

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singletan/FOIA</i>	<i>11-4-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>001207</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Myers, Stensland Cleared 11/2/09 see attached e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE <i>11-19-09</i>

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

Brenda James - FOIA for Dental APD

From: "Bonnie Loomis" <bonnie@pincusloomis.com>
To: <kostbr@scdhhs.gov>
Date: 11/4/2009 3:33 PM
Subject: FOIA for Dental APD
CC: <boucher@scdhhs.gov>

RECEIVED

NOV 04 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Bryan & Steve -

Pursuant to the South Carolina Freedom of Information Act, I request a copy (preferably electronic, if available) of the Advance Planning Document (APD) submitted by SC DHHS to the Centers for Medicare and Medicaid Services in regard to the Dental Administrative Services contract awarded to Doral Dental. Please feel free to email or call with any clarifying needs in this regard.

Many thanks -

Bonnie
Bonnie Drake Loomis, Esquire
Pincus Loomis Law Firm
3306 Millwood Avenue
Columbia, SC 29205
803-261-3280 (cell)
803-576-3755 (office)
803-253-8676 (fax)
www.pincusloomis.com

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South Carolina Department of
Health & Human Services

Emma Forkner • Director
 Mark Sanford • Governor

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 # 000207 ✓

From: Bryan Kost
To: Deirdra Singleton
Date: 12/2/2009 10:45 AM
Subject: Re: Fwd: Response to Log #000207

Thanks - I will forward it to her.

-----Original Message-----

From: Deirdra Singleton
Cc: Nikole Boland <halitwan@scdhs.gov>
To: Bryan Kost <KostBR@scdhs.gov>
Cc: Felicity Myers <MYERSFC@scdhs.gov>

Sent: 12/2/2009 10:30:45 AM
Subject: Fwd: Response to Log #000207

Bryan,

here is the Dental APD that Bonnie requested. thanks

Deirdra T. Singleton
Deputy Director/General Counsel
Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201
(803)898-2795
(803)255-8210 fax