

# Notification of Endorsement Action

11/26/09

- Initial
- Additional (service)
- Change

The Guilford Center  
232 N. Edgeworth St., 3<sup>rd</sup> Floor  
Greensboro, NC 27401

MATTA, Inc.  
2012 Commonwealth Avenue  
Charlotte, NC 28205

Provider Federal ID #:  
Provider NPI#  
Provider Medicaid #: 6603431

Dear Isaac and Cynthia Murray:

Your organization has been reviewed by **Mecklenburg** with the following results for the location and service indicated.

Name of the LME that Granted Business Verification: Mecklenburg  
 Provider Business Name: MATTA, Inc.  
 Provider Contact Person: Isaac and Cynthia Murray  
 Business Mailing Address: 2012 Commonwealth Avenue  
 Business Phone: (704) 372-4915  
 Physical Site Address (specify provider name if different than above): No Guilford Site  
 County: Mecklenburg  
 Service Type(s): Residential Treatment Level III

STATUS	EFFECTIVE DATE
<input type="checkbox"/> Business Verification	mm/dd/yy
<input type="checkbox"/> Endorsement	/ / to / /
<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)	
<input checked="" type="checkbox"/> Withdrawal of Endorsement (see comments)	
<input type="checkbox"/> Voluntary	mm/dd/yy
<input checked="" type="checkbox"/> Involuntary *	11/25/09
Type of Withdrawal	
<input type="checkbox"/> Business Withdrawal	mm/dd/yy
<input checked="" type="checkbox"/> Enhanced Service(s) Withdrawal**	11/25/09
<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	12/03/09

**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): The provider failed to comply with provisions of the Standard Agreement by failing to maintain insurance coverage.

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,



Connie Brown, Quality Assurance Specialist



Bille M. Pierce, Director

\*\*\* 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 **QA Specialist, Connie Brown** @ (336) 641-8017. 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.