

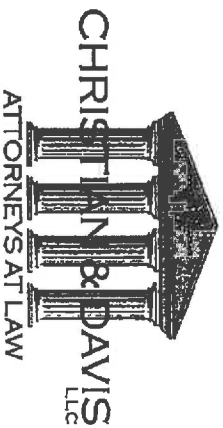
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
1/26/15/FOIA	12-15-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000312	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singler, Stansland cleared 1/24/07, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <u>1-2-09</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

DEC 15 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

December 11, 2008

Michael Sponhour
Director of Public Affairs and Freedom of Information Act Officer
South Carolina Budge & Control Board
Box 12444
Columbia, SC 29211

**RE: Anne Maria Nursing Home a/k/a Anne Maria Rehab and Nursing Center
1200 Talisman Drive, North Augusta, SC 29841**

W. Harold Christian, Jr.

Richard V. Davis

Matthew W. Christian

Joshua D. Christian

Workers' Compensation

Auto & Truck Collisions

Insurance Litigation

Social Security Disability

Serious Personal Injury

Medical & Nursing
Home Negligence

Dear Mr. Sponhour:

Pursuant to the Freedom of Information Act and South Carolina Code Section 40-20-760, I am requesting that you provide this office with any and all of the following documents as they relate or otherwise pertain to Anne Maria Nursing Home and/or Anne Maria Rehabilitation and Nursing Center in North Augusta, South Carolina as prepared by your office or the Office of State Auditor:


1. Agreed-Upon Procedures Report on Contract for Purchase of Nursing Care Services with State of South Carolina Department of Health and Human Services for any contract periods between January 1, 2006 to the present;
2. Medicaid Financial and Statistical Report as submitted to the Department of Health and Human Services for the cost report periods including any report periods used to set the rates covering the contract periods beginning January 1, 2006 and to present;
3. Computation of rate change for the contract period beginning closest to January 1, 2006 and any subsequent rate changes;
4. Computation of adjusted reimbursement rates for any contract periods which fall between January 1, 2006 and the present date;
5. Summary of costs and total patient days for the cost report periods which fall between January 1, 2006 and the present date;
6. Any adjustment reports for the corresponding time periods; and
7. Any cost of capital reimbursement analyses for the corresponding time periods.

I would appreciate it if you would respond to this request within the next fifteen days. If the processing of this request will exceed \$50.00, please enclose an explanation of all reasonable business costs associated with the copying and production of these

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC


Kirsten Harkness
Paralegal to Matthew Christian

/s/



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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



Log # 312

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 2, 2009

Kirsten Harkness
Christian & Davis, LLC
P.O. Box 332
Greenville, SC 29602

Dear Ms. Harkness:

In response to your recent Freedom of Information Act request, enclosed you will find the information and the billing for processing your request from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1040.

Sincerely,

A handwritten signature in cursive script that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/bp
Enclosures

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

Emma Fortner
Director

January 2, 2009

TO: Kirsten Harkness
Christian & Davis, LLC

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 312

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	<u>1</u> Hours	\$ <u>10.00</u>
Pages copied at \$.10 per page	<u>61</u> Pages	\$ <u>6.10</u>
Pages faxed at \$.20 per page	<u> </u> Pages	\$ <u> </u>
Shipping and Handling Costs		\$ <u>5.00</u>
Other costs associated with the FOIA request:	<u> </u>	\$ <u> </u>

Total Amount Due SCDHHS: \$21.10

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) 898-1040 should you have any questions.

William L. Wells
Signature

January 2, 2009
Date