

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO	DATE
Walsh / FOIA	7-5-11

<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER 401005	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stendland, Singleton Cleared 7/20/11, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-19-11
	<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.				

**RECEIVED**

JUL 01 2011

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

**From:** Jan Polatty  
**To:** Brenda James  
**CC:** Sam waldrep  
**Date:** 07/01/2011 3:15 PM  
**Subject:** Fwd: FOIA Request

Bren, Please log - thanks, Jan.

>>> "Alan and Susan Lait" <aslscusa@directv.net> 7/1/2011 3:04 PM >>>  
Date: July 1, 2011

To: Anthony Keck, Director of SCDHHS ( SC Medicaid)

From: Susan Lait, Parent/Guardian of Leah E. Lait  
308 Turkey Run  
Pickens, SC 29671  
(864)878-4567

REF: Freedom of Information Act (FOIA) Request for Information

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Under the Freedom of Information Act (FOIA), I would like to request a copy of the previous Mental Retardation and Related Disabilities MR/RD Waiver Document that was in effect 1/1/2010 through February 2011. There is currently a new, 3/1/2011 MR/RD Waiver Document in use made retroactive to 3/1/2011 based on a 5/2/2011 Center for Medicaid Services (CMS) Letter. In a previous conversation with Sam Waldrep, Mr. Waldrep confirmed that a hard copy of the previous, MR/RD Waiver Document is maintained in George Maky's office. Please advise in advance of any costs associated with my request.

Thank you so much for your attention.



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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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: \_\_\_\_\_



*Log # 00005*



July 20, 2011

Susan Lait  
308 Turkey Run  
Pickens, SC 29671

Dear Mrs. Lait,

Enclosed please find the response to your Freedom of Information Act (FOIA) request from the South Carolina Department of Health and Human Services (SCDHHS). The attached sheet details the expenses associated with this request, for which you will be billed.

We hope this information is helpful to you.

Sincerely,

  
Sam Waldrep  
Deputy Director

Enclosures (2)  
Attachment



South Carolina Department of  
Health & Human Services

Anthony E. Keck • Director  
Nikki R. Haley • Governor

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	<u>1.5</u> Hours	\$ <u>15.00</u>
Pages copied at \$.10 per page	<u>402</u> Pages	\$ <u>40.20</u>
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ <u>6.81</u>
Other costs associated with the FOIA request:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		\$ <u>62.01</u>

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 *Tom Shalvey* Date: 7/21/11



**SOUTH CAROLINA  
STATE HEALTH AND HUMAN SERVICES  
FINANCE COMMISSION**

**ACCOUNTS RECEIVABLE CERTIFICATION**

**RECEIVABLE NUMBER:**

**No. 1158- 07354**

**GENERAL INFORMATION**

**CERTIFICATION ACTION:**

NEW     CHANGE

**DEBT CLASSIFICATION:**

FRAUD     NON-FRAUD

**NAME OF DEBTOR:**

Susan Lait

**COUNTY NAME:**

**ADDRESS OF DEBTOR:**

308 Turkey Run  
Pickens, SC 29671

**COUNTY NUMBER:**

**PROVIDER ID NUMBER OR FAMILY CASE NUMBER:**

**PERIOD OF OVERPAYMENT**

**FROM:**

**TO:**

**PROGRAM INVOLVED:**

**TYPE SERVICE:**

FOIA Log #00005

**AMOUNT DUE:**

\$62.01

**DATE DUE:**

**FUNDING INFORMATION**

AMOUNT	COST CENTER	DONOR	AMOUNT	COST CENTER
STATE \$ _____	_____	DONOR \$ _____	_____	_____
FEDERAL \$ _____	_____	PROVIDER \$ _____	_____	_____
COUNTY \$ _____	_____	OTHER \$ _____	_____	_____
		PENALTY \$ _____	_____	_____

**PAYMENT INFORMATION**

[ ] DEDUCT    [ ] DO NOT DEDUCT	REPAYMENT TERMS	
	TERMS GRANTED (Months):	INTEREST RATE:

**NOTES — LIST OF ATTACHMENTS**

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<b>REQUESTER'S SIGNATURE:</b> Teeshla Curtis	<b>TITLE:</b> Administrative Assistant	<b>COUNTY/DIVISION:</b>	<b>DATE:</b> 7/22/11
<b>AUTHORIZER'S SIGNATURE:</b> Sam Waldrep	<b>TITLE:</b> Deputy Director	<b>COUNTY/DIVISION:</b>	<b>DATE:</b> 7/22/11