

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hutto/FOIA	11-25-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000187	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
Cleared 12/3/13, letter attached	<input checked="" type="checkbox"/> FOIA DATE DUE 12-11-13
	<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.			

THE HYMAN LAW FIRM, LLP

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WILLIAM P. HATFIELD†*

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RECEIVED

NOV 25 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

170 Courthouse Square

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Florence, SC 29503-1770

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November 21, 2013

SC Department of Health & Human Services
Post Office Box 8206
Columbia, SC 29202

Re: Billy W. Thomas as Personal
Representative of the Estate of
Cheryl J. Thomas vs. Hospice
Care of South Carolina, LLC
Our File #2013157J

Dear Sir or Madam:

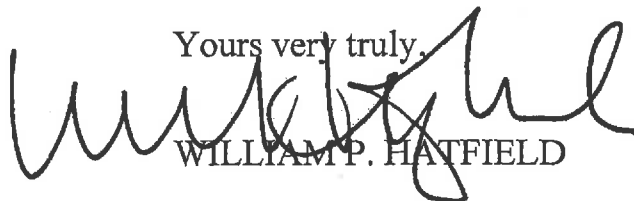
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513 regarding Hospice Care of South Carolina, LLC located at 110 Dillon Drive in Spartanburg, South Carolina.

If this cost is going to exceed \$50.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next twenty days. I look forward to hearing from you.

Thank you for your help and cooperation. Should you have any questions, please feel free to contact me.

With kindest regards, I am

Yours very truly,



WILLIAM P. HATFIELD

WPH:slh

cc: S. Robert Drose, Esquire (via email)
Mr. Billy W. Thomas



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:

Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

December 3, 2013

William P. Hatfield, Esquire
The Hyman Law Firm, LLP
170 Courthouse Square
Post Office Box 1770
Florence, SC 29503-1770

Re: Hospice Care of South Carolina, LLC

Dear Mr. Hatfield:

Your enclosed Freedom of Information Act request of November 21, 2013, was referred to this Office for a response. This agency, the Department of Health and Human Services, administers the South Carolina Medicaid Program. The South Carolina Department of Health and Environmental Control (DHEC) is the State Survey Agency as well as the State licensing agency, and it may be that some or most of the information you seek is kept by them.


We do obtain Disclosure of Ownership and Control Interest Statement forms and other miscellaneous ownership information from providers. Also, we receive, by way of verification, copies of some information from DHEC. We believe that the information enclosed is what we have that is responsive to your requests, but we did not search further than the current files in our Contracts Division, which is where most of this type information is kept. We have redacted the social security, TIN and provider numbers.

Our expense for reproducing and mailing this information is eleven and 26/100 dollars (\$11.26). These documents are true and accurate copies of reports collected by the Department in the regular course of its business. 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 Wilson, Receivables (w/o enclosures)