

SUBSTANCE ABUSE SERVICES (if applicable)

SAIOP:

License type***

- .3700 and waiver; or
- .3700 and schedule of 12 hours/week or more; or
- .4400

SACOT:

License type***

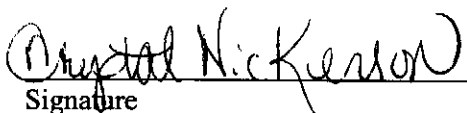
- .3700 and waiver; or
- .4500

Additional Comments (include reason for denial or withdrawal if applicable):

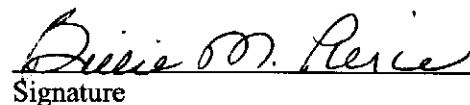
Alternative Residential Youth Resources, Inc. is receiving an involuntary withdrawal for its site known as Anchorage Place, a Level III residential treatment program as a result of the findings of a survey completed by the NC DHSR on 7/28/2009. Specifically, there is evidence of substantial failure on the provider's part to comply with current rules, including 10 NCAC 26C .0502, or Statutes which apply to the provider agency.

You have the right to appeal this decision. Information regarding the appeals process can be found in the Implementation Update #55 at the DMH/DD/SAS Website and in the Policy and Procedures for Endorsement of Medicaid Reimbursable MH/DD/SA Services (revision effective 12/03/07) at <http://www.ncdhs.gov/mhddsas/stateplanimplementation/providerendorse/index.htm#ep1207>

Sincerely,

 _____ (LME Designee)
Signature

Crystal Nickerson, MH Quality Services Administrator

 _____ (LME Designee)
Signature

Billie M. Pierce, Director

cc: DMH/DD/SAS (endorsements.accountability@ncmail.net)

- * Involuntary Withdrawal of Endorsement **must** be signed by the Endorsing Agency CEO (LME Director).
- ** Under additional comments section, list each service to be withdrawn including: corresponding site specific address and Medicaid Number and primary reason for withdrawal.
- *** If this Notification of Endorsement Action communicates a denial or withdrawal of endorsement, you may appeal this decision. *If this endorsement action affects Community Support-Child and/or Community Support - Adult Services, to appeal, you must file a Community Support Provider Petition within 30 days of the date of this letter. (You may obtain a copy of the form by calling the DHHS Hearing Office at (919) 647-8200.)* Instructions for filing your *Community Support-Child and/or Community Support - Adult Services* appeal are on the petition.

Your appeal rights are set forth in Section 10.15A.(e2) of S.L. 2007-107. *If this endorsement action pertains to any services other than Community Support-Child and/or Community Support-Adult, you must file an appeal with the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) within 15 days of the date of this letter.* Your appeal rights are set out in G. S. 122C-151.4 and in administrative rules at 10A N.C.A.C. 27G.0810.

If you have questions regarding this notice please contact Crystal Nickerson (LME Rep.) at 232 N. Edgeworth Street; Greensboro NC 27401 Phone# 336-641-3236 . For questions about the Community Support appeal process or the petition, please contact the DHHS Hearing Office at (919) 647-8200. For questions about the appeal process for services other than Community Support, contact the DMH/DD/SAS Operations Section at (919) 715-2780.

- **** Attach copies of SA Licenses and or Waiver letters.