

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Day/FOIA</i>	DATE <i>1-14-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000164</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis</i> <i>cleared 1/20/15, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> <i>NEOIA</i> DATE DUE <i>1-29-15</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.			

Brenda James

From: Colleen Mullis
Sent: Wednesday, January 14, 2015 9:20 AM
To: Brenda James
Cc: Office of Communications
Subject: Fwd: Medicaid Cost Reports

RECEIVED

JAN 14 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Can you please log and process this FOIA request?

Thank you.

Colleen

Sent from my iPhone

Begin forwarded message:

From: Carol Winward <cwinward@htgconsultants.com>
Date: January 14, 2015 at 9:11:15 AM EST
To: "<Communications@scdhhs.gov>" <Communications@scdhhs.gov>
Subject: Medicaid Cost Reports

In accordance with the Freedom of Information Act, I would like a copy of the most recent Medicaid cost report and the schedules that show how the most recent Medicaid rate was calculated for the following nursing facilities.

- Lancaster Convalescent Center, 2044 Pageland Highway, Lancaster, SC
- Valley Falls Terrace, 400 Locust Grove, Spartanburg, SC
- Calhoun Convalescent Center, 601 Dantzler Street, St. Matthews, SC
- Chesterfield Convalescent Center, 1150 State Road, Cheraw, SC

I would like the reports to be sent electronically if possible. 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

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:

Log # 164 ✓



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

January 20, 2015

VIA EMAIL ONLY: cwinward@htgconsultants.com

Ms. Carol Winward, Director of Research
HTG Consultants, LLC
2 Penn's Way, Suite 300
New Castle, Delaware 19720

Dear Ms. Winward,

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 January 14, 2015 and received by DHHS on January 14, 2015. Enclosed are the electronic copies of the SC Nursing Homes Medicaid cost reports and rate sheets that you requested.

Our expense for extracting this information is ten and 00/100 dollars (\$10.00). 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, please feel free to contact me at (803)898-0062.

Sincerely,

Constance Holloway
Assistant General Counsel

CH/cmp
Enclosures