

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO	DATE
Wells/FOIA	1-2-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 600426	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<p><i>cc: Stansband, Singleton</i></p> <p><i>Cleared 12/21/06 after</i></p> <p><i>attached.</i></p>	
<input checked="" type="checkbox"/> FOIA <input type="checkbox"/> Necessary Action DATE DUE <u>1-17-07</u>	

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.			

# NEXSEN PRUET

## FAX TRANSMISSION

**TO:** **FAX NO.:** **PHONE NO.:**  
Faye Hutto 803.255.8235  
Dept. of Health and Human Services

**FROM:** Kimberly Neel **PHONE:** 803.540.2135  
**RE:** **DATE:** December 19, 2006

**NUMBER OF PAGES WITH COVER PAGE: 2**

**Message:**

NEXSEN PRUET ADAMS KLEEMER, LLC  
ATTORNEYS AND COUNSELORS AT LAW  
1441 MAIN STREET, SUITE 1500 (29201)  
POST OFFICE DRAWER 2426  
COLUMBIA, SC 29202  
803.771.8900 • FAX: 803.253.8277

**USER NUMBER:** 5008

### CONFIDENTIALITY NOTE

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**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL  
Debbie Watford AT 803.771.8900 x3318 AS SOON AS POSSIBLE.**

# NEXSEN | PRUET

**Kimberly Neel**  
Associate

December 19, 2006

VIA FACSIMILE AT 803.255.8235

Department of Health and Human Services  
Attn: Faye Hutto  
P. O. Box 8206  
Columbia, South Carolina 29202-8206

Re: State Medicaid Plan

Dear Ms. Hutto:

I am writing to request a copy of the South Carolina State Medicaid Plan. Please call me at 540.2135 when the copy is complete. I will send a courier to pick up the document, and deliver a check for \$150.00 for the copying costs.

Thank you for your timely assistance in this matter.

Very truly yours,

*Kimberly Neel*  
Kimberly Neel

KN/mm  
Enclosure

Charleston  
Charlotte  
Columbia  
Greensboro  
Greenville  
Hilton Head  
Myrtle Beach

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Suite 1500 (29201)  
PO Drawer 2426  
Columbia, SC 29202  
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Attorneys and Counselors at Law



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

Mark Sanford  
Governor

Robert M. Kerr  
Director

December 21, 2006

Ms Kimberly Neel, Associate  
NEXSEN|PRUET  
Attorneys and Counselors at Law  
1441 Main St, Suite 1500  
Columbia, SC 29201

Re: Copy of The South Carolina State Medicaid Plan.

Dear Ms. Neel:

Enclosed as you requested is a current copy of the Title XIX State Plan for South Carolina. As you probably know, the Plan is amended frequently and in order to keep your copy current you will need to carefully file revisions and cull superceded pages.

We acknowledge receipt of your check in the amount of One hundred fifty and no hundredths dollars (\$150.00). Currently, that payment covers the cost for this document and future amendments.

If there are any questions, please contact me. My direct line is 898-2791.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer  
Deputy General Counsel

Enclosure

cc: Faye Hutto, Custodian of Record

**NEXSEN PRUET ADAMS KLEEMEIER, LLC**  
ATTORNEYS AND COUNSELORS AT LAW  
POST OFFICE DRAWER 2426  
COLUMBIA, SOUTH CAROLINA 29202

BANK OF AMERICA ACCOUNT  
COLUMBIA, SOUTH CAROLINA

CHECK NO.: 266642

PAY ONE HUNDRED FIFTY AND 00/100 USD

DATE 12/19/06

NET AMOUNT \$150.00

OPERATING ACCOUNT  
VOID AFTER 180 DAYS

TO THE ORDER OF

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

BY: *James M. Stewart*  
AUTHORIZED SIGNATURE

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE AND IMAGE DISAPPEARS WITH HEAT

⑈ 266642⑈ ⑆ 053904483⑆ 000707905572⑈

