


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Single hu/FOIA</i>	<i>1-5-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100286</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i> <i>Claud 1/20/10, letter attached</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>1-21-10</i>

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

MCGOWAN HOOD & FELDER, LLC

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John G. Felder, Jr.
Lara Pettiss Harrill
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January 4, 2010

RECEIVED

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

JAN 05 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Medicaid Cost Reports for Bethel Baptist Nursing Center

Dear FOIA Coordinator:

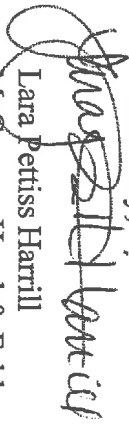
I am making a request for information pursuant to the South Carolina Freedom of Information Act S.C. Code §§ 30-4-10 through 30-4-165, and the applicable federal statutes and regulations, see, e.g., 5 U.S.C.A. §552 and 29 C.F.R. §1610.7.

In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request, or sooner, if possible.

We are requesting signed Medicaid Cost Reports for the above-referenced facility for the fiscal year ending in 2008.

Thank you for your assistance in this matter and I look forward to hearing from you in the near future.

With best regards, I am,

Yours truly,

Lara Petiss Harill
McGowan, Hood & Felder, LLC

Tba



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: _____

January 20, 2010

Lara Pettiss Harrill, Esquire
McGowan, Hood & Felder, LLC
1539 Health Care Drive
Rock Hill, SC 29732

Re: FOIA Request – Cost Reports for Bethea Baptist Nursing Center

Dear Ms. Harrill:


In response to your Freedom of Information Act request, enclosed you will find the October 1, 2007 thru September 30, 2008 cost report you requested. This document is a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is seventeen and 25/100 dollars (\$17.25). 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