

Notification of Endorsement Action

August 12, 2009

- Initial
 Additional (service)
 Change

The Guilford Center
 232 N. Edgeworth Street
 Greensboro, NC 27401

RJ Whitsett Residential Services, Inc.
 PO Box 482
 Brown Summit, NC 27214-8506

Provider Federal ID #: 56-2247886
 Provider NPI #: 1427250141
 Provider Medicaid #: 6603813

Dear Mrs. Robin W. Crite:

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: RJ Whitsett Residential Services, Inc
 Provider Contact Person: Robin W. Crite- Owner
 Business Mailing Address: PO Box 482, Browns Summit, NC 27214-8506
 Business Phone: (336) 215-1327
 Physical Site Address (specify provider name if different than above): 1210 Foxhaven Dr. Greensboro, NC 27455
 County: Guilford
 Service Type(s): Residential Treatment Level III (4 beds)

| STATUS | EFFECTIVE DATE |
|---|----------------|
| <input type="checkbox"/> Business Verification | |
| <input type="checkbox"/> Endorsement | |
| <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 (see comments) | |
| <input type="checkbox"/> Voluntary | |
| <input checked="" type="checkbox"/> Involuntary * | 09/14/09 |
| Type of Withdrawal | |
| <input checked="" type="checkbox"/> Business Withdrawal | 09/14/09 |
| <input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal** | 09/14/09 |
| <input checked="" type="checkbox"/> CAP-MR/DD services withdrawal | 09/14/09 |
| <input type="checkbox"/> Community Support Adult or Child Withdrawal *** | / / |
| Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 08/14/09 |

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

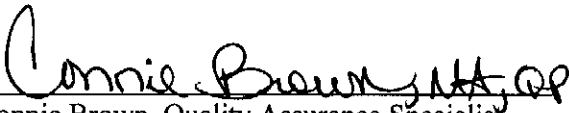
Additional Comments Required (include reason for denial or **withdrawal**):

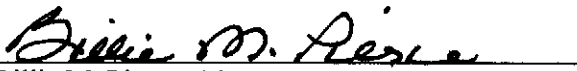
1. The provider fails to meet other conditions of participation with the Division Medical Assistance (Billing deficiencies).
2. There is evidence of substantial failure on the provider's part to comply with current rules, including 10 NCAC 26C.0502, or Statues which apply to the provider agency or endorsed services as determined by the Endorsing Agency during an onsite endorsement review. Substantial failure to comply "means evidence of one or more of the following:
 - The provider has not addressed issues that endanger the health, safety, or welfare of the individuals receiving services.

You have 30 days (by 9/14/09) to transition your consumers

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

Sincerely,


 Connie Brown, Quality Assurance Specialist


 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).

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

- ** 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 Connie Brown at The Guilford Center (336) 641-8017. 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.

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 232 N. Edgeworth Street
 Greensboro, NC 27401

RJ Whitsett Residential Services, Inc.
 PO Box 482
 Brown Summit, NC 27214-8506

Provider Federal ID #: 56-2247886
 Provider NPI #: 1427250141
 Provider Medicaid #: 6604396

Dear Mrs. Robin W. Crite:

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: RJ Whitsett Residential Services, Inc

Provider Contact Person: Robin W. Crite- Owner

Business Mailing Address: PO Box 482, Browns Summit, NC 27214-8506

Business Phone: (336) 215-1327

Physical Site Address (specify provider name if different than above) : 4227 Apt. G. Yanceyville St. Browns Summit, NC 27214-8506

County: Guilford

Service Type(s): Residential Treatment Level II

| STATUS | EFFECTIVE DATE |
|---|----------------|
| <input type="checkbox"/> Business Verification | |
| <input type="checkbox"/> Endorsement | |
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| <input type="checkbox"/> Due to Referral to DHSR (Date Pended) | mm/dd/yy |
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| Type of Withdrawal | |
| <input checked="" type="checkbox"/> Business Withdrawal | 09/14/09 |
| <input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal** | 09/14/09 |
| <input checked="" type="checkbox"/> CAP-MR/DD services withdrawal | 09/14/09 |
| <input type="checkbox"/> Community Support Adult or Child Withdrawal *** | / / |
| Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 08/14/09 |

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SUBSTANCE ABUSE SERVICES (if applicable)

SAIOP:

License type****

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

SACOT:

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Additional Comments Required (include reason for denial or **withdrawal**):

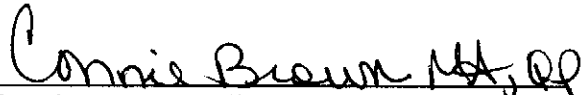
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Substantial failure to comply "means evidence of one or more of the following:
 - The provider has not addressed issues that endanger the health, safety, or welfare of the individuals receiving services.

* Please note that the Provider Medicaid # listed above is not the number the agency has used but has used 3418000 to bill for Level II and CAP/MR/DD. DMA is currently following up with this matter.

You have 30 days (by 9/14/09) to transition your consumers

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Sincerely,


Connie Brown, Quality Assurance Specialist


Billie M. Pierce, Director

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- * 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.
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PO Box 482
Brown Summit, NC 27214-8506

Provider Federal ID #: 56-2247886
Provider NPI #: 1831391416
Provider Medicaid #: 3418000

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Provider Contact Person: Robin W. Crite- Owner

Business Mailing Address: PO Box 482, Browns Summit, NC 27214-8506

Business Phone: (336) 215-1327 or (336) 656-5273

Physical Site Address (specify provider name if different than above): 5306 Yanceyville Rd, Browns Summit, NC 27214

County: Guilford

Service Type(s): Crisis Services, Personal Care, Respite Non-Institutional Community Based, Supported Employment

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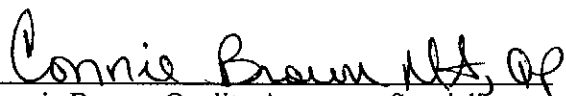
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