

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL



TO <i>Hess / Baker</i>	DATE <i>4-8-11</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>101467</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>4-19-11</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Necessary Action	
* If we are charging for this info... your call.			

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note: reason for disapproval and return to preparer.)</small>	COMMENT
1.	<i>[Signature]</i>		<i>Called Shannon Ashford. Could not get the info by date he needed it. Said he did not need it after that Monday 4/9/11</i>
2.			
3.			
4.			

**Brenda James - Financials for Medicaid Patient Days at LTC facilities & nursing homes**

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**From:** <SHANNON.ASHFORD@bcbssc.com>  
**To:** <KostBR@scdhhs.gov>  
**Date:** 04/08/2011 3:20 PM  
**Subject:** Financials for Medicaid Patient Days at LTC facilities & nursing homes

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Hello Bryan:

Is it possible that you can provide me with the financials (total annual \$ spent by SC in the entire state) for Medicaid patient days at long-term care, LTAC, and nursing home facilities form 2005 – 2010? I figure that 2010 numbers would be preliminary, but still helpful. I would like to have something by midday Monday morning.

Please let me know when you might be able to provide it.

Thank you,

Shannon Ashford

(803) 264-0490

This email is confidential and subject to privilege

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TO:

FROM:

SUBJECT: Cost of Processing Request for Information

The South Carolina Department of Health and Human Services has received and processed your Information 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 Processing 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 29202-8397

Please contact \_\_\_\_\_ should you have any questions.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Hess</i>	DATE <i>4-8-11</i>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>1011467</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>4-19-11</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-19-11</i>
<i>* If we are changing for this info... your call.</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
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Thank you,

Shannon Ashford

(803) 264-0490

This email is confidential and subject to privilege

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**From:**

Bryan Kost

**To:**

Brenda James

**Date:**

04/08/2011 3:29 PM

**Subject:**

Fw: Financials for Medicaid Patient Days at LTC facilities & nursing homes

**Attachments:**

Financials for Medicaid Patient Days at LTC facilities & nursing homes

Please log



TO:  
FROM:

SUBJECT: Cost of Processing Request for Information

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Date: \_\_\_\_\_