

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 Singleton Stensland Cleared 7/18/11 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 & McLEOD, LLC

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As 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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JUL 6, 2011 1:12PM

PIERCEHEARNSSLOAN

NO. 6262 P. 2

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July 6, 2011

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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

Mt. 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

07/06/2011 12:17PM

Log # 000012



Anthony E. Keck, Director
Nikki R. Haley, Governor

July 18, 2011

Ms. Ryan Oxford
Pierce, Herms, 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,

A handwritten signature in dark ink, appearing to read "Richard G. Hepler", is written over the typed name.

Richard G. Hepler
Deputy General Counsel

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