


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehu/FOIA</i>	<i>1-12-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>1011299</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stenlund</i> <i>Closed 1/20/10, letter attached</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-28-10</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.			

PIERCE, HERNS, SLOAN & MCLEOD, LLC

ATTORNEYS AND COUNSELORS AT LAW

CARL E. 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

RECEIVED

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
AVESHA T. WASHINGTON
STEPHEN W. GAUSE
SONALI K. HENDRICKS *
CHRISTOPHER P. DETERS
A. STUART HUDSON ●■
DAVID L. BARNES, JR.
RACHAEL A. SYLVESTER
WILSON W. GREENE ▲
AMY F. PILLE

JAN 12 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

* MEMBER SC & FL BAR
◆ CERTIFIED SC CIRCUIT COURT MEDIATOR
† MEMBER SC, FL & GA BAR
● MEMBER SC & GA BAR
■ REGISTERED PATENT ATTORNEY
▲ MEMBER SC & KY BAR
★ MEMBER SC, CO & WA BAR

Direct Dial: (843) 725-7713
E-mail: ayeshawashington@phsm.net

January 11, 2010

FOIA Coordinator
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29201

Re: *Medicaid Cost Reports for Heartland of West Ashley Rehabilitation and Nursing Center, Provider No.*
Our File Number: P2120.00

Dear FOIA Coordinator:

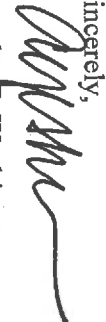
Please accept this letter as a request for documents pursuant to S.C. Code Ann. § 30-4-10 et. seq. (Freedom of Information Act) and the applicable federal statutes and regulations, see e.g., 5 U.S.C.A. § 552 and 29 C.F.R. § 1610.7. Please provide the following information within ten (10) business days 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 2008 and 2009.

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,

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:		\$_____
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

Ayesha T. Washington, Esquire
Pierce, Hems, Sloan & McLeod, LLC
The Blake House, 321 East Bay Street
Post Office Box 22437
Charleston, SC 29413

Re: FOIA Request – Cost Reports for Heartland of West Ashley
Rehabilitation and Nursing Center

Dear Ms. Washington:


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. The deadline for the 2009 cost report is December 31, 2009; therefore the 2009 cost report is not available at this time.

Our expense for reproducing and mailing this information is seventeen and 55/100 dollars (\$17.55). 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