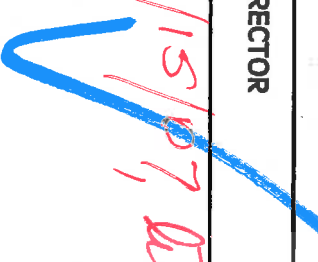


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

Relogged from Basling to Singleton on 5/2/07 per

TO Singleton DATE Subm 13. Due date change to 5/14/07
4-30-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000686	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 5/15/07, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5-14-07</u> <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>Bowling</i>	DATE <i>4-30-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000686	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-9-07</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.			

LINDSEY O. GRAHAM
SOUTH CAROLINA



200 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6872

UNITED STATES SENATE

Fax Transmittal Sheet

TO: SCDHHS, Director's Office

RECEIVED

FROM: Emily McCreary

DATE: 4/12/7

Department of Health & Human Services
OFFICE OF THE DIRECTOR

APR 27 2007

COMMENTS: Re: Joyce C. Gregory

Los-Bowling
Wagner Sign.

Thanks!

PAGE(S) TO FOLLOW

IF THERE IS ANY PROBLEM RECEIVING THIS FAX, PLEASE
CALL (803) 933-0112.

Confidentiality: This message is intended solely for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the person responsible for delivering it to the recipient, you are put on notice that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by phone and return the original message at the address via U.S. Postal Service.

Thank you.

508 HAWTHORN STREET
SUITE 202
COLUMBIA, SC 29201
(803) 933-0112

401 WEST BLYTHE STREET
SUITE 225B
FLORENCE, SC 29501
(803) 669-1505

101 EAST WASHINGTON STREET
SUITE 220
GREENVILLE, SC 29601
(864) 250-1417

530 JOSEPH DODGE BOULEVARD
SUITE 202
MOUNT PLEASANT, SC 29484
(843) 848-8887

140 EAST MAIN STREET
SUITE 110
ROCK HILL, SC 29730
(803) 967-3070

126 EAGLES NEST DRIVE
SUITE B
SPENCER, SC 29578
(864) 964-1770
04/27/2007 12:19PM

04/27/2007 11:19 FAX 8038330957
04/18/2007 10:44 FAX 864 250 4322
04/13/2007 10:39 FAX 864 250 4322

SEN. L. GRAHAM COLA
SENATOR GRAHAM
SOLUTIONS

+ COLUMBIA

0003
001

Senator Lindsey O. Graham

United States Senate

290 Russell Senate Office Building
Washington, D.C. 20510
(202)224-5972
(202)224-3808 Fax

101 E. Washington St.
Suite #210
Greenville, SC 29601
(864)250-1417
(864)250-4322 Fax

By providing the following information below and signing this form, I hereby authorize the appropriate agency to furnish the office of Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Protection Act of 1974.

Name: Joey L. Gregory Phone: _____
Address: 3449 Silver Bluff Rd Aiken, SC Mailing: P.O. Box 7449
City: Clemens State: SC Zip: 29822
Social Security Number: 248-86-0594

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form.)

I currently own and operate a residential care facility for the chronically mentally ill. I have operated a facility for over the 28 years and have been conducting with the local mental health center (Frederick Inn for Mental Health Services) since 1986. The SCDDHS has named the facility as a facility in need of an FMD (subdivision of Mental Services). The zone was approved to open and it was determined at that time that our facility was not an FMD

Signed: Joey L. Gregory Date: 4-13-07

Note: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, the attorney should be advised that you have contacted our office. If represented by an attorney, please give the attorney's name: _____

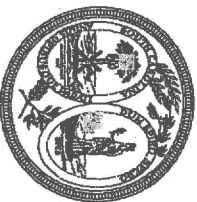
Please return to:

Senator Lindsey Graham
101 E. Washington St.
Suite #210
Greenville, SC 29601

pg. 2

from all that I have mentioned, we do not meet the classification of an IMD. I would like to receive a copy of the federal law that discusses what an IMD is and what corporations are used to determine whether or not a facility can be considered an IMD. It is my understanding that this law was passed so that the federal government would not be paying for state mental hospitals. During the deinstitutionalization of our state hospitals, we were approached by local mental health centers to build a facility that would help with these states and would provide a safe, supervised environment for the mentally ill. From the state (DHS) is trying to classify the facility as an IMD even though this was not its original purpose I operated the facility as such. I would like state's plan to help classify this issue and provide copies of legislation pertaining to this issue.

803-#686
✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

May 15, 2007

Ms. Joyce C. Gregory
3449 Silver Bluff Road
Clearwater, South Carolina 29822

Re: Congressional Inquiry

Dear Ms. Gregory:

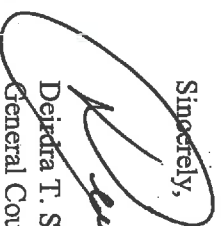
Your question to Senator Graham was referred to this agency for a response. We have enclosed the federal statutes and regulations that seem to apply to your question. Also included is the relevant section from the State Medicaid Manual, a federal publication that provides guidance to the states. We know you are familiar with the state regulations for Community Residential Care Facilities at S.C. Code R. 61-84.

As you no doubt have realized from Mr. Kerr's earlier letter, Department of Health and Human Services believe that the state would be in some jeopardy of losing federal funds if any Community Residential Care Facilities (CRCF) are reviewed and determined to be IMDs. The letter was meant to again caution facility operators to screen admissions and carefully evaluate the services provided at the facility to be sure that patients are not admitted who require such extensive in-facility care. Extensive care provided in the facility could lead an observer to believe that the facility was "...providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services..." and that the facility or institution would be providing care at the level of an IMD.

We know that this issue has arisen in the past, and CRCF operators have been very responsive and sensitive to this concern and have cooperated with the Department by carefully managing their resident populations so that only individuals who can be cared for in accordance with the state regulations are admitted. We appreciate these efforts and hope that you all will not object to periodic reminders.

If you would like to discuss this further, please do not hesitate to contact me at (803) 898-2647.

Sincerely,


Deirdra T. Singleton
General Counsel

DTS/hb
Enclosures

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210