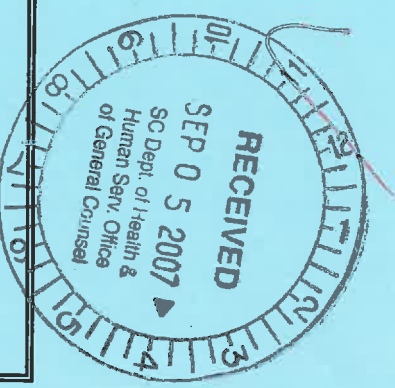


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL



TO <i>Singh</i>	DATE <i>9-4-07</i>
--------------------	-----------------------

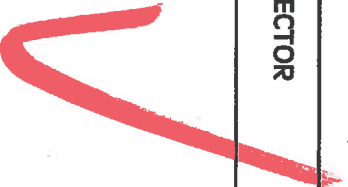
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000128</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Don't need to be signed per Memo on 9/19/07. Please</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-13-07</i> <input type="checkbox"/> FOIA DATE DUE _____ <input 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 AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh</i>	DATE <i>9-4-07</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000128</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: wells</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-13-07</i> <input type="checkbox"/> FOIA DATE DUE _____ <input 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

AUG 31 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Susan B. Bowling
Acting Director
Dept. of Health and Human Services
P. O. Box 8206
Columbia, SC 29202-8206

Attestation Addendum
Provider No. RTF-005

Log: DS
cc: Welly
app Mgr

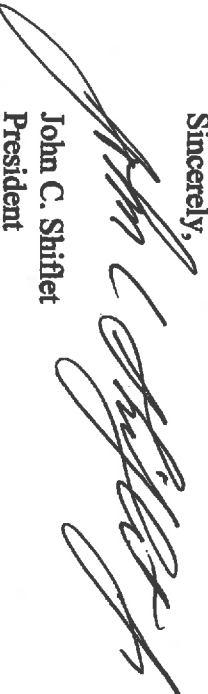
Dear Ms. Bowling:

In my letter to you dated July 9, 2007, I provided information concerning our licensing capacity and number of children under 21 being served on that date. I also specifically attested to our compliance with part 483, subpart G.

It is the purpose of this letter to further attest to York Place, The Episcopal Church Home's compliance with part 441, subpart D. I hereby certify York Place, The Episcopal Church Home currently meets the certification of need requirements as identified under 42 CFR subpart D – inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs.

Thank you for the support we receive from the staff of the Department of Health and Human Services. Please call if there are questions.

Sincerely,


John C. Shiftlet
President

August 30, 2007