

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: Stens lead</i> <i>Cleared 7/16/08, letter 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@scdhs.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:

RECEIVED

JUL 14 2008

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

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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

809 034



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 cursive 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

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
Total Amount Due SCDHHS:			\$ 34.85

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