

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|---------------------------|------------------------|
| TO <i>Waldrup/FOIA</i> | DATE <i>8-16-12</i> |
|---------------------------|------------------------|

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <i>101052</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland Cleared 8/2/12, e-mail response attached.</i> | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-30-12</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. | | | |

Brenda James

From: Debra Myers
Sent: Monday, August 13, 2012 11:56 AM
To: Brenda James
Cc: Lisa Jackson; Brandy Gilbert
Subject: FW: Medicaid Cost Report Request

RECEIVED

AUG 14 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda,

Please log FOIA.

Thanks
Debbie

Debra Myers, Director
Division of Long Term Care Reimbursement
SC Department of Health and Human Services
Direct Line (803) 898-2883
Fax Line (803) 255-8228

From: Scott Kuhlman [<mailto:skuhlman@ecpmd.com>]
Sent: Monday, August 13, 2012 11:41 AM
To: Debra Myers
Subject: Medicaid Cost Report Request

I want to thank you for your time on the phone this morning.

I am requesting a copy of the Medicaid Cost Report for:

Seneca Health & Rehabilitation Center
140 Tokeena Road
Seneca, SC 29678

Thank you very much.



Scott Kuhlman, MBA
Chief Operating Officer

Office: 828-210-2050
Fax: 828-210-2051
Cell: 828-606-4549

This message is intended only for the named recipient. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly

prohibited. If you are not the intended recipient, please immediately contact the sender by email or phone.



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 letter 000052

Janet Bell

From: Lisa Jackson
Sent: Friday, August 17, 2012 11:38 AM
To: Debra Myers; Louis Krause; Janet Bell; Brenda James; Ruth Johnson
Subject: FW: FOIA request
Attachments: seneca 9-30-10 cost report.pdf; Seneca 9-30-2011 Cost report.pdf

Here is the e-mail that was sent to clear FOIA Request #052. If you need anything else, just let me know.

Lisa

From: Lisa Jackson
Sent: Friday, August 17, 2012 11:31 AM
To: 'skuhlman@ecpmd.com'
Subject: FOIA request

Mr. Kuhlman,

Attached is the information you have requested through FOIA. If I can be of any further assistance, please feel free to contact me.

Thank you,

***Lisa D. Jackson, Auditor III
SC Department of Health and Human Services
Division of Longterm Care Reimbursement
Direct Line (803) 898-2081***