


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Bosling	9-13-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000242	<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.			



GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

RECEIVED

SEP 12 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The Children's Program
Marshall I. Pickens Hospital
701 Grove Road
Greenville, SC 29605

*For Bowling
"Free Action"*

September 8, 2006

Provider Number – RTF 007

Dear Robert M. Kerr:

A reasonable investigation subject to my control having been conducted at The Children's Program, located at Marshall I. Pickens Hospital, 701 Grove Road, Greenville, SC 29605, I make the following certification. Based on my personal knowledge and belief, I attest that the Children's Program hereby complies with all of the requirements set forth under Part 483 Subpart G governing the use of restraint and seclusion in psychiatric residential treatment facilities. The Children's Program is a 22 bed Psychiatric Residential Treatment Facility, where 100% of the patient population treated is eligible for Medicaid inpatient psychiatric services under the age of 21. In the past year, we have not provided treatment for individuals whose Medicaid Psych under 21 benefits is paid by another state other than South Carolina. Historically, a rare occurrence of a North Carolina resident existed.

I understand that DHEC or its agents and, CMS 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 conduct an on-site survey at any time to validate that the Children's Program is in compliance with the requirements set forth in the rule, and to investigate serious occurrences as defined under this rule, or to investigate complaints lodged against the facility.

In addition, I will notify the South Carolina 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 the Children's Program is out of compliance with the requirements set forth in the Psych under 21 rule.

Contact information for The Children's Program is shown below:

Michelle Schori

Michelle Schori, Director
Women's and Children's Services
Greenville Hospital System
864-455-7702