

Notification of Endorsement Action

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

March 1, 2010

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

Monolia's Personalized Therapy, Inc.
1 B Terrace Way
Greensboro, NC 27403-3688

Provider Federal ID #: 26-0509475
Provider NPI #: 1992984215
Provider Medicaid #: 8302217

Dear Mrs. Ferguson,

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: **Guilford Center**
Provider Business Name: Monolia's Personalized Therapy, Inc.
Provider Contact Person: Kit-Tena Ferguson
Business Mailing Address # 1 B Terrace Way, Greensboro, NC 27403-3688
Business Phone: (336) 299-0838
Physical Site Address (specify provider name if different than above): # 1 Terrace Way, Greensboro, NC 27403-3688
County: Guilford
Service Type(s): Intensive-In-Home Services and Diagnostic Assessment

STATUS	EFFECTIVE DATE
<input checked="" type="checkbox"/> Business Verification	12/17/2007
<input type="checkbox"/> Denial of Business Verification** (see comments)	
<input checked="" type="checkbox"/> Endorsement	02/06/2008to 03/31/2010
<input type="checkbox"/> Reinstatement of Endorsement ___ rescinding prior action/NEA ___ Reinstatement following appeal	
<input type="checkbox"/> Three-Year Re-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*	04/01/2010
<input type="checkbox"/> Involuntary*	
Type of Withdrawal:	
<input type="checkbox"/> Business Verification Withdrawal**	

Enhanced Service(s) Withdrawal**
 [other than Community Support Services] 03/31/2010
 Community Support [Adult and/or Child] Withdrawal** mm/dd/yy
 CAP-MR/DD Services Withdrawal** mm/dd/yy
Notification Sent Statewide Yes No 03/13/2010

Comments: [required] ** [Include specific reason[s] for pended, denial, or withdrawal status]: _____

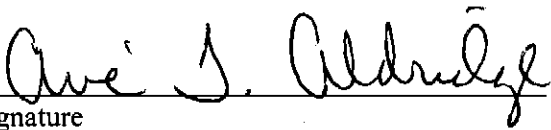
Intensive-In-Home Services and Diagnostic Assessment Services are being withdrawn voluntary or at request of the provider agency, address is # 1 B Terrace Way, Greensboro, NC 27403-3688. The Medicaid # 8302217G and 8302217 H.

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.

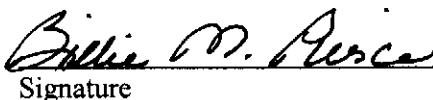
In addition, you are responsible for maintaining and safeguarding all the service records and financial records in your agency as outlined in the *Records Management and Documentation Manual for Providers of Publicly-Funded MH/DD/SA Services, CAP-MR/DD Services, and Local Management Entities [APSM 45-2]*, 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 Division at NC DMH/DD/SAS.

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

Ave T. Aldridge, Quality Assurance Specialist

 (LME Designee)*
Signature

Billie M. 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 Ave' T. Aldridge (LME Rep. Name), at (336) 641-4336 (Phone #).

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.*