

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett / Nicole + Ray</i>	DATE <i>8-22-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000081</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-23-13</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Host</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>cleared 10/22/13, letter attached</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<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.			<i>* Bryan Host spoke with Mr. Alwater and explained that Ray would be out for next 30 days so we are extending the due date. 8/29/13</i>
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO

Liggett

DATE

8-22-13

DIRECTOR'S USE ONLY

1. LOG NUMBER

000081

2. DATE SIGNED BY DIRECTOR

cc: Mr. Heck, Host

ACTION REQUESTED

☒ Prepare reply for the Director's signature

DATE DUE 8-30-13

☐ Prepare reply for appropriate signature

DATE DUE

☐ FOIA

DATE DUE

☐ 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.



House of Representatives
State of South Carolina

Todd K. Atwater

District No. 87 - Lexington County
P.O. Box 1056
Lexington, SC 29071

RECEIVED

AUG 19 2013

320-D Blatt Building
Columbia, SC 29211

Tel. (803) 212-6924

Committees:

Labor, Commerce and Industry
Rules

Department of Health & Human Services
OFFICE OF THE DIRECTOR

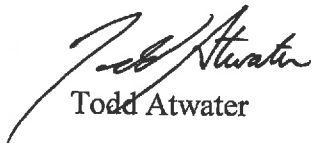
The Honorable Anthony Keck
Director, Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

Dear Director Keck:

I am writing to obtain information about Community Long Term Care. In an effort to determine the historical cost differences between various modes of care, I would like to know the appropriate Medicaid reimbursement rates (daily, hourly, etc.) for each of the last twenty-five years for nursing homes, adult day care centers and personal care services I and II, respectively.

The assistance of you and your staff in providing me with this information will greatly help me in understanding the issues associated with the state's financial liability in caring for an aging population. Should you think of any additional data that you believe would be helpful in understanding this important issue please do not hesitate to include this in your response. Thank you in advance for your prompt attention to this request.

Sincerely,


Todd Atwater

The House of Representatives

STATE OF SOUTH CAROLINA

TODD K. ATWATER

POST OFFICE BOX 1056

Lexington, South Carolina 29071



COLUMBIA SC 29202

16 AUG 2013 PM 2:11

The Honorable Anthony Keck
Attention: Ms. Jennifer Lynch
Director, Department of Health and Human
Services
P.O. Box 8206
Columbia, SC 29202

29202920606





Log #81

October 22, 2013

The Honorable Todd K. Atwater
South Carolina House of Representatives
Post Office Box 1056
Lexington, South Carolina 29071

Representative Atwater:

In response to your request, attached is a spreadsheet with the Medicaid reimbursement rates for each of the last twenty-five years for nursing homes, adult day care centers and personal care services I and II, respectively.

Please contact me if you require additional information.

Sincerely,



Bryan Kost
Chief of Staff

	2005	2006	2007	2008	2009	2010	2011	2012	2013	\$ Increase from Inception	% Increase from Walver Inception
04	\$40.00	\$ 42.00	\$ 45.00	\$ 45.00	\$ 45.00	\$ 45.00	\$ 43.75	\$ 43.75	\$ 48.13	\$11.18	130.26%
47	\$135.92	\$142.61	\$ 147.58	\$ 154.01	\$ 155.90	\$ 152.08	\$ 156.21	\$ 153.20	\$ 156.21	\$98.78	272%
80	\$12.80	\$ 14.80	\$16.00	\$16.00	\$16.00	\$16.00	\$15.50	\$15.50	\$15.50	\$4.75	144.19%
.10	\$10.10	\$ 11.10	\$ 12.00	\$ 12.00	\$ 12.00	\$ 12.00	\$ 11.70	\$ 11.70	\$ 11.70	\$3.70	146.25%

Brenda James

From: Jennifer Lynch
Sent: Tuesday, October 22, 2013 12:09 PM
To: Brenda James
Subject: Log 0081 - Rep. Atwater
Attachments: SJSM_BIC_0113102112060.pdf

Please close this log via the attached. This was sent via email on 10/22 to Rep. Atwater.
Thanks!!

Jennifer Lynch
*Director, Legislative
Affairs*
LYNCHJEN@scdhhs.gov

803-898-3965

cell: 803-351-5673

www.scdhhs.gov



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From: jmbic01@scdhhs.gov [<mailto:jmbic01@scdhhs.gov>]
Sent: Monday, October 21, 2013 1:07 PM
To: Jennifer Lynch
Subject: Message from JSM_BIC_01

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>8-22-13</i>
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	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	COMMENT
1.	<i>Response was emailed to Rep. Atwater. Attached is the info.</i> <i>Thanks!</i> <i>Jerry</i>
2.	
3.	
4.	



House of Representatives
State of South Carolina

Todd K. Atwater
District No. 87 - Lexington County
P.O. Box 1056
Lexington, SC 29071

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Sincerely,

A handwritten signature in cursive script that reads "Todd Atwater".

Todd Atwater

The House of Representatives
STATE OF SOUTH CAROLINA
TODD K. ATWATER
POST OFFICE BOX 1056
Lexington, South Carolina 29071



COLUMBIA SC 29202
16 AUG 2013 PM 2:11

The Honorable Anthony Keck
Attention: Ms. Jennifer Lynch
Director, Department of Health and Human
Services
P.O. Box 8206
Columbia, SC 29202

29202820606