

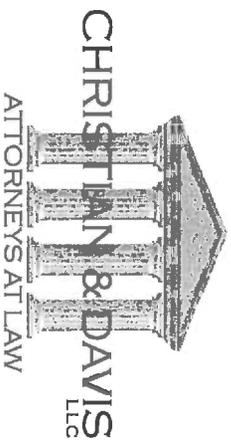
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO	DATE
Singleton / FOIA	4-20-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100585	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Stensland Cleared 5/18/09, better attached	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 5-4-09 <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**

APR 20 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

April 17, 2009

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

**RE: Heritage Healthcare of the Low Country/UniHealth Post-Acute Care Low  
Country  
301 South Liberty Street, Estill, South Carolina**

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

Dear Sir/Madam:

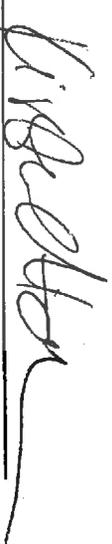
I am writing pursuant to the Freedom of Information Act to request all documents regarding ownership, control, licensing, and related entities, including but not limited to, CMS Form 1513 as well as any documents concerning transfer(s) of ownership. I would further request that you ensure that the documents you produce reflect all corporate disclosures as filed from January 2007 to the present time.

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,

CHRISTIAN & DAVIS, LLC

  
Kirsten Harkness  
Paralegal to Matthew Christian

/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



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:	_____		\$ _____
<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: \_\_\_\_\_



State of South Carolina  
Department of Health and Human Services

803 # 000 585

Mark Sanford  
Governor

Emma Forkner  
Director

May 18, 2009

Mathew Christian, Esquire  
Christian & Davis, LLC  
1007 E. Washington Street  
Post Office Box 332  
Greenville, South Carolina 29602

Re: Freedom of Information Request – Heritage Healthcare of the Low Country/UniHealth Post-  
Acute Care Low Country

Dear Mr. Christian:

Your enclosed letter of April 17, 2009, 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 for the Medicaid Program as well as the state licensing agency, and it appears that the information you seek would mainly be kept by them.

We receive, by way of verification, copies of some information from DHEC. This information would be duplicative of what you will be getting 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 and the Community Long Term Care files, which is where most of this type information is kept. We have redacted the provider numbers, social security numbers and EIN.

Our expense for reproducing and mailing this information is nine and 73/100 dollars (\$9.73). 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

Please contact me if there are any questions. My direct is 898-2791.

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