

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	4-25-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101412	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton/LOS Standard Closed 5/9/12, letter attached.	<input checked="" type="checkbox"/> FOIA DATE DUE 5-11-12 <input type="checkbox"/> I 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.			



ATTORNEYS AT LAW

RECEIVED

APR 25 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

April 24, 2012

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

**RE: Piedmont Living Center (now operating as Alpha Health & Rehab of Greer
401 Chandler Road, Greer, SC 29651-1243**

Dear Sir/Madam:

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

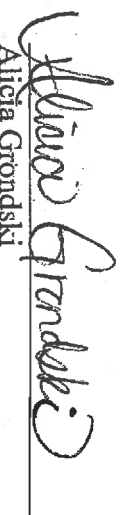
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513.

If this cost is going to exceed \$100.00, 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 20 days. I look forward to hearing from you.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Alicia Grondski

Paralegal to Matthew Christian

/ag

P.O. Box 332 Greenville, SC 29602

1007 E. Washington St. Greenville, SC 29601

Phone (864)232-7363

Fax (864)370-3731

www.christiandavislaw.com

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: _____

208 # 000412

May 9, 2012

Ms. Alicia Grondski
Paralegal to Matthew Christian
Christian & Davis
P.O. Box 332
Greenville, SC 299602

Re: Piedmont Living Center (now operating as Alpha Health &
Rehab of Greer)

Dear Ms. Grondski:

Your enclosed letter of April 24, 2012, 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.

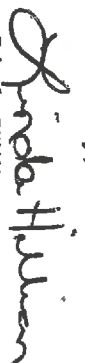
We do obtain Disclosure of Ownership and Control Interest Statement forms and other miscellaneous ownership information from providers. Also, we receive, by way of verification, copies of some information from DHEC. We believe that the information enclosed is what we have that is responsive to your request, 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 provider numbers, EIN and social security numbers.

Our expense for reproducing and mailing this information is thirteen and 50/100 dollars (\$13.50). 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,


Linda Hillian
Paralegal

/h

Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)