

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

3/15/10
Jeff will find
out if ready
to clear.

TO <u>Wells/FOIA / Baxter</u>	DATE <u>2-22-10</u>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>100347</u>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>cc: Singleton, Stensland</u>	Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <u>3-8-10</u> <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

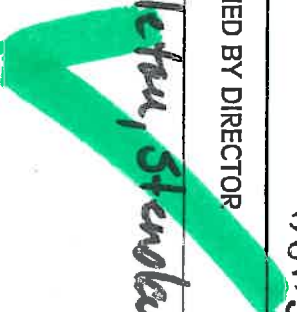
FEB 25 2010

SCDHHS BUREAU OF REIM,
METHODOLOGY & POLICY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells/FOIA</i>	<i>2-22-10</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>1001347</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>cc: Singleton, Stenoband</i> 	Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>3-8-10</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.			

Brenda James - Fw: Request for data under Freedom Of Information Act

From: "Mickey Burroughs" <mburroughs@bellsouth.net>
To: <stensjef@scdhhs.gov>
Date: 2/19/2010 1:28 PM
Subject: Fw: Request for data under Freedom Of Information Act
Attachments: Kingstree Data Request.pdf

RECEIVED

FEB 22 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Good Morning Mr. Stensland,

I am requesting a copy of 5 Cost Reports of RTFs for appraisal purposes. Please see attached letter which references "Freedom of Information Act." I greatly appreciate your expeditious handling of this request as I am under a tight deadline. If you have any questions please call me at the number below. Thanks in advance for your assistance.

If you are not the proper person to receive this request I'd appreciate your letting me know so I can forward to the proper person.

regards,

mickey

J. Michael (Mickey) Burroughs, MAI
HealthCare Property Appraisers of America, Inc.
120 Farmwood Drive
Fountain Inn, South Carolina 29644
Ph 828 482 0510
FX 828 482 0511
Cell 864 238 4012
mburroughs@HCappraisers.com

**HEALTHCARE PROPERTY APPRAISERS
of America, Inc.**

120 Farmwood Drive
Fountain Inn, South Carolina 29644
Phone: 828-482-0510 FAX: 828-482-0511
mburroughs@HCAppraisers.com

RECEIVED

February 19, 2010

FEB 22 2010

Mr. Jeff Stensland
Director of Communications
Medicaid and State Recovery
Columbia, SC

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Request for Cost Reports

Dear Mr. Stensland:

This is a request under the Freedom of Information Act. I am doing an appraisal of a proposed Residential Treatment Facility in Kingstree, South Carolina. In connection with that appraisal, I need to analyze Operating Costs of similar RTFs. I would appreciate your providing me with copies of the most current Cost Reports for reimbursement of the following RTFs:

RTF-0022
Excalibur Youth Services
3683 S Industrial Dr
Simpsonville, SC

RTF-0023
Willowglen Academy South Carolina
1399 Harmony Camp Rd
Greeleyville, SC

RTF-0020
Avalonia Group Homes
404 Hampton Ave
Pickens, SC

RTF-0014
Palmeto Pee Dee Residential Treatment Center
601 Gregg Ave, Ste B
Florence, SC

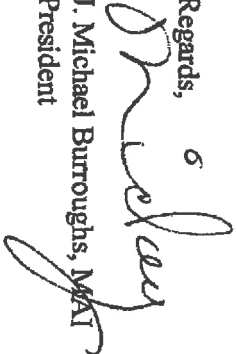
RTF-0011

Palmetto Lowcountry Behavioral Health
2777 Speissegger Dr
North Charleston, SC

As the closing of this bank construction loan is under a tight deadline, I would greatly appreciate anything you can do to expedite this request. If possible, please email or fax the reports, rather than US Postal Service as it will be faster.

Please call me if you have any questions. Your assistance is very much appreciated.

Regards,


J. Michael Burroughs, MAI
President

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: _____