

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

**ACTION REFERRAL**

TO	DATE
<i>Wells/FOIA</i>	<i>8-25-08</i>

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOC NUMBER	<i>000104</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>K.C. Singletary, Standard</i> <i>Class 8/29/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>9-10-08</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.			

**CES, Inc.**  
636 Powdersville Rd  
Easley, SC 29642  
Phone; 864-306-7785  
Cell; 803-240-7355

**Fax**

**RECEIVED**

<b>To:</b>	Brian Kost	<b>From:</b>	Sherry Hipp	<b>DATE</b>	AUG 25 2008
<b>Fax:</b>	803-898-4515	<b>Pages:</b>	2	<b>Department of Health &amp; Human Services</b>	
<b>Phone:</b>		<b>8/26/08</b>		<b>OFFICE OF THE DIRECTOR</b>	
<b>Re:</b>	FOI Request	<b>shipp@ces-services.com</b>			

Mr. Kost,

Thru FOI I am requesting a copy of the 2007 (or most current) cost report for the following facility;

Bethna Baptist Healthcare Center

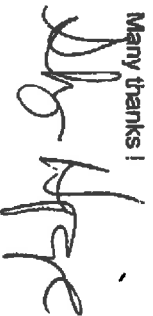
Please provide information on the following centers;

Dietary, housekeeping, laundry, maintenance, computation, reimbursement rate & space allocation.

Please Mail to:

Sherry Hipp  
CES, Inc.  
1640 Kautler Dr  
Columbia, SC 29210

Many thanks !





**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:	_____	\$_____
<b>Total Amount Due SCDHHS:</b>		<b>\$_____</b>

Please remit the above amount to the following address:

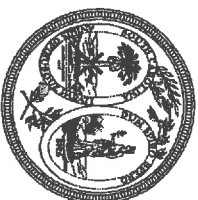
Bureau of Fiscal Affairs  
South Carolina Department of Health and Human Services  
Post Office Box 8297  
Columbia, South Carolina 29202-8297

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



*State of South Carolina*  
*Department of Health and Human Services*

*dog 104*

Mark Sanford  
Governor

Emma Forkner  
Director

August 29, 2008

Sherry Hipp  
CES, Inc  
1640 Koulter Dr.  
Columbia, SC 29210

Dear Ms. Hipp:

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

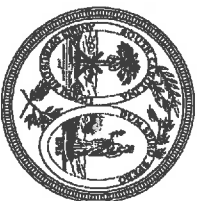
I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1040.

Sincerely,

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

William L. Wells, CPA  
Deputy Director

WLW/sbep  
Enclosures



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Emma Forkner  
Director

August 29, 2008

TO: Sherry Hipp, CES, Inc

FROM: William L. Wells, CPA  
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 104

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>45</u> Pages	<u>\$ 4.50</u>
Pages faxed at \$.20 per page	<u>          </u> Pages	<u>\$ _____</u>
Shipping and Handling Costs		<u>\$ _____</u>
Other costs associated with the FOIA request:	<u>          </u>	<u>\$ _____</u>
<b>Total Amount Due SCDHHS:</b>		<u><u>\$14.50</u></u>

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

08/29/08  
Date