

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singletary/FOIA</i>	<i>3-14-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000589</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stansland, Wells</i> <i>Cleared 3/24/07, letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>3-28-07</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.			

Kimberly Neel
Associate

RECEIVED

March 12, 2007

MAR 14 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Faye Hutto
Records Custodian
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Re: FOIA Request for prior amendments to *South Carolina State Plan Under
Title XIX of the Social Security Act Medical Assistance Program*

Dear Ms. Hutto:

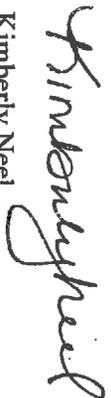
I am writing to request a copy of prior amendments to the *South Carolina State Plan Under Title XIX of the Social Security Act Medical Assistance Program*, which are maintained by the South Carolina Department of Health and Human Services. This letter will serve as a FOIA request for the following amendments:

Charleston
Charlotte
Columbia
Greensboro
Greenville
Hilton Head
Myrtle Beach

MA 90-12
MA 90-18
MA 91-05
MA 94-18
MA 96-06
MA 00-14

Please forward a copy of these prior amendments and an invoice for any copying fees to my office at the address shown below. We would appreciate your prompt attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,


Kimberly Neel

KN/dw
cc: Richard G. Hepfer, Esquire

1441 Main Street
Suite 1500 (29201)
PO Drawer 2426
Columbia, SC 29202
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E KNeel@nexsenpruet.com
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Attorneys and Counselors at Law



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Karr
Director

March 21, 2007

Ms. Kimberly Neel, Associate
NEXSEN|PRUET
Attorneys and Counselors at Law
1441 Main St, Suite 1500
Columbia, SC 29201

Re: State Plan Amendments

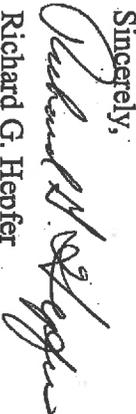
Dear Ms. Neel:

Your request for additional State Plan Amendments was referred to this Office for a response. The Amendments are enclosed.

The cost for retrieving and copying this information is Six and Fifty five one hundredths dollars (\$6.55). Please make your check out to the agency and send it to:

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

If there are any questions, please contact me. My direct is 898-2791.

Sincerely,

Richard G. Hepfer
Deputy General Counsel

Enclosure

cc: Lynette Wilson, Receivables (w/o enclosures)
Faye Hutto, Administrative Services (w/o enclosures)

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

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