

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Roberto/Supra/FOIA</i>	<i>11-21-13</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000178</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>closed 12/13/13, see note</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>12-9-13</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.			

Brenda James

From: Kim Cox
Sent: Thursday, November 21, 2013 12:54 PM
To: Brenda James
Cc: Rick Hepfer; Brooke Bailey
Subject: FW: Information Request (Medicaid SC)

Brenda,
Could you please log and distribute this FOIA request?
Thanks,
Kim

From: Info
Sent: Thursday, November 21, 2013 11:32:23 AM
To: Brooke Bailey
Cc: Kim Cox
Subject: FW: Information Request (Medicaid SC)

Hey Brooke,

Here is a FOIA request, who should take care of this?

From: John Clarkson [<mailto:John.Clarkson@uscmed.sc.edu>]
Sent: Wednesday, November 20, 2013 1:17 PM
To: Info
Subject: Information Request (Medicaid SC)

To whomever this may concern:

Under the **Freedom of Information Act (FOIA)**, I am requesting a de-identified descriptive report of conditions/disabilities reported that qualify a beneficiary for Medicaid in South Carolina between the years of 2001-2011. This report can be cumulative and should provide general frequency statistics of the most prevalent conditions reported that were used to qualify a beneficiary for Medicaid disability benefits in South Carolina. To reiterate, the information requested, as required, should be de-identified as it is used for a research study at The University of South Carolina.

I look forward to hearing from you in the next 15 business days.

John Clarkson, MPH

NOTE NEW CONTACT INFORMATION:

University of South Carolina

Department of Epidemiology and Biostatistics

Arnold School of Public Health

915 Greene Street Columbia, SC 29201

Office: 803-777-8883

Cell: 803-318-5455

Email: clarksog@mailbox.sc.edu



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

TO	DATE
Robert/Jupra/FOIA	11-21-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000178	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
NOV 23 2013	<input checked="" type="checkbox"/> FOIA MJS Due Date = 12/5/13 DATE DUE 12-9-13
	<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. Loui Rosta 12/4/13			Discussed with legal regarding data requested not available. Legal to provide a response.
2. [Signature]	✓		Legal will provide final response
3.			Please see per Tamara on 12/13/13
4.			

Brenda James

From: Kim Cox
Sent: Thursday, November 21, 2013 12:54 PM
To: Brenda James
Cc: Rick Hepfer; Brooke Bailey
Subject: FW: Information Request (Medicaid SC)

Brenda,
Could you please log and distribute this FOIA request?
Thanks,
Kim

From: Info
Sent: Thursday, November 21, 2013 11:32:23 AM
To: Brooke Bailey
Cc: Kim Cox
Subject: FW: Information Request (Medicaid SC)

Hey Brooke,

Here is a FOIA request, who should take care of this?

From: John Clarkson [<mailto:John.Clarkson@uscmed.sc.edu>]
Sent: Wednesday, November 20, 2013 1:17 PM
To: Info
Subject: Information Request (Medicaid SC)

To whomever this may concern:

Under the **Freedom of Information Act (FOIA)**, I am requesting a de-identified descriptive report of conditions/disabilities reported that qualify a beneficiary for Medicaid in South Carolina between the years of 2001-2011. This report can be cumulative and should provide general frequency statistics of the most prevalent conditions reported that were used to qualify a beneficiary for Medicaid disability benefits in South Carolina. To reiterate, the information requested, as required, should be de-identified as it is used for a research study at The University of South Carolina.

I look forward to hearing from you in the next 15 business days.

John Clarkson, MPH

NOTE NEW CONTACT INFORMATION:

University of South Carolina
Department of Epidemiology and Biostatistics
Arnold School of Public Health
915 Greene Street Columbia, SC 29201
Office: 803-777-8883
Cell: 803-318-5455
Email: clarksog@mailbox.sc.edu

This e-mail transmission, in its entirety and including all attachments, is intended solely for the use of the person or entity to whom it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If you are not the intended recipient, you are hereby notified that disclosing, distributing, copying or taking any action in relation to this e-mail is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please notify the sender immediately and destroy the related message.

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: