

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Hutto/FOIA</i>	DATE <i>11-25-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000186</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Cox</i> <i>cleared 12/4/13, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>12-11-13</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.			

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

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November 21, 2013

Ms. Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

Re: Hospice Care of South
Carolina, LLC
110 Dillon Drive
Spartanburg, SC 29307
Our File # 2013157J

Dear Ms. Putnam:

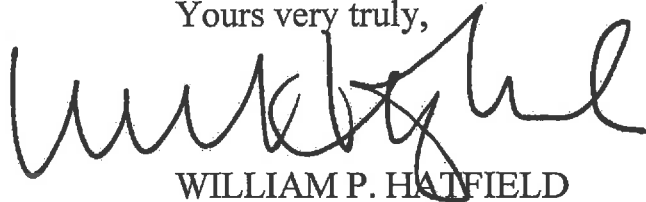
Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with copies of any and all Cost Reports related to Hospice Care of South Carolina, LLC, the home office, and operator of the above identified facility. Furthermore, I would request that you also provide the Home Office Cost Reports, the management company Cost Reports and the realty company Cost Reports for any other entities associated with this facility. In your production, please provide the as filed Cost Reports submitted as well as the Desk Audit packages for same for any contact periods between January 1, 2012 through the present time.

I would appreciate it if you would respond to this request within the next twenty days. If the processing of this request will exceed \$50.00, please provide an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. Thank you for your help and cooperation. Should you have any questions, please feel free to contact me.

Ms. Brandy Putnam
SC Department of Health and Human Services
November 21, 2013
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With kindest regards, I am

Yours very truly,

A handwritten signature in black ink, appearing to read 'William P. Hatfield', with a stylized, cursive script.

WILLIAM P. HATFIELD

WPH:slh

Enclosure

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 Halny
Anthony Keck
P.O. Box 5206 Columbia, SC 29202
www.scdhhs.gov

December 4, 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 state of South Carolina doesn't require hospice facilities to submit cost reports. Therefore, the agency does not have the information specified in your request.

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