

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Roberts/Liggett/FOIA</b>	DATE <b>2-10-14</b>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>000278</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <b>cc: Cox</b> <b>* Same as Log # 257. Close log per Brenda on 2/18/14</b>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <b>2-26-14</b> <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.			

REQUEST FOR INFORMATION  
GIRLING COMMUNITY CARE



**RECEIVED**

FEB 10 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

January 27, 2014

Kim Cox  
Communications Director  
South Carolina Department of Health and Human Services  
1801 Main Street  
Columbia, SC 29201

Dear Ms. Cox,

Under the South Carolina Open Records Law, S.C. Code Ann. § 30-4-60, I am requesting the following information:

1. The current number of individuals receiving South Carolina Children's Personal Care Aide Services
2. The current number of individuals receiving South Carolina Children's Nursing Services
3. The current number of individuals receiving Personal Care Services (PCS) or attendant type services (In-Home Respite, Companion Care) under each of the following programs:
  - a. South Carolina Community Choices Waiver
  - b. South Carolina HIV/AIDS Waiver
  - c. South Carolina Head & Spinal Cord Injuries Waiver
  - d. South Carolina Medically Complex Children Waiver
  - e. South Carolina Mechanical Ventilator Waiver
  - f. South Carolina CHANCE Waiver
  - g. South Carolina ID/RD Waiver
  - h. South Carolina Community Supports Waiver
  - i. South Carolina Pervasive Developmental Disorder Waiver
4. The current number of individuals on waiting lists for the following programs:
  - a. South Carolina Community Choices Waiver
  - b. South Carolina HIV/AIDS Waiver
  - c. South Carolina Head & Spinal Cord Injuries Waiver
  - d. South Carolina Medically Complex Children Waiver
  - e. South Carolina Mechanical Ventilator Waiver
  - f. South Carolina CHANCE Waiver
  - g. South Carolina ID/RD Waiver
  - h. South Carolina Community Supports Waiver
  - i. South Carolina Pervasive Developmental Disorder Waiver

REQUEST FOR INFORMATION  
GIRLING COMMUNITY CARE

- ii. Personal Care II
- iii. In-Home Support
- iv. In-Home Respite
- j. South Carolina Pervasive Developmental Disorder Waiver:
  - i. Case Management

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$200.00. Please contact me if you have any questions about the information I have requested.

Sincerely,

*Rose Dunaway, BSN, RN*

Rose Dunaway, BSN, RN  
Regional Director New Business Development  
512.338.7904  
rdunaway@girling.com

**From:** Rose Dunaway  
**Sent:** Monday, January 27, 2014 3:36 PM  
**To:** 'COXKIM@SCDHHS.GOV'  
**Subject:** Information Request under FOIA

Good afternoon,

Please see attached a Request for Information. Please feel free to contact me if you have any questions.

Rose Dunaway

***Rose Dunaway, BSN, RN***

**Regional Director New Business Development**

**Girling Community Care by HARDEN HEALTHCARE**

**Harden Community Care Kansas**

**American Home Care**

***New Address:***

**3307 Northland Dr**

**Suite 500-A**

**Austin, TX 78731**

**Phone 512.338.7904**

**Cell 512-586-0924**

**Fax 512.302.1442**

**[rdunaway@girling.com](mailto:rdunaway@girling.com)**

**Brenda James**

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**From:** Kim Cox  
**Sent:** Monday, February 10, 2014 12:52 PM  
**To:** Brenda James  
**Subject:** Fwd: Information Request under FOIA  
**Attachments:** image001.jpg; ATT00001.htm; image001.jpg; ATT00002.htm; SC Open Records Request.pdf; ATT00003.htm

Brenda,  
Do you mind sending this to the correct person to provide a status update?  
Thanks  
Kim

Sent from my iPhone

Begin forwarded message:

**From:** Rose Dunaway <[RDunaway@girling.com](mailto:RDunaway@girling.com)>  
**Date:** February 10, 2014 at 12:04:42 PM EST  
**To:** "'[COXKIM@SCDHHS.GOV](mailto:COXKIM@SCDHHS.GOV)'" <[COXKIM@SCDHHS.GOV](mailto:COXKIM@SCDHHS.GOV)>  
**Subject:** FW: Information Request under FOIA

Good morning,

I am writing to inquire about the status of my Open Records request. I have not heard from anyone. I tried to call the Office of Communications, but was unable to complete my call as there was no option to speak to a live person.

Thank you.

***Rose Dunaway, BSN, RN***  
Regional Director New Business Development  
Girling Community Care by HARDEN HEALTHCARE  
Harden Community Care Kansas  
American Home Care  
***New Address:***  
3307 Northland Dr  
Suite 500-A  
Austin, TX 78731  
Phone 512.338.7904  
Cell 512-586-0924  
Fax 512.302.1442  
[rdunaway@girling.com](mailto:rdunaway@girling.com)

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FEB 10 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



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: