

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------------|----------|
| TO | DATE |
| Roberts/Liggett/FOIA | 12-16-13 |

| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|---|---|
| 1. LOG NUMBER <p align="center">000200</p> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR | <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ |
| cc: Cox cleared 1/9/14, letter attached | <input checked="" type="checkbox"/> FOIA DATE DUE <u>1-3-14</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. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



RECEIVED

DEC 16 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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DEC 16 2013

SCDHHS
Office of General Counsel

December 10, 2013

Department of Health and Human Services
1801 Main Street, 6th Floor
Columbia, SC 29202
Attention: Constance Holloway, Legal Services

RE: Freedom of Information Act

Dear Ms. Holloway:

PSA Healthcare is gathering market information for the State of SC. We would like to obtain data from 11-01-2012 to 11-01-2013 for the following services:

- CLTC Medically Complex Children's Waiver – the number of children per county in SC receiving Skilled Services
- CLTC/DDSN HASCI Waiver – the number of children per county receiving personal and/or skilled services under this waiver
- CLTC/DDSN HASCI – the number of adults per county receiving personal care and/or skilled nursing services under this waiver
- CLTC/DDSN MR/ID – the number of children per county receiving personal care and/or skilled nursing services
- CLTC/DDSN MR/ID – the number of adults per county receiving personal care and/or skilled nursing services

Feel free to contact me if you any questions. I do understand that there may be fees associated with this request. I can be reached at 704-975-6320 or by email at haughtry@psahealthcare.com.

Respectfully,

Holly Aughtry
VP of Operations
PSA Healthcare



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:



January 9, 2014

Holly Aughtry
VP of Operations
PSA Healthcare
4530 Park Road, Ste 105
Charlotte, NC 28209
Via Email: haughtry@psahealthcare.com

Dear Ms. Aughtry:

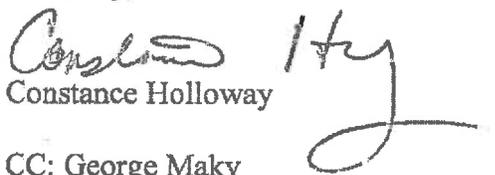
Please find enclosed the response to your Freedom of Information Request that was submitted on December 16, 2013. Please note that that you previously agreed to extend the agency's time to respond to January 9, 2014.

Our expense for extracting this information is Sixty and 00/100 dollars (\$60.00). 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, please feel free to contact me at (803-898-0062).

Sincerely,


Constance Holloway

CC: George Makay

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