

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	6-22-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	001691	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	cc: Stenoland, Singleton, West/s check # 272046 in the amount of \$150.00 enclosed.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action DATE DUE 7-6-09	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. Cleared 7/7/09, letter attached.			
2.			
3.			
4.			

RECEIVED

JUN 22 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

AKIN GUMP
STRAUSS HAUER & FELD LLP

Attorneys at Law

ANNA R. DOLINSKY
202.887.4504/fax: 202.887.4288
adolinsky@akingump.com

June 18, 2009

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

Dear Sir:

I am writing to request a copy of the South Carolina State Medicaid plan. Also enclosed please find the required payment in the amount of \$150.00. Please process and mail the requested documents to the address listed below.

Jo-Elllyn Klein, Esq.
Akin Gump Strauss Hauer & Feld LLP
Robert S. Strauss Building
1333 New Hampshire Avenue, NW
Washington, DC 20036

Thank you in advance for your consideration and look forward to hearing from you.

Sincerely,



Marilyn A. Proctor
Assistant to Anna R. Dolinsky

Enclosures



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: _____



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 7, 2009

Jo-Ellyn Klein, Esquire
Akin Gump Strauss Hauer & Feld, LLP
Robert S. Strauss Building
1333 New Hampshire Avenue, N.W.
Washington, D.C. 20036-1564

Re: Copy of The South Carolina State Medicaid Plan.

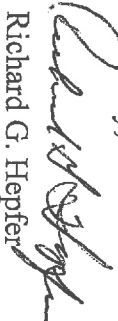
Dear Ms. Klein:

Enclosed as you requested is a current copy of the Title XIX State Plan for South Carolina. As you probably know, the Plan is amended frequently and in order to keep your copy current you will need to carefully file revisions and cull superceded pages.

Thank you for your check in the amount of One hundred fifty and no hundredths dollars (\$150.00), our expense for reproducing and mailing this information. Currently, that payment covers the cost for this document and future amendments.

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

Sincerely,


Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosure

cc: Faye Hutto, Custodian of Record
Lynette D. Wilson, Receivables

Page# 000691

Office of General Counsel

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