

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess/FOIA	3-6-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100350	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Single for Stensland Cleared 3/20/12, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 3-20-12 <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.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess/FOIA	3-6-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101350	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Single for Stensland Cleared 3/20/12, letter attached	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 3-20-12 <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 - Fwd: FOI Request

RECEIVED

MAR 06 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Brandy Gilbert
To: Brenda James
Date: 3/6/2012 7:23 AM
Subject: Fwd: FOI Request

Brenda, I am sending this one on to you just in case it didn't come to you from Jeff Stensland. The original e-mail was sent to him also.

Thanks,
Brandy

Brandy Putnam
Department of Health and Human Services
Phone Number (803)-898-1016
Fax Number (803)-255-8228

>>> "Kathy Wine" <kwine@schmoyercpa.com> 2/29/2012 3:45 PM >>>
Under the Freedom of Information Act, we would like to request copies of the September 30, 2011 Medicaid Cost Report and all supporting documentation for Driftwood Rehabilitation and Nursing Center.

When available, please mail the packet to me at the below address. If you have any questions, please do not hesitate to contact me.

Sincerely,
Kathy Wine

Kathy B. Wine, CPA
Partner

 Description: cid:image002.jpg@01C9069B.291EC630

1330 Lady Street Suite 507
Columbia, SC 29201
Phone (803) 254-2050
Fax (803) 256-9080
Visit us on the Web: www.schmoyercpa.com

Confidentiality Notice
The information and/or any attachments to this e-mail contain confidential information that is legally privileged. This information is intended only for the use of the individual or entity named in the e-mail. The above authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

IRS CIRCULAR 230 NOTICE: Any federal tax advice contained in this communication (or in any attachment) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending any transaction or matter addressed in this communication.



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:

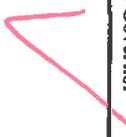
Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____

Log # 350



March 20, 2012

Ms. Kathy Wine
1330 Lady Street, Suite 507
Columbia, SC 29201

Dear Ms. ~~Wine~~ ^{Kathy}:

Enclosed you will find the information and the billing for processing your recent Freedom of Information Act request from our office.

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

Sincerely,

Jeff A. Saxon
Bureau Chief

JAS/bg

Enclosures



March 21, 2012

TO: Ms. Kathy Wine

FROM: Jeff Saxon
Bureau Chief

SUBJECT: Cost of Processing FOIA Request # 350

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	224	Pages	\$22.40
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$ 6.50
Other costs associated with the FOIA request:			\$
Total Amount Due SCDHHS:			\$38.90

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 Gilbert at (803) 898-1040 should you have any questions.

Signature  Date March 21, 2012