

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 _____	
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____	
<i>cc: Singlehan, Stensland</i> <i>Cleared 2/27/08 letter</i> <i>attached.</i>		<input checked="" type="checkbox"/> FOIA DATE DUE <i>2-29-08</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.			



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:		\$ _____

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

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@tellatin.com>
To: <saxon@scdhs.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

Tellatin, 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



Log # 0433
State of South Carolina
Department of Health and Human Services

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, reading "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/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:			\$
Total Amount Due SCDHHS:			\$16.20

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