

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
SinglestaffFOIA	11-9-07

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	cc: Stensland, Quinlan cleared 11/5/07, letter attached.	<input checked="" type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE <u>11-26-07</u>

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

*Street Address*

1225 South Church Street  
Greenville, SC 29605

John Robert Peace, JD, MBA

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 5<sup>th</sup>. 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 Fortner  
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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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*

Pos # 249  
# 259

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

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", written in a cursive style.

Byron R. Roberts  
Assistant General Counsel

BRR/b

Enclosures