

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO Robert/ Day/FOIA	DATE 6-19-14
------------------------	-----------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000415	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Conf, Muths, cleared 6/27/14, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action DATE DUE 7-7-14

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

From: Colleen Mullis
Sent: Thursday, June 19, 2014 12:00 PM
To: Brenda James
Cc: Office of Communications
Subject: FW: FOIA Request

RECEIVED

JUN 19 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Can you please log and distribute this request for processing?

Thank you.

Colleen

Colleen Mullis
Public Information Director II
Colleen.Mullis@scdhhs.gov
803.898.2452
cell: 803.605.4848
www.scdhhs.gov



SOUTH CAROLINA
Healthy Connections 
MEDICAID

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From: Kathy Wine [<mailto:kwine@schmoyercpa.com>]
Sent: Thursday, June 19, 2014 11:57 AM
To: Office of Communications
Subject: FOIA Request

Under the Freedom of Information Act, I would like to request a copy of the Medicaid cost report and all supporting workpapers for Loris Extended Care for the year ended September 30, 2013.

If you have any questions, please do not hesitate to contact me.

Thank you,
Kathy Wine

Kathy B. Wine, CPA
Partner



Schmoyer and Company, LLC

CERTIFIED PUBLIC ACCOUNTANTS

1330 Lady Street Suite 507

Columbia, SC 29201

Phone (803) 254-2050

Fax (803) 256-9080

Visit us on the Web: www.schmoyercpa.com

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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:



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

June 27, 2014

Ms. Kathy B. Wine, CPA/Partner
Schmoyer and Company, LLC
1330 Lady Street, Suite 507
Columbia, South Carolina 29201

Dear Ms. Wine,

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 19, 2014 and received by DHHS on June 19, 2014. Enclosed are the copies of the SC Nursing Home cost reports that you requested.

Our expense for extracting this information is 14 and 60/100 dollars (\$14.60). 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

Enclosures

Constance / Link 14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

JUN 23 2014

ACTION REFERRAL

SCDHHS
Office of General Counsel

TO <i>Roberts/ Day/FOIA</i>	DATE <i>6-19-14</i>
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	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-7-14</i>
	<input type="checkbox"/> Necessary Action

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Date: _____