

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Hess/FOIA</i>	DATE <i>10-25-11</i>
------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000178</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stenland cleared 11/2/11, letter attached!</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-9-11</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.			

ORANGE GROVE OFFICE PARK

11 GAMECOCK AVENUE, SUITE 1103
POST OFFICE BOX 30026
CHARLESTON, SOUTH CAROLINA 29407

855-425-5992 (Toll Free)
(843) 410-5434 (Office)
800-605-4741 (Fax)

RECEIVED

OCT 25 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Ayesha T. Washington

October 24, 2011

VIA FACSIMILE and US MAIL

SC Department of Health and Human Services
Attn: Emma Forkner
Medicaid Director
P.O. Box 8206
Columbia, SC 29202

Re: *Medicaid Cost Reports for Uni-Health Post-Acute Care of North Augusta*
1200 Talisman Drive, North Augusta, SC 29841
WLF File Number: 11-1007.00

Dear Ms. Forkner:

Please accept this letter as a request for documents pursuant to S.C. Code Ann. § 30-4-10 et. seq. (Freedom of Information Act) and the applicable federal statutes and regulations, see e.g., 5 U.S.C.A. § 552 and 29 C.F.R. § 1610.7. Please provide the following information within ten (10) business days after receipt of this request, or sooner, if possible:

All signed Medicaid Cost Reports for the above referenced facility for the fiscal years ending in 2009 and 2010.

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.

Thank you for your professional assistance in this matter.

With kind regards, I am

Sincerely,

Ayesha T. Washington

ATW/rng

WLF

www.wlf-llc.com

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18032558235
FROM	Tonette Washington
DATE	10/25/2011 10:20:27 AM EDT
RE	

COVER MESSAGE

Ayesha T. Washington, Esquire

The Washington Law Firm, LLC
OrangeGrove Office Park
11 Gamecock Avenue, Suite 1103
Post Office Box 30026
Charleston, South Carolina 29407

Office: (843) 410-5434
Fax: 1-800-605-4741

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AYESHA T. WASHINGTON



Direct Dial: 843-410-5436
E-Mail: ayeshawashington@wlf-llc.com

ORANGE GROVE OFFICE PARK
11 GAMECOCK AVENUE, SUITE 1103
POST OFFICE BOX 30026
CHARLESTON, SOUTH CAROLINA 29407
(843) 410-5434
1-800-605-4741 (fax)

Date: October 25, 2011
To: SCDHHS Medicaid Director
Recipient's Fax Number: 803-255-8235

From: Ayesha Washington, Esquire
Sender's Fax Number: 1-800-605-4741
Sender's Phone: (843) 410-5434

Our File Number: 11-1007.00
Number of Pages: Page 1 of 2
Subject: FOIA request

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Ayesha T. Washington

October 24, 2011

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

VIA FACSIMILE and US MAIL
SC Department of Health and Human Services
Attn: Emma Forkner
Medicaid Director
P.O. Box 8206
Columbia, SC 29202

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WLF File Number: 11-1007.00

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With kind regards, I am

Sincerely,

Ayesha T. Washington

ATW/rng

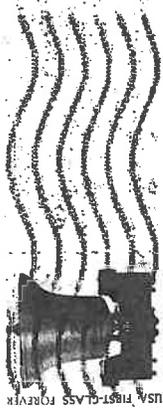
The Washington Law Firm, LLC
11 Gamecock Avenue, Suite 1103
Post Office Box 30026
Charleston, SC 29407

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OCT 25 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SC Department of Health and Human Services
Attn: Emma Forkner
Medicaid Director
P.O. Box 8206
Columbia, SC 29202



2920288206 8044





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 # 000178

Anthony E. Keck, Director
Nikki R. Haley, Governor

November 2, 2011

Ayesha T. Washington, Esquire
Orange Grove Office Park
11 Gamecock Avenue, Suite 1103
Post Office Box 30026
Charleston, SC 29407

Re: FOIA Request – Medicaid Cost Reports for Uni-Health Post-Acute Care
of North Augusta

Dear Ms. Washington:

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-five and 50/100 dollars (\$24.50). 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,

Richard G. Hepfer
Deputy General Counsel

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