

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): Community Support Team and Intensive In-Home Services

| STATUS | EFFECTIVE DATE |
|---|---------------------|
| <input checked="" type="checkbox"/> Business Verification | 02/13/08 |
| <input checked="" type="checkbox"/> Endorsement | 3/18/08 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 |

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 (include reason for denial or withdrawal if applicable): Treatment One, Inc. has requested a voluntary withdrawal of Community Support and Intensive In-Home Services.

Sincerely,

Crystal Nickerson (LME Designee)
Signature

Crystal Nickerson, MH Quality Services Administrator

Billie M. Pierce (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.
- *** Attach copies of SA Licenses and or Waiver letters.