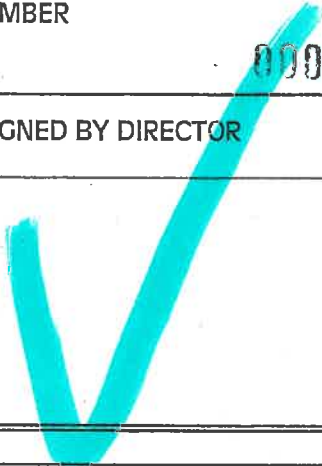


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>6-10-14</i>
----------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000408</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.			



**GREENVILLE
HEALTH SYSTEM**

701 Grove Road
Greenville, SC 29605
ghs.org

June 4, 2014

Mr. Anthony E. Keck
Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

RECEIVED

JUN 09 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RTF007

Dear Mr. Keck:

A reasonable investigation subject to my control having been conducted in the subject facility, I, J. Steve Gresham, make the following certification. Based upon my knowledge and belief, I attest that the Children's Behavioral Health Program at Marshall Pickens Hospital hereby complies with all of 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). Our NPI number is 1629017983, and our Medicaid provider number is PRTF 007.

I understand the Centers for Medicare and Medicaid Services (CMS), 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, has the right to validate that the Children's Program is in compliance with the requirements set forth in the Psych Under 21 rules, and to investigate serious occurrences as defined under this rule.

Additionally, this letter serves to advise that Mr. Troy B. Chisolm (Administrator, Psychiatry and Behavioral Health, Greenville Health System) now serves as the administrative representative of the Greenville Health System for the Children's Behavioral Health Program at Marshall Pickens Hospital effective June 2, 2014. He will be responsible for notifying your office, going forward, if it is his belief the Program is out of compliance with the requirements set forth in the Psych Under 21 Rule.

Respectfully,

J. Steve Gresham
Administrator
Greenville Memorial Medical Center
701 Grove Road
Greenville, SC 29605

CC: Troy B. Chisolm



**GREENVILLE
HEALTH SYSTEM**
701 Grove Road
Greenville, SC 29605

RECEIVED

JUN 09 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Anthony E. Keck
Director
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

42 DEDUMP 29202



repost
06/05/2014
FIRST CLASS M/B
POST
US POSTAGE \$000.46
ZIP 29681
041112202809