

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

ACTION REFERRAL

TO <i>Roberts/Day</i>	DATE <i>6-16-14</i>
--------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center">000409</p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Coy cleared 6/25/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>6-30-14</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.			

From: March, Debra [<mailto:Debra.March@dhgllp.com>]
Sent: Tuesday, June 10, 2014 3:27 PM
To: Melissa Simmons
Cc: Jacqueline Wilson-Barnes
Subject: Freedom of Information Act

Under the Freedom of Information Act I would like to request a copy of the 9/30/13 SC Medicaid Cost Reports for the following two homes:

1. Laurel Baye Healthcare of Greenville Provider No. NCF 0805 and
2. Laurel Baye Healthcare of Orangeburg Provider No. NCF 0858

I understand there will be a charge associated with these copies. Please send that bill to my attention at the address below. Thank you.

Debra March | Senior Manager

Dixon Hughes Goodman LLP
Healthcare Consulting- Post Acute Care

D 919-526-1853

T 919-484-0630

F 919-484-0629

2501 Blue Ridge Road, Suite 500, Raleigh, NC 27607

Email: Debra.March@dhgllp.com

Website: dhgllp.com

positively unique  **DIXON HUGHES GOODMAN** LLP

IRS Compliance: Any tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties imposed under the Internal Revenue Code or applicable state or local tax law or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

Confidentiality Notice: This e-mail is intended only for the addressee named above. It contains information that is privileged, confidential or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying, or dissemination of this transmission, or taking of any action in reliance on its contents, or other use is strictly prohibited. If you have received this transmission in error, please reply to the sender listed above immediately and permanently delete this message from your inbox. Thank you for your cooperation.

Nikki Haley GOVERNOR

Anthony Keck 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 # 409 ✓



Anthony Keck
R.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

June 25, 2014

Ms. Debra March, Senior Manager
Dixon Hughes Goodman, LLP
2501 Blue Ridge Road, Suite 500
Raleigh, North Carolina 27607

Dear Ms. March:

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 10, 2014 and received by DHHS on June 16, 2014. Enclosed are the copies of the SC Nursing Home cost reports that you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for extracting this information is nineteen and 90/100 dollars (\$19.90). 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/h

Enclosures

Constance/Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

JUN 16 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO <i>Robert/Day</i>	DATE <i>6-16-14</i>
-------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000409</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Coy</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>6-30-14</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.			

RECEIVED

JUN 16 2014

SCDHHS
Office of General Counsel

From: March, Debra [mailto:Debra.March@dhgllp.com]
Sent: Tuesday, June 10, 2014 3:27 PM
To: Melissa Simmons
Cc: Jacqueline Wilson-Barnes
Subject: Freedom of Information Act

Under the Freedom of Information Act I would like to request a copy of the 9/30/13 SC Medicaid Cost Reports for the following two homes:

1. Laurel Baye Healthcare of Greenville Provider No. NCF 0805 and
2. Laurel Baye Healthcare of Orangeburg Provider No. NCF 0858

I understand there will be a charge associated with these copies. Please send that bill to my attention at the address below. Thank you.

Debra March | Senior Manager
Dixon Hughes Goodman LLP
Healthcare Consulting- Post Acute Care

D 919-526-1853
T 919-484-0630
F 919-484-0629
2501 Blue Ridge Road, Suite 500, Raleigh, NC 27607
Email: Debra.March@dhgllp.com
Website: dhgllp.com

positively unique  DIXON HUGHES GOODMAN

IRS Compliance: Any tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties imposed under the Internal Revenue Code or applicable state or local tax law or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

Confidentiality Notice: This e-mail is intended only for the addressee named above. It contains information that is privileged, confidential or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying, or dissemination of this transmission, or taking of any action in reliance on its contents, or other use is strictly prohibited. If you have received this transmission in error, please reply to the sender listed above immediately and permanently delete this message from your inbox. Thank you for your cooperation.

Nikki Healy
Anthony Keak
P.O. Box 8205 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: