

# Notification of Endorsement Action

- Initial  
 Additional (service)  
 Change

11/25/09

The Guilford Center  
232 N. Edgeworth Street  
Greensboro NC 27401

Treatment One, Inc.  
4128 Tutbury Drive  
Jamestown NC 27282-7771

Provider Federal ID #: 26-0251385  
Provider NPI #: 1851578041  
Provider Medicaid #: 8302262

Dear Mr. McNeil,

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: Treatment One, Inc.

Provider Contact Person: Leotis T. McNeill II

Business Mailing Address: 1589 Skeet Club Road, Ste. 102 Box 159; High Point NC 27265-8818

Business Phone: 336-862-6327

Physical Site Address (specify provider name if different than above): 4128 Tutbury Drive; Jamestown NC 27282-7771

County: Guilford

Service Type(s): Diagnostic Assessment Services

| STATUS  | EFFECTIVE DATE      |
|---|---------------------|
| <input checked="" type="checkbox"/> Business Verification                                       | 02/13/08            |
| <input checked="" type="checkbox"/> Endorsement   | 8/29/08 to 11/24/09 |
| <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 checked="" type="checkbox"/> Withdrawal of Endorsement                                   |                     |
| <input type="checkbox"/> Voluntary  | mm/dd/yy            |
| <input checked="" type="checkbox"/> Involuntary *   | 11/25/09            |
| Type of Withdrawal  |                     |
| <input type="checkbox"/> Business Withdrawal  | mm/dd/yy            |
| <input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**                            | 11/25/09            |
| <input type="checkbox"/> CAP-MR/DD services withdrawal  | mm/dd/yy            |
| Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 11/25/09            |

**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

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Additional Comments (include reason for denial or withdrawal if applicable): Treatment One, Inc. has requested a voluntary withdrawal of Diagnostic Assessment Services.

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](mailto: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.
- \*\*\* Attach copies of SA Licenses and or Waiver letters.