

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Hells/FOIA</i>	<i>8-17-06</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000158</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Singleton, Stansland cleared 8/21/06, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>8-31-06</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.			



HOUSEKEEPING, LAUNDRY & DIETARY SERVICES

*Kog. Wells*  
*"FOIA"*  
*cc: Spingleton*  
*Stoveland*

To: Brian Kost  
Fax #: 803-898-4515  
From: Sherry Hipp 803-240-7355  
Date: 8/16/06  
Subject: FOI Request: SNF Cost Report Data

**RECEIVED**

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Mr. Kost,

AUG 16 2006

Please provide me a copy of the 2005 (or most current) revenue & expense report for the following facilities:

Loris Extended Care Center

Please provide information on the following five centers:  
Dietary, Laundry, Housekeeping, Computation, Reimbursement rate & space allocation

Please mail to:

Sherry Hipp  
1640 Koulter Dr  
Columbia, SC 29210

Thank-you,

Sherry Hipp

636 Powdersville Road, Easley, SC 29642 Office (864) 306-7785 Fax (864) 306-7786



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

TO:  
FROM: Cost of Processing FOIA Request  
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 8355  
Columbia, South Carolina 29202-8355

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) 898-4515



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

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Mark Sanford  
Governor

Robert M. Kerr  
Director

August 21, 2006

CES  
Attn: Sherry Hipp  
C/O 1640 Koulter Drive  
Columbia, South Carolina 29210

Dear Ms. Hipp:

In response to your recent Freedom of Information Act request, enclosed you will find the information you requested on Loris Extended Care Center 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/jwb

Enclosures



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

August 21, 2006

TO: CES  
Attn: Sherry Hipp

FROM: William L. Wells, CPA  
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 158

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    7 \_\_\_\_\_ Pages    \$ .70

Pages faxed at \$.20 per page    \_\_\_\_\_ Pages    \$ \_\_\_\_\_

Shipping and Handling Costs    \_\_\_\_\_    \$ 1.00

Other costs associated with the FOIA request: \_\_\_\_\_    \$ \_\_\_\_\_

**Total Amount Due SCDHHS: \$ 11.70**

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    William L. Wells  
Signature    Date August 21, 2006