

Notification of Endorsement Action

12/23/08

- Initial
 Additional (service)
 Change

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

Agape Homes Inc.
211 Lexington Avenue, Suite 103
High Point, NC 27262

Provider Federal ID #: 37-1528005
Provider NPI #: 1326187659
Provider Medicaid #: 8301948

Dear Mrs. Ugoma Chukwuma,

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: **Guilford Center**

Provider Business Name: Agape Homes, Inc.

Provider Contact Person: Ugoma Chukwuma

Business Mailing Address: 211 Lexington Avenue, Suite 103, High Point NC 27262

Business Phone: (336) 884-1476

Physical Site Address (specify provider name if different than above): 211 Lexington Avenue, Suite 108, High Point NC 27262

County: Guilford County

Service Type(s): Community Support – Child / Adolescents, and Community Support Adult

STATUS

EFFECTIVE DATE

- | | |
|---|------------|
| <input checked="" type="checkbox"/> Business Verification | 12/8/2006 |
| <input type="checkbox"/> Endorsement | |
| <input type="checkbox"/> Endorsement Pending | |
| <input type="checkbox"/> Due to Referral to DHSR (Date Pending) | |
| <input type="checkbox"/> Other (see comments) | |
| <input type="checkbox"/> Denial of Endorsement (see comments) | |
| <input checked="" type="checkbox"/> Withdrawal of Endorsement (see comments) | 12/31/2008 |
| <input checked="" type="checkbox"/> Voluntary | |
| <input type="checkbox"/> Involuntary * | |
| Type of Withdrawal | |
| <input type="checkbox"/> Business Withdrawal | |
| <input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal** | |
| <input type="checkbox"/> CAP-MR/DD services withdrawal | |
| <input type="checkbox"/> Community Support Adult or Child Withdrawal *** | |
| Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

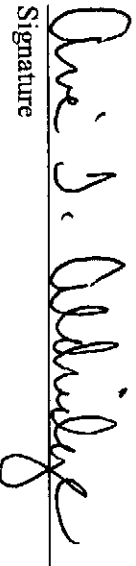
SUBSTANCE ABUSE SERVICES (if applicable)

- 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): _____

The withdrawal of site is at the request of the provider agency. The site has changed from 2111W. Lexington Avenue, Suite 108 High Point, NC 27262; to, 211 W. Lexington Avenue, Suite 103, High Point NC 27262.

Sincerely,



Signature (LME Designee)

Ave' T. Aldridge, Quality Assurance Specialist



Signature (LME Designee)

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