


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-25-07</i>
------------------------	----------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000164</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>cc: Wells</i>			
			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

The House of Representatives

STATE OF SOUTH CAROLINA

STATE HOUSE

P. O. BOX 11867

Columbia 29211

(803) 734-3144



DANIEL T. COOPER

CHAIRMAN

WAYS AND MEANS COMMITTEE

DISTRICT 10
ANDERSON COUNTY

HOME ADDRESS

361 BROWNING ROAD

PIEDMONT, SC 29673

(864) 280-4025

DTC@ecstatehouse.net

September 19, 2007

RECEIVED

SEP 25 2007

The Honorable Col. Emma Forkner
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Col. Forkner:

It has come to our attention that there is a question regarding the \$900,000 group home reimbursement for Fiscal Year 2007-2008. The \$900,000 was intended for high management group home treatment.

We hope our communication has clarified this issue. However, if questions remain, please feel free to contact our respective staffs.

Sincerely,

Handwritten signature of Daniel T. Cooper in black ink.

Daniel T. Cooper
Chairman, House of Ways & Means Committee

Handwritten signature of Hugh K. Leatherman, Sr. in black ink.

Hugh K. Leatherman, Sr.
Chairman, Senate Finance Committee

Log: Myers
C: Wells
rec. action

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-25-07</i>
--------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000164</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Wells</i> <i>V</i>	<input checked="" 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.			

The House of Representatives

STATE OF SOUTH CAROLINA

STATE HOUSE

P. O. BOX 11867

Columbia 29211

(803) 734-3144



DANIEL T. COOPER

CHAIRMAN

WAYS AND MEANS COMMITTEE

DISTRICT 10
ANDERSON COUNTY

HOME ADDRESS
361 BROWNING ROAD
PIEDMONT, SC 29673
(864) 280-4025
DTC@scstatehouse.net

September 19, 2007

RECEIVED

SEP 25 2007

The Honorable Col. Emma Forkner
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29201

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Col. Forkner:

It has come to our attention that there is a question regarding the \$900,000 group home reimbursement for Fiscal Year 2007-2008. The \$900,000 was intended for high management group home treatment.

We hope our communication has clarified this issue. However, if questions remain, please feel free to contact our respective staffs.

Sincerely,

Daniel T. Cooper

Daniel T. Cooper
Chairman, House

R. De

eatherman, Sr.
Senate Finance Committee

this can get

filed with

Log: Myers

C: Wells

re. action

over I think we've
done this in my. all
pls double ck. me; for