

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singh et al / FOIA</i>	DATE <i>12/18/09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001273</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C. Stensland</i> <i>Claude 12/23/09, better attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-7-10</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.			



John L. Schurlnknight
William J. Rivers, III
H. Lee Herron

December 15, 2009

RECEIVED

DEC 18 2009

FOIA Coordinator
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Medicaid Cost Reports for McNair Memorial Nursing Center, Provider # 0918NF

Dear FOIA Coordinator:

I am making a request for information pursuant to the South Carolina Freedom of Information Act S.C. Code §§ 30-4-165, and the applicable federal statutes and regulations, see, e.g., 5 U.S.C.A. § 552 and 29 C.F.R. § 1610.7.

In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipts of this request, or sooner, if possible.

We are requesting signed Medicaid Cost Reports for the above-referenced facility for the fiscal years ending in 2006, 2007 and 2008.

Thank you for your assistance in this matter and I look forward to hearing from you in the near future.

With kind regards, I am,

Very truly yours,


WILLIAM J. RIVERS, III

WJR/III/snc

208 # 000273

December 23, 2009

William J. Rivers, III, Esquire
Schurknight & Rivers
Post Office Box 6589
2200-A David H. McLeod Boulevard
Florence, South Carolina 29502-6589

Re: FOIA Request – Cost Reports for McNair Memorial Nursing
Center

Dear Mr. Rivers:


In response to your Freedom of Information Act request, enclosed you will find the cost reports you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is thirty and 39/100 dollars (\$30.39). 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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,


Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables