

Notification of Endorsement Action

- Initial
- Additional (service)
- Change

March 24, 2009

Guilford Center
232 N. Edgeworth Street
Greensboro, NC 27401-2218

Adult Day and Respite Care Center
 3107 Groometown Road
 Greensboro, NC 27407-5518

Provider Federal ID #: 87-0783927
 Provider NPI #: 1699971838
 Provider Medicaid #: 3418446

Dear Adult Day and Respite Care Center,

Your organization has been reviewed by **Guilford Center** with the following results for the location and service indicated.

Name of the LME that Granted Business Verification: **Guilford Center**
 Provider Business Name: Adult Day and Respite Care Center
 Provider Contact Person: Joanne Cagle
 Business Mailing Address: 3107 Groometown Road, Greensboro, NC 27407-5518
 Business Phone: (336) 852-8338
 Physical Site Address (specify provider name if different than above): 3107 Groometown Road, Greensboro, NC 27407-5518
 County: Guilford
 Service Type(s): (CAP Waiver Services) Respite Non-institutional, Personal Care Services, and Home and Community Support Services

STATUS	EFFECTIVE DATE
<input checked="" type="checkbox"/> Business Verification	01/23/08
<input checked="" type="checkbox"/> Endorsement	05/27/08 to 05/31/2009
<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 type="checkbox"/> Voluntary	
<input checked="" type="checkbox"/> Involuntary *	6/01/2009
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	
<input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**	6/01/2009
<input checked="" type="checkbox"/> CAP-MR/DD services withdrawal	6/01/2009
<input type="checkbox"/> Community Support Adult or Child Withdrawal ***	

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

Community Support Adult or Child Withdrawal ***

Notification Sent Statewide Yes No

6/01/2009

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****

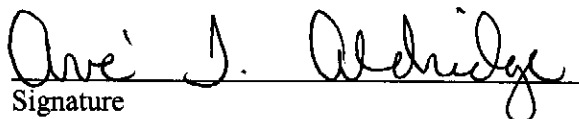
- .3700 and waiver; or
- .4500

Additional Comments Required (include reason for denial or withdrawal): Agency Adult Day and Respite Care Center is receiving an involuntary withdrawal of endorsement due to his failure to meet other conditions of participation with the Division of Medical Assistance. As of February 01, 2009, the provider failed to meet a National Accreditation Benchmark for CAP / MR-DD services. Specifically, the provider failed to comply with 122C-81 in that nine months prior to the accreditation deadline, formal selection of an accrediting agency as documented by a letter from the agency to the provider acknowledging the provider's selection of that accrediting agency was not demonstrated. A provider failing to meet this benchmark shall be prohibited from admitting new clients to service. When a provider fails to meet this benchmark, the LME shall work with the provider to transfer all the provider's entire case load to another provider within four months of the date of the provider's failure to meet the benchmark. The transfer of the case load shall be in increments such that not fewer than twenty-five percent (25%) of the provider's total caseload shall be transferred per month. The Department shall terminate the provider's enrollment in the Medicaid program within four months of the provider's failure to meet the benchmark.

A provider that has its enrollment terminated in the Medicaid program as a result of failure to meet benchmarks for national accreditation or failure to continue to be nationally accredited may not apply for re-enrollment in the Medicaid program for at least one year following its enrollment termination.

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)
Signature

Ave' T. Aldridge, Quality Assurance Specialist

 (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.
- *** 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 Ave' T. Aldridge, The Guilford Center at 232 N. Edgeworth Street Phone # (336) 641-4336. 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.