

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Liggett/FOIA</i>	DATE <i>3-27-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000333</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox Cleared 4/3/14 letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>4-10-14</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.			



EDWARDS WILDMAN PALMER LLP
225 WEST WACKER DRIVE, SUITE 3000
CHICAGO, IL 60606
+1 312 201 2000 main +1 312 201 2555 fax
edwardswildman.com

John A. Roberts
312-201-2121
jroberts@edwardswildman.com

March 21, 2013

RECEIVED

MAR 26 2014

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
c/o: Custodian of Records
Office of Public Information
P.O. Box 8206
Columbia, SC 29202-3277

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: South Carolina Freedom of Information Act Request – Caregivers of Demand

Dear Sir/Madam:

Pursuant to the South Carolina Freedom of Information Act, §30-4-10 et seq., please provide copies of the following records to us:

1. All contracts between the South Carolina Department of Health and Human Services (“SCDHHS”) and Caregivers on Demand, including any contract for the provision of Home and Community based waiver services under the Community Long Term Care Program.
2. All Disclosure of Ownership and Control Interest Statements (SCDHHS Form 1514) submitted by Caregivers on Demand.

This information is not being sought for commercial purposes. If there are any fees for searching or copying these records, please inform me if the cost will exceed \$250. The South Carolina Freedom Information Act requires a response time within 15 business days. Please advise me if it will take longer than this amount of time to provide us with copies of the requested records and, if so, when we can expect to receive them.

We are aware that if our request is denied, we are entitled to know the grounds for this denial and we are prepared to make an administrative appeal. If our request is denied, please cite the specific exemption you feel justifies the refusal to release the information, notify me of the appeal procedures available to us under the law and identify the name of the official to whom such an appeal should be addressed.

Please contact me directly at (312) 201-2121 should you have any questions about the enclosed materials. Thank you for your courtesy in this regard.

Very truly yours,

John A. Roberts

JAR:vlh

Nikki Haley GOVERNOR
Anthony Keck DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

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:

April 3, 2014

John A. Roberts
Edwards Wildman Palmer LLP
225 West Wacker Drive, Suite 3000
Chicago, IL 60606

Dear Mr. Roberts:

The agency is in receipt of your FOIA request dated March 21, 2014, in which you requested a copy of any contracts between SCDHHS and Caregivers on Demand and all disclosure of ownership and control interest statements submitted by Caregivers on Demand. Please find enclosed the requested information.

Our expense for extracting this information is Twenty Nine Dollars 22/100 (\$29.22) 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 8297
Columbia, SC 29202-8297

Thank you for your request. If you have any questions, please feel free to contact me at (803-898-0062).

Sincerely,


Constance Holloway
Assistant General Counsel

CDH/lb

CC: Kim Cox
Lynette Wilson

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Linda H/tick

RECEIVED

MAR 27 2014

SCDHHS
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Liggett/H/FOIA	3-27-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
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*Look OK
Contract, but
Just ok & Annie
McLannan to see if
she doing anything*

EDWARDS
WILDMAN

RECEIVED

MAR 27 2014

SCDHHS
Office of General Counsel

EDWARDS WILDMAN PALMER LLP
225 WEST WACKER DRIVE, SUITE 3000
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+1 312 201 2000 main +1 312 201 2555 fax
edwardswildman.com

John A. Roberts
312-201-2121
jroberts@edwardswildman.com

March 21, 2013

RECEIVED

MAR 26 2014

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
c/o: Custodian of Records
Office of Public Information
P.O. Box 8206
Columbia, SC 29202-3277

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: *South Carolina Freedom of Information Act Request – Caregivers of Demand*

Dear Sir/Madam:

Pursuant to the South Carolina Freedom of Information Act, §30-4-10 et seq., please provide copies of the following records to us:

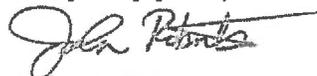
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Please contact me directly at (312) 201-2121 should you have any questions about the enclosed materials. Thank you for your courtesy in this regard.

Very truly yours,



John A. Roberts

JAR:vlh

AM 31542664.1

Nikki Haley GOVERNOR
 Anthony Keck DIRECTOR
 P.O. Box 8206 Columbia, SC 29202
 www.scdhhs.gov

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request # 333

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	<u>1</u> Hours	\$ <u>10.00</u>
Pages copied at \$.10 per page	<u>93</u> Pages	\$ <u>9.30</u>
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs	3.202	\$ <u>9.92</u>
Other costs associated with the FOIA request:	_____	\$ _____
Total Amount Due SCDHHS:		\$ <u>29.22</u>

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 Constance Halliway, Esq. should you have any questions.
 803-398-0062

Janet T. Boyer
 Signature

4-9-11
 Date: