

### North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

July 31, 2015

Noah H. Huffstetler, III Nelson Mullins GlenLake One, Second Floor 4140 Parklake Avenue Raleigh, NC 27612

No Review

Record #:

1668

Facility Name:

Veritas Collaborative, LLC

FID #:

110280

Business Name:

Veritas Collaborative, LLC

Business #:

1957

Project Description:

Veritas Collaborative, LLC, which owns and operates a mental health facility in Durham, will become a wholly owned subsididary of Veritas

Management Services, LLC which will in turn be a wholly owned

subsidiary of Veritas Collaborative Holdings, LLC

County:

Durham

Dear Mr. Huffstetler:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of July 31, 2015 regarding the above referenced proposal. Veritas Collaborative (FID# 110280) received two certificates of need (Project ID #J-8659-11 and Project ID #J-10240-14). According to our records, both projects are complete. See the enclosures.

Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov
Telephone: 919-855-3873 • Fax: 919-715-4413
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603
Mailing Address: 2704 Mail Service Center •Raleigh, NC 27699-2704
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Mr. Huffstetler July 31, 2015 Page 2

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,

Michael J. McKilly

Project Analyst

Martha J. Frisone

Assistant Chief, Certificate of Need

Enclosures

cc: Acute and Home Care Licensure and Certification Section, DHSR

Assistant Chief, Healthcare Planning



# North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

July 31, 2015

Stacie McEntyre 615 Douglas Street, Suite 500 Durham, NC 27705

Development Complete

Project ID #:

J-10240-14

Facility:

Veritas Collaborative, LLC

Project Description:

Develop one new child/adolescent inpatient psychiatric bed pursuant to the need

determination in the 2014 SMFP

County:

Durham

FID#:

110280

Dear Ms. McEntyre:

On August 26, 2014, this Agency issued a Certificate of Need pursuant to Chapter 131E, Article 9 of the North Carolina General Statutes for the above-captioned project. The Agency has hereby determined that the development of the above referenced project is now complete. It was completed on or before January 1, 2015.

Please note that this determination does not absolve the holder of the certificate from materially complying with representations in the application concerning the operation of the facility. Nor does the determination of completeness absolve the holder of the certificate from complying with any applicable conditions still remaining on the certificate.

If you have any questions concerning this certificate of need, please feel free to contact this office.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

Martha J. Frisone, Assistant Chief

Certificate of Need

cc: Assistant Chief, Healthcare Planning



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov Telephone: 919-855-3873 • Fax: 919-715-4413

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# North Carolina Department of Health and Human Services Division of Health Service Regulation

Pat McCrory Governor

Aldona Z. Wos, M.D. Ambassador (Ret.) Secretary DHHS

> Drexdal Pratt Division Director

August 21, 2013

Stacie McEntyre 790 SE Parkway, Suite 204 Cary, NC 27511

#### **Development Complete**

Project I.D. #:

J-8659-11

Facility:

Veritas Collaborative, LLC

Project Description: Construct new adolescent psychiatric facility with 5 inpatient beds and 13

residential beds for eating disorders program

County:

Durham

FID #:

110280

Dear Mr. McEntyre:

On October 13, 2011, this Department issued a Certificate of Need pursuant to Chapter 131E, Article 9 of the General Statutes of North Carolina for the above-captioned project. The Certificate of Need Section has hereby determined that the development of the above referenced project is now complete. It was completed on July 11, 2012.

Please note that this determination does not absolve the holder of the certificate from materially complying with representations in the application concerning the operation of the facility. Nor does the determination of completeness absolve the holder of the certificate from complying with any applicable conditions still remaining on the certificate.

If you have any questions concerning this certificate of need, please feel free to contact me.

Please refer to the Project I.D. # and Facility I.D. # (FID) in all correspondence.

Sincerely,

Certificate of Need Section

Medical Facilities Planning Section, DHSR cc:

Certificate of Need Section

www.ncdhhs.gov Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603 Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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# Nelson Mullins

Nelson Mullins Riley & Scarborough LLP

Attorneys and Counselors at Law 4140 Parklake Avenue / GlenLake One / Second Floor / Raleigh, NC 27612 Tel: 919.877.3800 Fax: 919.877.3821 www.nelsonmullins.com

Noah H. Huffstetler III Tel: 919.877.3801 Fax: 919.877.3821 noah.huffstetler@nelsonmullins.com

July 31, 2015

#### Via Electronic Mail

Ms. Martha J. Frisone Assistant Chief Healthcare Planning and Certificate of Need Section Edgerton Building 809 Ruggles Drive Raleigh, NC 27603

> Re: Veritas Collaborative, LLC License Number: MHH0972

Dear Ms. Frisone:

In connection with the transaction involving Veritas Collaborative, LLC which we have discussed, this letter is to seek confirmation on two additional points that have recently been raised. First, confirmation is requested that the project for which the certificate of need issued for the adolescent treatment facility owned and operated by Veritas Collaborative, LLC was completed when that facility received its license, a copy of which is attached. Thereafter, the only obligations imposed by the certificate of need are for the operator of the facility to materially comply with the representations made in its application and any conditions placed upon its certificate of need. See N.C. Gen. Stat. §§131E-176(20), 131E-181(b), 131E-189. Therefore, no action is required now to "transfer" the certificate of need for that completed project.

Second, please confirm that the transaction as described in my correspondence to you dated July 24, 2015, will not result in the acquisition of the existing adolescent treatment facility owned and operated by Veritas Collaborative, LLC. As described in that letter, Veritas Collaborative, LLC will remain in existence and will continue to own and operate that facility. However, Veritas Collaborative LLC, will become a wholly owned subsidiary of Veritas Management Services, LLC, which will in turn be a wholly owned subsidiary of Veritas Collaborative Holdings, LLC. If it should be determined that this transaction does involve the acquisition of a health service facility, please accept this correspondence, as well as

Ms. Martha J. Frisone July 31, 2015 Page 2

my letter to you of July 24, 2015, as notice of an exempt acquisition under N.C. Gen. Stat. §131E-184(a)(8).

Thank you for your prompt attention to this matter. With best wishes, we are

Very truly yours,

Noah H. Huffstetler/III

NHH:jbeke Enclosures

cc: Ms. June Ferrell (via electronic mail)

# State of Auth Carolina Services Division of Health Service Regulation

Effective January 1, 2015 this license is issued to

Veritas Collaborative, LLC

to operate a hospital known as

Veritas Collaborative, LLC

located in Durham, North Carolina, Durham County,

This license is issued subject to the statutes of the State of North Carolina, is not transferable and shall expire December 31, 2015.

License Number: MHH0972

Bed Capacity 27

6 Inpatient Hospital Treatment; 21 Psychiatric Residential Treatment

License Categories: 27G.6000, 27G.1900, 27G 1400

Authorized by:

Scoretary, N.C. Department of Health and

**Human Services** 

Director, Division of Health Service Regulation