



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 9, 2020

Peter Rockholz
Peter.rockholz@gmail.com

No Review

Record #: 3448
Date of Request: December 4, 2020
Facility Name: Lantana Recovery
Business Name: Lantana Recovery, LLC
Business #: 3325
Project Description: Establish a new freestanding facility for medical detoxification
County: To be determined

Dear Mr. Rockholz:

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,

Handwritten signature of Kim Meymandi

Kim Meymandi
Project Analyst

Handwritten signature of Martha J. Frisone

for

Lisa Pittman
Assistant Chief, Certificate of Need

cc: Mental Health Licensure Section, DHSR
Construction 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



December 4, 2020

Martha J. Frisone, Chief  
State of North Carolina  
Healthcare Planning and Certificate of Need Section  
809 Ruggles Drive, 2704 Mail Service Center  
Raleigh, NC 27699-2704

Via Email only

Dear Chief Frisone:

I am writing to request a No Review Letter to verify that a proposed healthcare facility is exempt from the Certificate of Need (CON) review regulations of the State of North Carolina -- per advisement by a member of the CON Section staff.

Lantana Recovery, LLC, headquartered in Mount Pleasant, SC, proposes to establish a new freestanding (i.e., nonhospital) facility for medical detoxification (i.e., withdrawal management) for individuals with alcohol and other drug dependence and to prepare them for treatment in an appropriate level of care. The actual location of the proposed facility has not yet been determined and is contingent upon the outcome of this request. It will, however, be situated within the Triangle Region (Raleigh, Durham, Chapel Hill). We are proposing a 20-bed, 24/7 facility. Funding sources will include insurance and client self-pay. Services in a 20-bed facility are not allowable through Medicaid or Medicare (i.e., Federal IMD exclusion) and we will not otherwise be seeking public funding of any type (e.g., Federal or State block grant, discretionary or general funds).

It is my understanding that, based upon a review of both CON and DHHS licensing regulations, this service is not considered either a "residential" facility under 10A NCAC 27G (ref. Section .3100) nor a "chemical dependency treatment facility" under Article 9 § 131E-176 ((5a) and (5b)) and are mentioned in both regulations as not requiring a CON.

We would appreciate your consideration of this request and any clarification you might provide. I look forward to hearing from you. Please feel free to contact me via email at [peter.rockholz@gmail.com](mailto:peter.rockholz@gmail.com), or by voice at 203.313.1418 anytime. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter B. Rockholz", written in a cursive style.

Peter B. Rockholz, LCSW  
Compliance Officer

**From:** [Frisone, Martha](#)  
**To:** [Waller, Martha K](#)  
**Subject:** Fwd: [External] Determination Request  
**Date:** Friday, December 4, 2020 10:23:30 AM  
**Attachments:** [NC CON No Review request.pdf](#)

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**From:** peter.rockholz@gmail.com <peter.rockholz@gmail.com>  
**Sent:** Friday, December 4, 2020 10:07:03 AM  
**To:** Frisone, Martha <martha.frisone@dhhs.nc.gov>  
**Subject:** [External] Determination Request

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

Martha

Please see attached letter requesting a No Review determination letter for Lantana Recovery. I spoke with Greg (last name?) from your office yesterday. He was extremely helpful and advised me how to proceed.

If you have any questions or need additional information, please do not hesitate to contact me.

Thanks!

Peter

Peter B Rockholz, M.S.S.W., LCSW  
Behavioral Health Consultant  
81 Bowman Drive, Greenwich CT 6831  
203.313.1418  
[Peter.rockholz@gmail.com](mailto:Peter.rockholz@gmail.com)

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