

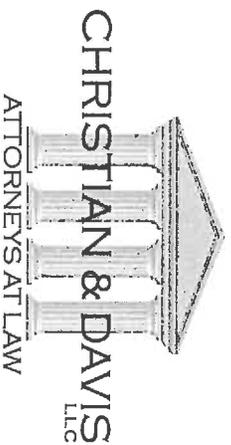
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singletary/FOIA</i>	DATE <i>2-26-10</i>
------------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>.1011361</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>X FOIA</i>	<input type="checkbox"/> Necessary Action DATE DUE <i>3-12-10</i>
2. DATE SIGNED BY DIRECTOR <i>cc: Stevensland cleared 3/30/10, letter attached.</i>			

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 26 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 17, 2010

Brandy Putnam
SC Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202

RE: Brookside Living Center, Anderson, South Carolina

Dear Ms. Putnam

Pursuant to the South Carolina Freedom of Information Act, I am requesting that you provide this office with any as filed Cost Reports submitted by the above named provider for any contract periods between October 2007 and the present and the Desk Audit package for same.

I would appreciate 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 items prior to processing. If you have any questions, please do not hesitate to contact me.

With kindest regards, I am

Very truly yours,

CHRISTIAN & DAVIS, LLC

Kirsten Harkness
Paralegal to Matthew Christian

/kch

RECEIVED

FEB 19 2010

SCDHHS BUREAU OF REIM.
METHODOLOGY & POLICY

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

P.O. Box 332 Greenville, SC 29602
1007 E. Washington St. Greenville, SC 29601
Phone (864)232-7363 Fax (864)370-3731 www.christiandavislaw.com



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: _____



Page # 000361

March 11, 2010

Ms. Kirsten Harkness
Paralegal to Matthew Christian
Christian & Davis, LLC
Post Office Box 332
Greenville, SC 29602

Re: FOIA Request – Cost Reports for Brookside Living Center,
Anderson, SC

Dear Ms. Harkness:

In response to your Freedom of Information Act request, enclosed you will find the October 1, 2007 thru present cost reports you requested. These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is twenty-six and 30/100 dollars (\$26.30). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,



Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables