

Notification of Endorsement Action

- Initial
- Additional (service)
- Change

August 26, 2009

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

Embrace Us, Inc.
307 S. Swing Rd
Greensboro, NC 27409

Provider Federal ID #: 04-3711948
Provider NPI #: 1982739462
Provider Medicaid #: 6604178

Dear Embrace Us, 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: Embrace Us, Inc.
 Provider Contact Person: Contessa Strader
 Business Mailing Address: 307 S. Swing Rd, Greensboro, NC 27409
 Business Phone: 336-510-4969
 Physical Site Address (specify provider name if different than above): 3938 Overland Heights, Greensboro, NC 27406
 County: Guilford
 Service Type(s): Residential Level III

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	mm/dd/yy
<input type="checkbox"/> Endorsement	mm/dd/yy to mm/dd/yy
<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)	mm/dd/yy
<input checked="" type="checkbox"/> Withdrawal of Endorsement (see comments)	
<input type="checkbox"/> Voluntary	mm/dd/yy
<input checked="" type="checkbox"/> Involuntary *	09/25/09
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	mm/dd/yy
<input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**	09/25/09
<input type="checkbox"/> CAP-MR/DD services withdrawal	mm/dd/yy
<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Comments required (include reason for denial or withdrawal): Embrace Us, Inc. Residential Level III services are being withdrawn according to the policies and procedures of endorsement for the following reasons:

1. The provider fails to meet other conditions of participation with the Division of Medical Assistance.
2. There is evidence of substantial failure on the provider's part to comply with current rules, including 10 NCAC 26C .0502, or Statues which apply to the provider agency or endorsed services as determined by the Endorsing Agency during an onsite endorsement review.

A. The provider has created or altered documents to avoid sanctions.

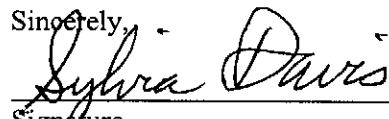
You will have 30 days to transition all consumers receiving services at 3938 Overland Heights, Greensboro, NC 27406. This date will be 9/25/09.

A provider organization that achieves business verification but fails to meet site/service specific requirements must wait six (6) months to re-apply for services with the Endorsing Agency that denied the site/service endorsement.

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>.

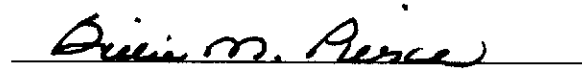
Sincerely,



(LME Designee)

Signature

Sylvia Davis, Quality Assurance Specialist



Signature

Billie Martin 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 Sylvia Davis at 641-4365. 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.