

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

ACTION REFERRAL

TO <i>Wells / FOIA</i>	DATE <i>3-2-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100474</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Single for Stensland cleared 3/4/09, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>3-16-09</i> <input type="checkbox"/> Necessary Action

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



MAR 02 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Bryan Kost
To: Brenda James
Date: 3/2/2009 1:04 pm
Subject: Fwd: log letter - RE: Medicaid Cost Reports

to Jeff Saxon's area- thanks,

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

>>> "Jill Clayton" <jclayton@nmssc.com> 3/2/2009 12:58 PM >>>
Thank you for your assistance. Under the FOIA I would like to request the most recently submitted Medicaid Cost Reports for the following facilities:

- Camp Care, P.O. Box 9 - 59 Blackstock, Inman, SC 29349
- Driftwood Rehab & Nursing Center, 2375 Baker Hospital Blvd., Charleston, SC 29405
- Golden Age - Inman, 82 North Main Street, Inman, SC 29349
- Inman Healthcare - 51 North Main Street, Inman, SC 29349
- Magnolia Manor of Columbia - 1007 North Kings Street, Columbia, SC 29223
- Magnolia Manor of Greenville, 411 Ansel Street, Greenville, SC 29601
- Magnolia Manor of Inman - 63 Blackstock Road, Inman, SC 29349
- Magnolia Manor of Rock Hill - 127 Murrah Drive, Rock Hill, SC 29732
- Magnolia Manor of Spartanburg - 375 Serpentine Drive, Spartanburg, SC 29303
- Magnolia Place of Greenville - 35 Southpoint Drive, Greenville, SC 29607

The information I would be looking for is the number of beds (census), and any costs pertaining to dietary, laundry and housekeeping.

Please let me know the approximate time frame to receive this information.

Thank you,
Jill Clayton
Operations Administrative Assistant

P Please consider the environment before printing this email.

-----Original Message-----
From: Bryan Kost [mailto:kostbr@scdhhs.gov]
Sent: Monday, March 02, 2009 12:41 PM
To: Jill Clayton
Subject: Re: Medicaid Cost Reports

Hi:
just e-mail me as a FOIA (Freedom of Information Act) request - identify which facilities, and which years you would like. Thanks,

Bryan Kost
DHHS Public Information
803.898.2865
cell- 429.3201
kostbr@scdhhs.gov

>>> "Jill Clayton" <jclayton@nmssc.com> 2/27/2009 10:14 AM >>>
We are a food service management company located in Pennsylvania. We would like to obtain Medicaid Cost Reports submitted by various long term care

facilities in South Carolina. Can you provide me with any information about how to contact for these reports or if they are available through the internet?

Thank you,

Jill Clayton

Operations Administrative Assistant

Nutrition Management Services Company

P.O. Box 725

Kimberton, PA 19442

610-935-2050, ext. 5258

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P Please consider the environment before printing this email.

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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: _____



State of South Carolina
Department of Health and Human Services

afg

474



Mark Sanford
Governor

Emma Forkner
Director

March 4, 2009

Ms. Jill Clayton
Nutrition Management Services Company
P.O. Box 725
Kimberton, PA 19442

Dear Ms. Clayton:

In response to your recent Freedom of Information Act request, enclosed you will find the information and the billing for processing your request from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1040.

Sincerely,

A handwritten signature in black ink that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/bp
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 4, 2009

TO: Jill Clayton, Operations Administrative Assistant
Nutrition Management Services Company

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 474

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	501	Pages	\$50.10
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$ 9.30
Other costs associated with the FOIA request:			\$

Total Amount Due SCDHHS: \$69.40

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 Brandy Putnam at (803) 898-1040 should you have any questions.

William L. Wells
Signature _____ Date *3/4/09* _____