

# Notification of Endorsement Action

- Initial
- Additional (service)
- Change

May 4, 2009

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

Creative Custom Living, Inc.  
P. O. Box 638  
Pleasant Garden, N. C. 27313

Provider Federal ID #: 56-2638409  
Provider NPI #: 1528243219  
Provider Medicaid #: 8302406

Dear Creative Custom Living Inc.,

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: Creative Custom Living  
 Provider Contact Person: Jerry A. Allred  
 Business Mailing Address: P. O. Box 638 Pleasant Garden, N. C. 27313-0638  
 Business Phone: (336) 674-7751  
 Site Address (specify provider name if different than above): 406 Memphis Street Greensboro, N. C. 27406-4014  
 County: Guilford  
 Service Type(s): Community Support Team

STATUS	EFFECTIVE DATE
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- |   |          |
|---|----------|
| <input type="checkbox"/> Business Verification  |          |
| <input type="checkbox"/> Endorsement  |          |
| <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                                   |          |
| <input type="checkbox"/> Voluntary  |          |
| <input checked="" type="checkbox"/> Involuntary *   | 07/12/09 |
| <br>Type of Withdrawal  |          |
| <input checked="" type="checkbox"/> Business Withdrawal   | 07/12/09 |
| <input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**                            | 07/12/09 |
| <input type="checkbox"/> CAP-MR/DD services withdrawal  |          |
| Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 05/04/09 |

**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: Creative Custom Living, Inc. is receiving an involuntary withdrawal of endorsements due to their failure to meet other conditions of participation with the Division of Medical Assistance. The Provider failed to meet a National Accreditation Benchmark for Community Support Services . According to Implementation Update # 47 :**

**“Section 10.15A.(c) establishes a new statute, 122C-81, which identifies accreditation benchmarks for providers enrolled with the Medicaid program or contracting for state-funded services through Local Management Entities to provide Community Intervention Services requiring national accreditation. Please note that the statute has two parts it: 1) establishes benchmarks that must be met for all providers subject to national accreditation requirements who enrolled with the Division of Medical Assistance (DMA) or contracted for state-funded services prior to July 1, 2008 and 2) reduces the time in which providers enrolling after July 1, 2008 have to achieve national accreditation from three years to one year and establishes benchmarks those providers must achieve within that year.**


**During this transition period, the provider receiving consumers should ensure that a clinical review of the assessment and Person Centered Plan for each consumer is completed. The LME should work with the provider to transfer authorizations for state-funded consumers or assisting in coordinating with DHHS and Value Options to ensure a seamless transition.” Any provider that enrolled during this time period that has not made a formal selection of an accrediting agency as documented by a letter from the accrediting body acknowledging the provider’s selection of that accrediting body will have their Medicaid enrollment and/or state funded contracts terminated. Within four months the following actions will occur:**

- 1. The Local Management Entity (LME) will identify the provider(s) which did not meet the benchmark and submit a Notice of Endorsement Action (NEA). The NEA will establish the effective date of the withdrawal action which will be no later than four months from the date when the provider did not meet the nine-month benchmark.**
- 2. No new consumers may be admitted by the provider agency.**
- 3. Providers must work with the LME to transfer the entire caseload served by the provider over a four-month period, in increments of at least 25% per month. Please note that the Records Management and Documentation Manual, which applies to Medicaid and state-funded services, requires providers to copy and provide to the new provider on a timely basis relevant clinical and consumer-specific information to ensure continuity of care. It is the responsibility of the LME to identify other providers to serve the consumers impacted by the accreditation action. The consumer has a choice of the providers identified by the LME. Any provider utilized for transition must be a provider who is in substantial compliance with the rules and regulations of the Department of Health and Human Services (DHHS) and the MOA, including meeting all applicable accreditation benchmarks.**
- 4. The LME will make readily available to the public a list of providers that will be terminated as a result of failure to achieve satisfactory progress in gaining national accreditation and a list of providers available to provide services to consumers impacted by the pending termination.**
- 5. The LME is required to monitor paid claims to ensure caseloads are transferred within the four month timeframe.**

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**Please note: A termination of a contract or Medicaid enrollment as a result of failure to meet a national accreditation benchmark is not appealable since these benchmarks are now the law in North Carolina. Please also note that the specific benchmark requirements are also in law.**

Sincerely,

  
\_\_\_\_\_  
Signature (LME Designee)

Billie M. Pierce, Director

  
\_\_\_\_\_  
Signature (LME Designee)

Patrina R. Hardison, Quality Assurance Specialist

cc: DMH

- \* Involuntary Withdrawal of Endorsement **must** be signed by Area Director.
- \*\* Under additional comments section, list each enhanced service to be withdrawn including: corresponding site specific address and Medicaid Number and primary reason for withdrawal.
- \*\*\* Attach copies of SA Licenses and or Waiver letters.

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