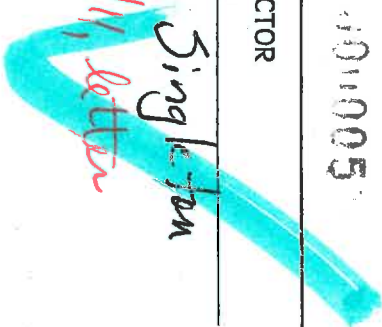


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Waldrep / FOIA	7-5-11

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011005	<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 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" <asiscusa@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

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:	_____	\$ _____
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: _____

July 20, 2011

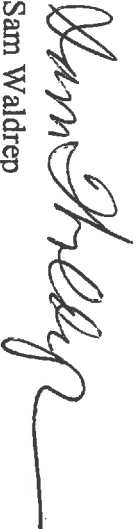
Susan Lait
308 Turkey Run
Pickens, SC 29671

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:		\$ _____
Total Amount Due SCDHHS:		\$ <u>102.01</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 *Ann Shalaby*

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 #000005

AMOUNT DUE:

\$62.01

DATE DUE:

FUNDING INFORMATION

AMOUNT

COST CENTER

AMOUNT

COST CENTER

STATE \$ _____

DONOR \$ _____

FEDERAL \$ _____

PROVIDER \$ _____

COUNTY \$ _____

OTHER \$ _____

PENALTY \$ _____

PAYMENT INFORMATION

REPAYMENT TERMS

☐ **DEDUCT** ☐ **DO NOT DEDUCT**

TERMS GRANTED (Months):

INTEREST RATE:

NOTES — LIST OF ATTACHMENTS

REQUESTER'S SIGNATURE:

Teeshla Curtis

TITLE:

Administrative Assistant

COUNTY/DIVISION:

DATE:

7/22/11

AUTHORIZER'S SIGNATURE:

Sam Waldrep

TITLE:

Deputy Director

COUNTY/DIVISION:

DATE:

7/22/11