

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>9-1-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000216</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<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.			



South Carolina
Department of
Mental Health

Columbia Behavioral Health System
William S. Hall Psychiatric Institute
2100 Bull Street/P.O. Box 119
Columbia, South Carolina 29202
Information: (803) 898-1693
Fax: (803) 898-2048

August 22, 2006

RECEIVED

AUG 31 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: William S. Hall Psychiatric Institute
1800 Colonial Drive, P. O. Box 119
Columbia, South Carolina 29202
898-1637
Fax 898-1596
Provider Number: RTF 0011

Doc. Brubly
"McC. O'Brien"

Mr. Robert M. Kerr, Director
Department of Health and Human Services
Behavioral Health Services
Attention: Attestation
P.O. Box 8206
Columbia, South Carolina 29202-8206

Dear Mr. Kerr:

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 the William S. Hall Psychiatric Institute 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 4231.610, have the right to validate that William S. Hall Psychiatric Institute is in compliance with the requirements set forth in Psych Under 21 rule, and to investigate serious occurrences as defined under this rule.

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Mr. Kerr

Attestation Letter

In addition, I will notify the South Carolina Health and Human Services immediately if I vacate this position so that an attestation can be submitted by my successor. I will notify the State Medicaid Agency if it is my belief that William S. Hall Psychiatric Institute is out of compliance with the requirements set forth in the Psych Under 21 rule.



Ronald E. Prier

CEO, Columbia Behavioral Health System
August 22, 2006