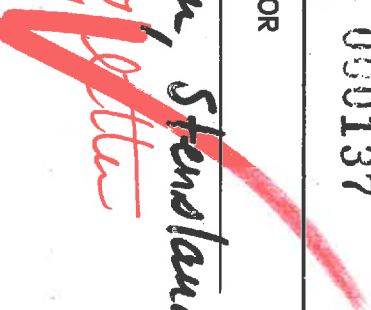


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
11/11/07 FOIA	9-6-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000137	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton, Stensland cleared 9/18/07, letter attached. 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 9-20-07 <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.			

RECEIVED

SEP 05 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Bryan Kost
To: Brenda James
Date: 9/4/2007 11:56 pm
Subject: please log - FOI request

thanks!

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhs.gov

>>> "Kathy Wine" <kwine@schmoyercpa.com> 8/28/2007 6:56 PM >>>
Hi, Bryan. Hope you're doing well.

Under the Freedom of Information Act, we would like to request copies of the 9/30/05 and 9/30/06 Medicaid cost reports, including all supporting workpapers (trial balance, cost report grouping schedule, depreciation schedule, etc), for Martha Franks Baptist Retirement Center. We would also like the 10/1/06 and 10/1/07 rate calculations, including desk audit adjustments and cost of capital analyses.

These copies can be mailed to my attention at the address below.

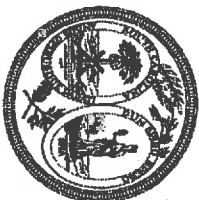
Thanks,
Kathy

Kathy B. Wine, CPA
Partner

Schmoyer and Company, LLC
1330 Lady Street, Suite 507
Columbia, SC 29210
(803) 254-2050 phone
(803) 256-9080 fax

Visit us on the web at: www.schmoyercpa.com

*WMS
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9/5/07
Lot C
2 pages
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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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

Mark Sanford
Governor

Emma Fortner
Director

September 18, 2007

Ms. Kathy Wine
Schmoyer and Co.
1330 Lady Street
Columbia, SC 29210

Dear Ms. Wine:

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

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

William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures

809 137 ✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 18, 2007

TO: Kathy Wine, Schmoeyer and Co..

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 137

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	<u>1</u>	Hours	<u>\$10.00</u>
Pages copied at \$.10 per page	<u>175</u>	Pages	<u>\$17.50</u>
Pages faxed at \$.20 per page	<u> </u>	Pages	<u>\$ </u>
Shipping and Handling Costs			<u>\$ 6.05</u>
Other costs associated with the FOIA request:	<u> </u>		<u>\$ </u>
Total Amount Due SCDHHS:			<u>\$33.55</u>

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 9/18/07
Signature Date

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