

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

**EA**

TO	DATE
Roberts/Day/FOIA	7-10-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000016	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  CC: Cox, Mullis Cleared 7/18/14, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <u>7-24-14</u> <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**

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**From:** Colleen Mullis  
**Sent:** Wednesday, July 09, 2014 3:01 PM  
**To:** Brenda James  
**Cc:** Office of Communications  
**Subject:** FW: FOI request

Brenda --

Please log and process this FOIA request.

Thank you.

Colleen

---

**Colleen Mullis**  
*Public Information Director II*  
[Colleen.Mullis@scdhhs.gov](mailto:Colleen.Mullis@scdhhs.gov)  
803.898.2452  
cell: 803.605.4848  
[www.scdhhs.gov](http://www.scdhhs.gov)



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**From:** Terry Schmoyer [mailto:[tschmoyer@schmoyercpa.com](mailto:tschmoyer@schmoyercpa.com)]  
**Sent:** Wednesday, July 09, 2014 1:50 PM  
**To:** Office of Communications  
**Cc:** Chari Preacher  
**Subject:** FOI request

Lake Emory Post Acute Care	Inman
Magnolia Manor - Columbia	Columbia
Magnolia Manor - Greenville	Greenville
Magnolia Manor - Greenwood	Greenwood
Magnolia Manor - Inman	Inman
Magnolia Manor - Rock Hill	Rock Hill
Magnolia Manor of Spartanburg	Spartanburg

Magnolia Place at Spartanburg	Spartanburg
Magnolia Place of Greenville	Greenville
Riverside Health and Rehab	Charleston

Cheri

Good afternoon

I would like to request a copy of the entire 9/30/13 Medicaid Cost report and related workpapers for the above providers.

Please bill my office as needed for the production costs and let me know when I can pick up.

Let me know if you have any questions.

Thank you,

Terry

---

Terry K. Schmoyer, Jr. CPA

Managing Partner



**Schmoyer and Company, LLC**  
CERTIFIED PUBLIC ACCOUNTANTS

**Schmoyer and Company, LLC**

1330 Lady Street Suite 507

Columbia, SC 29201

☎ (803) 254-2050

📠 (803) 256-9080

✉ [tschmoyer@schmoyercpa.com](mailto:tschmoyer@schmoyercpa.com)

Visit us on the Web: [www.schmoyercpa.com](http://www.schmoyercpa.com)

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Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 8206 > Columbia, SC 29202  
www.scdhhs.gov

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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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:





Nikki Haley GOV 2011  
Anthony Keck DIR 2012  
P.O. Box 8206 Columbia, SC 29202  
www.scdhhs.gov

July 18, 2014

Mr. Terry K. Schmoyer, Jr. CPA  
Schmoyer and Company, LLC  
1330 Lady Street, Suite 507  
Columbia, South Carolina 29201

Dear Ms. Schmoyer:

This is in response to your request for information from the South Carolina Department of Health and Human Services (SCDHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated July 9, 2014 and received by SCDHHS on July 9, 2014. Enclosed is the copy of the SC Nursing Home Medicaid cost report that you requested.

Our expense for extracting this information is \$51.70. 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, please feel free to contact me at (803-898-0062).

Sincerely,

Constance D. Holloway  
Assistant General Counsel

CDH/lb

CC: Kim Cox

Nikki Haley GOVERNOR  
Anthony Keck DIRECTOR  
P.O. Box 8206 > Columbia, SC 29202  
www.scdhhs.gov

July 11, 2014

TO: Mr. Terry Schmoyer, Jr. CPA  
FROM: Adriana Day  
Deputy Director and CFO  
SUBJECT: Cost of Processing FOIA Request # 016

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	<u>1</u> Hours	\$ <u>10.00</u>
Pages copied at \$.10 per page	<u>517</u> Pages	\$ <u>51.70</u>
Pages faxed at \$.20 per page	<u>        </u> Pages	\$ <u>        </u>
Shipping and Handling Costs		\$ <u>        </u>
Other costs associated with the FOIA request:	<u>        </u>	\$ <u>        </u>
<b>Total Amount Due SCDHHS:</b>		<b>\$00.00</b>

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Constance/Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

RECEIVED

JUL 17 2014

SCDHHS  
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Day/FOIA	7-10-14

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	<input checked="" type="checkbox"/> FOIA DATE DUE 7-24-14
	<input type="checkbox"/> Necessary Action

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2.			
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**Brenda James**

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**Sent:** Wednesday, July 09, 2014 3:01 PM  
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**Subject:** FW: FOI request

RECEIVED

JUL 11 2014

SCDHHS  
Office of General Counsel

Brenda -

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Thank you.

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Nikki Haley  
Anthony Scott  
P.O. Box 8200 Columbia, SC 29202  
www.scdhhs.gov

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Columbia, South Carolina 29202-8297

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: