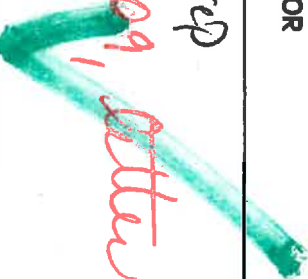


**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b> <i>Singhston</i>	<b>DATE</b> <i>2-2-09</i>
-------------------------------	------------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
<b>1. LOG NUMBER</b>  <i>000413</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
<b>2. DATE SIGNED BY DIRECTOR</b>  <i>cc: Myers, WAdmirep</i> <i>Cleared 2/13/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-11-09</i> _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action		

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

**RECEIVED**

**SULLIVAN, STOLIER & RESOR**

**FEB 02 2009**

A PROFESSIONAL LAW CORPORATION

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THE VILLAGE OF RIVER RANCH

LAFAYETTE, LOUISIANA 70508

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Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

NEW ORLEANS OFFICE

909 PONDRAIS STREET, SUITE 2600

NEW ORLEANS, LOUISIANA 70112

TELEPHONE (504) 561-1044

FACSIMILE (504) 561-8606

January 16, 2009

Bethanie Brown  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina 29202-8206

RE: Medicaid HHA Payment

Dear Bethanie:

Our firm represents a client who is considering the acquisition of Home Health Agencies in South Carolina. As part of our due diligence research they have asked that we obtain a copy of South Carolina's Medicaid State Plan describing the scope of services and payment for home care. If any proposed changes are pending it would be helpful to receive those as well.

I would appreciate it if you would send me a copy. If there is a charge, please let me know and I will promptly send payment. For your convenience I have enclosed a self addressed FedEx envelope.

Meanwhile, if you have any questions please call me at 337-233-6210, or my email is [ssullivan@ssrlawfirm.com](mailto:ssullivan@ssrlawfirm.com). Be assured your assistance is appreciated.

Sincerely,



STEPHEN M. SULLIVAN



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

*Res # 020413*  
*✓*

Mark Sanford  
Governor

Emma Portner  
Director

February 13, 2009

Stephen M. Sullivan, Esquire  
Sullivan, Stoller & Resor  
1042 Camellia Blvd., Suite 2  
The Village of River Ranch  
Lafayette, Louisiana 70508

Re: Copy of The South Carolina State Medicaid Plan.

Dear Mr. Sullivan:

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.

Our expense for reproducing and mailing this information is One hundred fifty and no hundredths dollars (\$150.00). Currently, that payment covers the cost for this document and future amendments. Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services  
Department of Receivables  
Post Office Box 8297  
Columbia, South Carolina 29202-8355

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 Wilson, Receivables

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