



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor
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Phone: (919) 855-3873
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March 21, 2012

Joe Cray, CEO
Triniti House of Restoration
Post Office Box 2491
Winterville, North Carolina 28590

RE: No Review / Triniti House of Restoration / To Operate a Psychiatric Residential Treatment Facility for Children or Adolescents / Pitt County

Dear Mr. Cray:

The Certificate of Need (CON) Section received your letter(s) of March 9, 2012 regarding the above referenced proposal. 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.

It should be noted that this determination is binding only for the facts represented by you. 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 the Certificate of Need Section. 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.

In addition, you should contact the Sections named below in the Division of Health Service Regulation (DHSR) to determine if they have any requirements for development of the proposed project. Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D.# (FID) if the facility is licensed.

Sincerely,

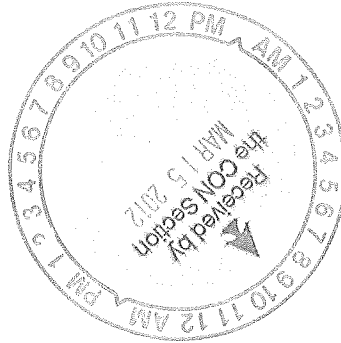

Jane Rhoe-Jones
Project Analyst


Craig R. Smith, Chief
Certificate of Need Section

cc: Mental Health Licensure and Certification Section, DHSR
Medical Facilities Planning Section, DHSR
Construction Section, DHSR



Jane



Trinity House of Restoration, Inc
P.O. Box 2491
Winterville, North Carolina 28590

March 09, 2012

Ms. Jane Rhoe-Jones
Project Analyst/Certificate of Need
DHHS/DHSR
2704 Mail Service Center
Raleigh NC 27699-2704

Dear Ms. Rhoe-Jones,

Thank you for speaking with me today regarding clarification on the request for Certificate of Need for Psychiatric Residential Treatment Facility (PRTF). As per our discussion, I am interest in operating a PRTF. A PRTF provides a structure d living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. PRTF's are licensed by the North Carolina Division of Health Services Regulation. The section code according to the North Carolina Division of Health Services Regulation rules is .1900.

If you have further questions or concerns, please do not hesitate to contact me. I can be reached at 252-814-4100.

Best Regards,

Joe Cray
CEO of Trinity House of Restoration