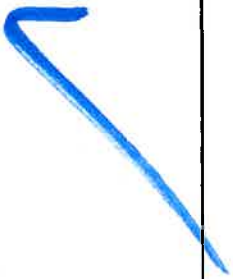


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>7-20-06</i>
DIRECTOR'S USE ONLY	
1. LOG NUMBER 000101	<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
LOWCOUNTRY 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-021

Attestation Letter
Palmetto Lowcountry Behavioral Health
2777 Speissegger Drive, Charleston, SC 29405
(Phone) 843 -745-5115 (Fax) 843 – 747-5830

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 Lowcountry Behavioral Health 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 32 bed facility currently provides inpatient psychiatric Medicaid services for the eligible individuals under age 21. There are currently 32 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. The PRTF has not received Medicaid payment for the provision of psych under 21 services from any state other than South Carolina.

I acknowledge the right of DHEC (or its agents) and CMS to conduct an 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.

Log. Bradley
"Pac. Action"

RECEIVED

JUL 20 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

2777 Speissegger Drive
Charleston, SC 29405
phone 843.747.5830
fax 843.745.5181

A subsidiary of Psychiatric Solutions, Inc.

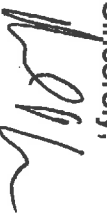
Palmetto Lowcountry Behavioral Health Attestation
Page Two

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

Medicaid regulations at 431.610, have the right to validate that Palmetto Behavioral Health Facility is in compliance with the requirements 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 Lowcountry Behavioral Health Residential Treatment Facility is out of compliance with the requirements set forth in the Psych Under 21 rule.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Body', written over a horizontal line.

Daniel J. Body
Chief Executive Officer