

# Notification of Endorsement Action

- Initial  
 Additional (service)  
 Change

February 5, 2009

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

Iris Behavioral Services  
311 Church Avenue  
High Point NC 27262

Provider Federal ID #: 51-0521301  
Provider NPI #: 1093988677  
Provider Medicaid #: 8302026

Dear Mae Quick,

Your organization has been reviewed by Iris Behavioral Services with the following results for the location and service indicated.

Name of the LME that Granted Business Verification: Guilford Center

Provider Business Name: Iris Behavioral Services

Provider Contact Person: Mae Quick

Business Mailing Address: 311 Church Avenue, High Point NC 27262

Business Phone: (336) 882-6572

Physical Site Address (specify provider name if different than above): 311, Church Avenue, High Point NC 27262

County: Guilford

Service Type(s): CAP Waiver Services, Home and Community Supports and Personal Care

STATUS	EFFECTIVE DATE
<input checked="" type="checkbox"/> Business Verification	04/16/2007
<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 (see comments)	
<input checked="" type="checkbox"/> Voluntary	2/14/2009
<input type="checkbox"/> Involuntary *	
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	
<input type="checkbox"/> Enhanced Service(s) Withdrawal**	
<input checked="" type="checkbox"/> CAP-MR/DD services withdrawal	2/14/2009
<input type="checkbox"/> Community Support Adult or Child Withdrawal ***	
Notification Sent Statewide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2/14/2009

**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

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

At the request of the agency these services are being withdrawn. Provider has not served consumers and has no anticipation of servicing CAP consumers in the near future.

Sincerely,

Ave' T. Aldridge (LME Designee)  
Signature

Ave' T. Aldridge, Quality Assurance Specialist

Billie M. Pierce (LME Designee)  
Signature

Billie Pierce, Director

cc: DMH/DD/SAS ([endorsements.accountability@ncmail.net](mailto: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' Aldridge, at The Guilford Center, 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.