

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

|                    |         |
|--------------------|---------|
| TO                 | DATE    |
| Roberts/Hutto/FOIA | 6-24-13 |

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

| APPROVALS<br>(Only when prepared for director's signature) | APPROVE | * DISAPPROVE<br>(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: | _____       | \$ _____        |
| <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:

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

[www.theconsumerservice.org](http://www.theconsumerservice.org)  
[www.itcombudsman.org](http://www.itcombudsman.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

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**RECEIVED**

JUN 24 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



July 10, 2013

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

Dear Ms. Wells:

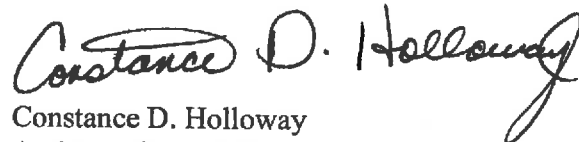
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated June 24, 2013 and received by DHHS on June 25, 2013. Enclosed is the cost report information that was requested.

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                | <u>      </u> Pages | \$ <u>      </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>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

consistency / Gordon  
**RECEIVED**

JUN 24 2013

SCDHHS  
Office of General Counsel

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| APPROVALS<br>(Only when prepared<br>for director's signature) | APPROVE | * DISAPPROVE<br>(Note reason for<br>disapproval and<br>return to<br>preparer.) | COMMENT |
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Columbia, South Carolina 29202-8297

Please contact \_\_\_\_\_ should you have any questions.

\_\_\_\_\_  
Signature

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

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

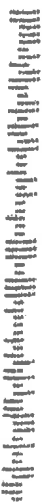
[www.theconsumervoice.org](http://www.theconsumervoice.org)  
[www.ltcombudsman.org](http://www.ltcombudsman.org)



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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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