

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 CC: Stansband, Singleton Cleared 12/21/06, letter attached.	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE 1-17-07 <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.			

NEXSEN PRUET

FAX TRANSMISSION

TO:

Faye Hutto
Dept. of Health and Human Services

FAX NO.:

803.255.8235

PHONE NO.:

FROM: Kimberly Neel

PHONE:

803.540.2135

RE:

DATE:

December 19, 2006

NUMBER OF PAGES WITH COVER PAGE: 2

Message:

NEXSEN PRUET ADAMS KLEEMEIER, 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

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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

Greenville
Hilton Head
Myrtle Beach

KN/mm
Enclosure

1441 Main Street
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 dark ink, appearing to read "Richard G. Hepfer", is written over a horizontal line.

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.

⑈ 2555542⑈ ⑆ 053904483⑆ 000707905572⑈

