

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Roberts/Day/FOIA</i>	DATE <i>12-17-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000139</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Brooks, Mullis Closed 12/19/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>12-19-14</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.			

December 5, 2014

317.383.5487  
[wburgin@bkd.com](mailto:wburgin@bkd.com)

South Carolina Department of Health and Human Services  
Division of Medicaid  
P.O. Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

DEC 17 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Re: Information Request—Freedom of Information Act

We are requesting a copy of all nursing facility Medicaid cost reports for the most recently completed year. If possible, please provide in PDF format.

Your assistance in expediting this request would be greatly appreciated. Please do not hesitate to contact me if you have any questions, or require additional information.

Sincerely,

*Walter Burgin*

Walter P. Burgin, CPA  
Senior Managing Consultant



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:

Log #139



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

December 19, 2014

VIA EMAIL ONLY: [wburgin@bkd.com](mailto:wburgin@bkd.com)

Mr. Walter P. Burgin, CPA  
BKD CPAs & Advisors  
201 North Illinois Street, Suite 700  
Indianapolis, Indiana 46244

Dear Mr. Burgin,

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 5, 2014 and received by DHHS on December 17, 2014. Enclosed are the electronic copies of the SC Nursing Homes for 2013 that you requested.

Our expense for extracting this information is 10 and 40/100 dollars (\$10.40). 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