


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Baerling</i>	DATE <i>2-1-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000504</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.			

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

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

January 26, 2007

Malcolm H. Horry, MD
P.O. Box 277
Ridgeland, SC 29936

Re: RHC Provider Number: 42-3432

Dear Administrator:

This correspondence is in response to your request for a waiver of the Rural Health Clinic staffing requirement for the above referenced Rural Health Clinic.

Based on the documentation furnished to us, it has been determined that your request for a waiver of the staffing requirement is approved. Please note that the Secretary allows for a one-year Rural Health Clinic staffing requirement waiver. The effective date is **December 12, 2006**.

We are notifying the South Carolina State Survey Agency of this action. If 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 & Certification

Log-Bowling
W. McArthur

RECEIVED

FEB 01 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR