


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	3-19-10

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011394	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland Cleared 4/9/10, letter attached. 	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____  <input checked="" type="checkbox"/> FOIA DATE DUE 4-5-10  <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

W. Jones Andrews, Jr.  
John G. Felder, Jr.  
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March 17, 2010

**RECEIVED**

MAR 19 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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

RE: Medicaid Cost Reports for Faith Healthcare Center

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.

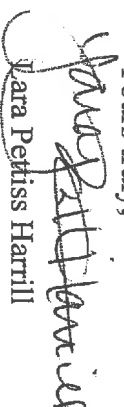
In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request,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

We are requesting signed Medicaid Cost Reports for the above-referenced facility located in Florence, SC for the fiscal year ending in 2007.

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

With best regards, I am,

Yours truly,

A handwritten signature in dark ink, appearing to read "Tara Pettiss Harrill". The signature is written in a cursive, flowing style with some capitalization and stylized lettering.

Tara Pettiss Harrill  
McGowan, Hood & Felder, LLC

Tba  
Enc



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:	_____	\$_____
<b>Total Amount Due SCDHHS:</b>		<b>\$_____</b>

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 #000394

April 9, 2010

Lara Pettiss Harrill, Esquire  
McGowan, Hood & Felder, LLC  
1539 Health Care Drive  
Rock Hill, SC 29732

Re: FOIA Request – Cost Reports for Faith Health Center

Dear Ms. Harrill:


In response to your Freedom of Information Act request, enclosed you will find the October 1, 2006 thru September 30, 2007 cost report you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is seventeen and 08/100 dollars (\$17.08). 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