

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

EA

**ACTION REFERRAL**

TO <i>Roberts/Dan/FOIA</i>	DATE <i>7-10-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>008017</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Cox, Mallis Cleared 7/18/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-24-14</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.			

## Brenda James

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**From:** Kim Cox  
**Sent:** Thursday, July 10, 2014 8:58 AM  
**To:** Brenda James  
**Subject:** FW: Medicaid Cost Report

Hi Brenda,  
Could you please log and route this FOIA request?  
Thank you,  
Kim

---

**Kim Cox**  
*Strategic Stakeholder Relations, Office of Chief of Staff*  
[COXKIM@scdhhs.gov](mailto:COXKIM@scdhhs.gov)  
803.898.4439  
1801 Main Street  
Columbia, SC - 29201  
[www.scdhhs.gov](http://www.scdhhs.gov)



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**From:** Carol Winward [<mailto:cwinward@htgconsultants.com>]  
**Sent:** Thursday, July 10, 2014 6:56 AM  
**To:** Kim Cox  
**Subject:** Medicaid Cost Report

In accordance with the Freedom of Information Act, I would like a copy of the most recent Medicaid cost report for the following nursing facilities.

- Sumter Valley Nursing and Rehabilitation Center, 1761 Pinewood Road, Sumter, SC
- Georgetown Healthcare and Rehab, 2715 South Island Road, Georgetown, SC

I would like the reports sent electronically.

Please contact me with any questions.

Thanks.

Carol L. Winward  
Director of Research  
HTG Consultants, LLC  
2 Penn's Way, Suite 300

New Castle, DE 19720  
302-322-4100  
[www.htgconsultants.com](http://www.htgconsultants.com)

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:	_____	\$_____
<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:

July 18, 2014

Ms. Carol L. Winard, Director of Research  
HTG Consultants, LLC  
2 Penn's Way, Suite 300  
New Castle, Delaware 19720

Dear Ms. Winward:

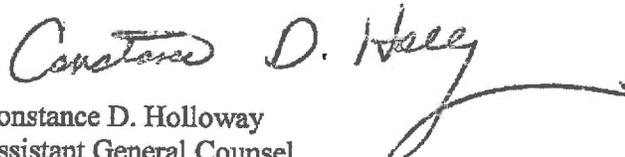
This is in response to your request for information from the South Carolina Department of Health and Human Services (SCDHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated July 9, 2014 and received by SCDHHS on July 9, 2014. Enclosed is the copy of the SC Nursing Home Medicaid cost report that you requested.

Our expense for extracting this information is \$19.30. 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 D. Holloway  
Assistant General Counsel

CDH/lb

CC: Kim Cox

Nikki Haley GOVERNOR  
 Anthony Keck DIRECTOR  
 P.O. Box 8206 > Columbia, SC 29202  
 www.scdhhs.gov

July 11, 2014

TO: Ms. Carol L. Winward, Director of Research  
 FROM: Adriana Day  
 Deputy Director and CFO  
 SUBJECT: Cost of Processing FOIA Request # 017

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> 93 </u> Pages	\$ <u>9.30</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> </u>
<b>Total Amount Due SCDHHS:</b>		<b>\$00.00</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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Constance / Linda B

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

RECEIVED

JUL 17 2014

SDHHS  
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Doyl/FOIA	7-10-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000017	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Conf, Mullis	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u>7-24-14</u>
	<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.			Actual Due Date 7-30-14
2.			
3.			
4.			

**Brenda James**

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**From:** Kim Cox  
**Sent:** Thursday, July 10, 2014 8:58 AM  
**To:** Brenda James  
**Subject:** FW: Medicaid Cost Report

RECEIVED

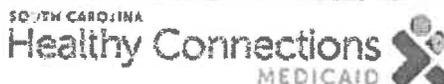
JUL 11 2014

SCDHHS  
Office of General Counsel

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Kim

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