

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Day/FOIA</i>	DATE <i>2-9-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000180	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mullis, Brooks Cleared 3/10/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>2-23-15</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

From: Colleen Mullis
Sent: Thursday, February 05, 2015 4:41 PM
To: Brenda James
Cc: Office of Communications
Subject: FW: Freedom of Information Act request

RECEIVED

FEB 09 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda –

Can you please log and process this request?

Thank you.

Colleen

Colleen Mullis
Public Information Director II
Colleen.Mullis@scdhhs.gov
803.898.2452
cell: 803.605.4848
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov

SOUTH CAROLINA
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From: Melanie Kosich [mailto:Kosich@tellatin.com]
Sent: Thursday, February 05, 2015 4:10 PM
To: Office of Communications
Subject: Freedom of Information Act request

Under the Freedom of Information Act, I would like to request a copy (preferably via email) of the most recent Medicaid cost report and Medicaid rate letter calculation for:

Sumter Valley Nursing and Rehab Center
1761 Pinewood Rd
Sumter, SC 29154

My contact info is below if there are any questions.

Thank you for your assistance!

Melanie Kosich, MAI
Senior Associate
Tellatin, Short, & Hansen, Inc.
40 Sedgemoor Road
Wayland, MA 01778
508-358-7387
508-358-2819 (fax)

Nikki Haley GOVERNOR
 Christian L. Saura INTERIM 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 #180 ✓



Nikki Haley, Governor
Christian L. Saura, Director
P.O. Box 82067, Columbia, SC 29202
www.scdhhs.gov

March 10, 2015

VIA EMAIL ONLY: Kosich@tellatin.com

Ms. Melanie Kosich, MAI
Tellatin, Short & Hansen, Inc.
40 Sedgemoor Road
Wayland, MA 01778

Dear Ms. Kosich,

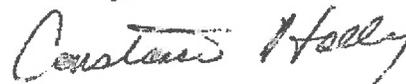
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA). Enclosed is the copy of the SC Nursing Homes Medicaid cost report and rate letter that you requested.

Our expense for extracting this information is ten and 00/100 dollars (\$10.00). 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. Constance Holloway, Attorney II, at (803) 898-0062.

Sincerely,


Constance Holloway
Attorney II
General Counsel

CH/cmp
Enclosures