

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

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>4-16-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000327</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Change to N/A per Dr. Liggett</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<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.			

*South Carolina Association
of
Council on Aging Directors*

April 11, 2013

Dr. Peter Liggett
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29

RECEIVED

APR 16 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Dr. Liggett;

I am writing on behalf of the South Carolina Association of Council on Aging Directors. We as an organization would like to request to have the cost of the home delivered meals contracted through the Community Long Term Care program be restored to the price of \$5.50 per meal.

We realize funds are very limited; however we have also experienced increase in the cost of meals since the two reductions in April and July, 2011.

The SCACAD would appreciate consideration in increasing the price of meals back to the previous rate of \$5.50.

Sincerely,



Lynn Stockman, President

South Carolina Association of Council on Aging

1300 Hunt Street

Newberry, SC 29108

803-276-8266

lynn@nccoa.org

CC: Roy Smith

Bren -
Please log-

Thanks
Annie
4/15/13

Newberry County Council on Aging

1300 HUNT STREET

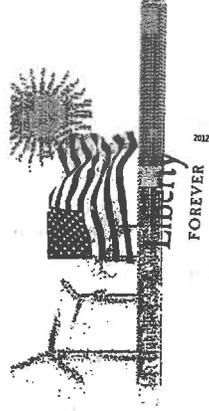
Newberry, South Carolina 29108

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APR 16 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Peter Liggett
South Carolina Department of Health and
Human Services
P.O. Box 8206
Columbia, SC 29202



COLUMBIA SC 290

12 APR 2013 PM 2 L

FOREVER



25202820606

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



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TO <i>Liggett</i>	DATE <i>4-16-13</i>
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2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-25-13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<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.		<i>5/6/14</i>	<i>change to Necessary Action</i>
2.			
3.			
4.			

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April 11, 2013

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Please log-

Thanks
Anne
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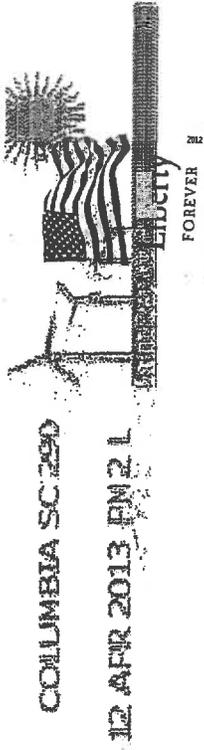
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