

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

ACTION REFERRAL

TO <i>Wills/FOIA</i>	DATE <i>8/28/08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><i>100112</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <p align="center"><i>Jay Stensland</i></p> <p align="center"><i>Class of 9/10/08, letter attached.</i></p>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9/11/08</i> <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.			

From: Brandy Putnam
To: Elizabeth Hutto
Date: 8/28/2008 9:11 AM
Subject: Fwd: Island Oaks Living Center

Can someone log this as a request and send me the blue sheet. Thanks!

Brandy Putnam
Department of Health and Human Services
Phone Number (803)-898-1016
Fax Number (803)-255-8228

>>> Debra Myers 8/28/2008 9:10:22 AM >>>
Here is a FOI request.

>>> Ron Davis <rdavis@finchhamilton.com> 8/28/2008 9:06 AM >>>
Dear Debbie,

Per our conversation this morning, I am requesting that you email me the 9-30-07 Medicaid cost report and rate calculation sheet for Island Oaks Living Center.

Thank You,
Ron Davis



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
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 _____

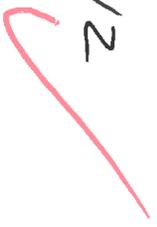
Date: _____



State of South Carolina
Department of Health and Human Services

Log

112



Mark Sanford
Governor

Emma Forkner
Director

September 10, 2008

Mr. Ronald L. Davis
Finch, Hallbick & Co., LLC
Post Office Box 11674
Columbia, SC 29211

Dear Mr. Davis:

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

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

Sincerely,

A handwritten signature in black ink that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

September 10, 2008

TO: Mr. Ronald L. Davis
Finch, Hallbick & Co., LLC

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 112

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	50	Pages	\$ 5.00
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ 3.40
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			\$18.40

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) 898-1040 should you have any questions.

William P. Wells
Signature _____ Date 9/10/08