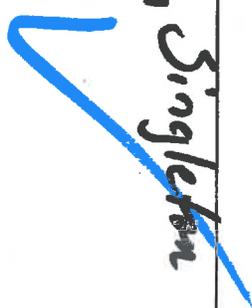


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells</i>	<i>6-12-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000768</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling, Singleton</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909



June 11, 2007

RECEIVED

JUN 12 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Tami D. Adger, Rehabilitation Director
Rose M. Lowe Rehabilitation Center
PO Box 5715
Columbia, SC 29750

Re: OPT/SP CMS Certification Number (CCN): 42-6500

Dear Ms. Adger:

We have been notified that Rose M. Lowe Rehabilitation Center terminated from the Medicare Program effective **November 30, 2006**. Therefore, no payment can be made under the health insurance program for services rendered on or after **November 30, 2006**.

You should be in touch with your fiscal intermediary, **Palmetto Government Benefits Administration (00380)** to make arrangements for completion of a final cost report and to make provision for the return of any outstanding current financing or emergency payments. They have been notified of this action by copy of this letter.

If you again wish to participate as a provider of service in the health insurance program, you should contact your intermediary, **Palmetto Government Benefits Administration**. They will assist you in filing a new application and taking other actions necessary to become certified for participation as a provider.

Should you have any questions concerning this matter, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

**NOTE TO THE FISCAL INTERMEDIARY: THIS LETTER REPLACES
THE CMS-2007, PROVIDER TIE-IN NOTICE.**