

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	4-2-07

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000617	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singlehue, Stansland Cleared 4/1/07, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 4-16-07 <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.			

NEXSEN | PRUET

Log. Wills
"FOIPA"
cc: Singleton
Stendland
Kimberly Neel
Associate

March 29, 2007

RECEIVED

MAR 30 2007

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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 88-10
MA 89-05
MA 89-14
MA 94-12

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
Kimberly Neel

KN/dw

cc: Richard G. Hepfer, Esquire



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

April 11, 2007

Ms. Kimberly Neel, Associate
NEXSENPRUET
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 four and fifty-three one hundredths dollars (\$4.53). 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,

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

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

Log #617 ✓