

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Roberts/Hutto/FOIA</i>	<b>DATE</b> <i>7-23-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000042</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Coy</i> <i>Cleared 8/2/13, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-7-13</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.			

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July 23, 2013

Via Fax 803-898-4515  
FOIA Coordinator  
Department of Health and Human Services  
Post Office Box 8206  
Columbia, SC 29202

**RECEIVED**

JUL 23 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Calhoun Convalescent Center  
Saint Matthews, South Carolina

Dear Sir or Madam:

Pursuant to the South Carolina Freedom of Information Act, I am hereby requesting the following documents relating to the Calhoun Convalescent Center in Calhoun County, South Carolina for 2008 through 2013:

1. Medicaid Cost Report
2. Medicaid Home Office Cost Report
3. Realty Cost Report
4. Management Cost Reports
5. Medicaid Cost Report

Please mail the requested documents along with an invoice for copying at your earliest convenience. If you require prepayment of the invoice, please fax it to my attention and I will ensure prompt payment.

With kind regards, I am

Sincerely,



Shanna M. Jarrell  
Office of Lee D. Cope

LDC/smj



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:



August 2, 2013

Ms. Shannon M. Jarrell  
Law Offices  
Peters, Murdaugh, Parker, Eltzroth & Detrick  
101 Mulberry Street East  
Hampton, SC 29924-0457

Re: Calhoun Convalescent Center Cost Reports

Dear Ms. Jarrell:

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 July 23, 2013 and received by DHHS on July 23, 2013. Enclosed are the SC Medicaid Nursing Home cost reports and Home Office cost reports that were requested. The FYE 9/30/13 cost reports have not been received. This Agency would not have the Realty or Management cost reports. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for extracting this information is seventy and 59/100 dollars (\$70.59). 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,

Linda Hillian  
Paralegal

/h

Enclosures

cc: Beth Hutton  
Lynette D. Wilson, Receivables