

# Notification of Endorsement Action

- Initial  
 Additional (service)  
 Change

03/20/09

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

Dr. Herbert Mozell  
Visions Of North Carolina, Inc.  
7607-A. Alcorn Road  
Greensboro, N. C. 27409

Provider Federal ID #: 56-1963849  
Provider NPI #: 1699845065  
Provider Medicaid #: 6604087

Dear Dr. Mozell,

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: Visions of North Carolina, Inc.  
Provider Contact Person: Carla Hardy  
Business Mailing Address: 7607-A. Alcorn Road Greensboro, N.C. 27409  
Business Phone: (336) 931-0432  
Physical Site Address (specify provider name if different than above): 7607-A. Alcorn Road Greensboro, N. C. 27409  
County: Guilford  
Service Type(s): Residential Treatment Level II

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	03/01/07
<input type="checkbox"/> Endorsement	
<input type="checkbox"/> Endorsement Pending	
<input type="checkbox"/> Due to Referral to DHSR (Date Pended)	
<input type="checkbox"/> Other (see comments)	
<input type="checkbox"/> Denial of Endorsement (see comments)	
<input checked="" type="checkbox"/> Withdrawal of Endorsement (see comments)	
<input checked="" type="checkbox"/> Voluntary	03/20/09
<input type="checkbox"/> Involuntary *	
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	
<input type="checkbox"/> Enhanced Service(s) Withdrawal**	
<input type="checkbox"/> CAP-MR/DD services withdrawal	
<input type="checkbox"/> Community Support Adult or Child Withdrawal ***	

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

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Additional Comments Required (include reason for denial or withdrawal): **Provider voluntarily withdrew services Residential Treatment Level II at 7607-A. Alcorn Road Greensboro, NC 27409.**

Sincerely,

 (LME Designee)  
Signature

Patrina R. Hardison, MS QMHP  
Quality Assurance Specialist

 (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.

\*\*\* 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 Patrina Hardison (LME Rep.) at The Guilford Center Phone #: (336) 641-6492. 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.