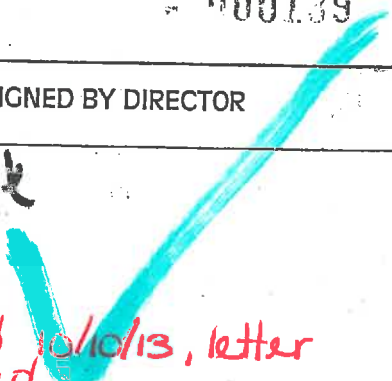


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Roberts/FOIA/Hutto	DATE 10-9-13
---------------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000139		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> FOIA DATE DUE 10-24-13
2. DATE SIGNED BY DIRECTOR cc: Cox		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
Cleared 10/10/13, letter attached		<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.			

McGowan, Hood & Felder, LLC

Chad A. McGowan (SC,GA,NC)
S. Randall Hood
John G. Felder, Jr.
W. Jones Andrews, Jr.
Jordan C. Calloway
Susan F. Campbell
Ashley White Creech
Ruskin C. Foster
Lara Pettiss Harrill



Whitney Harrison
Patrick M. Killen
William A. McKinnon (SC,DC)
Daniel "Ernie" Peagler
Robert V. Phillips
Seth Rose
James Stephen Welch* (SC,OK)
Joseph G. Wright, III*
Of Counsel*

Writer's Email: LHarrill@mcgowanhood.com
October 7, 2013

RECEIVED

OCT 08 2013

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Request for Cost Report
Facility: Laurel Baye Healthcare of South Carolina and Laurel Baye Healthcare of
Blackville
2nd REQUEST

To Whom it May Concern:

I am once again 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. **The original request was sent on May 14, 2013, to which I have received no response.**

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 the following signed Cost Reports for Laurel Baye Healthcare of Blackville for the fiscal year ending 2009:

- a) Medicaid Cost Report
- b) Medicare Cost Report
- c) Realty Company Cost Report
- d) Management Company Cost Report
- e) Corporate/Home Office Cost Report
- f) Facility Cost Report

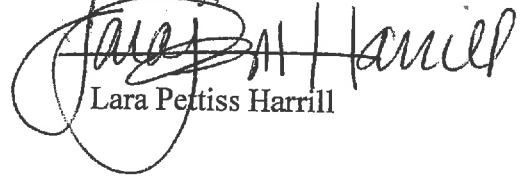
1539 Health Care Drive, Rock Hill, SC 29732 • Tel: 803-327-7800 • Fax: 803-328-5656

Rock Hill • Columbia • Anderson • Sumter

www.mcgowanhood.com

Please contact us if you have any questions. Thank you for your kind assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lara Pettiss Harrill". The signature is written in dark ink and is somewhat stylized, with a large loop at the beginning and a long horizontal stroke across the middle.

Lara Pettiss Harrill

lph



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:



October 10, 2013

Lara Petiss Harrill, Esquire
McGowan, Hood & Felder, LLC
1539 Health Care Drive
Rock Hill, South Carolina 29732

Re: FOIA Request – Medicaid Cost Reports for Laurel Baye Health Care of
South Carolina and Laurel Baye Healthcare of Blackville

Dear Ms. Harrill:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated October 7, 2013 and received by DHHS on October 9, 2013. Enclosed are copies of the SC Nursing Home Medicaid cost reports that were 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-seven and 22/100 dollars (\$27.22). 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

Thank you for your request. If you have any questions, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

h/k
RECEIVED

OCT 10 2013

ACTION REFERRAL

SCDHHS
Office of General Counsel

TO <i>Roberts/FOIA/Hutto</i>	DATE <i>10-9-13</i>
---------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000139</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc:Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-24-13</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.			

McGowan, Hood & Felder, LLC

Chad A. McGowan (SC,GA,NC)
S. Randall Hood
John G. Felder, Jr.
W. Jones Andrews, Jr.
Jordan C. Calloway
Susan F. Campbell
Ashley White Creech
Ruskin C. Foster
Lara Pettiss Harrill



Whitney Harrison
Patrick M. Killen
William A. McKinnon (SC,DC)
Daniel "Ernie" Peagler
Robert V. Phillips
Seth Rose
James Stephen Welch* (SC,OK)
Joseph G. Wright, III*
Of Counsel*

Writer's Email: LHarrill@mcgowanhood.com
October 7, 2013

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

RECEIVED

OCT 08 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Request for Cost Report
Facility: Laurel Baye Healthcare of South Carolina and Laurel Baye Healthcare of
Blackville
2nd REQUEST

To Whom it May Concern:

I am once again 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. The original request was sent on May 14, 2013, to which I have received no response.

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 the following signed Cost Reports for Laurel Baye Healthcare of Blackville for the fiscal year ending 2009:

- a) Medicaid Cost Report
- b) Medicare Cost Report
- c) Realty Company Cost Report
- d) Management Company Cost Report
- e) Corporate/Home Office Cost Report
- f) Facility Cost Report

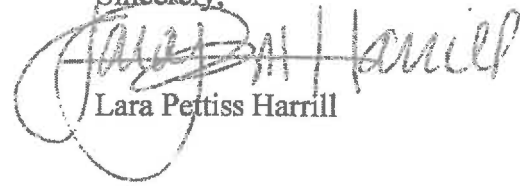
RECEIVED

OCT 10 2013

SCDHHS
Office of General Counsel

Please contact us if you have any questions. Thank you for your kind assistance in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lara Pettiss Harrill". The signature is stylized with a large, sweeping loop on the left side and a horizontal line across the middle. The name "Lara" is written in a cursive script, and "Pettiss Harrill" follows in a similar style.

Lara Pettiss Harrill

lph



October 10, 2013

TO: Ms. Lara Petiss Harrill
McGowan, Hood & Felder, LLC

FROM: Beth Hutto
Interim Deputy Director

SUBJECT: Cost of Processing FOIA Request # 139

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	1 _____ Hours	\$10.00 _____
Pages copied at \$.10 per page	89 _____ Pages	\$8.90 _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$0.00

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

Signature

Date