

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

**ACTION REFERRAL**

TO <i>Singleton/FOIA</i>	DATE <i>7-21-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100644</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland Cleared 8/2/11, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>8-5-11</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.			



Tel 803-771-7900  
Fax 803-343-7017  
Mail PO Box 100200 (29202)  
220 Executive Center Drive  
Columbia, South Carolina 29210

**ROGERS TOWNSEND & THOMAS, PC**

ATTORNEYS AND COUNSELORS AT LAW

www.rtt-law.com

Katherine B. Barroll  
kate.barroll@rtt-law.com  
(803) 744-1288

Reply to Columbia Office

Tel 704-442-9500  
Fax 704-442-8595  
Mail 2550 West Tyvola Rd, Suite 520  
Charlotte, North Carolina 28217

**RECEIVED**

JUL 21 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 20, 2011

Deirdra Singleton  
Office of General Counsel  
SC Department of Health and Human Services  
1801 Main Street  
Post Office Box 8206  
Columbia, SC 29202

Re: *South Carolina Freedom of Information Act Request Regarding Replacement  
MMIS Project*  
Our File Number: 12151.8

Dear Ms. Singleton:

Pursuant to the State of South Carolina open records law (S.C. Code § 30-4-10 *et seq*), I write to request copies of all responses (from vendors, consultants, and any and all other parties) submitted to the State of South Carolina related to Replacement MMIS Requests for Information #1, #2 and #3. Electronic records are preferred for both ease of access and minimizing reproduction cost. If your agency does not maintain these public records, please let me know who does and include the proper custodian's name and address.

Rogers Townsend agrees to pay any reasonable copying and postage fees of not more than \$1,000. If the cost would be greater than this amount, please notify me before making the copies. Please provide a receipt indicating the charges for each document.

If you choose to deny this request, please provide a written explanation for the denial including a reference to the specific statutory exemption(s) upon which you rely. Also, please provide all segregable portions of otherwise exempt material.

Very truly yours,



Katherine B. Barroll

KBB/agw



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:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

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 #000044 ✓

Anthony E. Keck, Director  
Nikki R. Haley, Governor

August 2, 2011

Katherine B. Barroll, Esquire  
Rogers Townsend & Thomas, PC  
220 Executive Center Drive  
Columbia, SC 29210

Dear Ms. Barroll:

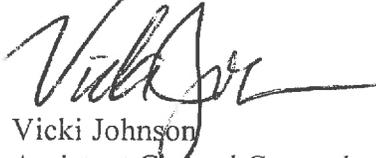
Your Freedom of Information Act request dated July 20, 2011 was referred to me for handling. Enclosed please find copies of the responses to Replacement MMIS Requests for Information #1, #2, and #3, by the Department of Health and Human Services on a compact disc. As you will note, some of the information has been redacted as it contained confidential, trade secret information. As requested, all segregable portions have been provided.

Our expense for reproducing this information is a total cost of Fifty-two and 53/100 Dollars (\$52.53). 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

Enclosures

cc: Lynette Wilson, Receivables