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CO2022-025

RECEIVED

Oct 12 2021

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

October 11, 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, Alabama 36104

RE: Change of Ownership; Nurse on Call (SHPDA ID 009-H7132)

Dear Ms. Marsal:

We respectfully submit to the State Health Planning and Development Agency (“SHPDA”) this letter as an attachment to the Notice of Change of Ownership/Control form that we are filing pursuant to Chapter 410-1-7-.04, Rules and Regulations of the Alabama Certificate of Need Program (the “Rules”) to inform SHPDA of an anticipated change in the indirect ownership of Innovative Senior Care Home Health of Alabama, LLC (the “CON Holder”). The CON Holder owns and operates Nurse on Call, formerly known as Brookdale Home Health Birmingham, a home health agency located at 1104 2<sup>nd</sup> Ave East, Suite C, Osteonta, Alabama 35131 (the “Agency”).

## **I. Overview of Proposed Transaction.**

On or about November 1, 2021, Health at Home-BHS, LLC (“Seller”) will transfer to Tennessee Health Care Group, LLC (the “Buyer”) 100% of the membership interests of Health at Home Holdings, LLC, a holding company that holds 100% indirect ownership in the CON Holder. Buyer is a wholly-owned subsidiary of LHC Group, Inc. In consideration for the membership interests being transferred, Buyer will make a fair market value payment to Seller. Following the close of the transaction, the CON Holder will be an indirect, wholly-owned subsidiary of LHC Group, LLC.

Although the current CON Holder will continue to own and operate the Agency, it is our understanding that the Transaction would constitute a “change of control,” for which the Agency must submit prior notification to SHPDA. To that end, we have enclosed a fully executed Notice of Change of Ownership/Control form. Also enclosed is an organizational chart showing the ownership of the CON Holder following the close of the transaction.

## **II. SHPDA Requirements for Change of Ownership**

Concerning the questions posed in the Change of Ownership Application, please note the following:

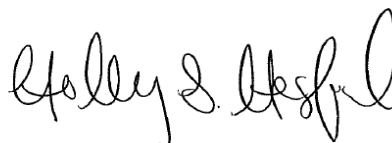
1. The Financial Scope of the Project. The transaction involves the transfer of ownership of 100% of the membership interests in an indirect owner of the CON Holder in exchange for fair market value consideration. The transaction does not involve new costs associated with the Agency exceeding the following expenditure thresholds: (i) \$3,165,569 for major medical equipment; (ii) \$1,266,226 for new annual operating costs; and (iii) \$6,331,138 for capital expenditures.
2. Services to be Offered. The contemplated transaction will not result in any new or additional services to those already authorized to be provided by the Agency.
3. Whether the Proposal will Include the Addition of Any New Beds. The contemplated transaction will not result in the addition of new beds.
4. Whether the Proposal will Involve the Conversion of Beds. The contemplated transaction will not result in the conversion of beds.
5. Whether the Assets and Stock (if any) will be acquired. As described more particularly above, involves the transfer of ownership of 100% of the membership interests in an indirect owner of the CON Holder in exchange for fair market value consideration.

### **III. Requested Action**

Based upon the above description of the proposed transaction and a showing that there will be no change in health services, conversion of beds, or increase or decrease in bed capacity, we respectfully request that you exercise your authority under Chapter 410-1-7-.04(2) of the Rules and determine that a Certificate of Need is not required for the consummation of this proposed transaction. In accordance with the Rules, I am enclosing with this request a check in the amount of \$2,500 made payable to the Alabama State Health Planning and Development Agency.

Should you have any questions or need further information, please feel free to contact me at the number or address listed above. Thank you in advance for your assistance with this matter.

Best regards,



Holly S. Hosford

## 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: **009-H7132**  
(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider: **Nurse on Call (formerly known as Brookdale Home Health Birmingham)**  
(ADPH Licensure Name)

Physical Address: **1104 2<sup>nd</sup> Ave. East, Suite C**  
**Oneonta, Alabama 35121**

County of Location: **Blount**

Number of Beds/ESRD Stations: **Not applicable.**

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. **Blount, Cullman, Etowah, Jefferson, Marshal, St. Clair, Walker**

**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: **Innovative Senior Care Home Health of Alabama, LLC**

Mailing Address: **901 Hugh Wallis Road South**  
**Lafayette, LA 70508**

Operator (Entity Name): **Innovative Senior Care Home Health of Alabama, LLC**

### Part III: Acquiring Entity Information

Name of Entity: **Tennessee Health Care Group, LLC will acquire 100% indirect ownership in Innovative Senior Care Home Health of Alabama, LLC**

Mailing Address: 901 Hugh Wallis Road South  
Lafayette, LA 70508

Operator (Entity Name): Innovative Senior Care Home Health of Alabama,  
LLC

Proposed Date of Transaction is  
on or after: November 1, 2021

**Part IV: Terms of Purchase**

Monetary Value of Purchase: See attached letter  
Type of Beds: \_\_\_\_\_

Number of Beds/ESRD Stations: Not applicable.

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

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ \_\_\_\_\_

Projected Total Cost: \$ \_\_\_\_\_

**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): Innovative Senior Care Home Health of Alabama, LLC *LRH*

Operator(s): Innovative Senior Care Home Health of Alabama, LLC *LRH*

Title/Date: Officer *09/02/2021*

SWORN to and subscribed before me, this *2nd* day of *September, 2021*.

(Seal) *Charon Hall* A-84 Notary Public



My Commission Expires: *9-2-2024*

**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): *Nicholas Garbassini, III*

Operator(s): *by: LHC Group, Inc., its manager*

Title/Date: *by: Executive Vice President*

SWORN to and subscribed before me, this *26th* day of *August*, *2021*.



*Joni Bonin #23476*  
Notary Public *Joni Bonin*

My Commission Expires: *Up to 2024*

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

**Ownership  
Effective 10/01/2021**

LHC Group, Inc.  
71-0918189

100%

Tennessee Health Care Group, LLC  
20-3427231

100%

Health at Home Holdings, LLC  
87-0934507

100%

Health at Home Holdings-Alabama, LLC  
87-1045915

100%

Innovative Senior Care Home Health of Alabama, LLC  
d/b/a Nurse On Call  
30-0781533