

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Day/FOIA	12-17-14

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

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: _____ \$ _____

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:

Log #139



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

December 19, 2014

VIA EMAIL ONLY: 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