

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

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>6-4-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000395</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 (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



RECEIVED

JUN 03 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

May 27, 2014

SCDHHS Division of Family Services
Attention: Attestation
Post Office Box 8206
Columbia, SC 29202

Re: Three Rivers Residential Treatment, Midlands Campus

200 Ermine Road, West Columbia SC 29170-2024

Phone: 803-791-9918 Fax: 803-926-5925

Provider Number: RTF004 NPI: 1144253824

To Whom It May Concern:

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 Three Rivers Midlands Campus 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), SCDHHS 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 Three Rivers Midlands Campus is in compliance with the requirements set forth in the Psych Under 21 rules, and to investigate serious occurrences as defined under this rule.

Currently this 59-unit bed facility serves two (2) residents from North Carolina.





THREE RIVERS
RESIDENTIAL TREATMENT
MIDLANDS CAMPUS

In addition, I will notify the SCDHHS immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify SCDHHS if it is my belief that Three Rivers Midlands Campus is out of compliance with the requirements set forth in the Psych Under 21 rule.

If you should need any additional information please do not hesitate to contact me at (803) 791-9918 or Shannon.marcus@uhsinc.com.

Sincerely,

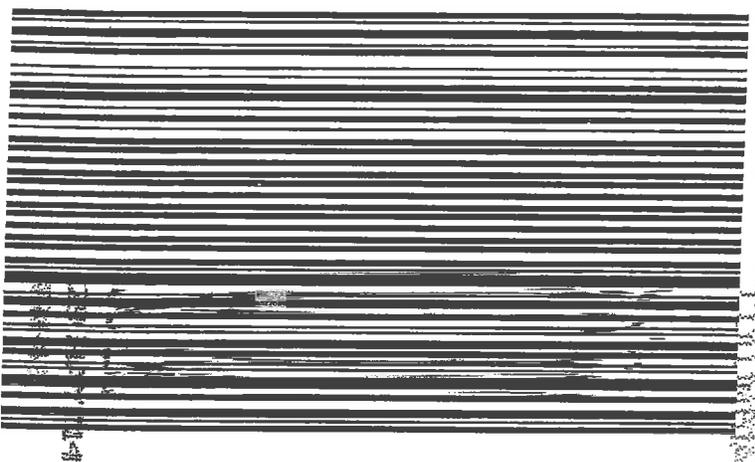
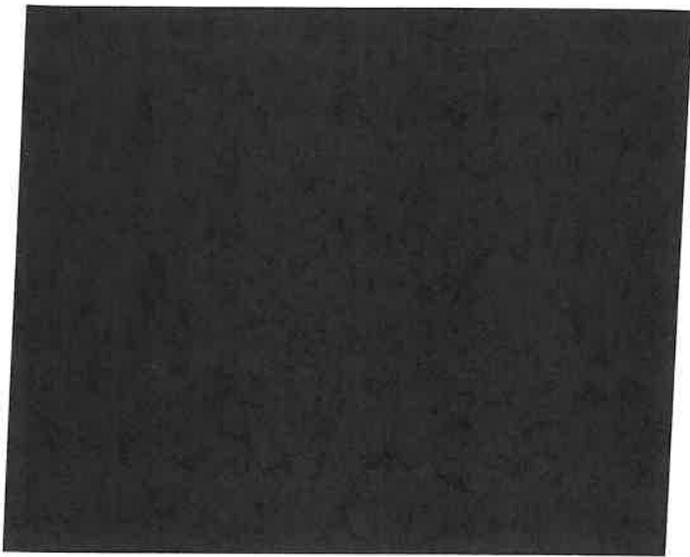
Shannon Marcus, CEO
Three Rivers Midlands Campus

cc: Anthony Keck





THREE RIVERS
RESIDENTIAL TREATMENT
MIDLANDS CAMPUS



7013 0600 0000 3196 2916

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



02 1P
0000017520 MAY 29 2014
MAILED FROM ZIP CODE 29170



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PITNEY BOWES