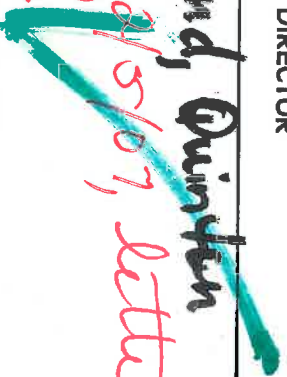


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Single copy FOIA</i>	<i>11-9-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000249	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Steisland, Quinten</i> <i>Cleared 10/5/07, letter</i> <i>attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>11-26-07</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.			
2.			
3.			
4.			

RECEIVED

NOV 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JOHN ROBERT PEACE, P.A.
ATTORNEY & COUNSELOR AT LAW

Telephone: (864) 298-0500
Facsimile: (864) 271-3130

Mailing Address
PO Box 8087
Greenville, SC 29604-8087

John Robert Peace, JD, MBA

Street Address
1225 South Church Street
Greenville, SC 29605

Licensed in SC & NC

November 8, 2007

Byron R. Roberts
Assistant General Counsel
Department of Health & Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: My Client: Frances E. Bradburn
DOI: June 14, 2007

Dear Mr. Roberts:

Thank you for your correspondence dated November 5th. In addition to the information you kindly provided, I would greatly appreciate copies of any and all documents which may be in the possession of the Department of Health & Human Services regarding my clients injuries on a Spartanburg Regional Transportation Medicaid bus on June 14, 2007. As before, please consider this request pursuant to the Freedom of Information Act.

Please have a member of your staff contact my office with any questions or comments. I look forward to hearing from you and receiving your response.

With kindest regards, I remain

Sincerely yours,

John R. Peace

JRP:lf
F
cc: Frances Bradburn
10085 Hwy 221
Woodruff, SC 29388

Frank Eppes, Esq. (Hand Deliver)



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:

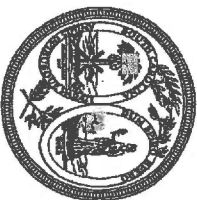
Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____

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

December 5, 2007

Emma Forkner
Director

John Robert Peace, P.A.
Attorney & Counselor at Law
Post Office Box 8087
Greenville, SC 29604-8087

Re: Freedom of Information Act Request
Your Client: Frances E. Bradburn
DOI: June 14, 2007

Dear Mr. Peace:

This is in response to your Freedom of Information Act requests dated November 8, 2007 and November 17, 2007. In your November 8, 2007 letter you requested “copies of any and all documents which may be in the possession of the Department of Health & Human Services regarding my clients injuries on a Spartanburg Regional Transportation Medicaid bus on June 14, 2007.” In your November 17, 2007 letter you requested “(A) a copy of the current (2007) South Carolina Title XIX Medicaid Transportation Driver’s Handbook, (B) a copy of the Medicaid bus driver job description, (C) the Medicaid Transportation Provider Manual, (D) a copy of the South Carolina Plan for Medical Assistance, as well as (D) any other documentation regarding the duties and responsibilities of Medicaid bus drivers, safety procedures, and accident & injury reporting procedures.” Enclosed please find all of the information you requested with the exception of the South Carolina Plan for Medical Assistance which is still being copied and will be sent under separate cover.

The cost for preparing this information is Forty-Six and 00/100 Dollars (\$46.00). 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 8355
Columbia, SC 29202-8355

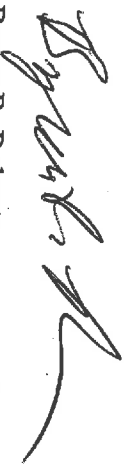
Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

Pos # 249
259

John Robert Peace, Esquire
December 5, 2007
Page 2

If I can be of further assistance regarding this matter, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Byron R. Roberts", with a long, sweeping horizontal line extending to the right.

Byron R. Roberts
Assistant General Counsel

BRR/b

Enclosures