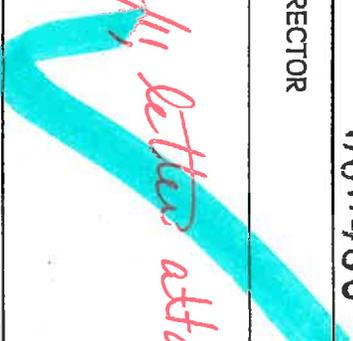


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	4-27-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 001480	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  CC: Stansland Cleared Staff letter attached 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action DATE DUE 5-12-11

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**

APR 26 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Date: April 26, 2011

Fax Number: 803-898-4515

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.*

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\* MEMBER SC & TL BAR  
 ♦ CERTIFIED SC CIRCUIT  
 COURT MEDIATOR  
 † MEMBER SO, FL & GA BAR  
 Δ MEMBER SC & KY BAR  
 \* MEMBER SC, CO & VA BAR

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

April 26, 2011

# RECEIVED

APR 26 2011

Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

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

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:

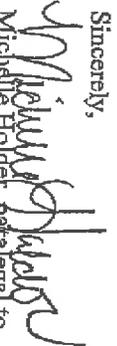
Please accept this letter as a request for documents pursuant to S.C. Code Ann. § 30-4-10 et. seq. (Freedom of Information Act) and the applicable federal statutes and regulations, see e.g., 5 U.S.C.A. § 552 and 29 C.F.R. § 1610.7. Please provide the following information within ten (10) business days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

ATW/mrh



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: \_\_\_\_\_



*Jog # 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*  
Linda Hillian  
Paralegal

/h  
Enclosures  
cc: Lynette D. Wilson, Receivables