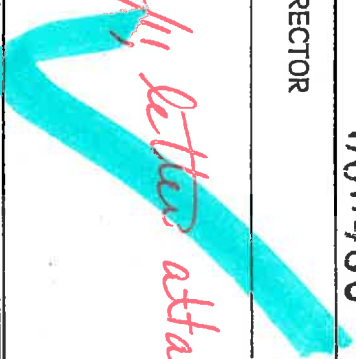


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------|---------|
| TO | DATE |
| Singleton/FOIA | 4-27-11 |

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER 000480 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR CC: Standlund Closed Staff letter attached  | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 5-12-11 <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. | | | |

PIERCE, HERNS, SLOAN & McLEOD, LLC

THE BLAKE HOUSE
321 EAST BAY STREET
P.O. BOX 22437 (29413)
Charleston, South Carolina 29401
PH: (843) 722-7733
FAX: (843) 722-7732

Fax Transmittal Sheet

RECEIVED

Date: April 26, 2011

APR 26 2011

Fax Number: 803-898-4515

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Michelle Holder

To: SC Dept of Health and Human Services

Attn: Emma Forkner

Our File Number: P2164.00

Number of Pages Including Cover Sheet: 2

Message:

If you have any problems with the receipt of this fax, please call (843) 722-7733.

The information contained in the facsimile message is subject to attorney/client privilege and/or attorney work product privilege, and is confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the US Postal Service.

APR. 26. 2011 11:58AM

PIERCEHEARNSSLOAN

NO. 5315 P. 2

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CARLE PIERCE, II
LOUIS P. HERNS
ALLAN P. SLOAN, III ♦
W. MULLINS MCLEOD, JR.
JOSEPH C. WILSON, IV †
JAMES G. KENNEDY
JAMES D. GANDY, III
GEORGE L. INABINET, JR.
WILLIAM P. EARLY

ATTORNEYS AND COUNSELORS AT LAW

THE BLAKE HOUSE, 321 EAST BAY STREET
CHARLESTON, SOUTH CAROLINA 29401

POST OFFICE BOX 22437
CHARLESTON, SOUTH CAROLINA 29413

(843) 722-7733
(843) 722-7732 FAX
www.phsm.net

M. TODD RAINSFORD
AYESHA T. WASHINGTON
STEPHEN W. GAUSE
SONALY K. HENDRICKS ★
DAVID L. BARNES, JR.
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♦ MEMBER SC & TL BAR
♦ CERTIFIED SC CIRCUIT
COURT MEDIATOR
† MEMBER SC, FL & GA BAR
★ MEMBER SC & KY BAR
★ MEMBER SC, CO & WA BAR

April 26, 2011

Direct Dial: (843) 725-7726
E-mail: mitchellhoidor@phsm.net

VIA FACSIMILE and US MAIL

SC Department of Health and Human Services
Attn: Emma Forkner
Medicaid Director
P.O. Box 8206
Columbia, SC 29202

RECEIVED

APR 26 2011

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: *Medicaid Cost Reports for Heartland Healthcare of Charleston*
904 West First North Street, Summerville, SC 29483
Our File Number: P2164.00

Dear Ms. Forkner:


Please accept this letter as a request for documents pursuant to S.C. Code Ann. § 30-4-10 et. seq. (Freedom of Information Act) and the applicable federal statutes and regulations, see e.g., 5 U.S.C.A. § 552 and 29 C.F.R. § 1610.7. Please provide the following information within ten (10) business days after receipt of this request, or sooner, if possible:

All signed Medicaid Cost Reports for the above referenced facility for the fiscal years ending in 2009 and 2010.

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.

Thank you for your professional assistance in this matter.

With kind regards, I am

Sincerely,

Michelle Hoidor, paralegal to
Ayesha T. Washington

ATW/mrh

04/26/2011 11:02AM

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: _____

Log # 000480 ✓

May 12, 2011

Michelle Holder, Paralegal
Pierce, Hems, Sloan & McLeod, LLC
Post Office Box 22437
The Blake House, 321 East Bay Street
Charleston, South Carolina 29413

Re: FOIA Request – Medicaid Cost Reports for Heartland Healthcare of Charleston

Dear Ms. Holder:

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 twenty-four and 80/100 dollars (\$24.80). 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,


Linda Hillian
Paralegal

/h
Enclosures
cc: Lynette D. Wilson, Receivables