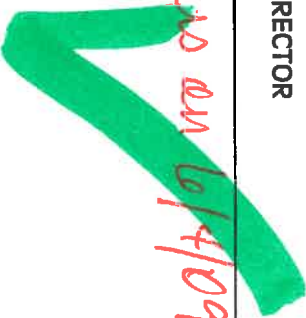


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>5-27-09</i>
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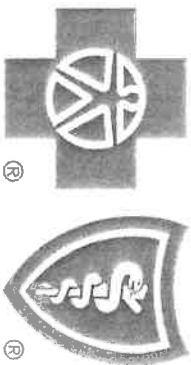
DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100560</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>N/A, per Myers on 6/4/09</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <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.			



MAY 27 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR



South Carolina FOUNDATION

May 18, 2009

Felicity Myers, Deputy Director of Medical Services
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

Dear Dr. Myers:

Thank you for your recent application to our Foundation. We are very much in favor of supporting your overall objective. However, after careful consideration, we believe that the grant request that was submitted needs modifying before we are able to commit to funding it. Therefore, we are declining the Foundation's participation at this time.

We would like to meet with you sometime over the next month to discuss the areas that concerned us. We would like to specifically discuss the following issues:

- The potential sites and the level of interest to implement this in the rural areas. We understand there is interest in Richland County, but would like to know the practitioners in rural counties by the zip codes you designated who are willing to discuss the potential implementation of this program? We would like to see further clarification of specifically how the practitioners would implement this in their offices.
- Is there the necessary pool of behavioral health practitioners in the rural areas identified? Although there may be practitioners for these zip codes, what is the potential to expand this program to other identified counties? Please be prepared to elaborate on the financial and physical ability to expand.
- What stipulations would be in place to ensure that physician offices are committed to participating? What type of contractual obligations would you specify in order for the practice to receive the \$25,000 per site reimbursement.

AX-G22
1-20 East at Alpine Rd
Columbia, SC 29219

Telephone 803.264.4669
Facsimile 803.264.5522

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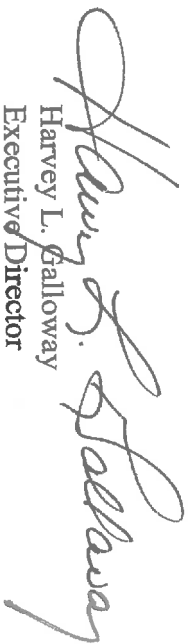
George L. Johnson

BlueCross BlueShield of South
Carolina Foundation is an
independent licensee of the Blue
Cross and Blue Shield
Association.

As we talked about, we need to be confident in the long term success of a grant before we agree to fund the grant. As I mentioned earlier, we do believe in the proposed concept. If we can get further clarification on the implementation and sustainability, we would be happy for you to resubmit an application during our next grant cycle in August.

Please contact me if you are interested in pursuing this further.

Respectfully,

A handwritten signature in dark ink, appearing to read "Harvey L. Galloway". The signature is fluid and cursive, with the first name "Harvey" being more prominent and the last name "Galloway" following in a similar style.

Harvey L. Galloway
Executive Director
BlueCross BlueShield of South Carolina Foundation