

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>9-15-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100,124</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>Cc: Stevens lead</i> <i>Cleared</i>	DATE DUE <i>9-29-11</i>		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

AYESHA T. WASHINGTON



RECEIVED

SEP 15 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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)

Direct Dial: (843) 410-5436
Email: ayeshawashington@wlf-llc.com

September 12, 2011

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

Re: *Medicaid Cost Reports for HealthSouth*
WLF File Number: P1007.00

Dear FOIA Coordinator:

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. In the meantime, if you have any questions or concerns regarding your case, please do not hesitate to contact me.

With kind regards, I am

Sincerely yours,


Ayesha T. Washington

W L F

www.wlf-llc.com



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: _____



dog # 000124

September 23, 2011

Ms. Ayesha T. Washington
The Washington Law Firm, LLC
Orange Grove Office Park
11 Gamecock Avenue, Suite 1103
Post Office Box 30026
Charleston, SC 29407

Re: FOIA Request – Medicaid Cost Reports for HealthSouth

Dear Ms. Washington:

In response to your Freedom of Information Act request, we cannot find any cost reports for HealthSouth. Since this maybe a free-standing rehabilitation facility, we probably do not pay them for services, and so have no reason to get a cost report.

However, if you have additional information or you believe we have miss-understood your request, please contact me at (803) 898-2791.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

RGH/h