

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Day/FOIA	12-22-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000148	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis Cleared 1/5/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u>1-5-15</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.			



December 16, 2014

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

**RE: Glorified Health and Rehab
8 North Texas Avenue
Greenville, SC 29611
Our File No.: 13-760-MC, Mason**

RECEIVED

DEC 22 2014

RECEIVED

DEC 22 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Dear Ms. Putnam:

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any filed Cost Reports and home office Cost Reports submitted by the above named provider for any contract during 2013 and the Desk Audit package for same.

I would appreciate if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

Matthew W. Christian
Attorney at Law

MC/jah

Nikki Haley GOVERNOR
 Christian L. Soura 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:

Nikki Haley
Christian L. Saura
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

January 5, 2015

VIA EMAIL ONLY: jhutchins@christiananddavis.com

Mr. Matthew W. Christian, Attorney at Law
Christian & Davis, LLC
1007 E. Washington Street
Greenville, South Carolina 29601

Dear Mr. Christian,

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 December 15, 2014 and received by DHHS on December 17, 2014. Enclosed are the electronic copies of the SC Nursing Homes Medicaid cost report desk audit packages that you requested.

Our expense for extracting this information is twenty and 00/100 dollars (\$20.00). 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. Adriana Day, Deputy Director and Chief Financial Officer, at (803) 898-0336.

Sincerely,


Constance Holloway
Assistant General Counsel

CH/cmp
Enclosures