

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>12-14-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101-225</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i> <i>Cleared 1/3/12, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-3-12</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.			

McGowan, Hood & Felder, LLC

Chad A. McGowan (SC, GA, NC)
S. Randall Hood
John G. Felder, Jr.
W. Jones Andrews, Jr.
Jordan C. Calloway
Susan F. Campbell
Lara Pettiss Harrill
Patrick M. Killen
T. Travis Medlock



William A. McKinnon (SC, DC)
Daniel "Ernie" Peagler
Robert V. Phillips
Seth Rose
James Stephen Welch*(SC,OK)
Jay F. Wright
Joseph G. Wright, III*
Of Counsel*

Writer's Email: htindall@mcgowanhood.com

December 12, 2011

RECEIVED

DEC 13 2011

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

SCDHHS
Office of General Counsel

Re: Medicaid Cost Reports for Springdale Health Care Center, Camden, SC

Dear FOIA Coordinator:

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 then (10) working days after receipt 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 2008 and 2009.

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

Sincerely,

Hayley Tindall
Legal Assistant

Enclosures

RECEIVED

DEC 14 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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:



January 3, 2012

Ms. Hayley Tindall
Legal Assistant
McGowan, Hood & Felder, LLC
1539 Health Care Drive
Rock Hill, SC 29732

Re: FOIA Request – Medicaid Cost Reports for Springdale Health Care
Center, Camden, SC

Dear Ms. Tindall:

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

Our expense for reproducing and mailing this information is twenty-two and 32/100 dollars (\$22.32). 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 D. Wilson, Receivables