

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells/FOTA</i>	<i>6-26-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000798	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>7-11-07</i> <input type="checkbox"/> Necessary Action	
<i>cc: Bowling</i> <i>Cleared 7/13/07 letter</i> <i>attached.</i>			

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

HOOD & SELANDER

RECEIVED

CERTIFIED PUBLIC ACCOUNTANTS
PROFESSIONAL ASSOCIATION

JUN 25 2007

198 East Bay Street
Charleston, SC 29401

Department of Health & Human Services
OFFICE OF THE DIRECTOR

843-577-6622

Fax: 843-577-0232

e-mail: david@rshcpa.com

FAX TRANSMISSION

*Log: Wells
e: Bowling
app. sign*

To:	Jeff Stensland	Date:	June 25, 2007
Fax #:	843-898-4515	Pages:	2 additional
From:	David E. Selander, CPA		
Subject:	FOIA request		

COMMENTS:

I am a cost report preparer for nursing homes. I was recently engaged to prepare the Medicaid cost reports for the Laurel Baye facilities. I am requesting the electronic copy of last year (09/30/06) Medicaid cost report filed with DHHS.

I have attached a letter of authorization from the CFO of Laurel Baye. Additionally, I have attached a list of the Laurel Baye Facilities.

Please note I need the electronic copy (not hard copy) to assist with the preparation of the current year cost report. If this request is not clear, please contact Debbie Myers at DHHS (803)-898-2883, she will help explain how to obtain the electronic cost report for me.

Thank you for your prompt attention to this. If you have any questions, please feel free to call.

US Treasury Circular 230 Notice: Any tax advice included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Please call (843) 577-6622 if you do not receive all pages indicated or have any trouble receiving this fax.

LAUREL BAY FACILITIES

MCD#	MCR#		
0805NF	42-5042	LAUREL BAYE HEALTHCARE OF GREENVILLE	9/30/2006
0858NF	42-5116	LAUREL BAYE HEALTHCARE OF ORANGEBURG	9/30/2006
0755NF	42-5319	LAUREL BAYE HEALTHCARE OF BLACKVILLE	9/30/2006
0754NF	42-5297	LAUREL BAYE HEALTHCARE OF WILLISTON	9/30/2006
0776NF	42-5158	FAIRFIELD HEALTHCARE, LLC	9/30/2006
LB HO	42-H017	LAUREL BAYE HEALTHCARE OF SC	9/30/2006

RECEIVED

JUN 25 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Laure Baye Healthcare
1205 Two Island Court, Suite 204
Mt. Pleasant, SC 29465-2754
PH 843-216-6800
FX 843-216-6822

May 30, 2007

RE: Medicare/Medicaid Cost Reports

To Whom It May Concern:

This is a letter of authorization to allow David E. Selander, CPA to obtain cost report information for the years ending in 2006 and 2007. Cost report information includes as filed and audited cost report workpapers, and electronic copies of filed cost reports.

If you have any questions regarding this authorization, please feel free to call.

Sincerely,



W. Bryon Burbage

Chief Financial Officer



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Karr
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

0798 ✓

Mark Sanford
Governor

Susan B. Bowling
Acting Director

July 13, 2007

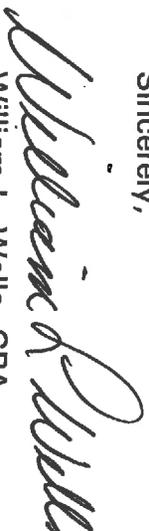
David E. Selander
Hood & Selander
198 East Bay Street
Charleston, South Carolina 29401

Dear Mr. Selander:

In response to your recent Freedom of Information Act request, enclosed you will find the CD and the billing for processing the information you requested from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1016.

Sincerely,


William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Susan B. Bowling
Acting Director

July 13, 2007

TO: David E. Selander, Hood & Selander
FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 0798

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	1	Hours	\$10.00
Pages copied at \$.10 per page		Pages	\$3.80
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$
Other costs associated with the FOIA request: CD	2.00		\$ 2.00

Total Amount Due SCDHHS: \$15.80

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 Brandy Putnam at (803) 898-1016 should you have any questions.

William L. Wells
Signature _____ Date 7/13/07