

Commonwealth of Virginia

Department of Behavioral Health and Developmental Services

*Pursuant to the provisions of Title 37.2, Code of Virginia
and
The Rules and Regulations
of the*

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

A License is hereby granted to

BRISTOL LIFESTYLE RECOVERY
P.O. BOX 5476
JOHNSON CITY, TN 37601

to maintain and operate

SEE ADDENDUM FOR LISTING OF LICENSED SERVICES

LICENSE AS: A PROVIDER OF SUBSTANCE ABUSE SERVICES
STIPULATIONS:

This ANNUAL license is for the period beginning JULY 01, 2021 through JUNE 30, 2022 subject however to revocation for justifiable cause.

License Number: 3497

By

Alison Land

**ALISON G. LAND, FACHE
COMMISSIONER**

Jae Benz

**JAE BENZ, MSW
DIRECTOR, OFFICE OF LICENSING**



Fairview Housing Management Corp.

P. O. Box 5746
Johnson City, TN 37602

Sales Receipt

Date	Sale No.
10/26/2022	196

Sold To
Commonwealth of Virginia County of Smyth Office of the County Administrator 121 Bagley Circle, Suite 100 Marion, VA 24354

Check No.	Payment Method	Project
68078	Check	

Description	Qty	Rate	Amount
Monetary Donation for Mended Women - Opiod Settlement #1		24,072.00	24,072.00
Total			\$24,072.00

COMMONWEALTH OF VIRGINIA
COUNTY OF SMYTH
MARION, VIRGINIA 24354
GENERAL FUND

THE BANK OF MARION
MARION, VIRGINIA

68-184/514 01

68078
68078

DATE

AMOUNT

10/21/2022 \$*****24,072.00

TWENTY FOUR THOUSAND SEVENTY TWO DOLLARS 00CENTS*****

PAY
TO THE
ORDER
OF:

FAIRVIEW HOUSING MANAGEMENT CORPORATION
PO BOX 5746
JOHNSON CITY, TN 37602



BY ORDER OF THE BOARD OF SUPERVISORS
COUNTY OF SMYTH, VIRGINIA

[Handwritten Signature]
AUTHORIZED SIGNATURE

MP

⑈068078⑈ ⑆051401849⑆ 01122026⑈

Security features included. Details on back.

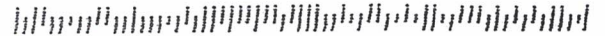
OFFICE OF THE
COUNTY ADMINISTRATOR
121 BAGLEY CIRCLE, SUITE 100
MARION, VIRGINIA 24354

POSTAGE AND FEES PAID
MARION, VA 24354
PERMIT NO. 100
\$ 100.57

Mendocino



376025746 8029



COUNTY OF SMYTH, MARION, VA 24354

68078 68078
10/21/2022
DISCOUNT NET AMT

DATE	PO#	INVOICE#	DESCRIPTION	DISCOUNT	NET AMT
9/23/2022		09232022	DONATE OPIOID SETTLEMENT #1	.00	24072.00

VENDOR#/NAME: 8811/FAIRVIEW HOUSING MA 24072.00 .00 24072.00

Carrie Goss

From: KIMBERLY RATLIFF <KDRATLI1@sentara.com>
Sent: Tuesday, March 16, 2021 9:16 AM
To: Carrie Goss
Subject: Optima Health Loaded Provider/Group

Importance: High

This email is to advise that the following provider has been loaded and can now bill as a participating providers with Optima Health. You may now release your claims.

***Stephanie Strouth effective 02/01/21 Provider #O829052M under Vendor # O812778
Bristol Lifestyle Recovery*** (for Traditional Behavioral Health Outpatient services)

Please keep this as part of your records. If you need anything else please let me know. Thank you and have a blessed week.

Kim Ratliff

Optima Health Network Educator

www.optimahealth.com

4417 Corporation Lane
Virginia Beach VA 24362

Office: 276-345-4254

Fax: 540-562-8222

kdratli1@sentara.com

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Effective 01/01/21 for New Contracts: Visit www.optimahealth.com click on Provider Tab, then JOIN OUR NETWORK and complete the Request for Participation following all directions.

Already Contracted Groups: If you are contracted and need to make changes to your practice go to www.optimahealth.com click on Provider Tab, JOIN OUR NETWORK and complete the Provider Update form following the instructions for the action needed.

Important Notice Effective 10/19/20 for Authorizations: Please review the new contact numbers and forms online at <https://www.optimahealth.com/providers/contact-us> or <https://www.optimahealth.com/providers/authorizations/medical/>

Claims Assistance : Contact Provider Relations at **844-512-3172 for Behavioral Health** and **800-229-8822 for LTSS or Medical Providers.**

Care Coordination: Please call 866-546-7924

Centipede: Call 855-359-5391 if you need to update your information or contract with Optima. All other needs contact Optima Health Provider Relations Department at 844-512-3172

Pharmacy: Contact 800-229-5522

Disclaimer:

This electronic message and its contents and attachments contain information from Sentara Healthcare and is confidential or otherwise protected from disclosure. The information is intended to be for the addressee only. If you are not the addressee, any disclosure, copy, distribution or use of the contents of this message is prohibited. If you have received this electronic message in error, please notify us immediately and destroy the original message and all copies.

RALPH E OTT LPC
FAIRVIEW HOUSING MANAGEMENT CORP
PO BOX 5746
JOHNSON CITY TN 376020000

WELCOME TO THE ANTHEM NETWORK

Dear Participating Provider:

Anthem Blue Cross and Blue Shield ("Anthem") is pleased to welcome you as a participating provider to the following Anthem networks: Participating Indemnity/Traditional (PAR), Preferred Provider Organization (PPO), Blue Connection (EPO), Commercial (HMO), Pathway X Tiered Hospital (HMO), Pathway Tiered Hospital (HMO) Medicaid (HMO, including Commonwealth Coordinated Care Plus), Medicare Advantage (PPO and HMO), effective 07/31/2022. If this block is checked, , you have been designated as a Primary Care Physician in the above networks. You have joined a comprehensive multi-specialty network responsible for delivering quality medical services to Anthem covered lives.

As a newly contracted provider with Anthem, you should be aware of the advantages of participating in our networks. These advantages, including resource tools, are available to you on our website at www.anthem.com. Our website includes notifications and other important resources such as Clinical and Coverage Practice Guidelines; Preventive Health Guidelines; information on our Quality Incentive Programs; Member Rights and Responsibilities; an online participating Provider Directory; the Provider Manual; quick links to commonly used Forms; Reimbursement Policies; and Provider Communications including our newsletter, *Provider News*, and provider email alerts. We encourage you to visit our website often to obtain up-to-date information that will help you effectively manage your relationship with Anthem while also saving you administrative time and resources. If you don't have access to the web and would like a copy of this information, please contact us at the number below.

Anthem also offers an array of valuable online tools through the Availity Portal, a secure multi-health plan portal. Register for Availity at www.availity.com. Further information on the provider friendly tools offered through Availity can be found in the Provider Manual section of your contract.

All providers are assigned a National Provider Identifier (NPI) by the Centers for Medicare & Medicaid Services (CMS). This NPI number will be your provider ID when filing claims. Please indicate your NPI in box 24J of the CMS-1500 claim form and the appropriate loop/segment of the 837P electronic transmission whenever you submit healthcare claims. For more detailed claim filing instructions and other provider resources, visit our website at www.anthem.com and select the Provider link. Choose the appropriate option of interest. Please make sure you select Virginia as your state so you are routed to the appropriate information.

Thank you for your participation. We look forward to a long and mutually satisfying business relationship, as we work together to provide access to quality health care services and improve the lives of the people we serve. If you have any questions, please feel free to contact us at 800-676-BLUE (2583) and follow the menu prompts.

Sincerely,



Andrew A. Randazzo, Regional Vice President
Virginia Provider Solutions – Anthem Blue Cross and Blue Shield

FACILITY AGREEMENT

Coventry Health Care of Virginia, Inc. d/b/a Aetna Better Health of Virginia, on behalf of itself and its Affiliates (“Company”), and FAIRVIEW HOUSING MANAGEMENT CORP dba BRISTOL LIFESTYLE RECOVERY, on behalf of itself and any and all of its Facility Providers and locations (“Facility” or “Provider”), are entering into this Facility Agreement (the “Agreement”) as of the Effective Date listed below.

The Agreement includes this cover/signature page and the **General Terms and Conditions** that follow. It also includes and incorporates one or more of the following **Service and Rate Schedule(s)**, **State Compliance Addendum(a)**, **Product Addendum(a)**, or other attachments (collectively, the “Agreement”), as checked below:

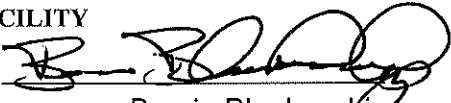
AGREEMENT PARTS	
✓	This Cover & Signature Page
✓	General Terms and Conditions
✓	Medicaid Product Addendum
✓	Service and Rate Schedule (Medicaid Products)
✓	State Compliance Addendum (Medicaid Products)
	[Other] (Indian Health Care Provider Addendum, etc.)

EFFECTIVE DATE: 09/01/2020 (or later date that credentialing is complete) (the “Effective Date”)

TERM: This Agreement begins on the Effective Date, continues for an initial term of one (1) year, and then automatically renews for consecutive one (1) year terms. The Agreement may be terminated by either Party at any time after the initial term or non-renewed at the end of the initial or any subsequent term, for any reason or no reason at all, with at least one hundred and twenty (120) days’ advance written notice to the other Party. Additional termination provisions are included in the Agreement.


The undersigned representative of Facility agrees that he/she has read and understood this Agreement, has had the opportunity to review it with an attorney of Facility’s choice, and is authorized to bind Facility, including all Facility Providers and Facility locations, to the terms of the Agreement.

FACILITY

By: 
 Printed Name: Bernie Blankenship
 Title: Director of Operations

FEDERAL TAX I.D. NUMBER: 541028264
NPI NUMBER: 1376064147

COMPANY

By: 
 Printed Name: Jerold Mammano
 Title: Chief Executive Officer
 Date: 08/27/2020

As required by Section 8.7 (“Notices”) of this Agreement, notices shall be sent to the following addresses:

Facility:
Fairview Housing Mangement Corp
PO Box 5746
Johnson City, TN 37602

Company:
Aetna Better Health
Attn: Network Management
4500 E. Cotton Center Blvd
Phoenix, AZ 85040

With additional notice from Facility to be sent to:



Virginia Premier Health Plan, Inc.
PO Box 5307
Richmond, VA 23220-0307
Toll-Free: 800-727-7536 (TTY: 711)
www.virginiapremier.com

Bristol Lifestyle Recovery
261 North St,
Bristol, VA, 24201-3275

12/14/20

Dear Bristol Lifestyle Recovery:

Thank you for the opportunity to review your application and credentials for new participation with Virginia Premier Health Plan, Inc. (VPHP). Assuring that qualified providers render quality service to Virginia Premier members in an appropriate, timely, and cost-effective manner is fundamental to the effective management of the Virginia Premier Network.

The Virginia Premier Board of Directors ("Board") has ultimate authority, accountability and responsibility for the evaluation process ("Credentialing Program"). The board has delegated full oversight of the Credentialing Program to the Virginia Premier Credentialing Committee to include the authority to approve or deny a prospective or existing practitioner/provider.

The Virginia Premier Credentialing Committee is pleased to inform you that your application and credentials have been thoroughly reviewed and meets all the standards required for participation. You will be recredentialed within three (3) years. Welcome to the Virginia Premier Network! Your effective date for participating status is 09/01/20.

Your NPI/API number, **1376064147**, is your Virginia Premier provider number. If there is no NPI/API number shown in **bold** or it is incorrect, please contact Virginia Premier with your NPI number to make certain that the billing directory for claims is accurate. Please wait 4 weeks before submitting a claim for payment.

If you have any questions or concerns, you may contact the Credentials Manager, Kim Paige, at Kimberly.Paige@virginiapremier.com or (855) 813-0385.

Please be sure to report any changes in status and/or updates to your profile immediately to the Network Development Department at Virginia Premier.

Important Virginia Premier Practitioner/Provider Telephone Numbers and Other Contact Information

Claims Questions - Claims Dept. @1-800-727-7536 Option 4

Authorization Requests - Medical Mgt. Dept. @1- 800-727-7536 Option 3

The Virginia Premier Provider Portal is another resource for providers. The portal allows practitioners/providers to check member eligibility, submit and view claims status, view member panels, update provider demographics, check to see if a procedure code requires authorization, and more. Using the portal is easy, faster, and saves you time. If you have not registered, you can register today! (see links below)

Provider Resource Portal: <https://www.virginiapremier.com/providers/medicaid/claims/>



Virginia Premier Health Plan, Inc.
PO Box 5307
Richmond, VA 23220-0307
Toll-Free: 800-727-7536 (TTY: 711)
www.virginiapremier.com

Provider data request updates (Update demographics, add and remove providers, service addresses and telephone number): <https://www.virginiapremier.com/providers/provider-update-request-form/>

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie B. Hicks".

Valerie B. Hicks, M.D., FAAP
Medical Director

Cc: Peter Pavell, Vice President, Provider Operations



February 2, 2023

Fairview Housing
ATTN: Mr. Robert J. Garrett
RE: Mended Women Lifestyle Recovery
P.O. Box 5746
Johnson City, TN 37602

Mr. Garrett,

On behalf of Wellspring Foundation of Southwest Virginia, I want to thank you for contacting us regarding Fairview Housing's proposed Mended Women Lifestyle Recovery Center in Abingdon, Virginia. It was clear from the information you shared that the recovery center would provide much needed low-intensity residential programming for individuals struggling with substance use disorder. The new center would clearly increase the availability and outreach of much needed recovery services to women in our region.

Our committee is in receipt of your letter and application for financial support and your request has been reviewed, deemed complete and meets the Wellspring Foundation of Southwest Virginia grant guidelines. The Foundation has decided to provide matching funds for all Opioid Abatement funding provided by Washington County, Virginia up to \$200,000.

If Washington County, Virginia secures additional funding from the Opioid Abatement Authority for meeting the "Gold Standard" requirements for this project, the Foundation will match the additional funding of the project up to an additional \$50,000.

We will be in touch should any questions or need for clarification arise. Thank you for the impactful work you do in our community.

Sincerely,

Sean McMurray
Executive Director

851 French Moore Jr. Blvd.
Suite 110 – Box 25
Abingdon, Virginia 24210

info@wellspringva.org
wellspringva.org

The Value in Giving®



P.O. Box 9509
Warwick, RI 02889-9509
p 888-383-4483
f 866-485-9414
vanguardcharitable.org

0000406 FR **SGLP H 5195 37602 -C01-P00406-I -700001
Fairview Housing Management
PO Box 5746
Johnson City, TN 37602



September 30, 2022

To a representative at Fairview Housing Management:

I am pleased to attach a grant to Fairview Housing Management from Vanguard Charitable, a 501(c)(3) nonprofit organization that administers a donor-advised fund. This grant was issued at the recommendation of one of our donors.

A grant from The Graffam Give Back Fund

In the amount of \$10,000.00

To be used for: Mended Women Lifestyle Recovery

At the request of the recommending donor, please notify the following that you received this grant check.
Linda Austin

At its discretion, your organization may thank the donors named in this letter. However, no individual or entity should receive a tax substantiation letter from your organization in connection with this grant.

Please recognize these individuals or entities for this grant:

410 S Maple Ave
apt 503
Falls Church, VA 22046

By accepting this grant, your organization agrees (a) to use the grant exclusively in furtherance of your organization's tax-exempt mission, (b) that the grant will not confer a prohibited benefit to the recommending donor, his or her family members, or certain entities that they own or control, and (c) to abide by the additional certifications, policies, and guidelines contained in the **Important information about grants** section on the following pages. If your organization is uncertain whether you can certify the accuracy of any of these statements, please contact Vanguard Charitable at 888-383-4483.

We are pleased to support your organization and its mission on behalf of our donors. More information is available at vanguardcharitable.org/nonprofits.

Best regards,



Rebecca Moffett

Rebecca Moffett
President

5195-01-00-0000406-0001-0000830 P46320 294 GPN P

Tear at Perforation

(continued on next page)

Date of check 09/30/2022

Check Number 1286337

TEN THOUSAND DOLLARS AND ZERO CENTS

53-292
113

Pay To The Order Of

Fairview Housing Management

Check Amount

\$10,000.00



Bank of New York - Mellon
Everett, MA

Please cash this check within sixty days

Rebecca Moffett

Authorized Signature

⑈0001286337⑈ ⑆011302920⑆ ⑈724998⑈