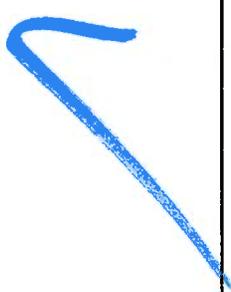


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bussling</i>	<i>7-20-06</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000100</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.			
2.			
3.			
4.			



PALMETTO
PEE DEE BEHAVIORAL HEALTH

July 19, 2006

Mr. Robert M. Kerr, Director
SC DHHS
P. O. Box 8206
Columbia, SC 29202

ATTN: Jeanne Carlton
Behavioral Health Services J-9

SUBJ: Provider Number: RTF-024

Attestation Letter
Palmetto Pee Dee Behavioral Health
601 - B Gregg Avenue Florence, SC 29501
(Phone) 843-667-0644 (Fax) 843-468-9046

Dear Mr. Kerr:

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 the Palmetto Pee Dee Behavioral Health Residential Treatment Facility hereby complies with all of the requirements set forth in the final rules governing the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under the age 21, published on January 22, 2001, (part 483 subpart G governing the use of restraint and seclusion) and amended with the publication of May 22, 2001 (Psych Under 21 rule.)

This 59 bed facility currently provides inpatient psychiatric Medicaid services for the eligible individuals under age 21. There are currently 59 patients served within the PRTF at this time. There are currently no individuals whose Medicaid Psych under 21 benefit is paid for by any state other than South Carolina.

I acknowledge the right of DHEC (or its agents) and CMS to conduct and on-site survey at anytime to validate the facility's compliance with the requirements of the rule, to investigate complaints lodged against the facility, or to investigate serious occurrences.

I understand that the Centers for Medicare and Medicaid Services (CMS) (formerly HCFA), the State Medicaid Agency or their representatives may rely on this attestation in determining whether the facility is entitled to payment for its services and, pursuant to

For Bowling
"Yes. Action"

RECEIVED

JUL 20 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

601 B Gregg Avenue
Florence, SC 29501
phone 843.667.0644
fax 843.669.2589

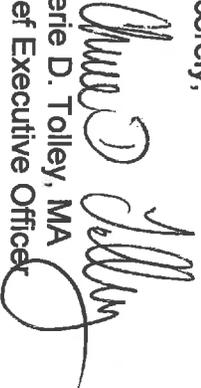
A subsidiary of Psychiatric Solutions, Inc.

Palmetto Pee Dee Attestation
Page Two

Medicaid regulations at 431.610, have the right to validate that Palmetto Pee Dee Behavioral Health Residential Treatment Facility is in compliance with the requirements as set forth in the Psych Under 21 rule, and to investigate serious occurrences as defined under this rule.

In addition, I will notify the SC Department of Health and Human Services immediately if I vacate this position so that an attestation can be submitted by my successor. I will also notify the State Medicaid Agency if it is my belief that Palmetto Pee Dee Behavioral Health Residential Treatment Facility is out of compliance with the requirements set forth in the Psych Under 21 rule.

Sincerely,



Cherie D. Tolley, MA
Chief Executive Officer