

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Myers/FOIA</i>	<i>4-21-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <div style="text-align: center; font-size: 1.2em;">100589</div>	<input type="checkbox"/> Prepare reply for the Director's signature <div style="text-align: center;">DATE DUE _____</div>
2. DATE SIGNED BY DIRECTOR <div style="text-align: center;"> <i>cc: Stensland, Singletta</i> <i>Cleaved 4/21/09, letter</i> <i>attached.</i> </div>	<input checked="" type="checkbox"/> FOIA <div style="text-align: center;">DATE DUE <i>5-5-09</i></div>
<input type="checkbox"/> Necessary Action	

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

From: Moore Margie <mamoore75@yahoo.com>
To: <stensland@scdhhs.gov>
CC: Margie Moore <mamoore75@yahoo.com>
Date: 4/21/2009 9:42 AM
Subject: FOIA Request

RECEIVED

APR 21 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

April 21, 2009

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

Re: Freedom of Information Act Request

Dear Jeff Stensland:

This is a request under the Freedom of Information Act (FOIA).

I request that a copy of the following documents be provided to me: all financial records, itemized accountings, and reports for Pervasive Developmental Disorder (PDD) Waiver services pertaining to Thomas Wesley Williamson, III - 3047332202.

In order to help you determine my status for the applicability of any fees, you should know that I am the Mother of Thomas Wesley Williamson, III seeking information for personal use and not for commercial use.

I am willing to pay fees for this request up to a maximum of \$10 USD. If you estimate that the fees will exceed this limit, please inform me first.

If you deny all or any part of this request, please cite each specific FOIA exemption that justifies your denial of the information and notify me of appeal procedures available under the law.

If you have any questions about processing this request, you may telephone me at 803-926-1198 between the hours of 8 a.m. - 2 p.m. on Monday - Thursday.

Sincerely,

Margie Moore-Williamson
1113 Leaphart Street
West Columbia, S.C. 29169

803.926.1198

mamoore75@yahoo.com

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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: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Log #589
Rick To we have clearance to send? Do we know mother is legal guardian? Does this need to be transposed or not?
Name: [Signature]

TO	DATE
Myers/FOIA/Waldrip	4-21-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
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2. DATE SIGNED BY DIRECTOR	CC: Stensland, Single for	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE 5-5-09
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DIS/ (Note: disapp ret pre)
1. Jeff Stensland (11) Rick Hepler (6)	[Signature]	
2. George Macky, Aurita Atwood	[Signature]	
3. Sam Waldepp	[Signature]	
4. Felicity Myers (11)	[Signature]	

Sam:
This looks OK to me. I just a bit of advice, since the Office of Primary Prevention doesn't seek input to HHS, we usually try to get a signed request, but since this will be sent to the clients, HHS etc, it should be OK. Also, a DCR would be more useful to this. Below on next case to pull, but this is OK. The dates due date is May 13th. I would expect a follow up.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

April 29, 2009

Ms. Margie Moore-Williamson
1113 Leaphart Street
West Columbia, S.C. 29169

Re: PDD Waiver Services

Dear Ms. Moore-Williamson:

This is in response to your letter received on April 21, 2009 and sent to Mr. Jeff Stensland, the Department's Public Information Officer. We have gathered claims information for your son, Thomas Wesley Williamson III. Find enclosed PDD claims information on the early intensive behavioral intervention and case management services.

If you require additional information or there are any questions, please contact me at (803) 898-4641.

Sincerely,

A handwritten signature in cursive script, appearing to read "Anita Atwood".

Anita Atwood, LMSW
PDD Waiver Administrator

Enclosures

Bureau of Long Term Care and Behavioral Health Services
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 803-898-2577 Fax (803) 803-255-8204

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