

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hu46/FOIA	7-23-13

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

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PROFESSIONAL ASSOCIATION

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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

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

100 YEARS OF LEGAL SERVICE 1910-2010

07/23/2013 3:00PM (GMT-04:00)

RECEIVED

JUL 23 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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:



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:

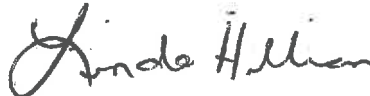
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated July 23, 2013 and received by DHHS on July 23, 2013. Enclosed are the SC Medicaid Nursing Home cost reports 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