

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|----------------|---------|
| TO | DATE |
| Singleton/FOIA | 11-4-09 |

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

RECEIVED

NOV 04 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

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

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803-576-3755 (office)

803-253-8676 (fax)

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ATTORNEY/CLIENT PRIVILEGED

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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: _____

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 <haliwan@scdhhs.gov>
To: Bryan Kost <KostBR@scdhhs.gov>
Cc: Felicity Myers <MYERSFC@scdhhs.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

Log #000207 ✓