

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>8-1-06</i>
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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. Singleton, Beeding</i>	<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 4120  
Atlanta, Georgia 30303-8909



**\*Amending letter dated 5/22/06**

July 31, 2006

Crisis Ministries  
573 Meeting Street\*  
Charleston, SC 29403\*

**RECEIVED**

JUL 31 2006

FQHC Provider No.: 42-1897

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Administrator:

This letter is to inform you that your application as a Federally Qualified Health Center in the Health Insurance for the Aged and Disabled Program (Medicare) has been approved by the Centers for Medicare and Medicaid Services. Your effective date of certification is May 8, 2006 and your fiscal year end date is June 30.

You have been assigned the Medicare identification number as shown above. This number should be referenced on all forms and correspondence pertaining to the Medicare Program. Please be advised that any change in the facility, staffing, services, ownership, or other significant characteristics, which potentially could affect compliance, should be reported to this office.

**United Government Services of Wisconsin (00450)** has been authorized to serve as your intermediary. They have been notified of your certification by copy of this letter.

If you believe that this determination is incorrect in any respect, please notify this office in writing within 60 days. You may submit with the reconsideration request any information that you believe may be pertinent to the determination.

Should 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 and Certification

**NOTE TO THE FISCAL INTERMEDIARY:**

**THIS LETTER REPLACES THE HCFA-2007, PROVIDER TIE-IN NOTICE.**

**\*Amended to show the correct street address & Zip Code.**