

Nov 10 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Atlanta Office
171 17th Street NW, Suite 2100
Atlanta, GA 30363-1031
Direct phone: 404.873.8526
Direct fax: 404.873.8527
E-mail: jessica.grozine@agg.com

November 10, 2020

VIA EMAIL [SHPDA.ONLINE@SHPDA.ALABAMA.GOV]

State Health Planning & Development Agency
CON Review Board

**Re: Alabama Certificate of Need
HOMESTEAD HOSPICE OF CAHABA, LLC / SHPDA ID 047-P2434A**

Dear Sir or Madam:

Please find enclosed a Notice of Change of Ownership form for Homestead Hospice of Cahaba, LLC (the "Hospice"). We are also enclosing confirmation of payment of the application fee and before and after diagrams. The Hospice will undergo an indirect change of ownership on or about November 30, 2021. As indicated on the enclosed diagrams, Traditions Health, LLC will be acquiring 100% of the equity of the Hospice from its current owners. This transfer of equity will occur multiple levels above the Hospice entity, and this transaction will not impact the direct ownership of the Hospice. The Hospice's legal business name, federal TIN, NPI number, and Medicare provider number will not be changing as a result of this transaction. This indirect ownership change will not materially affect the daily operations of the Hospice, nor will it result in a change to the scope of services provided by the Hospice.

The financial scope of the proposed transaction will encompass the fair market value for the transfer of indirect ownership of the Hospice. The proposed transaction does not involve any new costs associated with the Hospice exceeding any of the following thresholds: \$3,079,347 for major medical equipment, \$1,231,738 for new annual operating cost, and \$6,158,695 for any other capital expenditure.

Thank you for your attention to this matter. Should you have any questions or need additional assistance, please do not hesitate to contact our office.

Sincerely,

ARNALL GOLDEN GREGORY LLP



Jessica T. Grozine

cc: Ms. Felicia Williams, ADPH

NOTICE OF CHANGE OF OWNERSHIP/CONTROL

047-P2434A

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: 047-P2434A
 (This can be found at www.shpda.alabama.gov, Health Care Data, ID Codes)

Name of Facility/Provider: HOMESTEAD HOSPICE OF CAHABA, LLC
 (ADPH Licensure Name)

Physical Address: 3005 CITIZEN PKWY
SELMA, AL 36701

County of Location: DALLAS

Number of Beds/ESRD Stations: 0

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. SEE ATTACHED

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: HOMESTEAD HOSPICE OF CAHABA, LLC

Mailing Address: 10888 CRABAPPLE RD
ROSWELL, GA 30075
HOMESTEAD HOSPICE OF CAHABA, LLC

Operator (Entity Name): _____

Part III: Acquiring Entity Information

Name of Entity: HOMESTEAD HOSPICE OF CAHABA, LLC

Mailing Address: P.O. BOX 9980
COLLEGE STATION, TX 77842

Operator (Entity Name): HOMESTEAD HOSPICE OF CAHABA, LLC

Proposed Date of Transaction is on or after: 12/01/2021

Part IV: Terms of Purchase

Monetary Value of Purchase: \$ See accompanying letter

Type of Beds: NA

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: \$ 5,500,000.00

Projected Total Cost: \$ 5,500,000.00

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.

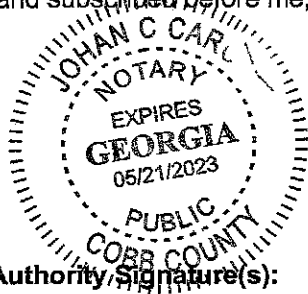
Owner(s): *Alonzo R. Barber*

Operator(s): *Alonzo R. Barber*

Title/Date: *CFO 11/10/2021*

SWORN to and subscribed before me, this 10 day of November, 2021.

(Seal)



[Signature]
Notary Public

My Commission Expires: 05/21/2023

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): Douglas R. Berbet

Operator(s): Douglas R. Berbet

Title/Date: CEO 11/10/2021

SWORN to and subscribed before me, this 10 day of November, 2021.

(Seal)



[Signature]
Notary Public

My Commission Expires: 05/21/2023

Author: Alva M. Lambert

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

History: New Rule

Alabama

Homestead Hospice of Cahaba, LLC

3005 Citizens Parkway, Selma, Alabama 36701

- ***(Branch-Butler) 602 Pushmataha Street, Butler, Alabama 36904***
- ***(Branch-Prattville) 1849 Glynwood Drive, Prattville, AL 36066***

AUTAUGA
CHILTON
DALLAS
HALE
LOWNDES
WILCOX
CHOCTAW
CLARKE
MARENGO
PERRY
SUMTER
WASHINGTON
BUTLER
CONECUH
MONROE
ESCAMBIA

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 has previously offered the services (in-home hospice 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 in-home hospice services and does not maintain any beds.)

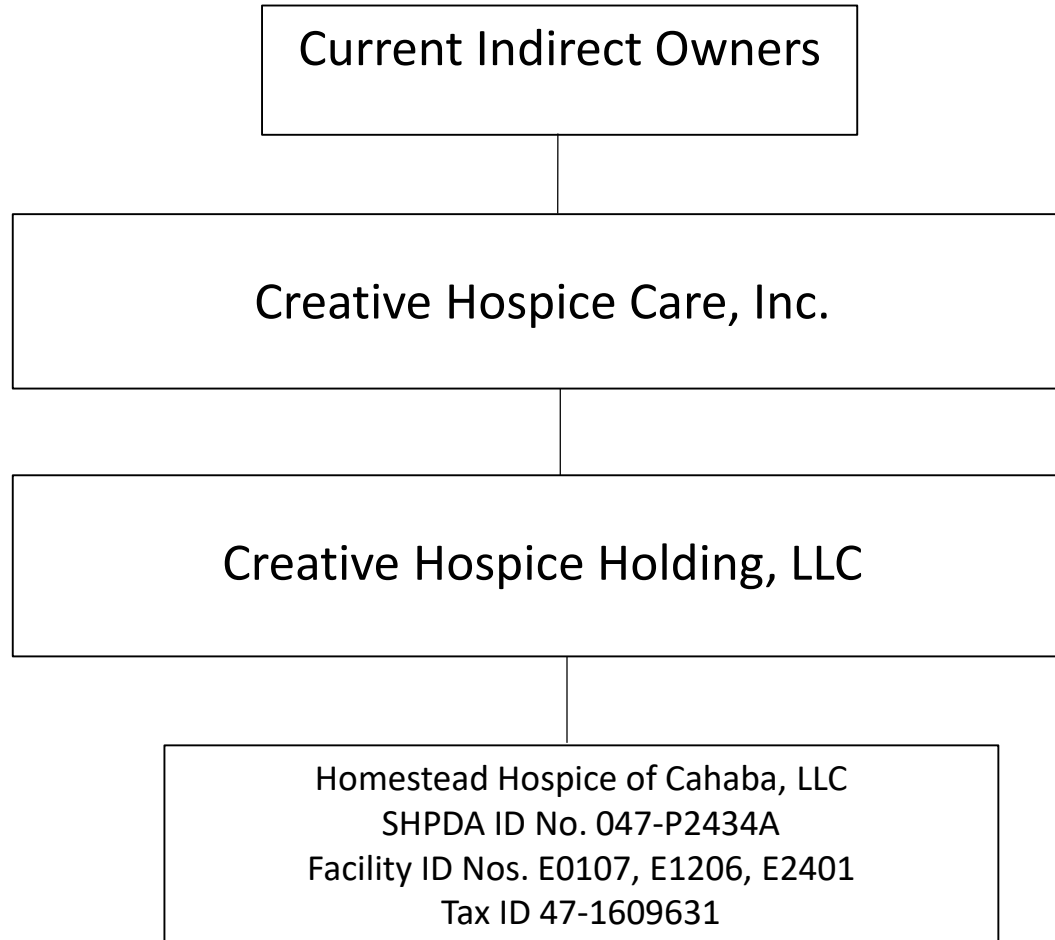
3) Whether the proposal will involve the conversion of beds.

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

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

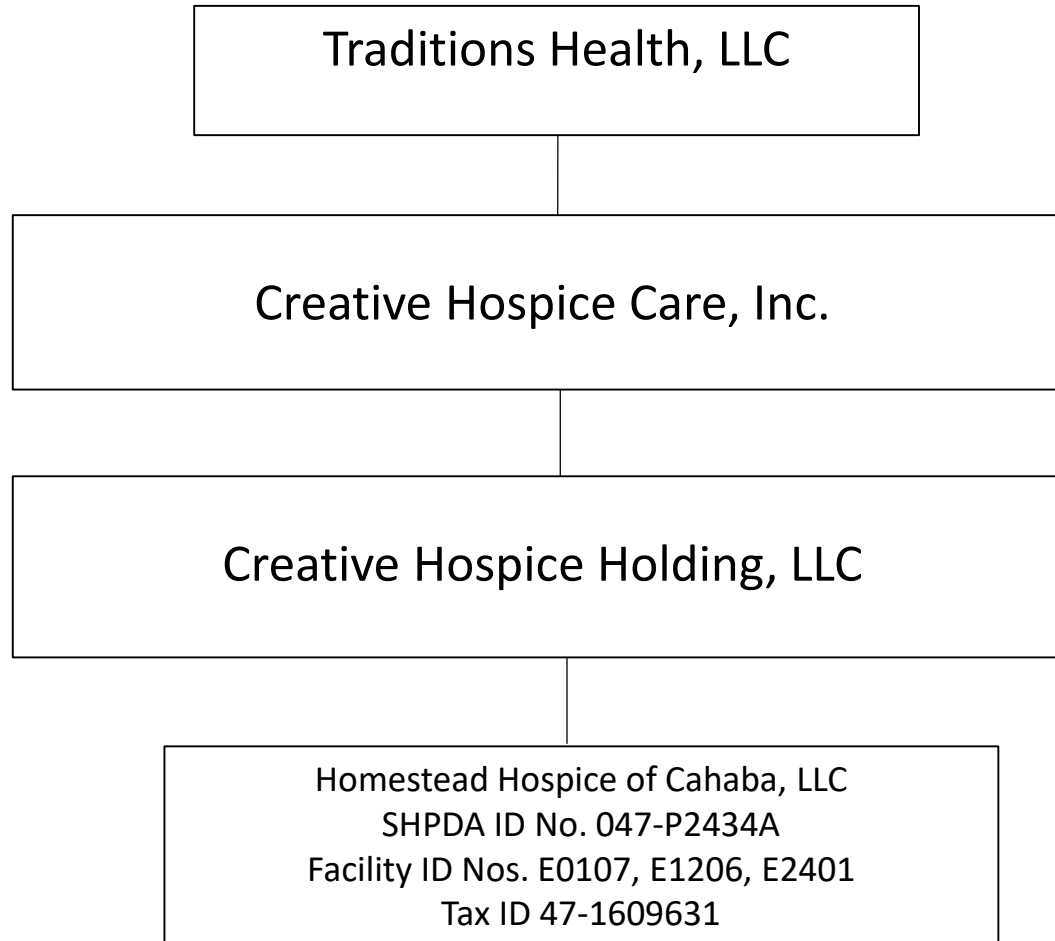
The transaction involves a change of indirect owners as a result of a stock transfer. As indicated on the accompanying before-and-after diagrams, Traditions Health, LLC will indirectly be acquiring 100% of the equity of the Applicant from its current owners. This transfer of equity will occur multiple levels above the Applicant entity, and this transaction will not impact the direct ownership of the Applicant.

Creative Hospice Care, Inc.
OWNERSHIP DIAGRAM
Before Transaction



Creative Hospice Care, Inc.
OWNERSHIP DIAGRAM
After Transaction

CONFIDENTIAL



Your Receipt

PURCHASE RECEIPT

SHPDA

PO Box 303025
Montgomery AL 36130-3025
(334)242-4109
bradford.williams@shpda.alabama.gov
OTC Local Ref ID: 65127118
11/10/2021 11:59 AM

Status: **APPROVED**
Customer Name: Purchasing Card
Type: Visa
Credit Card Number: **** * 4057

Items	Quantity	TPE Order ID	Total Amount
Change of Ownership	1	78948742	\$2,500.00
Applicant Name: HOMESTEAD HOSPICE OF CAHABA, LLC SHPDA ID 047-P2434A			
Filing Date: 11/10/21			
Phone Number: 404.873.8526			
Email Address: jessica.grozone@agg.com			
Total remitted to the SHPDA			\$2,500.00
Alabama total amount charged			\$2,588.50