

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Johnson/FOIA</i>	DATE <i>9-28-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>2011090</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stenoland</i> <i>Cleared 10/3/12, see attached</i> <i>e-mail response.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-12-12</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

From: Debra Myers
Sent: Friday, September 28, 2012 8:15 AM
To: Brenda James
Cc: Lisa Jackson
Subject: FW: FOIA cost report copies request

RECEIVED

SEP 28 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda,

Please log FOIA request.

Debra Myers
SC Department of Health and Human Services
Direct Line (803) 898-2883
Fax Line (803) 255-8228

From: March, Debra [<mailto:Debra.March@dhgllp.com>]
Sent: Thursday, September 27, 2012 3:50 PM
To: Debra Myers
Subject: FOIA cost report copies request

Debra,
Under the freedom of information act we would like to request copies of the following two 9-30-11 cost reports for the following facilities:
Springdale in Camden County
MC Coy in Lee county.
If you could send as soon as possible I would appreciate that.
Thank You
Debra March

Sent with Good (www.good.com)

IRS Compliance: Any tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties imposed under the Internal Revenue Code or applicable state or local tax law or (ii) promoting, marketing, or recommending to another party any transaction or matter addressed herein.

Confidentiality Notice: This e-mail is intended only for the addressee named above. It contains information that is privileged, confidential or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying, or dissemination of this transmission, or taking of any action in reliance on its contents, or other use is strictly prohibited. If you have received this transmission in error, please reply to the sender listed above immediately and permanently delete this message from your inbox. Thank you for your cooperation.



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:

Brenda James

Log #90 ✓

From: Lisa Jackson
Sent: Wednesday, October 03, 2012 8:41 AM
To: Janet Bell; Brenda James
Cc: Debra Myers; Louis Krause; Ruth Johnson
Subject: FW: FOIA Request
Attachments: McCoy.pdf; Springdale.pdf

Attachments are
on this e-mail 10/3/12.
Attachments are 42
and 48 pages to print

Here is the e-mail that was sent to clear FOIA Request #090 from your logs. Since the information was emailed, there was no charge! If you need anything else, just let me know.

Lisa

From: Lisa Jackson
Sent: Wednesday, October 03, 2012 8:35 AM
To: 'Debra.March@dhgllp.com'
Subject: FOIA Request

Ms. March,

Attached are the cost reports that you requested through Freedom Of Information. If you need anything else, please let me know.

Thank You,

Lisa D. Jackson
Auditor III
SC Department of Health and Human Services
Division of Longterm Care Reimbursement
Direct Line (803) 898-2081