

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Hutto/FOIA</i>	DATE <i>6-24-13</i>
---------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000401</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox, DeFede</i> <i>Cleared 7/10/13, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-10-13</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.			



The National

CONSUMER VOICE

for Quality Long-Term Care
formerly NCCNHR

William Lamb, President
Sarah F. Wells, Executive Director

Ph: 202.332.2275

Fax: 202.403.3473

www.theconsumervoice.org

06/19/13

South Carolina Department of Public Health

Dear custodian of records:

Under the freedom of information laws, we are requesting an opportunity to obtain copies of public records that contain a list of licensed nursing homes by name, address, and vendor or ID number, and, for each facility, we are requesting number of beds, total revenue, net income or loss as recognized by the state Medicaid program, Medicaid utilization rate, and average occupancy rate. We are seeking the most recent financial data, which may mean the last completed fiscal year. We are also seeking data on the current daily Medicaid reimbursement rates, either a blanket rate or facility specific rate. To the extent you believe any information requested is protected from disclosure by any exemption, please produce all non-exempt material.

It would be most helpful if this data could be provided to us by email, to the extent that this information is maintained in electronic form we would like it produced in excel spreadsheet format. I would be happy to answer any questions to facilitate compliance with our request, and thank you in advance.

Our organization, NCCNHR doing business as the National Consumer Voice for Quality Long-Term Care, was formed in 1975 because of widespread public concern about substandard care in nursing homes. We are a nonprofit organization that continues to promote nursing home improvement, and to gather and share information that will further this cause. Because of our nonprofit status, if there are any fees for searching or copying these records, please inform me. However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of the nursing home industry. This information is not being sought for commercial purposes.

We are requesting a response in a reasonable time period. If access to the records I am requesting will take longer, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify us of the appeal procedures available to me under the law.

Thank you for considering our request.

Sincerely,

Sara Wells
Executive Director
Consumer Voice
Telephone 202-332-2275 x209
E-mail:swells@theconsumervoice.org

RECEIVED

JUN 24 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) is a 501(c)(3) nonprofit membership organization founded in 1975 by Elma L. Holder that advocates for quality care and quality of life for consumers in all long-term-care settings.



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:

1001 Connecticut Avenue, NW, Suite 425 Washington, DC 20036-5529

www.theconsumerservice.org
www.litcombudsman.org



The National
CONSUMER VOICE
for Quality Long-Term Care
formerly NCCNHR

Tony Keck
Director

State of South Carolina, Department of
Health & Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206

U.S. POSTAGE

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JUN 24 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

29202820606





July 10, 2013

Ms. Sara Wells
The National Consumer Voice
1001 Connecticut Ave, NW Suite 425
Washington, DC 20036

Dear Ms. Wells:

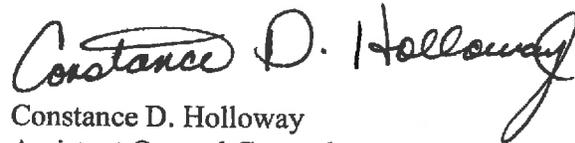
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated June 24, 2013 and received by DHHS on June 25, 2013. Enclosed is the cost report information that was requested.

Our expense for extracting this information is Twenty Two and 58/100 dollars (\$22.58). 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

cc. Lynette Wilson

Enclosures



July 8, 2013

TO: Sara Wells
FROM: Beth Hutto
Interim Deputy Director
SUBJECT: Cost of Processing FOIA Request # 401

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>2</u> Hours	\$ <u>20.00</u>
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:	_____	\$ <u>2.58</u>
Total Amount Due SCDHHS:		\$20.00

Please remit the above amount to the following address:

22.58

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Signature

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ASSISTANT ATTORNEY GENERAL
RECEIVED

JUN 24 2013

SCDHHS
Office of General Counsel

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Sincerely,

Sara Wells
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Tony Keck
Director
State of South Carolina, Department of
Health & Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206

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