



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

March 14, 2023

Robb Leandro
Robbleandro@parkerpoe.com

No Review

Record #: 4151
Date of Request: March 6, 2023
Facility Name: Roseanne Group Home
FID #: 942503
Business Name: RHA Health Services, LLC
Business #: 1562
Project Description: Change operator and licensee
County: Lenoir

Dear Mr. Leandro:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Greg Yakaboski
Project Analyst

Micheala Mitchell
Chief

cc: Mental Health Licensure Section, DHSR
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873



Robert A. Leandro

Partner

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Atlanta, GA
Charleston, SC
Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC

March 6, 2023

VIA ELECTRONIC MAIL

Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704
micheala.mitchell@dhhs.nc.gov

Re: Acquisition of Right to Operate ICF Facility by RHA Health Services, LLC

Dear Ms. Mitchell:

Our firm represents RHA Health Services, LLC ("RHA"). This letter is intended to provide the Healthcare Planning and Certificate of Need Section (the "Agency") with prior written notice that our client plans to acquire the rights to operate the Intermediate Care Facility ("ICF") known as Roseanne Group Home, which is located at 900 Roseanne Drive, Kinston, North Carolina. This facility is currently licensed and operated by Howell Support Services, LLC. See 2023 Facility License, enclosed as Attachment A.

Once the transaction closes, RHA will serve as the licensee and operator of Roseanne Group Home. Roseanne Group Home will continue to be owned by the ARC of North Carolina. Under North Carolina law, Roseanne Group Home is considered a "health care facility" as defined by the CON statute. See N.C. Gen. Stat. § 131E-184(a). It is our understand that RHA's acquisition of the rights to operate Roseanne Group Home is exempt from review by the CON Section. Please confirm in writing that RHA may acquire the rights to operate Roseanne without first acquiring a CON.

We look forward to your response and thank you for your assistance with this matter.

Sincerely,

Robb Leandro

Attachment A

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 1, 2023, this license is issued to

Howell Support Services, LLC

to operate a mental health facility known as

Roseanne Group Home

located at 900 Roseanne Drive

Kinston, NC 28504

County: Lenoir

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2023*

Facility ID: 942503

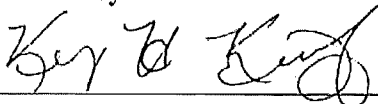
License Number: MHL-054-008

Capacity: 5

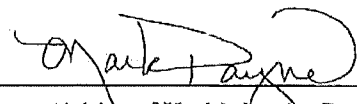
ICF/IID

Program Code	Description	Program Type	Beds
27G.5600C	Supervised Living for Adults with Developmental Disabilities	Residential	5

Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] No Review Request
Date: Monday, March 6, 2023 4:03:16 PM
Attachments: [RHA Prior Notice Lenoir County.pdf](#)

Tiffany would you mind logging this and assigning it to Greg?

Thanks,

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section
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2704 Mail Service Center
Raleigh, NC 27699-2704
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Micheala.Mitchell@dhhs.nc.gov

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From: Leandro, Robert A. <robbleandro@parkerpoe.com>
Sent: Monday, March 6, 2023 3:30 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] No Review Request

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

Micheala,

I hope you are doing well. Please see attached a No Review Request sent on behalf of my client RHA. If you have any questions, please let me know.

Robb

Robert Leandro
Partner

Find our latest health care analysis [here](#)



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