

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single form / FOIA	7-5-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 0011002	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stenland Cleared 7/13/11, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-19-11 <input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

THE HYMAN LAW FIRM, LLP

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JUL 01 2011

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

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June 29, 2011

Ms. Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

Re: Covenant Towers Healthcare
Center
5001 Little River Road,
Myrtle Beach, SC 29577
Our File #20111091J

Dear Ms. Putnam:

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between January 1, 2010 through the present, inclusive and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Yours very truly,

WILLIAM P. HATFIELD

WPH:slh

cc: Ms. Helen M. Rulli



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: _____



Log #s
0000003
0000003
0000004 ✓

July 13, 2011

William P. Hatfield, Esquire
The Hyman Law Firm, LLP
170 Courthouse Square
Post Office Box 1770
Florence, SC 29503-1770

Re: FOIA Request – Medicaid Cost Reports for Covenant Towers
Healthcare Center

Dear Mr. Hatfield:

In response to your Freedom of Information Act requests, this agency, the Department of Health and Human Services (DHHS), administers the South Carolina Medicaid Program. The South Carolina Department of Health and Environmental Control (DHEC) is the state licensing agency and the state survey agency for facilities participating in the Medicaid and other programs. After a check of the files in the relevant units of the agency, DHHS does not have a Medicaid contract with Covenant Towers Healthcare Center. Therefore, the agency has none of the information specified in your requests for information, including Cost Reports, regarding the Covenant Towers Healthcare Center.

Please contact me if there are any questions.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

RGH/h