

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>7-31-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>3011059</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner, Depo</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			



RECEIVED

JUL 31 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

July 29, 2009

South Carolina Department
of Behavioral Health Services
Attn: Emma Forkner, Director
P. O. Box 8206
Columbia, SC 29202-8206

Provider Number: RTF001

Dear Emma Forkner:

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 SpringBrook Behavioral Health System, a sixty-eight bed facility, hereby complies with all 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 SpringBrook Behavioral Health System 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 this position so that an attestation can be submitted by my successor. I will also notify SCDHHS if it is my belief that SpringBrook Behavioral Health system is out of compliance with the requirements set forth in the Psych under 21 rule.

A handwritten signature in black ink, appearing to read "C. Keith Jackson".

C. Keith Jackson
Chief Executive Officer
July 29, 2009