

Notification of Endorsement Action

- Initial
 Additional (service)
 Change

July 15, 2009

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

Caring Support Services, LLC
934-West Fifth Street
Winston Salem, NC 27107

Provider Federal ID #: 77-0652667
Provider NPI #: 1669564340
Provider Medicaid #: 8301022

Dear Caring Support Services,

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: **Center Point Human Services**
Provider Business Name: Caring Support Services, LLC
Provider Contact Person: Dana Alley
Business Mailing Address: 934 West Fifth Street, Winston Salem, NC 27107
Business Phone: (336) 761-2477
Physical Site Address (specify provider name if different than above): 934 West Fifth Street, Winston Salem NC 27107
County: Forsyth
Service Type(s): Diagnostic Assessment, Community Support Adults, and Community Support Children / Adolescents.

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	
<input type="checkbox"/> Endorsement (MOA Only)	11/0220/07-8/30/2009
<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 checked="" type="checkbox"/> Voluntary	9/01/2009
<input type="checkbox"/> Involuntary *	
Type of Withdrawal	
<input checked="" type="checkbox"/> Business Withdrawal	9/01/2009
<input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**	9/01/2009
<input type="checkbox"/> CAP-MR/DD services withdrawal	
<input type="checkbox"/> Community Support Adult or Child Withdrawal ***	
Notification Sent Statewide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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:

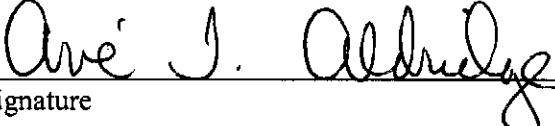
License type****

- .3700 and waiver; or
- .4500


Additional Comments Required (include reason for denial or withdrawal): _____

Voluntarily withdrew all CAP MR / DD service endorsements and withdrawal of business verification for Caring Support Services (Medicaid number 3408264). Provider address is 934 West Fifth Street, Winston Salem. Agency will cease to exist as a provider of CAP MR / DD and Enhanced Benefit Services on September 1, 2009.

Sincerely,

 (LME Designee)
Signature

Ave. T. Aldridge, Quality Assurance Specialist

 (LME Designee)
Signature

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 232 N. Edgeworth Street, Greensboro, 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.