

**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>000185</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Coy</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cleared 10/4/13, letter attached</i>	<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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RECEIVED

WILLIAM P. HATFIELD†*

E. HOOD TEMPLE

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REGINALD C. BROWN, JR. (1940-2010)

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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

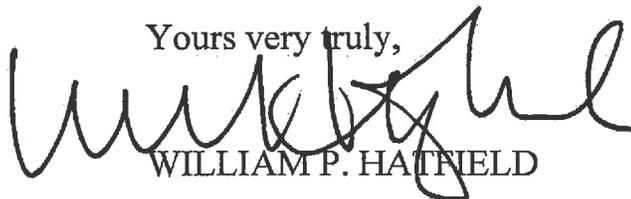
Dear Ms. Putnam:

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between January 1, 2012 through the present, inclusive and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Yours very truly,



WILLIAM P. HATFIELD

WPH:slh

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 Haley
Anthony Keck
P.O. Box 6206 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