

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hutto/FOIA	6-21-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER - 000400	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox Cleared 6/28/13, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-8-13 <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

From: Lauren Young
Sent: Friday, June 21, 2013 8:40 AM
To: Brenda James
Subject: FW: Freedom of Information Act Reqeust for Medicaid Cost Reports (FYE 6-30-11 and FYE 06-30-12)

Importance: High

Hey Brenda.

Please log. Thanks

From: Lisa Jackson
Sent: Friday, June 21, 2013 8:28 AM
To: Lauren Young
Subject: FW: Freedom of Information Act Reqeust for Medicaid Cost Reports (FYE 6-30-11 and FYE 06-30-12)
Importance: High

GM Lauren,
Here you go!

From: Brandy Gilbert
Sent: Friday, June 21, 2013 7:38 AM
To: Lisa Jackson
Subject: FW: Freedom of Information Act Reqeust for Medicaid Cost Reports (FYE 6-30-11 and FYE 06-30-12)
Importance: High

From: Mike Mooney [<mailto:Mooney@tellatin.com>]
Sent: Thursday, June 20, 2013 4:55 PM
To: Brandy Gilbert
Subject: RE: Freedom of Information Act Reqeust for Medicaid Cost Reports (FYE 6-30-11 and FYE 06-30-12)
Importance: High

Good afternoon Brandy.

You have previously sent me Medicaid cost reports. I am respectfully submitting a request under the United States and South Carolina Freedom of Information Acts to obtain the FYE 9/30/11 and FYE 9/30/12 and Medicaid Cost Reports for the following South Carolina nursing facilities.

1. NHC HEALTHCARE - LEXINGTON
2993 SUNSET BLVD
WEST COLUMBIA, SC 29169
(803) 939-0026
2. UNIHEALTH POST-ACUTE CARE - COLUMBIA

2451 FOREST DRIVE
COLUMBIA, SC 29204
(803) 254-5960

3. MAGNOLIA MANOR - COLUMBIA
1007 N KING ST
COLUMBIA, SC 29223
(803) 699-4111

4. HEARTLAND OF COLUMBIA REHAB AND NURSING CENTER
2601 FOREST DRIVE
COLUMBIA, SC 29204
(803) 256-4983

5. WHITE OAK MANOR - COLUMBIA
3001 BEECHAVEN ROAD
COLUMBIA, SC 29204
(803) 782-4363

Thank you for your time and consideration,
Michael.

Michael Mooney
Senior Associate
Tellatin, Short & Hansen, Inc.
1220 20th St SE, Suite 310
Salem, OR 97302
Office: (503) 485-5118, Ext. 102
Cell: (503) 428-7058
Fax: (503) 210-0373
mooney@tellatin.com

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From: Mike Mooney
Sent: Wednesday, April 18, 2012 8:11 AM
To: Brandy Gilbert
Subject: RE: Freedom of Information Act Request for Medicaid Cost Reports (FYE 6-30-10 and FYE 6-30-11).

Ms. Brandy,

No problem at all. I will take what I can get.

Thank you and have a great day.

Michael.

From: Brandy Gilbert [<mailto:PUTNAM@scdhhs.gov>]

Sent: Wednesday, April 18, 2012 8:10 AM

To: Mike Mooney

Subject: Re: Freedom of Information Act Request for Medicaid Cost Reports (FYE 6-30-10 and FYE 6-30-11).

Mr. Mooney,

There are a few of these cost reports that we don't have or aren't in electronic format. I have explained below.

#2. Still Hopes is a Medicare only facility therefore, we do not have a cost report for them.

#4 BMC Subacute Rehab Center...we do not have a cost report for them either.

#6 & #7 CM Tucker's are only available in hard copy and at this time FYE 09/30/10 is the most current that we have available.

#9 Presbyterian Home of SC does not have a high enough census for us to require a cost report from them, therefore they do not file one with us at this time.

There should be no problem sending you the rest of them in an e-mail.

Thanks,
Brandy

Brandy Putnam
Department of Health and Human Services
Phone Number (803)-898-1016
Fax Number (803)-255-8228

>>> Mike Mooney <Mooney@tellatin.com> 4/18/2012 10:40 AM >>>
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13. BRIAN CENTER NURSING CARE - ST ANDREWS
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(803) 798-9715

Thank you for your time and consideration,
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1220 20th St SE, Suite 310
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If you have received this in error, please notify us immediately and destroy the related message.



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:



June 28, 2013

Mr. Michael Mooney
Tellatin, Short & Hansen, Inc.
1220 20th St SE, Suite 310
Salem, OR 97302

Dear Mr. Mooney:

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 20, 2013 and received by DHHS on June 21, 2013. Enclosed is the cost report information that was requested.

Our expense for extracting this information is Twenty Eight and 02/100 dollars (\$28.02). 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, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,


Constance D. Holloway
Assistant General Counsel

CDH/lb

cc: Lynette Wilson

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Constance/Hink 8

RECEIVED

JUN 21 2013

SCDHHS
Office of General Counsel

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JUN 21 2013

SCDHHS
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June 24, 2013

TO: Michael Mooney
FROM: Beth Hutto
Interim Deputy Director
SUBJECT: Cost of Processing FOIA Request # 400

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	1 _____ Hours	\$10.00
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ 18.02
Other costs associated with the FOIA request:	_____	\$ _____

Total Amount Due SCDHHS:

\$10.00

Please remit the above amount to the following address:

28.02

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Signature _____

Date _____