

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Wells/FOIA</i>	<i>10-24-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>000220</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<i>cc: Stensland, Singleton</i> <i>Cleared 10/24/07, letter attached.</i>	<input checked="" type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>11-7-07</i>	

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

From: Jan Polatty
To: Brenda James
Date: 10/23/2007 5:25 pm
Subject: Fwd: Freedom of Information Request -- Medicaid State Plan, Attachment 4.19 B

Bren, please log this to William/FOIA - c: Deirdra and Jeff. Thank you! Jan

>>> Jeff Stensland 10/23/07 4:30 PM >>>
Please log this. Thanks.

Jeff Stensland
SC DHHS
(803) 898-2584

From: "Heather Ba" <HBa@sellers-feinberg.com>
To: <stensjef@scdhhs.gov>
Date: 10/23/2007 4:30 pm
Subject: Freedom of Information Request -- Medicaid State Plan, Attachment 4.19 B

Hello Jeff,

I was given your email by Faye Hutto, who told me you could help me with my request.

RECEIVED

OCT 24 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

I would like to request a copy of Attachment 4.19B of the South Carolina Medicaid State Plan, under the Freedom of Information Act.

If possible, please transmit electronically. But if not, you can mail to the address shown below.

If any payment is required, please let me know.

Thank you sincerely,

Heather Ba

Associate

Sellers Feinberg
230 South Broad Street, Suite 1802
Philadelphia, PA 19102
Direct: (215) 279-9745

Mobile: (267) 243-2489

Fax: (215) 827-5741



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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: _____



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

October 26, 2007

Ms. Heather Ba
Sellers Feinberg
230 South Broad Street, Suite 1802
Philadelphia, PA 19102

Dear Ms. Ba:

This is in response to your recent Freedom of Information Act request, (Attachment 4.19-B of the South Carolina State Plan. Enclosed you will find the information you requested.

I hope this information is helpful to you. If you should have any questions, please contact me at (803) 898-2503.

Sincerely,

A handwritten signature in blue ink, appearing to read "Faye Hutto", is written over a horizontal line.

Faye Hutto
Administrative Coordinator

FH/h
Enclosures

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235