

Notification of Endorsement Action

- Initial
- Additional (service)
- Change
- Reinstatement (i.e. re-issuance of endorsement following an appeal)
- Rescind prior action (i.e. LME retracts an NEA)

01/14/2010

The Guilford Center
232 N. Edgeworth Street
Greensboro NC 27401

WesCare Professional Services, LLC
2704 N. Church Street
Greensboro NC 27403

Provider Federal ID #: 56-2278366
Provider NPI #: 1104986132
Provider Medicaid #: 8301541

Dear Mr. Page

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 [or Denied] Business Verification: **The Guilford Center**
 Provider Business Name: WesCare Professional Services, LLC
 Provider Contact Person: Eric Page
 Business Mailing Address: 2704 N. Church Street; Greensboro NC 27405-3657
 Business Phone: 336-272-8335
 Physical Site Address (specify provider name if different than above): 127 Robbins Avenue; Jamestown NC 27282
 County: Guilford
 Service Type(s): Residential Treatment Level III- 4 beds

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	mm/dd/yy
<input type="checkbox"/> Denial of Business Verification** (see comments)	mm/dd/yy
<input checked="" type="checkbox"/> Endorsement	11/30/07 to 12/30/09
<input type="checkbox"/> Reinstatement of Endorsement	mm/dd/yy
___ rescinding prior action/NEA	
___ Reinstatement following appeal	
<input type="checkbox"/> Three-Year Re-Endorsement	mm/dd/yy to mm/dd/yy
<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 checked="" type="checkbox"/> Voluntary*	12/31/09
<input type="checkbox"/> Involuntary*	mm/dd/yy
Type of Withdrawal:	
<input type="checkbox"/> Business Verification Withdrawal**	mm/dd/yy

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

RECONSIDERATION AND APPEALS:

If your agency chooses to appeal the Endorsing Agency’s decision to deny or withdraw endorsement, your provider agency must first request a local reconsideration of the decision by the Endorsing Agency **prior to filing an appeal.**

If this Notification of Endorsement Action communicates a denial or withdrawal of endorsement, you may appeal this decision. **NOTE:** If this endorsement action affects Community Support - Child and/or Community Support - Adult Services, in order to appeal you must file a Community Support Provider Petition within 30 calendar 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 2. (c) of Session Law 2009-526 and subsequent updates.

If this endorsement action pertains to any services other than Community Support - Child and/or Community Support – Adult, in order to appeal you must file an appeal to the State MH/DD/SAS Appeals Panel by forwarding the final decision of your Local Management Entity, along with all supplementary and supporting documentation considered during the local appeals process, to the Division Director of the NC DMH/DD/SAS within 15 calendar days of the local reconsideration decision being rendered, per 10A NCAC 27G. 0810. Your appeal rights are set forth in G. S. 122C-151.4 and in administrative rules at 10A NCAC 27G .0810 - .0812.

If the Notification of Endorsement Action communicates a denial or withdrawal of endorsement related to failure to meet national accreditation requirements and you contend that the LME was not acting within the requirements of State law or rule, in particular, G.S. 122C-81, imposing the accreditation requirement on your agency, in order to file an appeal to the State MH/DD/SAS Appeals Panel, you must forward the final decision of your Local Management Entity, along with all supplementary and supporting documentation considered during the local appeals process, to the Division Director of the NC DMH/DD/SAS within 15 calendar days of the local reconsideration decision being rendered, per 10A NCAC 27G. 0810. Your appeal rights are set forth in G. S. 122C-151.4 and in administrative rules at 10A NCAC 27G .0810 - .0812.

If you have questions regarding this notice please contact Crystal Nickerson
(LME Rep. Name), at 336-641-3236 (Phone #).

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.

- * *All Withdrawals (Voluntary & Involuntary) of Endorsement **must** be signed by the Endorsing Agency CEO (LME Director).*
- ** *In the Comments section, provide the specific reason[s] for pended, denial, or withdrawal status, and list each service to be withdrawn including: corresponding site, specific address, and Medicaid Number.*