

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
<i>Roberts/Liggett/FOIA</i>	<i>1-30-14</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><b>000257</b></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Cox</i> <i>closed 3/10/14, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> <del>FOIA</del> DATE DUE <i>2-13-14</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.			

REQUEST FOR INFORMATION  
GIRLING COMMUNITY CARE



**RECEIVED**

JAN 30 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

January 27, 2014

Kim Cox  
Communications Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29201

Dear Ms. Cox,

Under the South Carolina Open Records Law, S.C. Code Ann. § 30-4-60, I am requesting the following information:

1. The current number of individuals receiving South Carolina Children's Personal Care Aide Services
2. The current number of individuals receiving South Carolina Children's Nursing Services
3. The current number of individuals receiving Personal Care Services (PCS) or attendant type services (In-Home Respite, Companion Care) under each of the following programs:
  - a. South Carolina Community Choices Waiver
  - b. South Carolina HIV/AIDS Waiver
  - c. South Carolina Head & Spinal Cord Injuries Waiver
  - d. South Carolina Medically Complex Children Waiver
  - e. South Carolina Mechanical Ventilator Waiver
  - f. South Carolina CHANCE Waiver
  - g. South Carolina ID/RD Waiver
  - h. South Carolina Community Supports Waiver
  - i. South Carolina Pervasive Developmental Disorder Waiver
4. The current number of individuals on waiting lists for the following programs:
  - a. South Carolina Community Choices Waiver
  - b. South Carolina HIV/AIDS Waiver
  - c. South Carolina Head & Spinal Cord Injuries Waiver
  - d. South Carolina Medically Complex Children Waiver
  - e. South Carolina Mechanical Ventilator Waiver
  - f. South Carolina CHANCE Waiver
  - g. South Carolina ID/RD Waiver
  - h. South Carolina Community Supports Waiver
  - i. South Carolina Pervasive Developmental Disorder Waiver

REQUEST FOR INFORMATION  
GIRLING COMMUNITY CARE

- ii. Personal Care II
- iii. In-Home Support
- iv. In-Home Respite
- j. South Carolina Pervasive Developmental Disorder Waiver:
  - i. Case Management

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$200.00. Please contact me if you have any questions about the information I have requested.

Sincerely,

*Rose Dunaway, BSN, RN*

Rose Dunaway, BSN, RN  
Regional Director New Business Development  
512.338.7904  
rdunaway@girling.com

## Brenda James

---

**From:** Kim Cox  
**Sent:** Monday, January 27, 2014 6:27 PM  
**To:** Brenda James  
**Subject:** FW: Information Request under FOIA  
**Attachments:** SC Open Records Request.pdf; ATT00001.txt

Brenda,  
Could you please log and pass along this FOIA request?  
Thank you,  
Kim

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**From:** Rose Dunaway <[RDunaway@girling.com](mailto:RDunaway@girling.com)>  
**Sent:** Monday, January 27, 2014 4:35 PM  
**To:** Kim Cox  
**Subject:** Information Request under FOIA

Good afternoon,

Please see attached a Request for Information. Please feel free to contact me if you have any questions.

Rose Dunaway

***Rose Dunaway, BSN, RN***  
Regional Director New Business Development  
Girling Community Care by HARDEN HEALTHCARE  
Harden Community Care Kansas  
American Home Care  
***New Address:***  
3307 Northland Dr  
Suite 500-A  
Austin, TX 78731  
Phone 512.338.7904  
Cell 512-586-0924  
Fax 512.302.1442  
[rdunaway@girling.com](mailto:rdunaway@girling.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:	_____	\$ _____
<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:

Log # 257



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

March 10, 2014

Rose Dunaway, BSN, RN  
Regional Director, New Business Development  
[rdunaway@girling.com](mailto:rdunaway@girling.com)

Dear Mr. Pell:

Your Freedom of Information Act request dated January 27, 2014, was referred to me for handling. Below are the responses to several of the questions you posed:

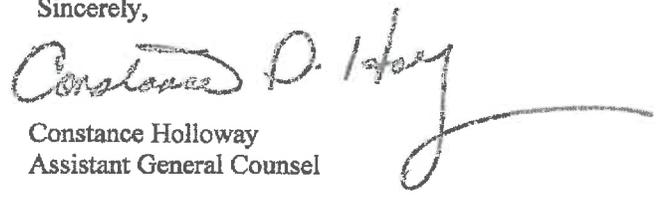
- 2: 236
- 3c: 462
- 3d: 135
- 3g: 1,493
- 3h: 232
- 3i: 64
- 4c: 378
- 4d: 91
- 4g: 4,757
- 4h: 4,012
- 4i: 1,208
- 4i ii: NA
- 4i iii: NA
- 4i iv: NA
- 4j i: 0

The responses to the remaining questions have been attached as a spreadsheet. Our expense for extracting this information is Sixty Five and 00/100 dollars (\$65.00). 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 Holloway  
Assistant General Counsel

cc: Kim Cox

**Linda Boyer**

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**From:** Rose Dunaway <RDunaway@girling.com>  
**Sent:** Monday, March 10, 2014 11:07 AM  
**To:** Constance Holloway  
**Cc:** Kim Cox; Linda Boyer  
**Subject:** RE: FOIA REQUEST

Thank you all very much. I appreciate your diligence and attention to detail.

Rose Dunaway

*Rose Dunaway, BSN, RN*  
Regional Director New Business Development

Girling Community Care by HARDEN HEALTHCARE  
Harden Community Care Kansas  
American Home Care  
3397 Northland Dr  
Suite 500-A  
Austin, TX 78731  
Phone 512.338.7904  
Cell 512-585-0324  
Fax 512.902.1442  
[rdunaway@girling.com](mailto:rdunaway@girling.com)



**From:** Constance Holloway [<mailto:Constance.Holloway@scdhhs.gov>]  
**Sent:** Monday, March 10, 2014 9:52 AM  
**To:** Rose Dunaway  
**Cc:** Kim Cox; Linda Boyer  
**Subject:** FOIA REQUEST

Ms. Dunaway, ,

Please find attachments the response to your FOIA request. If you have any questions or concerns, please feel free to contact me.

Thanks,  
Constance Holloway

**Constance Holloway**  
Attorney II  
[Constance.Holloway@scdhhs.gov](mailto:Constance.Holloway@scdhhs.gov)

Healthy Connections 

[www.scdhhs.gov](http://www.scdhhs.gov)

Constance/ Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

RECEIVED

JAN 30 2014

SCDHHS  
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Liggett/FOIA	1-30-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR cc: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 2-13-14
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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GIRLING COMMUNITY CARE



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FEB 10 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

January 27, 2014

Kim Cox  
Communications Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29201

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  - h. South Carolina Community Supports Waiver
  - i. South Carolina Pervasive Developmental Disorder Waiver

REQUEST FOR INFORMATION  
GIRLING COMMUNITY CARE

5. The number of home health providers that are billing for the following Medicaid services, and the unduplicated count of beneficiaries being served by each provider. I would request the information by county if available:
- a. South Carolina Children's Personal Care Aide Services
  - b. South Carolina Children's Nursing Services
  - c. South Carolina Community Choices Waiver:
    - i. Personal Care I
    - ii. Personal Care II
    - iii. Case Management
    - iv. Attendant Services
    - v. Companion Services
    - vi. In-Home Respite
  - d. South Carolina HIV/AIDS Waiver:
    - i. Personal Care I
    - ii. Personal Care II
    - iii. Case Management
    - iv. Attendant Care
    - v. Skilled Nursing RN
    - vi. Skilled Nursing LPN
  - e. South Carolina Head & Spinal Cord Injuries Waiver:
    - i. Attendant Care
    - ii. Skilled Nursing RN
    - iii. Skilled Nursing LPN
    - iv. In-Home Respite
  - f. South Carolina Medically Complex Children Waiver:
    - i. Care Coordination
    - ii. Skilled Respite
    - iii. Unskilled Respite
  - g. South Carolina Mechanical Ventilator Waiver:
    - i. Attendant
    - ii. Personal Care I
    - iii. Personal Care II
    - iv. In-Home Respite
    - v. Skilled Nursing LPN
    - vi. Skilled Nursing RN
  - h. South Carolina ID/RD Waiver
    - i. Companion Care
    - ii. Personal Care I
    - iii. Personal Care II
    - iv. Skilled Nursing RN
    - v. Skilled Nursing LPN
  - i. South Carolina Community Supports Waiver:
    - i. Personal Care I

REQUEST FOR INFORMATION  
GIRLING COMMUNITY CARE

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Sincerely,

*Rose Dunaway, BSN, RN*

Rose Dunaway, BSN, RN  
Regional Director New Business Development  
512.338.7904  
rdunaway@girling.com

**From:** Rose Dunaway  
**Sent:** Monday, January 27, 2014 3:36 PM  
**To:** 'COXKIM@SCDHHS.GOV'  
**Subject:** Information Request under FOIA

Good afternoon,

Please see attached a Request for Information. Please feel free to contact me if you have any questions.

Rose Dunaway

*Rose Dunaway, ESN, RN*

Regional Director New Business Development

Girling Community Care by HARDEN HEALTHCARE

Harden Community Care Kansas

American Home Care

*New Address:*

3307 Northland Dr

Suite 500-A

Austin, TX 78731

Phone 512.333.7904

Cell 512-586-0924

Fax 512.302.1442

[rdunaway@girling.com](mailto:rdunaway@girling.com)

**Brenda James**

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**From:** Kim Cox  
**Sent:** Monday, February 10, 2014 12:52 PM  
**To:** Brenda James  
**Subject:** Fwd: Information Request under FOIA  
**Attachments:** image001.jpg; ATT00001.htm; image001.jpg; ATT00002.htm; SC Open Records Request.pdf; ATT00003.htm

Brenda,  
Do you mind sending this to the correct person to provide a status update?  
Thanks  
Kim

Sent from my iPhone

Begin forwarded message:

**From:** Rose Dunaway <[RDunaway@girling.com](mailto:RDunaway@girling.com)>  
**Date:** February 10, 2014 at 12:04:42 PM EST  
**To:** "[COXKIM@SCDHHS.GOV](mailto:COXKIM@SCDHHS.GOV)" <[COXKIM@SCDHHS.GOV](mailto:COXKIM@SCDHHS.GOV)>  
**Subject:** FW: Information Request under FOIA

Good morning,

I am writing to inquire about the status of my Open Records request. I have not heard from anyone. I tried to call the Office of Communications, but was unable to complete my call as there was no option to speak to a live person.

Thank you.

**Rose Dunaway, BSN, RN**  
Regional Director New Business Development  
Girling Community Care by HARDEN HEALTHCARE  
Harden Community Care Kansas  
American Home Care  
*New Address:*  
3307 Northland Dr  
Suite 500-A  
Austin, TX 78731  
Phone 512.333.7904  
Cell 512-586-0924  
Fax 512.302.1442  
[rdunaway@girling.com](mailto:rdunaway@girling.com)

**RECEIVED**

FEB 10 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR