



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

January 9, 2024

Timothy Walsh
TWalsh@libertyseniorliving.com

No Review

Record #: 4351
Date of Request: January 5, 2024
Business Name: Liberty Healthcare
Business #: 3709
Project Description: Withdrawal of adult care home (ACH) beds from Medicaid participation

Dear Mr. Walsh:

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,

Cynthia Bradford
Project Analyst

Micheala Mitchell
Chief

cc:

Nursing Home Licensure and Certification 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
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



LIBERTY HEALTH

2334 S. 41st Street • Wilmington, NC 28403
(910) 815-3122 • FAX: (910) 815-3111

January 5, 2024

VIA EMAIL ONLY

Micheala Mitchell, Chief
Lisa Pittman, Assistant Chief
NC Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: REQUEST OF NO REVIEW– Voluntary withdraw adult care home (ACH) beds from participating in Medicaid

Dear Ms. Mitchell, Ms. Pittman:

On behalf of Long Term Care Management Services, LLC d/b/a Liberty Healthcare and Rehabilitation Services (“Liberty”), this letter is intended to request a determination of no review from Certificate of Need (“CON”) review by the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (“Agency”).

It is the intent of the following Liberty facilities to no longer participate in Medicaid for the ACH beds located within the combination facilities as of March 1st, 2024:

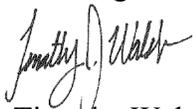
Facility Name	Licensee	County	License Number	FID Number	ACH Beds
Louisburg Healthcare & Rehabilitation Center	Liberty Commons Nursing and Rehabilitation Center of Franklin County, LLC	Franklin	NH0264	923313	60
Highland House Rehabilitation and Healthcare	Liberty Commons Nursing and Rehabilitation Center of Highland House, LLC	Cumberland	NH0117	923255	53

Three Rivers Health and Rehabilitation Center	Three Rivers Health and Rehabilitation Center, LLC	Bertie	NH0522	953224	20
Warren Hills Nursing Center	Liberty Commons Nursing and Rehabilitation Center of Warren County, LLC	Warren	NH0360	923530	20
Yadkin Nursing Care Center	Liberty Commons Nursing and Rehabilitation Center of Yadkin County, LLC	Yadkin	NH0224	923574	20

To be clear, we will not be reducing the number of licensed ACH beds, but just not participating in Medicaid with the licensed ACH beds. This decision comes after an extensive evaluation of Liberty’s operational framework and a comprehensive analysis of the impact on the quality of care and services provided to our residents. Liberty remains dedicated to maintaining the highest standards of service. This transition will not impact the quality or level of care received by residents at our facilities.

Thank you in advance for your assistance and please let me know if you have any questions.

Best Regards,



Timothy Walsh
 Director of Business Development
 Liberty Senior Living
TWalsh@libertyseniorliving.com
 (910) 332-1982

From: [Timothy J. Walsh](#)
To: [Mitchell, Micheala L](#); [Pittman, Lisa](#)
Cc: [Waller, Martha K](#); [Stancil, Tiffany C](#)
Subject: [External] Liberty - CON No Review Request
Date: Friday, January 5, 2024 7:51:11 AM
Attachments: [Liberty - CON No Review Letter Voluntary withdraw ACH beds from participating in Medicaid \(FINAL - Submitted 2024-01-05\).pdf](#)

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Good morning Ms. Mitchell, Ms. Pittman:

Please find attached a letter intended to request a determination of no review from Certificate of Need (“CON”) by the Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation.

Please let me know if I can provide any further information. Thanks so much!

Regards,

Timothy J. Walsh

Director of Business Development

Liberty Senior Living

Office: 910-332-1982

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Visit our website at www.LibertySeniorLiving.com



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