

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells/FOIA</i>	<i>4-1-09</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	100545	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>Ms. Forster</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
	<i>cc: Singleton, Stensland,</i>	<input checked="" type="checkbox"/> FOIA	DATE DUE <i>4-15-09</i>
	<i>* Check # 1458 enclosed</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. <i>Cleared 4/9/09 Letter attached</i>			
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@scdlhs.gov

Dear Ms. Hutto,

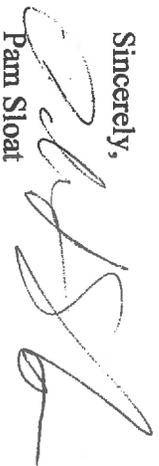
Under the Freedom of Information Act I am requesting the Medicaid, Title XIX State Plan document. (The entire plan).

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
Pattison's Academy
2383 Hwy 41
Mt. Pleasant, SC 29466
843-849-6707 (o)
843-442-3158 (cell)

Pam.sloat@pattisonsacademy.org
www.pattisonsacademy.org

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



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
249 CALHOUN ST
CHARLESTON, SC 29401

1458

67-219/539
BRANCH 01325

THE
DIR OF SC D HHS

One Hundred Fifty dollars

DOLLARS

\$ 150.00

DATE 3-23-09

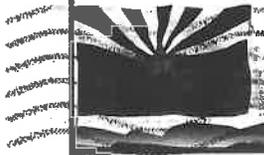


CAROLINA FIRST
CHARLESTON, SC 29401

Medicaid Title XIX State

[Signature]

⑈001458⑈ ⑆053902197⑆ 100441052⑈



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



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

RECEIVED

APR 01 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR



Log 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 black ink, appearing to read "Elizabeth F. Hutto".

Elizabeth F. Hutto
Administrative Coordinator

EFH/

