

# 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)

3/5/10

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

The Baker's House  
402 E. Montcastle Drive Apt E.  
Greensboro, NC 27403

Provider Federal ID #: 13-4273179  
Provider NPI #: 1417002684  
Provider Medicaid #: 830145

Dear Ms. Angelia Riggins,

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: The Baker's House

Provider Contact Person: Tabetha Baker

Business Mailing Address: 1401 South Elm Eugene Street Greensboro, NC 27406

Business Phone: (336) 478-5078

Physical Site Address: 1401 South Elm Eugene Street Greensboro, NC 27406

County: Guilford

Service Type(s): Psychosocial Rehabilitation

STATUS	EFFECTIVE DATE
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- Business Verification
- Denial of Business Verification\*\* (see comments)
- Endorsement
- Reinstatement of Endorsement
  - rescinding prior action/NEA
  - Reinstatement following appeal
- Three-Year Re-Endorsement
- Endorsement Pending
  - Due to Referral to DHSR (Date Pended)
  - Other\*\* (see comments)
- Denial of Endorsement\*\* (see comments)
- Withdrawal of Endorsement\*\* (see comments)

Voluntary\*

Involuntary\*

03/05/10

Type of Withdrawal:

Business Verification Withdrawal\*\*

Enhanced Service(s) Withdrawal\*\*

[other than Community Support Services]

mm/dd/yy

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**NOTE: PLEASE FILL OUT APPLICABLE AREAS COMPLETELY. DO NOT USE "SAME AS ABOVE."**

Community Support [Adult and/or Child] Withdrawal\*\*

CAP-MR/DD Services Withdrawal\*\*

Notification Sent Statewide  Yes  No

**Comments:** [required] \*\* [Include specific reason[s] for pended, denial, or withdrawal status].  
**Provider is relocating.**

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=Documentation at NC MH?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,

  
\_\_\_\_\_  
Billie Martin Pierce, Area Director (LME Designee)\*

  
\_\_\_\_\_  
Signature (LME Designee)\*

Patrina R. Hardison, MS QMHP Quality Assurance Specialist  
cc: DMH/DD/SAS ([Endorsements.Accountability@ncmail.net](mailto: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 Patrina Hardison (LME Rep. Name), at (336) 641-6492 .

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.*