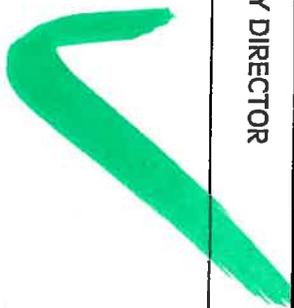


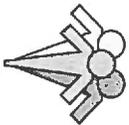
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers / Lubaldeep</i>	DATE <i>9-14-09</i>
--------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001130</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.			



Carolina
Children's Home
www.carolinachildrenshome.org

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SEP 14 2009
MEDICAL SERVICES
DHHS

September 11, 2009

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Keith Jones, LISW
Executive Director



Ms. Felicity C. Myers, Ph.D.

Deputy Director

South Carolina Department of Health & Human Services

P O Box 8206

Columbia, SC 29202-8206

Dear Felicity:

Thank you and your staff for all the support and help you've provided during our efforts to become a Medicaid PRTF service provider. As I understand from Keith, we have just a few I's to dot and T's to cross and we'll be there.

Again thank you for your support and kind letter of September 4th, 2009. If I can assist in any way my direct line is 822-1661.

Sincerely,

John Wayne Parrish, Jr.

Chairman, Board of Directors
Carolina Children's Home

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SEP 14 2009
Department of Health & Human Services
OFFICE OF THE DIRECTOR

C. Keith Jones