

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Johnson/FOIA	12-13-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100-182	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Singleton, Cox, Cleared 12/18/12, see attach e-mail	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 1-4-13 <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.			

Log: Roberts

Brenda James

From: Kim Cox
Sent: Thursday, December 13, 2012 9:40 AM
To: Brenda James
Subject: FW: Medicaid Cost Reports

RECEIVED

DEC 13 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Hi Brenda,
Please log the FOIA request below.
Thanks,
Kim

From: Carol Winward [<mailto:cwinward@htgconsultants.com>]
Sent: Thursday, December 13, 2012 9:35 AM
To: Kim Cox
Subject: Medicaid Cost Reports

In accordance with the Freedom of Information Act, I would like a copy of the most recent Medicaid cost report for the following nursing facilities.

- Georgetown Healthcare and Rehabilitation, 2715 County Road S-22-18, Georgetown
- Agape Nursing and Rehabilitation Center, 300 Agape Drive, West Columbia
- Bayview Manor, 11 Todd Drive, Beaufort
- Brightwater Skilled Nursing Center, 171 Brightwater Drive, Myrtle Beach
- Brookview Healthcare Center, 510 Thompson Street, Gaffney
- Calhoun Convalescent Center, 601 Dantzler Street, Saint Matthews
- Ellenburg Nursing Center, 611 E Hampton Street, Anderson
- Glorified Health and Rehab Center of Greenville, 8 N Texas Avenue, Greenville
- Laurel Baye Healthcare of Greenville, 661 Rutherford Road, Greenville
- Life Care Center of Charleston, 2600 Elms Plantation Boulevard, North Charleston

Please let me know the cost of the reports. Also, if possible, I would like the reports sent electronically. Please contact me with any questions.

Thank you,

Carol L. Winward
Director of Research
HTG Consultants, LLC
2 Penn's Way, Suite 300
New Castle, DE 19720
302-322-4100
www.htgconsultants.com



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:

Lauren Young

log letter 000182



From: Lisa Jackson
Sent: Tuesday, December 18, 2012 11:18 AM
To: Brenda James; Lauren Young; Louis Krause
Subject: FW: FOIA Request-000182
Attachments: Georgetown Healthcare.pdf; Agape Nursing.pdf; Bayveiw Manor, LLC.pdf; Brookview Healthcare.pdf; Calhoun Convalescent.pdf; Ellenburg.pdf; Glorified health of Greenville.pdf; Laurel Baye of Greenville.pdf; Life Care of Charleston.pdf

Here is the email that was sent to clear FOIA request 000182 from the log..

From: Lisa Jackson
Sent: Tuesday, December 18, 2012 11:11 AM
To: 'cwinward@htgconsultants.com'
Subject: FOIA Request

Ms. Winward,

Attached are the Medicaid Cost Reports you recently requested through the Freedom of Information. Please feel free to contact us if you need any further assistance...

****Brightwater Skilled has less than 100 beds so they are not required to submit a Cost report to us, therefore I don't have one for them****

Thank you,

Lisa D. Caldwell-Jackson,

**Auditor III
SC Department of Health and Human Services
Division of Longterm Care Reimbursement
(803) 898-1040**