

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>10-1-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000094</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Stensland, Singleton Waldrep, Ana Cleared 10/22/12, letter attached</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>10-15-12</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.			

**RILEY POPE & LANEY, LLC**  
ATTORNEYS AND COUNSELORS AT LAW

2838 DEVINE STREET  
POST OFFICE BOX 11412 (29211)  
COLUMBIA, SOUTH CAROLINA 29205  
[WWW.RPLFIRM.COM](http://WWW.RPLFIRM.COM)

TELEPHONE  
(803) 799-9993

FACSIMILE  
(803) 239-1414

September 25, 2012

Sam Waldrep, Deputy Director  
Long Term Care and Behavioral Health Services  
South Carolina Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202

**RECEIVED**

OCT 01 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Freedom of Information Act Request

Dear Mr. Waldrep:

This is a request under the Freedom of Information Act (SC Code of Laws § 30-4-130) on behalf of Riley Pope & Laney, LLC. This request is research related and not for commercial use.

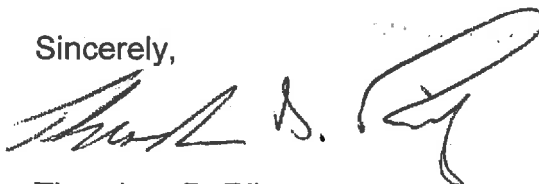
I request that a copy of the following data/information be provided to me:

- The amount of funds expended by South Carolina Medicaid in FY 2009-2010, 2010-2011 and 2011-2012 for the following:
  - o Acute psychiatric patients under the age of 21 with either a primary or secondary behavioral health diagnosis in emergency departments; and
  - o Funds and patient days expended for the under 21 population for hospitalization with a primary behavioral health diagnosis in a general hospital.

I am willing to pay fees for this request up to a maximum of \$75.00. If you estimate the fees will exceed this limit, please inform me first.

Thank you for your consideration, and please contact me if additional information is needed.

Sincerely,



Theodore D. Riley



October 22, 2012

Mr. Theodore D. Riley  
Riley Pope & Laney, LLC  
P. O. Box 11412  
Columbia, SC 29211

Re: FOIA Request

Enclosed, in response to your September 25, 2012, request, is a spreadsheet containing the data.

Our expense for extracting and mailing this information is forty three and fifteen hundredths dollars (\$43.15). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services  
Department of Receivables  
Post Office Box 8297  
Columbia, SC 29202-8297

I hope this information is still helpful to you. Please contact me if there are any questions. My direct is (803) 898-2791.

Sincerely,



Richard G. Hepfer  
Deputy General Counsel

Enclosure

cc: Lynette Willson, Receivables