

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	7-23-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000044	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Ms. Forkner	Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



Lighthouse Care Center of Conway
152 Waccamaw Medical Park Drive
Conway, South Carolina 29526
Telephone (843) 347-8871
Facsimile (843) 234-6100

RECEIVED

JUL 18 2 3 2008

Provider Number: RTF027

Dear Ms. Emma Forkner, Director,

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Lighthouse Care Center of Conway is licensed and operates sixteen (16) psychiatric residential treatment facility (PRTF) beds for adolescents 12 to 17.5 years of age. The current census as of July 18, 2007, is sixteen (16) adolescents on the PRTF unit. There are no individuals, whose Medicaid Psych under 21 benefit is paid for by any state other than South Carolina. The PRTF has never received Medicaid payment for the providing of psych under 21 services from any other state than South Carolina.

A reasonable investigation subject to my control having been conducted in the subject facility, I make the following certification. Based upon my personal knowledge and belief, I attest that Lighthouse Care Center of Conway hereby complies with all of the requirements set forth in the interim final rule governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21 published on January 22, 2001, and amended with the publication of May 22, 2001 (Psych Under 21 rule).

I understand that the Centers for Medicare and Medicaid Services (CMS) (formerly HCFA), the State Medicaid Agency or their representatives may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to Medicaid regulations at 431.610, have the right to validate that Lighthouse Care Center of Conway is in compliance with the requirements set forth in the Psych Under 21 rule, and to investigate serious occurrences as defined under this rule.

In addition, I will notify the Department of Health and Human Services, Behavioral Health Services, Attestation Department located at Post Office Box 8206, Columbia, South Carolina, 29202-8206 immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify the State Medicaid Agency if it is my belief that Lighthouse Care Center of Conway is out of compliance with the requirements set forth in the Psych Under 21 rule.

A handwritten signature in black ink, appearing to read "Ron Cassidy".

Ronald C. Cassidy
Chief of Operations
Lighthouse Care Center of Conway
July 18, 2008

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
Myers	7-23-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000044	I 1 Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Ms. Forkner	Prepare reply for appropriate signature DATE DUE _____ I 1 FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

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