

Notification of Endorsement Action

- Initial
- Additional (service)
- Change

8/31/09

The Guilford Center
232 N. Edgeworth St., 3rd Floor
Greensboro, NC 27401

AAP Job Technologies, Inc.
1050 Revolution Mill Drive
Greensboro, NC 27405

Provider Federal ID #: 47- 0865761
Provider NPI #: 1801980941
Provider Medicaid #: 3409458

Dear Mr. & Mrs. Allen,

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: AAP Job Technologies, Inc.
 Provider Contact Person: Ronald & Frederika Allen
 Business Mailing Address: 1050 Revolution Mill Drive, Greensboro, NC 27405
 Business Phone: (336)-275-2276
 Physical Site Address (specify provider name if different than above): 1050 Revolution Mill Drive, Greensboro, NC 27405
 County: Guilford
 Service Type(s): Day Supports, Crisis Services, Home and Community Supports, Home Supports, Personal Care, Residential Supports, Respite and Supported Employment, Specialized Consultative Services and Individual Caregiver Training and Education

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	mm/dd/yy
<input type="checkbox"/> Endorsement	/ / to / /
<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)	/ /
<input checked="" type="checkbox"/> Withdrawal of Endorsement (see comments)	
<input type="checkbox"/> Voluntary	mm/dd/yy
<input checked="" type="checkbox"/> Involuntary *	9/30/09
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	mm/dd/yy
<input type="checkbox"/> Enhanced Service(s) Withdrawal**	mm/dd/yy
<input checked="" type="checkbox"/> CAP-MR/DD services withdrawal	9/30/09
<input type="checkbox"/> Community Support Adult or Child Withdrawal ***	mm/dd/yy
Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	08/31/09

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****

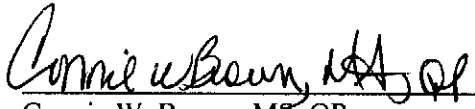
- .3700 and waiver; or
- .4500

Additional Comments Required (include reason for denial or **withdrawal**): There is evidence of substantial failure on the provider's part to comply with current rules, including 10 NCAC 26C.0502, or Statutes which apply to the provider agency or endorsed services as determined by the Endorsing Agency during an onsite endorsement review. Substantial Failure to comply involves:

- The provider has not addressed "repeated" issues resulting from several Plan of Corrections that endanger the health, safety or welfare of the individuals receiving services

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,

 (LME Designee)
Connie W. Brown, MS, QP

 (Director)
Billie M. Pierce

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.
- *** 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 Phone# (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.