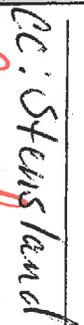


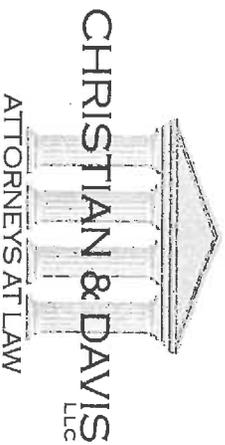
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|-----------------|----------|
| TO | DATE |
| Single fax/FOIA | 11-17-10 |

| | | | |
|----------------------------|---|---|-------------------------|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER | 301214 | <input type="checkbox"/> Prepare reply for the Director's signature | DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR |  CC: Stensland Cleared 2/11/11 letter attached. | <input checked="" type="checkbox"/> Prepare reply for appropriate signature | DATE DUE _____ |
| |  | <input type="checkbox"/> Necessary Action | DATE DUE <u>12-3-10</u> |

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



CHRISTIAN & DAVIS
LLC

ATTORNEYS AT LAW

RECEIVED

NOV 17 2010

SCDHHS
Office of General Counsel

November 16, 2010

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

RECEIVED

NOV 17 2010

Department of Health & Human Services
~~OFFICE OF THE DIRECTOR~~

**RE: Richard M. Campbell Veterans Nursing Home
4605 Belton Highway, Anderson, SC 29621
NCF-0549**

W. Harold Christian, Jr.
Richard V. Davis

Dear Sir or Madam:

Matthew W. Christian
Joshua D. Christian

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.

Workers' Compensation
Auto & Truck Collisions

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, I am

Very truly yours,

Insurance Litigation
Social Security Disability
Serious Personal Injury
Medical & Nursing
Home Negligence

CHRISTIAN & DAVIS, LLC


Kirsten Harkness
Paralegal to Matthew Christian

/kch



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: _____



February 7, 2011

Kirsten Harkness, Paralegal
Christian & Davis, LLC
P. O. Box 332
Greenville, SC 29602

Re: Richard M. Campbell Veterans Nursing Home, Anderson, South Carolina

Dear Ms. Harkness:

Your enclosed letter of November 16, 2010, 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 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 provider numbers.

Our expense for reproducing and mailing this information is six and 18/100 dollars (\$6.18). 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

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

Sincerely,
Linda Hillian
Linda Hillian
Paralegal

/s/

Enclosures

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