

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

ACTION REFERRAL

TO <i>Wells/FOIA</i>	DATE <i>8-25-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000104</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>K.C. Singler, Standard Chandler 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



To: Brian Kost From: Sherry Hipp AUG 25 2008
Fax: 803-898-4515 Pages: 2
Phone: 8/26/08
Re: FOI Request shipp@ces-services.com

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 Koulter Dr
Columbia, SC 29210

Many thanks!
Sherry Hipp



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: _____



State of South Carolina
Department of Health and Human Services

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

WLVW/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

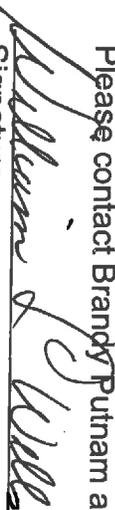
The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	1	Hours	\$10.00
Pages copied at \$.10 per page	45	Pages	\$ 4.50
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ _____
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			\$14.50

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.


Signature _____ Date 08/29/08 _____