

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	2-17-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100449	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	cc: Singleton, Stanislav Done 2/23/09, see attached e-mail.	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE 3-3-09	

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

Log. Call

Law Office of W. Andrew Arnold

a professional corporation
712 East Washington Street
Greenville, SC 29601
Telephone (864) 242-4800
Fax (864) 242-4885
aawfirm.com

RECEIVED

FEB 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

FACSIMILE TRANSMITTAL SHEET

DATE: February 16, 2009
TO: Frank Adams
FAX #: 803-898-4515
FROM: W. Andrew Arnold
RE:

Number of pages including Transmittal Sheet: 2

MESSAGE:

The information contained in this facsimile transmission is confidential information and/or attorney work product for the exclusive use of the intended recipient listed above. Any reading, disclosure, use or reproduction of this communication, other than by the intended recipient, is prohibited. If you have received this in error, please notify us by collect telephone call immediately and return the communication to us by U.S. Mail.

Law Office of W. Andrew Arnold

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February 16, 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

SENT VIA FACSIMILE 803-898-4515

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

RE: Cost Reports for RoseCrest Rehabilitation and Healthcare Center
2008

Dear Mr. Adams:

By way of this letter and pursuant to the Freedom of Information Act, I am requesting the cost reports for RoseCrest Rehabilitation and Healthcare Center for the year 2008.

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

Sincerely,



W. Andrew Arnold

WAA/jdf

209-4449

From: Brandy Putnam
To: Brenda James; Elizabeth Hutto; Karen Maine
Date: 2/23/2009 9:17 AM
Subject: FOIA request #449

This request can not be completed. We do not have a cost report for this facility. I spoke with the requestor this morning and he informed me that the facility was a private facility and did not accept Medicaid patients. This is why we do not have a cost report for them.

Thanks.

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

*2/23/09 called W. Andrew Cost Report
Brandy 12/11/10
and is under no*