").
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  Birmingham Holdings, LLC.

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Financial Scope: RA will be contributing the assets of the Facility to CSMB. The transaction does not involve new cost associated with the Facility that would exceed the expenditure

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Kind Regards,

Liz Gelbaugh
Elizabeth Gelbaugh

Manager of Regulatory Affairs

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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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<ul> <li>X Change in Direct Ownership or Contr</li> <li>Change in Certificate of Need Holder</li> <li>Change in Facility Management (Fac</li> </ul>	rol (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e)) (ALA. CODE § 22-20-271(f))		
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Physical Address:	1021 Montgomery Highway Suite 200		
	Vestavia Hills, AL 35216		
County of Location:	Jefferson County		
Number of Beds/ESRD Stations:	0		
CON Authorized Service Area (Home He pages if necessary.	ealth and Hospice Providers Only). Attach additional		
Part II: Current Authority (Note ownership or control, as defined under charts outlining current and proposed street	e: If this transaction will result in a change in direct ALA. CODE § 22-20-271(e), please attach organizational ructures.)		
Owner (Entity Name) of Facility named in Part I:	Rehab Associates, LLC		
Mailing Address:	4714 Gettysburg Road		
	Mechanicsburg, PA 17055		
Operator (Entity Name):	Rehab Associates, LLC		
Part III: Acquiring Entity Inform			
Name of Entity:	Champion Sports Medicine Birmingham, LLC		
Mailing Address:	4714 Gettysburg Road		
	Mechanicsburg, PA 17055		

Operator (Entity Name):	Champion Sports Medicine Birmingham, LLC			
Proposed Date of Transaction is on or after:	11/01/2021			
Part IV: Terms of Purchase				
Monetary Value of Purchase:	\$ _ See attached			
Type of Beds:	n/a			
Number of Beds/ESRD Stations:	0			
Financial Scope: to Include Prelimina Construction, and Yearly Operating Cos	ary Estimate of the Cost Broken Down by Equipment, t:			
Projected Equipment Cost:	\$ See attached			
Projected Construction Cost:	\$_0			
Projected Yearly Operating Cost:	\$ See attached			
Projected Total Cost:	\$ See attached			
On an Attached Sheet Please	Address the Following:			
1.) The services to be offered by the proffered the service, whether the service the service is a new service). $n/a$	roposal (the applicant will state whether he has previously is an extension of a presently offered service, or whether			
2.) Whether the proposal will include the	e addition of any new beds. n/a			
3.) Whether the proposal will involve the	e conversion of beds. n/a			
4.) Whether the assets and stock (if any	y) will be acquired. Assets only			
Part V: Certification of Informa	tion			
Current Authority Signature(s):				
The information contained in this notific belief.	ation is true and correct to the best of my knowledge and			
Owner(s):	B-ks Rehab Associates, LLC			
Operator(s).	Rehab Associates, LLC			
Title/Date: TARKET MANA	GER 8/26/21			

SWORN to and subscribed before me, this 200 day of

(Seal)



BRAD E. SWEENEY My Commission Expires February 19, 2023

My Commission Expires: 02/19/2021

#### 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):

Champion Sports Medicine Birmingham, LLC

Operator(s)

Champion Sports Medicine Birmingham, LLC

Title/Date:

SWORN to and subscribed before me, this 24 day of

(Seal)

My Commission Expires: 07/19

**BRAD E. SWEENEY** My Commission Expires February 19, 2023

Author: Alva M. Lambert

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

History: New Rule

### Your Receipt

**PURCHASE RECEIPT** 

**SHPDA** 

PO Box 303025 Montgomery AL 36130-3025 (334)242-4109 bradford.williams@shpda.alabama.gov OTC Local Ref ID: 63990270 9/13/2021 09:13 AM

Status:

**APPROVED** 

**Customer Name:** 

Noy Vilaychith

Type:

Visa

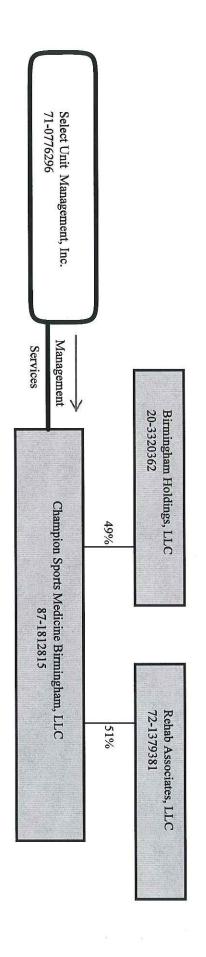
Credit Card Number:

\*\*\*\* \*\*\*\* 6851

, <u>I</u>	tems	Quantity	TPE Order ID	<b>Total Amount</b>
Change of Ownership	***************************************	1	77639566	\$2,500.00
Applicant Name: Champ	ion Spo	rts Medicine B	Birmingham, LLC	
Filing Date: <b>09/13/202</b>	1			
Phone Number: 717975	4556			
Email Address: Regulato	ory@sel	lectmedical.co	m	
Total remitted to the SHF	PDA			\$2,500.00
Alabama total amount ch	arged			\$2,588.50

# EXHIBIT A

# CHAMPION SPORTS MEDICINE BIRMINGHAM, LLC



## EXHIBIT A

# REHAB ASSOCIATES, LLC

