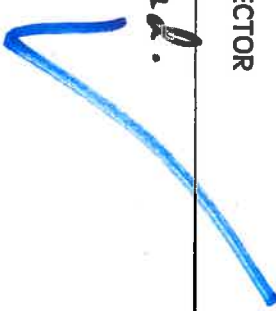


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlestar/FOIA</i>	<i>12-5-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000385	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>CC: Stenlund.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____  <input checked="" type="checkbox"/> FOIA DATE DUE <i>12-19-06</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 11/2/07, letter attached.</i>			
2.			
3.			
4.			

**From:** Deirdra Singleton  
**To:** Linda Malone  
**Date:** 12/4/2006 7:09:34 PM  
**Subject:** Fwd: Medicaid Care Advisory Committee

*Los- Singleton*  
*"FO IH"*  
*cc: Stenland*

See attached. Pls have logged as a FOIA. I wonder why she is requesting this. If we give addresses, it will be to their employment---their public address. I'll discuss further in the morning. thanks

**RECEIVED**

DEC 04 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**From:** "Patricia L Harrison" <plh.cola@worldnet.att.net>  
**To:** "Rick Hepfer" <Hepfer@dhhs.state.sc.us>, "Deirdra Singleton" <Singled@scdhhs.gov>  
**Date:** 12/4/2006 9:28:34 AM  
**Subject:** Medicaid Care Advisory Committee

Deirdra and Byron, 42 CFR 431.12 requires the State Medicaid Agency to establish a committee to advise HHS about health and medical services and contains requirements for membership on the committee. (It must contain board certified physicians familiar with the medical needs of law-income persons, consumer groups, Medicaid recipients, etc.) The committee must have opportunity for participation in policy development and program administration, including furthering participation of recipient members in the agency program. Please provide me with a list of names and addresses of these committee members. When did this committee meet last? How often does this committee meet and when and where will the next meeting be held? I would very much appreciate your providing me with an agenda for that meeting.

Thanks very much for your prompt response to this request which is being made under FOIA.

Trisha Harrison  
611 Holly Street  
Columbia, SC 29205  
(803) 256-2017

**CC:** "Gloria Prevost" <prevost@protectionandadvocacy-sc.org>, "James Smith" <RepSmith@JamesSmith.org>, "Jim Harrison" <HJU@scstatehouse.net>

**RECEIVED**

DEC 04 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Robert M. Kerr  
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: \_\_\_\_\_

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

*Richard L. ...*

ACTION REFERRAL

TO	DATE
<i>Singletan/FOIA</i>	<i>12-5-06</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000385</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>CC: Stenoland.</i>	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>12-19-06</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>BS</i>	<i>1/2/07</i>		
2.			
3.			
4.			

**From:** Deirdra Singleton  
**To:** Linda Malone  
**Date:** 12/4/2006 7:09:34 PM  
**Subject:** Fwd: Medicaid Care Advisory Committee

See attached. Pls have logged as a FOIA. I wonder why she is requesting this. If we give addresses, it will be to their employment---their public address. I'll discuss further in the morning. thanks

*Log - Singleton*  
*"FO IA"*  
*cc: Stenaland*

**RECEIVED**

DEC 04 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**From:** "Patricia L Harrison" <plh.cola@worldnet.att.net>  
**To:** "Rick Hepfer" <Hepfer@dhhs.state.sc.us>, "Deirdra Singleton" <Singled@scdnhhs.gov>  
**Date:** 12/4/2006 9:28:34 AM  
**Subject:** Medicaid Care Advisory Committee

Deirdra and Byron, 42 CFR 431.12 requires the State Medicaid Agency to establish a committee to advise HHS about health and medical services and contains requirements for membership on the committee. (It must contain board certified physicians familiar with the medical needs of law-income persons, consumer groups, Medicaid recipients, etc.) The committee must have opportunity for participation in policy development and program administration, including furthering participation of recipient members in the agency program. Please provide me with a list of names and addresses of these committee members. When did this committee meet last? How often does this committee meet and when and where will the next meeting be held? I would very much appreciate your providing me with an agenda for that meeting.

Thanks very much for your prompt response to this request which is being made under FOIA.

Trisha Harrison  
611 Holly Street  
Columbia, SC 29205  
(803) 256-2017

**CC:** "Gloria Prevost" <prevost@protectionandadvocacy-sc.org>, "James Smith" <RepSmith@JamesSmith.org>, "Jim Harrison" <HJU@scstatehouse.net>

**RECEIVED**

DEC 04 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



**State of South Carolina**  
**Department of Health and Human Services**

Mark Sanford  
Governor

Robert M. Kerr  
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: \_\_\_\_\_

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





*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

January 2, 2007

Ms. Patricia L. Harrison  
Attorney at Law  
611 Holly St.  
Columbia, SC 29205

Re: Medical Care Advisory Committee.

Dear Ms. Harrison:

In response to your e-mail of last month, the particulars of the Advisory Committee can be accessed through the agency website. The specific address is:

<http://www.dhhs.state.sc.us/dhhsnew/MCAC.asp>

We believe that you will find everything you need there. However, if you need additional information or there are any questions, please contact me. My direct line is 898-2791.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer  
Deputy General Counsel