

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells/FOIA</i>	<i>7-14-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000024	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>cc: Stensland</i> <i>Cleared 7/16/08, letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-28-08</i>
	<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.			

**From:** "Moustapha B. Abdul" <mabdul@cfonet.biz>  
**To:** <stenstand@scdhhs.gov>  
**Date:** 7/14/2008 10:38 am  
**Subject:** South Carolina Freedom of Information act: Request copies of Medicaid Cost Reports

Under the South Carolina Freedom of Information act, and as per our telephone conversation this morning, I would like to request copies of Medicaid cost reports that cover the period of January 2004 to December 2007 for the following nursing home:

THI of South Carolina at Magnolia Place at Spartanburg, LLC d/b/a/  
Magnolia Place at Spartanburg  
8020 White Avenue,  
Spartanburg, SC 29303

Medicare Provider No. 425175

Please let us know the periods that you have available and the total cost for the reports covering those periods either by phone or email at mabdul@cfonet.biz, so that we can make a prompt payment.

Thank you for your assistance on this matter.

Sincerely,

Moustapha Abdul  
Financial Analyst  
Corporate Financial Outsourcing Network, LLC  
321 Maple Street  
North Little Rock, AR 72114  
Phone: 501-374-8123 x229  
Fax: 501-374-2820

**NOTICE:** This electronic mail message is intended exclusively for the individual or entity to which it is addressed. This message, together with any attachment, may contain confidential and privileged information. Any unauthorized review, use, print, retain, copy, disclosure or distribution is strictly prohibited. If you have received this message in error, please immediately advise the sender by reply email message to the sender and permanently delete all copies of this message. CFO Network is not licensed by the AICPA or the Arkansas State Board of Public Accountancy.

**RECEIVED**

JUL 14 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



**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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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

Erma Forkner  
Director

July 16, 2008

Moustapha Abdul  
Financial Analyst  
Corporate Financial Outsourcing Network, LLC  
321 Maple Street  
North Little Rock, AR 72114

Dear Mr. Abdul:

In response to your recent Freedom of Information Act request, enclosed you will find the information 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.

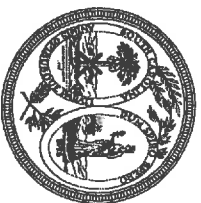
Sincerely,

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

William L. Wells, CPA  
Deputy Director

WLW/bep  
Enclosures

809 034 ✓



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Emma Forkner  
Director

July 16, 2008

TO: Moustapha Abdul  
Corporate Financial Outsourcing Network

FROM: William L. Wells, CPA  
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 24

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	151	Pages	\$15.10
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$
Other costs associated with the FOIA request:			\$ 9.75
<b>Total Amount Due SCDHHS:</b>			<b>\$ 34.85</b>

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

July 16, 2008  
Date