

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess / Saxon	7-6-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 0010012	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C: Director Keck Singleron Stensland Cleveland 7/15/11 letter	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-15-11 <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 & MCFEOD, LLC

THE BLAKE HOUSE

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Charleston, South Carolina 29401

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PLS Log

FOIA

Hess

Date: JUL 6, 2011

To: JEFF STENSLAND

Fax: 803-255-8235

From: RYAN OXFORD

RE: HEARLAND OF WEST ASHLEY

File Number: P2248

Number of pages including Cover Sheet: 2

Message: _____

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July 6, 2011

Direct Dial: (843) 725-7741
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VIA FACSIMILE 803-255-8235 and US MAIL

SC Department of Health and Human Services
Bureau of Long Term Care Reimbursement
Attn: Jeff Stensland
P.O. Box 8206
Columbia, SC 29202

Re: *Medicaid Cost Reports for Heartland of West Ashley*
1137 Sam Rittenberg Blvd., Charleston, SC 29407
Our File Number: P2248.00

Mr. Stensland:

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,


Ryan Oxford, Legal Assistant to
Ayesha T. Washington

ATW/mth

Log # 000012

July 18, 2011

Ms. Ryan Oxford
Pierce, Hems, Sloan & McLeod, LLC
The Blake House
321 East Bay Street
Charleston, SC 29401

Re: FOIA Request – Medicaid Cost Reports for Heartland of West Ashley

Dear Ms. Oxford:

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 50/100 dollars (\$24.50). 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