

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells/FOIA</i>	<i>2-14-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000423	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>2-29-08</i> <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>cc: Singlehan, Stensland cleared 2/27/08 letter attached.</i>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Emma Forkner  
Director

TO:

FROM:

SUBJECT: Cost of Processing Request for Information

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:	_____	\$ _____
<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 29202-8297

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

**From:** Jeff Saxon  
**To:** Elizabeth Hutto  
**Date:** 2/14/2008 12:51:16 PM  
**Subject:** Fwd: FOI Request

Please log as FOI request. She wants the reimbursement language.

thanks

**CC:** Debra Myers

**RECEIVED**

FEB 14 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**From:** "Michelle Rhodes" <Rhodes@tellain.com>  
**To:** <saxon@scdhhs.gov>  
**Date:** 2/14/2008 12:23:55 PM  
**Subject:** FOI Request

To whom it may concern,

I am requesting a copy of the 2007 Nursing Home Reimbursement Regulations. If you have any questions, I have included my contact information below.

Thank you,

Michelle Rhodes

Tellain, Short, Hansen & Clark, Inc.

15455 Conway Road, Suite 355

Chesterfield, MO 63017

636-530-0009 Office

636-530-0046 Facsimile

**NOTICE:** This message, including all attachments transmitted with it, is for the use of the addressee only. It may contain proprietary, confidential and/or legally privileged information. No confidentiality or privilege is waived or lost by any mistransmission. If you are not the intended recipient, you must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message. If you believe you have received this message in error, please delete it and all copies of it from your system and notify the sender immediately by reply e-mail. Thank you.

**RECEIVED**

FEB 14 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



*State of South Carolina*  
*Department of Health and Human Services*

*Log # 0433*  
*✓*

Mark Sanford  
Governor

Emma Forkner  
Director

February 27, 2008

Ms. Michelle Rhodes  
Tellatin, Short, Hansen & Clark, Inc.  
15455 Conway Road, Suite 355  
Chesterfield, MO 63017

Dear Ms. Rhodes:

This is in response to your recent Freedom of Information Act request. Enclosed you will find the information you requested and the billing for processing that information.

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 script that reads "William L. Wells".

William L. Wells, CPA  
Deputy Director

WLLW/sbep  
Enclosures



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

Emma Forkner  
Director

February 27, 2008

TO: Ms. Michelle Rhodes  
Tellatin, Short, Hansen & Clark, Inc.

FROM: William L. Wells, CPA  
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 423

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	41	Pages	\$ 4.10
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ 2.10
Other costs associated with the FOIA request:			\$ _____
<b>Total Amount Due SCDHHS:</b>			<b><u>\$16.20</u></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 29202-8355

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

*William L. Wells*  
Signature

February 27, 2008  
Date