

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singletan/FOIA	5-1-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000562	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<p>cc: Stengard <i>Cleared 5/16/08, letter attached.</i> <i>Attended.</i></p>	
<input type="checkbox"/> Necessary Action DATE DUE <u>5-16-08</u>	

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

log # 562 ✓

Mark Sanford
Governor

Emma Fortner
Director

May 20, 2008

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

Re: Anne Maria Rehab and Nursing Center, North Augusta, SC

Dear Mr. Christian:

Your enclosed letter of April 30, 2008, was 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 nursing home 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 request, 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 EIN and provider numbers.

Our expense for reproducing and mailing this information is five and 99/100 dollars. 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 29202-8355

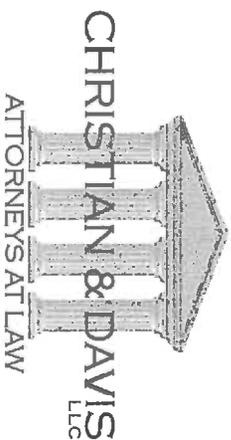
I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

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

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210



RECEIVED
MAY 01 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR

April 30, 2008

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

*Log. Singlebar
Apprs Sign.
cc: Stendland*

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Re: Anne Maria Rehab and Nursing Center, North Augusta, SC

Dear Sir/Madam:

I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513.

If this cost is going to exceed \$100.00, please notify me of same prior to providing me with the information. I would greatly appreciate it if you would provide this information to me within the next 20 days. I look forward to hearing from you.

With kindest regards,

CHRISTIAN & DAVIS

Matt Christian
Attorney at Law

Workers' Compensation
Auto & Truck Collisions
Insurance Litigation
Social Security Disability

Serious Personal Injury
Medical & Nursing
Home Negligence

MC/jp

RECEIVED

MAY 01 2008

SCDHHS
Office of General Counsel

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

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OFFICE OF DIRECTOR**

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<i>Singleton/FOIA</i>	<i>5-1-08</i>

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2. DATE SIGNED BY DIRECTOR <i>CC: Stensgard</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA
	DATE DUE <i>5-16-08</i>
	<input type="checkbox"/> Necessary Action

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