

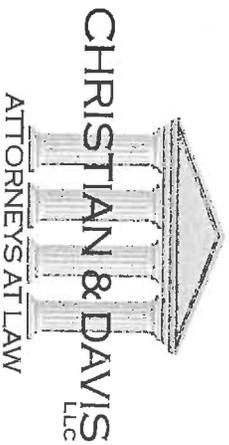
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehu/FOIA</i>	<i>6-4-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100473</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland Cleared 6/25/10, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>6-25-10</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.			



**RECEIVED**

JUN 03 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

June 02, 2010

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

**RE: McLeod Regional Medical Center of the Pee Dee, Inc., d/b/a McLeod  
Medical Center-Darlington**

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 2006 through 2009, 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

Very truly yours,

CHRISTIAN & DAVIS, LLC

  
Kirsten Harkness  
Paralegal to Matthew Christian

W. Harold Christian, Jr.  
Richard V. Davis  
Matthew W. Christian  
Joshua D. Christian  
Workers' Compensation  
Auto & Truck Collisions  
Insurance Litigation  
Social Security Disability  
Serious Personal Injury  
Medical & Nursing  
Home Negligence

/kch

P.O. Box 332 Greenville, SC 29602  
1007 E. Washington St. Greenville, SC 29601  
Phone (864)232-7363 Fax (864)370-3731 www.christiandavislaw.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:	_____	\$ _____
<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: \_\_\_\_\_

South Carolina Department of  
Health & Human Services



Emma Fortner • Director  
Mark Sanford • Governor

June 28, 2010

Matt Christian, Esquire  
Christian & Davis, LLC  
P. O. Box 332  
Greenville, SC 29602

Re: Emeritus Corporation d/b/a Skylyn Health Center and/or Skylyn Place

McLeod Regional Medical Center of the Pee Dee, Inc., d/ba/ McLeod  
Medical Center-Darlington

Lexington Rehabilitation and Nursing Center-Lexington, SC d/b/a  
Heartland of Lexington Rehabilitation and Nursing Center

Palmetto Springdale Operation, LLC d/b/a Springdale Health Care Center

Dear Mr. Christian:

Your enclosed letters of June 2, 2010, were referred to this Office for a response. This agency, the Department of Health and Human Services, administers the South Carolina Medicaid Program. The South Carolina Department of Health and Environmental Control (DHEC) is the State Survey Agency as well as the State licensing agency, and it may be that some or most of the information you seek is kept by them.

We do obtain Disclosure of Ownership and Control Interest Statement forms and other miscellaneous ownership information from providers. Also, we receive, by way of verification, copies of some information from DHEC. We believe that the information enclosed is what we have that is responsive to your requests, but we did not search further than the current files in our Contracts Division, which is where most of this type information is kept. We have redacted the TIN and SC provider numbers.

Also enclosed, you will find the applicable cost reports and desk audit packages you requested. The 2010 information is not available yet and the 2009 desk audit packages have not been finalized, pending the approval of the applicable State Plan Amendment.

Our expense for reproducing and mailing this information is one hundred ninety-five and 70/100 dollars (\$195.70). These documents are true and accurate copies of reports collected by the Department in the regular course of its business. 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

OFFICE OF GENERAL COUNSEL

P. O. Box 8206 • Columbia, South Carolina 29202-8206

(803) 898-2744 • Fax (803) 252-2710

Joey #5 473; 473; 474;  
475; 476; 477;  
478; 479

Matthew Christian, Esquire  
June 28, 2010  
Page 2

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard G. Hepfer". The signature is written in a cursive style with a long, sweeping underline.

Richard G. Hepfer  
Deputy General Counsel

RGH/h  
Enclosures

cc: Lynette Wilson, Receivables (w/o enclosures)