

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single copy FOIA	4-18-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 100405	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR C.E. Singleton/CO5, Standland Cleared 4/23/12, see attached e-mail response.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE 5-3-12

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

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FACSIMILE TRANSMITTAL FORM

DATE: April 18, 2012

TO: SC DHHS

FAX NO.: 803-898-4515

FROM: Sylvia Bowen
for Brandon W. Leebrick

RECEIVED
APR 18 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Number of Pages (including this page): 1

SUBJECT: *Request for copy of the South Carolina State Medicaid Plan*

REMARKS: Our firm's check in the amount of \$150.00 will be mailed under separate cover. Please confirm that I do not need to provide a self-addressed, stamped envelope.

Thanks,
Sylvia

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL US AT (336) 373-1300
OUR FAX NUMBER: (336) 273-9353

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

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: _____

Brenda James - Log 405

From: Sheila Chavis
To: Brenda James
Date: 4/23/2012 5:12 PM
Subject: Log 405
CC: Marie Brown; Rick Hepfer

Security: Confidential

Brenda,
This can be closed because the Law Firm agreed to get a copy of the State Plan online. If you need the blue log I do have it. Thanks!

Sheila Chavis
Office of Legislative Affairs and Communications
(803) 898-2707