

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Robert to Supra / 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 _____
closed 12/13/13, see note	<input checked="" type="checkbox"/> FOIA 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.			
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
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NOV 23 REC'D	<input checked="" type="checkbox"/> FOIA MJ'S 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. Low Risk 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.			

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