

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>9-28-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>600275</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 10/9/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-9-06</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

S. PHILLIPS & CO.

Healthcare and Senior Housing Valuation & Consulting

Dog Wells
"Approved Sign"

FACSIMILE TRANSMITTAL SHEET

TO: *John Stensland* FROM: *Sam Phillips*

COMPANY: *Bureau of Public Affairs* DATE: *9/27/2006*

FAX NUMBER: *803-898-4515* PHONE NUMBER:

TOTAL NO. OF PAGES/INCLUDING COVER: *2* RE: *Medicaid Perm. App.*

FAX TRANSMISSION ONLY ORIGINAL TO BE DELIVERED

NOTES/COMMENTS:

The information contained in this transmission is privileged and confidential. It is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, he or she is hereby notified that any consideration, dissemination, or duplication of this communication is strictly prohibited. If you have received this communication in error, please return it by fax or notify us.

THANK YOU

2801 HIGHWAY 377 EAST, SUITE 100, GRANBURY, TEXAS 76049
TEL. 817/573-2552 • FAX 817/573-2621

S. PHILLIPS & CO., INC.

Health Care & Senior Housing Valuation and Consulting

September 27, 2006

Mr. Jeff Stensland
Chief of the Bureau of Public Information
South Carolina Department of Health & Human Services

RE: South Carolina Medicaid Reimbursement System

Dear Mr. Stensland:

S. Phillips & Co., Inc. has been engaged to perform a real estate appraisal of a nursing facility in Orangeburg, South Carolina. We were referred to you by Jackie Wilson Barnes.

We need information on South Carolina's Medicaid Reimbursement System in relation to nursing home facilities in order to complete the appraisal. Some of the information we will need are the reimbursement rate system.

Ms. Barnes informed us that she would need to receive approval from you in order to provide us with the information needed.

Thank you for your assistance in this matter, and should you have any questions, please contact me at (817) 573-2552.

Sincerely,



Stan T. Phillips, MAI
State Certified General Appraiser (TX)
License Number TX-1321407-G



Log 275

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 9, 2006

S. Phillips & Co.
Attn: Mr. Stan T. Phillips, MAI
2801 Highway 377 East/ Suite 100
Grandbury, Texas 76049

Dear Mr. Phillips:

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

I hope this information is helpful to you. If you should have any questions, please contact Jacqueline Wilson-Barnes at (803) 898-1040.

Sincerely,

A handwritten signature in cursive script that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/iwb

Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 9, 2006

TO: S. Phillips & Co.
Attn: Stan T. Phillips, MAI

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 275

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	35	Pages	\$ 3.50
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ _____
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			\$13.50

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact Jacqueline Wilson-Barnes at (803) 898-1040 should you have any questions.

William L. Wells November 9, 2006
Signature Date