


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>12-1-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000383</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Stansland</i> <i>Cleared 12/13/06, letter attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>12-15-06</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.			



Christian Stegmaier | Direct Dial: 803.255.0454 | E-Mail: cstegmaier@collinsandlacy.com

November 30, 2006

RECEIVED

DEC 01 2006

VIA UNITED STATES MAIL

South Carolina Department of Health and Human Services
Attention: Records Custodian
Post Office Box 8206
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*In re: Niketa C. Williams, Personal Representative of the Estate of Rozell Williams adx.
Mastermind Limited Partnership, d/b/a Rapha Residential Care
Richland County Probate Court File Number: 2006 ES40 01482
Collins & Lacy File Number: 1102-100*

FOIA REQUEST

Dear Sir or Madam:

*Jos. Singleton
"FOIA"
cc: Steward
Bowlins*

Pursuant to the South Carolina Freedom of Information Act, we are requesting a copy of all correspondence, health licensing information, reports, surveys, forms, penalty letters and complaints received and any information contained in any file produced, retained, compiled, or utilized by the South Carolina Department of Health and Human Services regarding Rapha Residential Care.

In your agency's return, please enclose an invoice to cover the reasonable costs of reproduction of such records. We will remit payment accordingly.

If you require any further information from me to process this request, please feel free to contact me at the above-number or email me at cstegmaier@collinsandlacy.com. I appreciate your assistance in this matter.

Respectfully,

Christian Stegmaier

Christian Stegmaier

(cc)

CBS:cct

cc: JWC
Niketa Williams



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Karr
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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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APPROVALS (only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
<i>1. [Signature]</i>	<i>12/14/06</i>		
2.			
3.			
4.			



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

December 13, 2006

Mr. Christian Stegmaier
Collins & Lacy
Attorneys at Law
P. O. Box 12487
Columbia, SC 29211

Re: Request for Information on Rapha Residential Care

Dear Mr. Stegmaier:

Your request for information on this provider was referred to this Office for a response. We obtained the files from the three (3) areas of the agency, which would most likely have relevant information: The Division of Community and Facility Services; the Bureau of Reimbursement Methodology (cost reports); and the computerized Medicaid Management Information System (MMIS).

All bank account numbers, Medicaid provider Id numbers, and Tax Id numbers have been redacted. We also withheld all documents used to bill, because those documents consist primarily of lists of residents. We did, however, substitute the provider payment history that still exists in the MMIS. The payment history would reflect the amounts claimed on the billing documents.

The cost for copying, preparing and mailing this information was forty and 45/100 dollars (\$40.45). 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

I hope this information is helpful to you. Please contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer
Deputy General Counsel

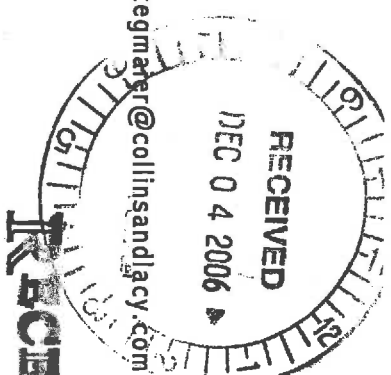
RGH/h
Enclosures
cc: Lynette Wilson, Receivables (w/o enclosures)

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



Christian Stegmaier | Direct Dial: 803.255.0454 | E-Mail: cstegmaier@collinsandlacy.com

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Respectfully,

Christian Stegmaier
Christian Stegmaier

CBS:crr

cc: JWC
Niketa Williams