

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Robert A/FOIA	6-13-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101478	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Single for Stensrud Cleared 6/27/12, better attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 6-27-12 <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.			

MCNAIR, MCLEMORE, MIDDLEBROOKS & CO., LLC

CERTIFIED PUBLIC ACCOUNTANTS

389 Mulberry Street • Post Office Box One • Macon, GA 31202
Telephone (478) 746-6277 • Facsimile (478) 741-1129

www.mmmncpa.com

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June 13, 2012

RECEIVED

JUN 13 2012

Ms. Debbie Myers
Freedom of Information
SC DHEC
2600 Bull Street
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Georgetown Healthcare & Rehab
2715 S. Island Road
Georgetown, SC 29440

Dear Ms. Myers:

We would like to request copies of the most currently filed Medicaid cost reports for the above-referenced facility for the last two fiscal reporting periods. If possible, please email the reports to blamberth@mmmncpa.com. If the reports can not be emailed, please mail them to the following address:

Mrs. Brandie Lamberth
McNair, McLemore, Middlebrooks & Co., LLC
389 Mulberry Street
Macon, GA 31202

If you have any questions, please contact me at (478) 330-5254 or at blamberth@mmmncpa.com.

Sincerely,

Brandie Lamberth

Brandie P. Lamberth, CPA



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: _____



June 27, 2012

Ms. Brandie P. Lamberth, CPA
McNair, McLemore, Middlebrook & Co., LLC
389 Mulberry Street
Post Office Box One
Macon, GA 31202

Re: FOIA Request – Medicaid Cost Reports for Georgetown
Healthcare & Rehab

Dear Ms. Lamberth:

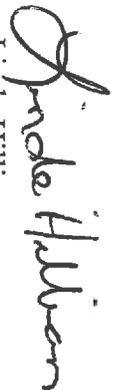
In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is twenty-two and 65/100 dollars (\$22.65). 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,


Linda Hillian
Paralegal

/h

Enclosures

cc: Lynette D. Wilson, Receivables