

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bing & fan</i>	DATE <i>8-16-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001073</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Stensland Wells</i> <i>David 8/16/09, letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>RFIOIA</i> DATE DUE <i>8/17/09</i> <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.			

**Arnall
Golden
Gregory LLP**

RECEIVED
AUG 06 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR
ACCISIMILE

Direct phone: 404.873.8546
Direct fax: 404.873.8733
E-mail: constance.jackson@aggs.com

<u>To</u>	<u>Company</u>	<u>Fax No.</u>	<u>Phone No.</u>
	Dept of Health & Human Svcs	803-898-4515	
<u>From</u>	<u>Client/Matter Number</u>	<u>Date</u>	
Constance Jackson	21-500-1	August 6, 2009	

Total number of pages including this page: 4
If you do not receive all the pages, please call 404.873.8500.

I am just following-up on the status of the attached request. As of today, we have not received the State Medicaid Plan. Please let me know when we can expect it.

Thank you for your assistance.



This facsimile and all attachments transmitted with it from the law firm of Arnall Golden Gregory LLP are intended for use only by those to whom it is addressed and may contain information that is legally privileged or confidential. If you are not the intended recipient, please notify us promptly, return this transmission, and do not disclose or distribute it.

**Arnall
Golden
Gregory LLP**

FILE COPY

Direct phone: 404.873.8732
Direct fax: 404.873.8733
E-mail: keith.mauriello@agg.com
www.agg.com

June 4, 2009

Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: State Medicaid Plan

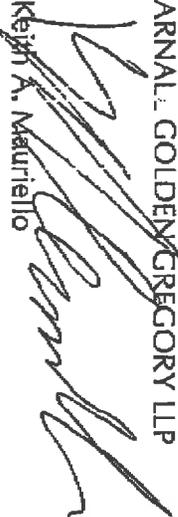
Dear Sir/Madam:

I would like to request a copy of your State Medicaid Plan. Please find enclosed a check in the amount of \$150.00 to cover the cost. The copy can be mailed to me at the following address:

Keith A. Mauriello
Arnall Golden Gregory LLP
171 17th Street, NW
Suite 2100
Atlanta, GA 30363-1031

Thank you for your attention to this matter.

Sincerely,

ARNALL GOLDEN GREGORY LLP

Keith A. Mauriello

Enclosure

RECEIVED
AUG 06 2009
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Account	Serial Number	Date	Amount
2000142949881	205985	08/09/2008	\$150.00

Front Image

THE FRONT OF THE CHECK MUST A SECURITY VOID PATTERN - DO NOT CASHE THE WORDS VISIBLE

Arnell Golden Gregory II LP
 OPERATING ACCOUNT
 171 17th STREET - SUITE 2100
 ATLANTA, GA 30363-1031

Wachovia Bank of Georgia
 Atlanta, Georgia
 VOID AFTER 90 DAYS

Order No.
 205985

Check Amount
 \$150.00

Date: 8/4/2009
 Pay: One hundred fifty and 00/100 Dollars
 To The Order Of: Department of Health and Human Services

[Signature]
 TWO SIGNATURES REQUIRED
 ALL AMOUNTS OVER \$500

⑈ 205985 ⑈ ⑆081001271⑆ 2000142949881 ⑈

Back Image

VOID AFTER 90 DAYS
 VOID AFTER 90 DAYS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 HUMAN SERVICES
 CREDIT TO ACCOUNT DEPOSITED - CREDIT TO YOUR ACCOUNT
 VOID AFTER 90 DAYS

Wachovia certifies that the above image(s) accurately represents the physical item from which it was produced.



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State | Medicaid Plan -

Link to South Carolina's State Medicaid Plan.

State | Medicaid Plan -

Link to South Carolina's State Medicaid Plan.

South Carolina, like all states, operates its Medicaid program in accordance with a state plan for medical assistance that describes the program's basic eligibility, coverage, reimbursement, and administrative policies. This state plan is amended periodically to reflect changes in federal law or regulations, or material changes in state law or policy.

Copies of this document are on file at the Department of Health and Human Services, 1801 Main Street, Columbia, S.C. Additional copies are maintained by the Regional Offices of the Centers for Medicare and Medicaid Services in Atlanta.

A copy may be purchased for \$150 from the Department of Health and Human Services, 1801 Main Street, Columbia, SC.

Requests should be in writing, and may be mailed or faxed.

Please mail your request, along with a check, to the Department of Health and Human Services, P.O. Box 8206, Columbia, S.C., 29202-8206.

You may fax the request to (803) 893-4515.

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Log # 000073



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

August 6, 2009

Mr. Keith A. Maurello
Arnall Golden Gregory, LLP
171 17th Street, NW
Suite 2100
Atlanta, GA 30363-1031

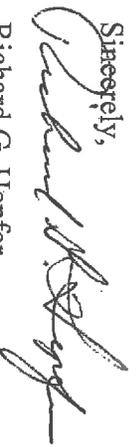
Re: Copy of The South Carolina State Medicaid Plan.

Dear Mr. Maurello:

We apologize for the delay in responding, however your first request was misdirected. 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.

Thank you for your check in the amount of One hundred fifty and no hundredths dollars (\$150.00), our expense for reproducing and mailing this information. 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,

Richard G. Hefner
Deputy General Counsel

RGH/h

Enclosure

cc: Faye Hutto, Custodian of Record
Lynette D. Wilson, Receivables

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210