

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**RECEIVED**

JAN 24 2014

SCDHHS  
Office of General Counsel

**ACTION REFERRAL**

*Re-log from Roberts to Liggett on 1/31/14*

TO <i>Liggett</i>	DATE <i>1-24-14</i>
----------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000252</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.			<i>1/31/14</i>
2.			<i>Brenda,</i>
3.			<i>Per Byron relog to</i>
4.			<i>Pete. Thanks.</i>
			<i>Maria</i>

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

**ACTION REFERRAL**

TO <i>Roberts</i>	DATE <i>1-24-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000252</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Liggett</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> FOIA DATE DUE _____  <input checked="" type="checkbox"/> Necessary Action

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1.			
2.			
3.			
4.			



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JAN 21 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

PRTF Attestation Letter

Thompson Child & Family Focus  
York Place: A Division of Thompson Child & Family Focus  
234 Kings Mountain Street  
York, S.C. 29745-1131  
(704) 644-4347 (Corporate CEO)  
(704) 644-4345 (Corporate Sr. V.P. of Q.A.)  
(830) 684-4011 Ext: 1051 (V.P. of York Place Campus)

State License Number: RTF-0003  
Federal Tax #: 56-0547460  
NPI Enumerator: 1114984812

Dear Mr. Anthony Keck:

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 York Place: Episcopal Church Home for Children, A Division of Thompson Child & Family Focus 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) (formally HCFA), SCDHHS or their representatives may rely on this attestation I 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 York Place is in compliance with the requirements set forth in the Psych Under 21 rules, and to investigate serious occurrences as defined under this rule.

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

Facility Specific Characteristics:

**Capacity:** 30 Beds  
**# Current Consumers:** 5  
**# Current Consumers paid by other State Medicaid:** 0  
**# List of all States which PRTF received Medicaid Payment:** NC,NJ

Respectfully submitted,

Mary Jo Powers  
Thompson Child & Family Focus  
CEO/President  
January 10, 2014

**THOMPSON**  
*Child & Family Focus*  
6800 Saint Peter's Lane  
Matthews, NC 28105-8458



7013 0600 0000 5219 7663

UNITED STATES POSTAGE  
**PITNEY BOWES**  
02 1P  
\$ **006.570**  
0003196704 JAN 14 2014  
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SCDHHS/DMA  
Att: Anthony Keck  
P.O. Box 8206  
Columbia, S.C. 29202-8206

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FEB 05 2014