

**RESPONSE TO REQUEST FOR PUBLIC RECORDS -  
FREEDOM OF INFORMATION ACT**

**Michigan Department of Community Health**

Date of Response 12/30/2008	FOIA Request <b>2008/719</b>
Request Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Additional Info.	

Dear Mr. Hansen,

This letter is in response to your request dated **12/16/2008**, received in this office on **12/17/2008** for  **COPIES**  **INSPECTION** of the following record(s):

An electronic copy of Michigan Medicaid data, listing all fields available on children under age 18 in Medicaid, prescribed atypical antipsychotic medication (drug class including brand names Abilify, Geodon, Risperdal, Seroquel and Zyprexa) in the years 2006 and 2007, including but not limited to: Label Name (such as "Seroquel 20 MG tablet"), Approved Amount (dollars), Provider Name and License Number.

Here are my answers to the four issues raised by you:

1. "Define all fields." I will be satisfied with information collected from all four fields named in my request: Label Name, Approved (dollar) Amount, Provider Name, and License Number.
2. "Children under age 18 on the claim service date or another particular calendar date?" Claim service date.

Your request for public records has been reviewed and the following action(s) has been taken in compliance with the provisions of the State of Michigan's Freedom of Information Act.

1.  **REQUEST GRANTED:**  
This request involves too many documents to be processed within standard time frames. Your request will be processed as soon as staff have completed the copying. *MDCH STAFF: If this box is checked, you must provide another copy of this form when the documents are forwarded to the requestor. Also, check either box 2 or 3.*
2.  **REQUEST GRANTED AS TO EXISTING NON-EXEMPT RECORDS:** Your request is approved - please send deposit.
3.  **REQUEST GRANTED IN PART and DENIED IN PART:** *(See comments on next page).*
4.  **REQUEST DENIED:**  
This agency has determined that the record(s) you have requested are exempt from disclosure based on the provisions of the Freedom of Information Act. *(See comments on next page).*
5.  **REQUEST DENIED:**  
To the best of our understanding, knowledge and belief, the record(s) you have requested do NOT exist within this agency.
6.  **REQUEST DENIED:**  
Your request does NOT describe the record(s) sufficiently, or by another name reasonably known, to enable us to determine what record(s) you are seeking. Please submit a new request describing the record(s) in greater detail.
7.  The specific nature of your request involves a circumstance which requires an additional **10 business days** to properly process your request as provided by Sec. 6(5) of the Freedom of Information Act.  
The extension due date is . The reason for this extension is:

**UNDER SECTION 10 OF THE FREEDOM OF INFORMATION ACT, IF A PUBLIC BODY MAKES A FINAL DETERMINATION TO DENY ALL OR A PORTION OF YOUR REQUEST, YOU MAY DO ONE OF THE FOLLOWING:**

- (1) Submit to the head of the public body, a written letter that states the word "APPEAL" and identifies the reason or reasons for reversal of denial.
- (2) Commence an action in the circuit court to compel the public body's disclosure of the public records within 180 days after a public body's final determination to deny a request.
- (3) Pursuant to MCL 15.235(5)(4)(e) this serves as notice of the right to receive attorneys' fees and damages as provided in Section 10, if after judicial review, the circuit court were to order disclosure of all or a portion of the document(s) requested.

Signature of FOIA Coordinator or Representative

Name of Responding Office  
Mary Greco, FOIA Coordinator  
Office of Legal Affairs

**See Reverse Side for Non-discrimination Information**

# STATEMENT OF FEES FOR FREEDOM OF INFORMATION ACT REQUESTS

**Michigan Department of Community Health**

Date of Statement <b>12/30/2008</b>	FOIA Request No. <b>2008/719</b>
Statement: <input checked="" type="checkbox"/> <b>FIRST</b> <input type="checkbox"/> <b>FINAL</b>	
FOIA Requester Name <b>Hansen</b>	

**IMPORTANT:**

This statement shows the fees, which will be charged to you because of your request under the Freedom of Information Act. See the transaction checked below.

- Arrangements for personal inspection have been made. Photocopies are enclosed. Please send the fee (shown in item #6 below) **at this time**.
- Photocopies or Diskettes are enclosed. Please send the fee (shown in item #6 below) **at this time**.
- This Department requires a **DEPOSIT before** this request can be processed.
  - Please send the deposit (shown in item #7 below) **at this time**.
  - You will be billed for any remaining costs **PRIOR** to the materials being sent to you.
- You have already made a deposit of \$ \_\_\_\_\_, and this is the **REMAINDER** of the final cost.
  - Please send the amount (shown in item #8 below) **at this time**.
  - **You will be sent the documents AFTER** the remainder of the fee has been sent.

**INSTRUCTIONS:**

- Please make your check payable to: **"STATE OF MICHIGAN"**
- Mail a copy of this form and your check to:  
**ACCOUNTING DIVISION - FOIA  
 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
 PO BOX 30437  
 LANSING MI 48909-7937**

**CHARGES:**       **Actual Amount**       **Estimated Amount**

1. LABOR charges for searching for, examining of, and separation of exempt materials from non-exempt materials: .....	<b>\$300.90</b>
2. DUPLICATION costs for photocopying documents or providing computer diskettes: .....	<b>\$20.00</b>
3. SHIPPING and HANDLING charges: .....	<b>\$</b>
4. <b>SUB-TOTAL CHARGE:</b> (Sum of Lines 1 through 3) .....	<b>\$320.90</b>
5. Indigent Waiver Credit (minus \$20.00 if applicable) .....	<b>\$</b>
6. <b>NET TOTAL CHARGE:</b> (Line 4 minus Line 5) .....	<b>\$320.90</b>
7. <b>DEPOSIT REQUIRED NOW</b> (if any):.....	<b>\$160.45</b>
8. <b>REMAINDER REQUIRED NOW:</b> (Line 6 minus Line 7) .....	<b>\$</b>

***For Department of Community Health Office Use Only***

Agency Code <b>391</b>		Index <b>68110</b>	Name of FOIA Coordinator or Representative Mary A. Greco FOIA 2008/719
PCA <b>77200</b>	Object Code <b>7612</b>	Amount <b>\$</b>	Return To: Department of Community Health 320 S. Walnut - Cashiering Div Lansing, Michigan 48933
PCA	Object Code	Amount <b>\$</b>	

The Department of Community Health is an equal opportunity employer, services, and programs provider.