

Notification of Endorsement Action

May 11, 2010

- Initial
- Additional (service)
- Change
- Reinstatement (i.e. re-issuance of endorsement following an appeal)
- Rescind prior action (i.e. LME retracts an NEA)

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 #: 8301453

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 [or Denied] 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): 307 S. Swing Rd, Greensboro, NC 27409
 County: Guilford
 Service Type(s): Intensive In Home, Diagnostic Assessment, Community Support Team, Community Support Adult, Community Support Child and Adolescent

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	mm/dd/yy
<input type="checkbox"/> Denial of Business Verification** (see comments)	mm/dd/yy
<input type="checkbox"/> Endorsement	mm/dd/yy to mm/dd/yy
<input type="checkbox"/> Reinstatement of Endorsement	mm/dd/yy
___ rescinding prior action/NEA	
___ Reinstatement following appeal	
<input type="checkbox"/> Three-Year Re-Endorsement	mm/dd/yy to mm/dd/yy
<input type="checkbox"/> Endorsement Pending	
<input type="checkbox"/> Due to Referral to DHRS (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*	06/09/2010

Type of Withdrawal:

- | | |
|---|------------|
| <input checked="" type="checkbox"/> Business Verification Withdrawal** | 06/09/2010 |
| <input type="checkbox"/> Enhanced Service(s) Withdrawal** | |
| [other than Community Support Services] | mm/dd/yy |
| <input type="checkbox"/> Community Support [Adult and/or Child] Withdrawal** | mm/dd/yy |
| <input type="checkbox"/> CAP-MR/DD Services Withdrawal** | mm/dd/yy |
| Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 05/31/2010 |

Comments: *[required]* ** *[Include specific reason[s] for pended, denial, or withdrawal status]:*
Embrace Us, Inc. Intensive In Home, Diagnostic Assessment, Community Support Team,
Community Support Adult, Community Support Child and Adolescent services are being withdrawn
according to the policies and procedures of endorsement for the following reasons:

1. The provider organization no longer meets requirements identified on the service specific check sheets of endorsement:
 - a. According to the service definition: Services are delivered by practitioners employed by a MH/SA provider organization which meets standards established by the Division of Medical Assistance (DMA) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) that set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary
2. The provider fails to comply with North Carolina Administrative Code APSM 45-1.
10A NCAC 26B.0201 CONSENT FOR RELEASE
 Area or state facility employees may not release any confidential information until a Consent for Release form as described in Rules .0202 and .0203 of this Section has been obtained. Disclosure without authorization shall be in accordance with G.S. 122C-52 through 122C-56 and Section .0300 of this Subchapter.
3. The provider fails to comply with North Carolina Administrative Code APSM 45-2.
 Provider agencies shall ensure the safeguarding of service records against loss, tampering, defacement, use, or disclosure by unauthorized persons and shall ensure that service records are readily accessible to authorized users at all times.
4. The provider failed to comply with the Memorandum of Agreement.
2.2 Service Record Compliance for Enhanced Benefit Providers
 Provider shall maintain a Service Record for each Individual served in accordance with the Service Records standards set forth by the state or federal law, Division's regulation or DHHS policy.

Please be reminded that your agency, through its owners, officers and employees, is responsible for the documentation of any services provided. During future financial and/or record audits, monitoring and complaint reviews, if there are discrepancies, deficiencies and/or other items found that resulted in improper or unsupported payment for services provided, you will be expected to repay any amounts due. In addition, you are responsible for maintaining and safeguarding all the service records and financial records in your agency as outlined in the *Records Management and Documentation Manual for Providers of Publicly-Funded MH/DD/SA Services, CAP-MR/DD Services, and Local Management Entities [APSM 45-2]*, and in accordance with the requirements of the *DHHS Records Retention and Disposition Schedule for Grants* and the *Records Retention and Disposition Schedule for State and Area Facilities, Division Publication, APSM 10-3* in the event that a request for those records is made. If you foresee difficulty in maintaining these records in accordance with State and Federal requirements, please contact Records Management and Documentation at DMA DHHS.

Endorsement and enrollment are separate processes. Once endorsed, it is the provider's responsibility to submit the NEA along with an application to the Division of Medical Assistance in order to be considered for enrollment in the NC Medicaid program. Providers are not permitted to deliver services prior to obtaining a Medicaid number and those who do are in violation of Medicaid policy.

Sincerely,



(LME Designee)*

Signature

Sylvia Davis, Quality Assurance Specialist



Billie Martin Pierce, Director

cc: DMH/DD/SAS (Endorsements.Accountability@ncmail.net)

RECONSIDERATION AND APPEALS:

If your agency chooses to appeal the Endorsing Agency's decision to deny or withdraw endorsement, your provider agency must first request a local reconsideration of the decision by the Endorsing Agency **prior to filing an appeal.**

If this Notification of Endorsement Action communicates a denial or withdrawal of endorsement, you may appeal this decision. **NOTE:** If this endorsement action affects Community Support - Child and/or Community Support - Adult Services, in order to appeal you must file a Community Support Provider Petition within 30 calendar 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 2. (c) of Session Law 2009-526 and subsequent updates.

If this endorsement action pertains to any services other than Community Support - Child and/or Community Support – Adult, in order to appeal you must file an appeal to the State MH/DD/SAS Appeals Panel by forwarding the final decision of your Local Management Entity, along with all supplementary and supporting documentation considered during the local appeals process, to the Division Director of the NC DMH/DD/SAS within 15 calendar days of the local reconsideration decision being rendered, per 10A NCAC 27G. 0810. Your appeal rights are set forth in G. S. 122C-151.4 and in administrative rules at 10A NCAC 27G .0810 - .0812.

If the Notification of Endorsement Action communicates a denial or withdrawal of endorsement related to failure to meet national accreditation requirements and you contend that the LME was not acting within the requirements of State law or rule, in particular, G.S. 122C-81, imposing the accreditation requirement on your agency, in order to file an appeal to the State MH/DD/SAS Appeals Panel, you must forward the final decision of your Local Management Entity, along with all supplementary and supporting documentation considered during the local appeals process, to the Division Director of the NC DMH/DD/SAS within 15 calendar days of the local reconsideration decision being rendered, per 10A NCAC 27G. 0810. Your appeal rights are set forth in G. S. 122C-151.4 and in administrative rules at 10A NCAC 27G .0810 - .0812.

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.

- * *All Withdrawals (Voluntary & Involuntary) of Endorsement **must** be signed by the Endorsing Agency CEO (LME Director).*
- ** *In the Comments section, provide the specific reason[s] for pended, denial, or withdrawal status, and list each service to be withdrawn including: corresponding site, specific address, and Medicaid Number.*