

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	1-23-12
DIRECTOR'S USE ONLY	
1. LOG NUMBER	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
cc: Stensland Cleared 3/8/12, letter attached.	<input checked="" type="checkbox"/> FOIA DATE DUE 2-7-12
<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)
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John G. Felder, Jr.
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Seth Rose
James Stephen Weldr* (SC, OK)
Jay F. Wright
Joseph G. Wright, III*
Of Counsel*

Writer's Email: abrock@mcgowanhood.com

January 20, 2012

RECEIVED

JAN 23 2012

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: Medicaid Cost Reports for Central Carolina Health and Rehabilitation, Columbia, SC

Dear FOIA Coordinator:

I am 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.

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 then (10) working days after receipt of this request, or sooner if possible.

We are requesting signed Medicaid Cost Reports for the above- referenced facility for the fiscal years ending in 2004, 2005, 2006, 2007, and 2008.

Thank you for your assistance in this matter, and I look forward to hearing from you in the near future.

Sincerely,

Ann B. Brock
Paralegal to John G. Felder, Jr.

1517 Hampton Street, Columbia, SC 29201 • Tel: 803-779-0100 • Fax: 803-256-0702

Rock Hill • Columbia • Anderson • Sumter

www.mcgowanhood.com

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: _____

February 8, 2012

John G. Felder, Jr., Esquire
McGowan, Hood & Felder, LLC
1517 Hampton Street
Columbia, SC 29201

Re: FOIA Request – Medicaid Cost Reports for Central Carolina Health and
Rehabilitation, Columbia, SC

Dear Mr. Felder:


In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. There is not a September 30, 2004 cost report due to a change in ownership. 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 thirty-four and 80/100 dollars (\$34.80). 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