

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

ACTION REFERRAL

TO <i>Roberts/Day/FOIA</i>	DATE <i>2-19-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000188</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC Brooks, Martins cleared 2/25/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>3-5-15</i>
	<input 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.			


CHRISTIAN & DAVIS
LLC
ATTORNEYS AT LAW

February 16, 2015

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

**RE: Magnolia Place
35 Southpoint Drive
Greenville, SC 29607
Our File No.: Owens, 12-677**

Dear Ms. Putnam:

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports and home office Cost Reports submitted by the above named provider for any contract periods between 2011 to 2013 and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC



Matthew W. Christian
Attorney at Law

MC/jah

RECEIVED

FEB 19 2015

DHHS BUREAU OF REIM
BUDGET & POLICY

RECEIVED

FEB 19 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Workers' Compensation

Auto & Truck Collisions

Insurance Litigation

Social Security Disability

Serious Personal Injury

Medical & Nursing
Home Negligence

Nikki Haley GOVERNOR
 Christian L. Soura INTERIM DIRECTOR
 P.O. Box 8206 Columbia, SC 29202
 www.scdhhs.gov

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
 South Carolina Department of Health and Human Services
 Post Office Box 8297
 Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

 Signature

 Date:

Log # 188



Nikki Haley
Christian L. Saura
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

February 25, 2015

VIA EMAIL ONLY: jhutchins@christiananddavis.com

Mr. Matthew W. Christian, Attorney at Law
Christian & Davis, LLC
1007 E. Washington Street
Greenville, South Carolina 29601

Dear Mr. Christian:

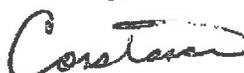
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated February 16, 2015 and received by DHHS on February 19, 2015. Enclosed is the copy of the SC Nursing Homes Medicaid cost reports and desk audit packages that you requested. Home offices are not required to submit a Medicaid cost report. The home office cost reports submitted for this provider are Medicare cost reports. We are unable to provide you with these Medicare home office cost reports at this time.

Our expense for extracting this information is twenty and 00/100 dollars (\$20.00). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, please feel free to contact me at 803-898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel



CH/cmp
Enclosures