

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling/FOIA</i>	<i>3-28-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000612</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Sing I don Stansland</i> <i>Cleared 4/19/07 e-mail response attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>4-11-07</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.			

From: Jeff Stensland
To: Malone, Linda
Date: 3/26/2007 4:29:31 PM
Subject: Fwd: Medicaid data for Hospice Care

Jeff Stensland
SC DHHS
(803) 898-2584

Jeff Stensland
SC DHHS
(803) 898-2584

CC: waldrep, Sam

Ross Bowling
"FOIA"
cc: Sam Letor
Stensland

RECEIVED

MAR 27 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: "Michael Davidson" <michaeld@hospicecare.net>
To: <stensland@scdhhs.gov>
Date: 3/26/2007 4:17:26 PM
Subject: Medicaid data for Hospice Care

Mr. Stensland,

I would like the following information per this written request based on the South Carolina Freedom of Information Act. I am gathering data for all counties in South Carolina pertaining to Hospice patients who utilize the Medicaid benefit. I would also like to know the enrollment numbers for Medicaid patients over 60 years of age in each county. Thank you for your assistance in this matter.

Michael S. Davidson

Hospice Care of South Carolina

Regional Director

864-316-5018 mobile

864-542-2100 office

Choose Compassion...Choose Dignity.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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

#612 ✓

From: Jon Seay
To: Jeff Stensland
Date: 4/2/2007 10:45 am
Subject: Fwd: Hospice eligibles 60 and over for February 2007

CC: Anita Bowen
 We requested and have been provided with the following information as requested by Michael S. Davidson, Hospice Care of South Carolina March 26, 2007. This request is Log # 000612. Do you want to e-mail this back to Mr. Davidson or do we need to send via a letter?

>>> Lynn Asbill Monday, April 02, 2007 >>>
 Jon,

I came up with 1471 Hospice eligibles for February 2007. Of those, 1247 were 60 or over during February. The rollups by county are below. I didn't use Medstat for this because they update monthly. Let me know if you have any questions. And I'm sorry for the delay!

Hospice Recipients age 60 or over during February 2007 by county:

County	CntRecips
01	11
02	43
03	1
04	18
05	5
06	22
07	16
08	26
09	8
10	80
11	11
12	16
13	8
14	11
15	18
16	15
17	11
18	19
19	8
20	20
21	42
22	4
23	116
24	8
25	9
26	48
27	3
28	3
29	11
30	17
31	6
32	103
33	5
34	12
35	9
36	20
37	24
38	32
39	25
40	107
41	2
42	117
43	42
44	26

45

46

18

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

5000
Date RECEIVED
10/15/07
10/15/07
2007 APR 11 PM 12:07

TO	DATE
<i>Bowling/FOIA / Waldrep</i>	<i>3-28-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000012</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
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