

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

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 _____
<i>Cleared 10/10/13, letter attached</i>	<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

**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  
**2<sup>nd</sup> 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

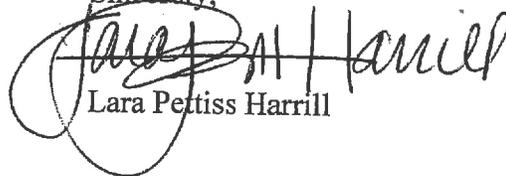
1539 Health Care Drive, Rock Hill, SC 29732 · Tel: 803-327-7800 · Fax: 803-328-5656

Rock Hill · Columbia · Anderson · Sumter

[www.mcgowanhood.com](http://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 black ink and is positioned above the printed name.

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:	_____	\$ _____
<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:



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

SCDHHS  
Office of General Counsel

**ACTION REFERRAL**

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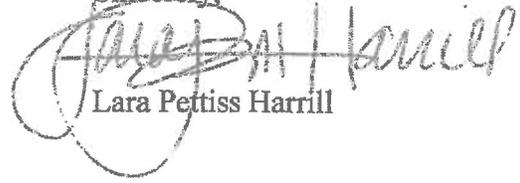
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OCT 10 2013

SCDHHS  
Office of General Counsel

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Sincerely,

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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	<u>1</u> Hours	<u>\$10.00</u>
Pages copied at \$.10 per page	<u>89</u> Pages	<u>\$8.90</u>
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>\$0.00</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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date