

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	6-9-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000647	I I Prepare reply for the Director's signature	
2. DATE SIGNED BY DIRECTOR	CC: Singletary, Stensland cleared 6/23/08, after attack.	DATE DUE	DATE DUE
			DATE DUE 6-23-05
		I I Prepare reply for appropriate signature	
		DATE DUE _____	
		I I 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.			



DIXON HUGHES PLLC
Certified Public Accountants and Advisors

June 9, 2008

RECEIVED

JUN 09 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Debbie Myers, Director
SC Dept of Health & Human Services
Division of LTC Reimbursement
1813 Main Street, Suite 100
Jefferson Executive Center
Columbia, South Carolina 29201

Dear Debbie:

Under the Freedom of Information Act, I would like to request an electronic copy of the last filed nursing facility Medicaid Cost Report for Lila Doyle Rehabilitation and Nursing Care Facility; a hospital-based nursing facility in Seneca, SC, owned and operated by Oconee Medical Center. If you have any questions regarding my request, you can reach me at (919) 484-0630.

Sincerely,

DIXON HUGHES PLLC
Andy Page, CPA

2505 Meridian Parkway, Suite 200
Durham, NC 27713-5248
Ph. 919.484.0630 Fx. 919.484.0629
www.dixon-hughes.com



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: _____

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

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647



Mark Sanford
Governor

Emma Forkner
Director

June 23, 2008

Mr. Andy Page, CPA
Dixon Hughes PLLC
2505 Meridian Parkway, Suite 200
Durham, NC 27713-5248

Dear Mr. Page:

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

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1016.

Sincerely,

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

William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

June 23, 2008

TO: Andy Page, CPA, Dixon Hughes PLLC
FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 647

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		Pages	\$
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$ 1.00
Other costs associated with the FOIA request:	1	CD	\$ 2.50

Total Amount Due SCDHHS: \$13.50

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8355
Columbia, South Carolina 29202-8355

Please contact Brandy Putnam at (803) 898-1016 should you have any questions.

William L. Wells
Signature Date 6/23/08