

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>5-13-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000588</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i> <i>Cleand S/23/08, letter</i> <i>attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>5-28-08</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.			

From: Jan Polatty
To: Brenda James
Date: 5/6/2008 4:48 pm
Subject: Fwd: Freedom of Information Act Request

please log, thank you!!!!!!!

>>> Jeff Stensland 5/6/2008 4:31 PM >>>
FOIA

Jeff Stensland
SC DHHS
(803) 898-2584

>>> "Christopher Landrum" <chris@christlandrum.com> 5/6/2008 4:18 PM >>>
Tuesday, May 06, 2008

FOIA Officer
Department of Health and Human Services
P. O. Box 8206
Columbia, SC 29202

Re: Freedom of Information Act Request

Dear Jeff Stensland:

This is a request under the Freedom of Information Act (FOIA).

I request that a copy of the following documents be provided to me: all financial records, accountings, and reports for Pervasive Developmental Disorder (PDD) Waiver services pertaining to Mitchell Christopher Landrum Jr. (Medicaid #: 3780521605).

In order to help you determine my status for the applicability of any fees, you should know that I am the father and legal guardian of Mitchell Christopher Landrum Jr. seeking information for personal use and not for commercial use.

I am willing to pay fees for this request up to a maximum of \$10.00 USD. If you estimate that the fees will exceed this limit, please inform me first.

If you deny all or any part of this request, please cite each specific FOIA exemption that justifies your denial of the information and notify me of appeal procedures available under the law.

If you have any questions about processing this request, you may telephone me at 803-696-3139 between the hours of 8:00 AM and 1:00 PM on Monday through Friday.

Sincerely,

Christopher Landrum Sr.
1075 Virginia Pine Ct.
Manning, SC 29102
Phone: 803-696-3139
E-mail: chris@christlandrum.com



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: _____

Prati / Under

RECEIVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

MAY 14 2008

ACTION REFERRAL

SCDHHS
Office of General Counsel

TO <i>Singleton</i>	DATE <i>5-13-08</i>
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>To Close</i>
2.			
3.			
4.			



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fornker
Director

May 23, 2008

Mr. Christopher Landrum, Sr.
1075 Virginia Pine Ct.
Manning, SC 29102

Re: Christopher Landrum, Jr.

Dear Mr. Landrum:

As requested, enclosed is a printout from the South Carolina Medicaid System showing the Pervasive Developmental Disorder Waiver services for Christopher Landrum, Jr. However, the medical providers have one year from the date of service to bill Medicaid.

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Hillman for".

Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

Paid Claims for Mitchell Christopher Landrum Jr.

Medicaid #	Procedure Code	Service Date	Units of Service	Paid Amount
3780521605 H0031		11/4/2007	1	\$2,100.00
3780521605 G0177		11/25/2007	6	\$180.00
3780521605 G0177		12/2/2007	3.5	\$105.00
3780521605 H0032		12/2/2007	6	\$360.00
3780521605 G0177		12/9/2007	2.5	\$75.00
3780521605 H0032		12/9/2007	1	\$60.00
3780521605 G0177		12/23/2007	6	\$180.00
3780521605 G0177		12/30/2007	6	\$180.00
3780521605 H0032		12/30/2007	5	\$300.00
3780521605 G0177		1/6/2008	6	\$180.00
3780521605 H0032		1/6/2008	1	\$60.00
3780521605 G0177		1/20/2008	6	\$180.00
3780521605 G0177		1/27/2008	6	\$180.00
3780521605 G0177		2/3/2008	5	\$150.00
3780521605 H0032		2/3/2008	6	\$360.00
3780521605 H0046		2/3/2008	3	\$42.00
3780521605 G0177		2/10/2008	6	\$180.00
3780521605 H0046		2/10/2008	17	\$238.00
3780521605 G0177		2/17/2008	5	\$150.00
3780521605 H0046		2/17/2008	15	\$210.00
3780521605 G0177		2/24/2008	5.25	\$157.50
3780521605 H0032		2/24/2008	5.5	\$330.00
3780521605 H0046		2/24/2008	19	\$266.00
3780521605 G0177		3/2/2008	6	\$180.00
3780521605 H0046		3/2/2008	16	\$224.00
3780521605 G0177		3/9/2008	6	\$180.00
3780521605 H0032		3/9/2008	1	\$60.00
3780521605 H0046		3/9/2008	22.25	\$311.50
3780521605 G0177		3/16/2008	6	\$180.00
3780521605 H0046		3/16/2008	21	\$294.00
3780521605 G0177		3/23/2008	6	\$180.00
3780521605 H0032		3/23/2008	1	\$60.00
3780521605 H0046		3/23/2008	21	\$294.00
3780521605 G0177		3/30/2008	5	\$150.00
3780521605 H0032		3/30/2008	5	\$300.00
3780521605 H0046		3/30/2008	21	\$294.00
3780521605 G0177		4/6/2008	5.25	\$157.50
3780521605 H0046		4/6/2008	10	\$140.00
3780521605 G0177		4/13/2008	6	\$180.00
3780521605 H0032		4/13/2008	3	\$180.00
3780521605 H0046		4/13/2008	18	\$252.00
				\$9,840.50