

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singlefax/FOIA	3-8-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 400357	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland Closed 3/29/12, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 3-23-12 <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.			



RECEIVED

MAR 08 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 24, 2012

SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202
Attention: Victoria Easterlin

RE: Open Records Request

Dear Ms. Garza,

Hope 2012 is starting out well for you! Our firm wants to prepare to give you the best possible response, when an RFP is again issued for your employee assistance program.

We would like to make an open records request to better understand the program you currently have in place.

I am writing to request, under the Public Information Act and the Freedom of Information Act:

- 1) A copy of the current EAP contract;
- 2) The RFP attached thereto; and
- 3) The vendor proposal attached thereto.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Rick Dielman", written over a horizontal line.

Rick Dielman, CEAP
Vice President, Business Development
(512) 328-8519



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: _____

Log # 000357

March 20, 2012

Rick Dielman, CEAP
Vice President, Business Development
Alliance Work Partners
2525 Wallingwood Drive
Building Five
Austin, TX 78746

Re: FOIA Request dated February 24, 2012

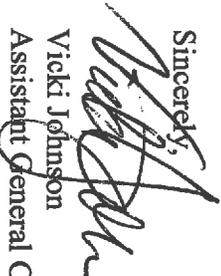
Dear Mr. Dielman:

Your Freedom of Information Act request dated February 24, 2012, was referred to me for handling. Enclosed please find in response a compact disc containing the current contract for EAP services which is composed of the Request for Proposals, as amended, and the proposal of the selected vendor.

Our expense for reproducing the attached information is a total cost of Eleven and 43/100 Dollars (\$11.43). 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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,

Vicki Johnson
Assistant General Counsel

VJ/b

Enclosure

cc: Lynette Wilson, Receivables