

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Hutto/FOIA</i>	DATE <i>2-20-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000287</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i> <i>Cleared 3/4/14. letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>3-6-14</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.			

CONNOR & CONNOR, LLC
TRIAL LAWYERS

224 PARK AVE SE
AIKEN, SOUTH CAROLINA 29801
803.226.0543 (p)
1.800.480.9715 (f)

RECEIVED

FEB 20 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 18, 2014

FOIA Coordinator
Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

RE: Request for Cost Reports for - Laurel Baye Health Care

To Whom it May Concern:

I am making a request for information pursuant to the South Carolina Freedom of Information Act S.C. Code §§ 30-4-10 through 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.

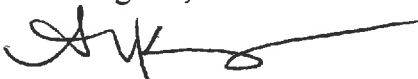
In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request,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

We are requesting the following signed Cost Reports as filed with the state for Laurel Baye Health Care located at 5721 Springfield Road, Williston, SC 29853 for the fiscal years ending 2007, 2008, 2009, 2010, 2011, 2012 and 2013:

- a. Medicaid Cost Report
- b. Medicare Cost Report
- c. Management Company Cost Report
- d. Corporate/Home Office Cost Report
- e. Facility Cost Report

Please contact us if you have any questions. Thank you for your kind assistance in this matter.

Best regards,



Anne K. Moore
Attorney



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 #287



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

March 4, 2014

Anne K. Moore, Esquire
Connor & Conner, LLC
224 Park Ave SE
Aiken, SC 29801

RE: Cost Reports for Laurel Baye Health Care

Dear Ms. Moore:

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 18, 2014 and received by DHHS on February 20, 2014. Enclosed are copies of the SC Nursing Home Medicaid cost report and Home Office cost reports that you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

We do not have copies of the Medicare cost reports, Realty Company cost reports or the Management Company cost reports for the 2007, 2008, 2010, 2011, 2012 and 2013 years.

Our expense for reproducing and mailing this information is eighty-two and 85/100 dollars (\$82.85). 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, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

cc: Beth Hutto, Interim Deputy Director and Chief Financial Officer
Lynette D. Wilson, Receivables

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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FEB 21 2014

SCDHHS
Office of General Counsel

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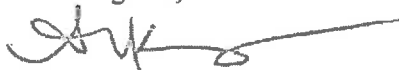
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Attorney