

Notification of Endorsement Action

- Initial
- Additional (service)
- Change

May 1, 2009

The Guilford Center
232 N. Edgeworth St. 3rd Floor
Greensboro, N.C. 27401

N.C. Residential Services, Inc.
3314 Wilton Way
High Point, N.C. 27260

Provider Federal ID #: 26-3760781
Provider NPI #: 1902045941
Provider Medicaid #: NYP

Dear Mr. Pryor,

Your organization has been reviewed by The Guilford Center with the following results for the location and service indicated.

Name of the LME that Granted Business Verification: **The Guilford Center**
 Provider Business Name: N.C. Residential Services, Inc.
 Provider Contact Person: Antoine Pryor
 Business Mailing Address: PO Box 446, Jamestown, N.C. 27282-0446
 Business Phone: 336/510-7464
 Physical Site Address (specify provider name if different than above): 3314 Wilton Way, High Point, N.C. 27260-5983
 County: Guilford
 Service Type(s): Community Support Team

STATUS	EFFECTIVE DATE
<input checked="" type="checkbox"/> Business Verification	4/20/2009
<input checked="" type="checkbox"/> Endorsement	4/21/2009 to 4/21/2012
<input type="checkbox"/> Endorsement Pending	
<input type="checkbox"/> Due to Referral to DHSR (Date Pended)	mm/dd/yy
<input type="checkbox"/> Other (see comments)	
<input type="checkbox"/> Denial of Endorsement (see comments)	mm/dd/yy
<input type="checkbox"/> Withdrawal of Endorsement (see comments)	
<input type="checkbox"/> Voluntary	mm/dd/yy
<input type="checkbox"/> Involuntary *	mm/dd/yy
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	mm/dd/yy
<input type="checkbox"/> Enhanced Service(s) Withdrawal**	mm/dd/yy
<input type="checkbox"/> CAP-MR/DD services withdrawal	mm/dd/yy
<input type="checkbox"/> Community Support Adult or Child Withdrawal ***	mm/dd/yy
Notification Sent Statewide <input type="checkbox"/> Yes <input type="checkbox"/> No	mm/dd/yy

NOTE: PLEASE FILL OUT APPLICABLE AREAS COMPLETELY. DO NOT USE "SAME AS ABOVE."

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 Required (include reason for denial or withdrawal): _____

Sincerely,

 _____ (LME Designee)
Signature

Paula White, Quality Assurance Specialist

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 Paula White, at Phone # (336) 641-7726. 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.