

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single copy FOIA	2-9-11

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100345	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	CC: Stenland Cleared 2/28/11, letter attached.	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 2-24-11 <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.			

02/09/2011 05:46

8642424885



W. ANDREW ARNOLD PC

PAGE 01/01

February 9, 2011

SENT VIA FACSIMILE 803-898-4515

Mr. Frank Adams
Director of Public Information
Department of Health and Human Services
Columbia, SC

RECEIVED
FEB 09 2011
Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE:

Cost Reports for Brookview Healthcare, 510 Thompson St., Gaffney, South Carolina for the year 2009

Dear Mr. Adams:

By way of this letter and pursuant to the Freedom of Information Act, I am requesting the cost reports for Brookview Healthcare, 510 Thompson Street, Gaffney, South Carolina for the year 2009.

If you have any questions regarding this request, please do not hesitate to contact me.
Sincerely,

Jodie D. Fowler
Jodie D. Fowler
Paralegal

712 East Washington Street, Greenville, South Carolina 29601

864.242.4800

864.242.4885

aalawfirm.com

02/09/2011

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: _____



South Carolina Department of
Health & Human Services

Anthony E. Keck, Director
Nikki R. Haley, Governor

208 #000345

February 28, 2011

Ms. Jodie D. Fowler
Paralegal
Law Office of W. Andrew Arnold
712 East Washington Street
Greenville, SC 29601

Re: FOIA Request – Medicaid Cost Reports for Brookview Healthcare

Dear Ms. Fowler:

In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is twenty-eight and 63/100 dollars (\$28.63). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Linda Hillian
Linda Hillian
Paralegal

/h
Enclosures
cc: Lynette D. Wilson, Receivables