

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts</i> <i>Hutto/FOIA</i>	DATE <i>4-18-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000328</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Cox</i> <i>Cleared 4/23/13, letter</i> <i>attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>5/2/13</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: Colleen Mullis
Sent: Thursday, April 18, 2013 9:29 AM
To: Brenda James
Subject: FW: Medicaid Cost Reports

Below is an FOIA request.

From: Carol Winward [<mailto:cwinward@htgconsultants.com>]
Sent: Thursday, April 18, 2013 9:08 AM
To: Office of Communications
Subject: FW: Medicaid Cost Reports

I understand that Kim Cox is out of the office. Below is my request for Medicaid cost reports that I sent to her yesterday. Please let me know if you need any other information.

Thank you,

Carol L. Winward
Director of Research
HTG Consultants, LLC
2 Penn's Way, Suite 300
New Castle, DE 19720
302-322-4100
www.htgconsultants.com

From: Carol Winward
Sent: Wednesday, April 17, 2013 1:54 PM
To: coxkim@scdhhs.gov
Subject: Medicaid Cost Reports

In accordance with the Freedom of Information Act, I would like a copy of the most recent Medicaid cost report for the following nursing facilities.

THE METHODIST OAKS
151 LOVELY DRIVE
ORANGEBURG, SC 29115

JOLLEY ACRES HEALTHCARE CENTER
1180 WOLFE TRAIL
ORANGEBURG, SC 29115

UNIHEALTH POST ACUTE CARE ORANGEBURG, LLC
755 WHITMAN STREET SE
ORANGEBURG, SC 29115

CALHOUN CONVALESCENT CENTER

601 DANTZLER STREET

SAINT MATTHEWS, SC 29135

UNIHEALTH POST-ACUTE CARE OF BAMBERG

439 NORTH STREET

BAMBERG, SC 29003

Please send the reports electronically.

Thank you,

Carol L. Winward

Director of Research

HTG Consultants, LLC

2 Penn's Way, Suite 300

New Castle, DE 19720

302-322-4100

www.htgconsultants.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:



April 23, 2013

Ms. Carol Winward
Director of Research
HTG Consultants, LLC
2 Penn's Way, Suite 300
New Castle, DE 19720

Ms. Winward,

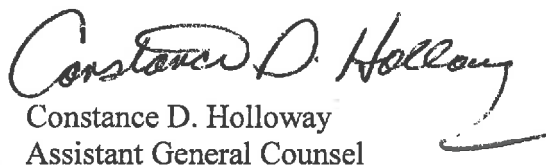
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated April 18, 2013 and received by DHHS on April 19, 2013. Enclosed is the cost report information that was requested.

Our expense for extracting and mailing this information is eighteen and 75/100 dollars (\$18.75). 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

Thank you for your request. If you have any questions, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,


Constance D. Holloway
Assistant General Counsel

CDH/lb

Enclosures