


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
Myers/FOIA/	9-23-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000162	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland, Singleton Cleared 9/25/08, e-mail attached. 	<input checked="" type="checkbox"/> FOIA DATE DUE <u>10-7-08</u> <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: <mdavismdcpa@aol.com>
To: <info@scdhs.gov>
Date: 9/22/2008 3:51 pm
Subject: FOIA request

On Behalf of the South Carolina Baptist Ministries for the Aging we are requesting a copy of the FYE 9/30/2007 payroll survey report for Skilled Nursing Facilities and their Home Office. This report was requested from Skilled Nursing Facilities by the Division of Long Term Care Reimbursements. We are requesting an electronic copy of the survey summary if available. If the survey summary is not available then we are requesting the individual reports from each Skilled Nursing Facility. Please e-mail a copy of the report to : mdavismdcpa@aol.com

If an e-mail copy is not available a hard copy may be mailed to:
South Carolina Baptist Ministries for the Aging, Inc.
Attn: Melissa Simmons
190 Stoneridge Drive
Columbia, SC 29210-8254

Melissa Simmons, Trustee
Baptist Ministries for The Aging, Inc.

RECEIVED

SEP 23 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR



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

From: Brandy Putnam
To: Brenda James; Elizabeth Hutto; Karen Maine
Date: 9/25/2008 2:59 PM
Subject: FOIA Request #162

The request is complete. The information was e-mailed to the requestor.

Brandy Putnam
Department of Health and Human Services
Phone Number (803)-898-1016
Fax Number (803)-255-8228

Log-0162 ✓