


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	4-1-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000545	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	 cc: Singleton, Stensland, Ms. Forster * Check #1458 enclosed	<input checked="" type="checkbox"/> FOIA DATE DUE 4-15-09 <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. Cleared 4/9/09 Letter attached			
2.			
3.			
4.			

PATTISON'S
ACADEMY

D.R.E.A.M. to improve the lives of children with disabilities!

March 23, 2009

Elizabeth F. Hutto

Finance and Administration

SC Department of Health and Human Services

PO Box 8206

Columbia, SC 29202-8206

(803) 898-2503

Fax (803) 255-8235

Huttoe@scdhs.gov

RECEIVED
APR 01 2009
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Hutto,

Under the Freedom of Information Act I am requesting the Medicaid, Title XIX State Plan document. (The entire plan).

I would like to also suggest this document be available on-line so that others may refer to an electronic copy rather than waste paper.

A check for \$150 is enclosed.

Thank you.

Sincerely,



Pam Sloat

Director of Programming and Operations

Patison's Academy

2383 Hwy 41

Mt. Pleasant, SC 29466

843-849-6707 (o)

843-442-3158 (cell)

Pam.sloat@pattisonsacademy.org

www.pattisonsacademy.org



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

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: _____

PATTISON'S D. R. E. A. M. ACADEMY
243 CALHOUN ST
CHARLESTON, SC 29401

1458

67-219/539
BRANCH 01325

DATE 3-23-09

THE SC D HHS

\$ 1800

DOLLARS



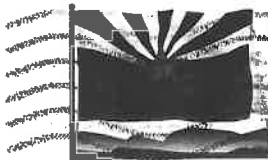
CAROLINA FIRST
CHARLESTON, SC 29401

Medicaid Title XIX State

001458 0539021977100441062

[Signature]

MP



CHARLESTON SC 294

31 MAR 2009 PM 1 T

Elizabeth F. Hutto
Finance & Administration
SC Dept of Health & Human Services
P.O. Box 8206
Columbia SC 29202-8204

29202+8206



RECEIVED

APR 01 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

on's Academy
383 Hwy 41
asant, SC 29466
43-849-6707



809 545

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 9, 2009

Ms. Pam Sloat
Director of Programming and Operations
Pattison's Academy
2383 Hwy 41
Mt. Pleasant, South Carolina 29466

Re: South Carolina Freedom of Information Act

Dear Ms. Sloat:

We received your letter requesting a copy of the Medicaid, Title XIX State Plan and your check for \$150.00.

In accordance with the Freedom of Information Act, we are forwarding you a copy of the Title XIX State Plan and will place your name and address on the distribution list for all future updates.

If you have any questions, feel free to contact me at (803) 898-2503.

Sincerely,

A handwritten signature in dark ink, appearing to read "Elizabeth F. Hutto", is written over the typed name.

Elizabeth F. Hutto
Administrative Coordinator

EFH/



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

April 9, 2009

TO: Ms. Pam Sloat
Director of Programming and Operations

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 545

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 for a Copy of the Medicaid Title XIX State Plan and updates. \$ 150.00

CHECK FOR \$150.00 ATTACHED

Total Amount Due SCDHHS:

\$150.00

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 Faye Huff at (803) 898-2503 should you have any questions.

William L. Wells
Signature

April 9, 2009
Date

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235