

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

ACTION REFERRAL

TO	DATE
<i>Roberts/Day/FOIA</i>	<i>1-22-15</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000169	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mullins Cleared 1/28/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>2-5-15</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.			



January 22, 2015

SENT VIA FACSIMILE 803-898-4515

Mr. Frank Adams
Director of Public Information
Department of Health and Human Services
Columbia, SC

**RE: Cost Reports for NHC Healthcare, Mauldin
October 2013 through September 2014**

Dear Mr. Adams:

By way of this letter and pursuant to the Freedom of Information Act, I am requesting the cost reports for NHC Healthcare, Mauldin located at 850 East Butler Road, Greenville, SC for the period listed above.

If you have any questions regarding this request, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "W. Andrew Arnold". The signature is stylized and written in a cursive-like font.

W. Andrew Arnold

WAA/jdf

Nikki Haley GOVERNOR
Christian L. Saura INTERIM 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:	_____	\$ _____
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 # 169 ✓



Nikki Haley GOVERNOR
Christian L. Saura INTERIM DIRECTOR
P.O. Box 8206 : Columbia, SC 29202
www.scdhhs.gov

January 28, 2015

Mr. W. Andrew Arnold
Law Office of W. Andrew Arnold
712 East Washington Street
Greenville, South Carolina

Dear Mr. Arnold,

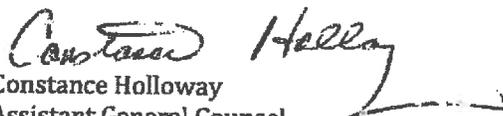
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated January 22, 2015 and received by DHHS on January 22, 2015. Enclosed are the copies of the SC Nursing Homes Medicaid cost report that you requested.

Our expense for extracting this information is fourteen and 80/100 dollars (\$14.80). 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

CH/cmp
Enclosures

Nikki Halcy
 Christian L. Saura
 P.O. Box 8297 Columbia, SC 29202
 www.scdhhs.gov

January 23, 2015

TO: Mr. W. Andrew Arnold
 Law Office of W. Andrew Arnold

FROM: Constance Holloway
 Attorney II

SUBJECT: Cost of Processing FOIA Request # 169

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> 48 </u> Pages	\$ <u>4.80</u>
Shipping and Handling Costs		\$ <u> </u>
Other costs associated with the FOIA request:	<u> </u>	\$ <u> </u>
Total Amount Due SCDHHS:		\$00.00

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