

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>5-17-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1001241</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland</i> <i>Cleared 10/14/12, letter</i> <i>attached</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-4-12</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.			

# Law Office of W. Andrew Arnold

*a professional corporation*

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## FACSIMILE TRANSMITTAL SHEET

DATE: May 17, 2012

TO: Frank Adams

FAX #: 803-898-4515

FROM: Andrew Arnold

RE:

Number of pages including Transmittal Sheet: 2

MESSAGE:

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The information contained in this facsimile transmission is confidential information and/or attorney work product for the exclusive use of the intended recipient listed above. Any reading, disclosure, use or reproduction of this communication, other than by the intended recipient, is prohibited. If you have received this in error, please notify us by collect telephone call immediately and return the communication to us by U.S. Mail.



May 17, 2012

SENT VIA FACSIMILE 803-898-4515

Mr. Frank Adams  
Director of Public Information  
Department of Health and Human Services  
Columbia, SC

RE: Cost Reports for Laurel Bay Health Care, 661 Rutherford Road, Greenville, SC 29609  
For the year 2009

Dear Mr. Adams:

By way of this letter and pursuant to the Freedom of Information Act, I am requesting the cost reports for Laurel Bay Health Care, 661 Rutherford Road, Greenville, SC 29609 for the year 2011.

If you have any questions regarding this request, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Andrew Arnold'.

W. Andrew Arnold

WAA/jdf

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: \_\_\_\_\_

June 4, 2012

W. Andrew Arnold, Esquire  
Law Office of W. Andrew Arnold  
712 East Washington Street  
Greenville, SC 29601

Re: FOIA Request – Medicaid Cost Reports for Laurel Baye Health Care

Dear Mr. Arnold:


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 seventeen and 80/100 dollars (\$17.80). 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,

  
Richard G. Hepfer  
Deputy General Counsel

RGH/h  
Enclosures  
cc: Lynette D. Wilson, Receivables