

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	10-25-07

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER <b>000221</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
CC: Singleton, Sturland Cleared 11/1/07, E-mail Attached.		
<input checked="" type="checkbox"/> FOIA DATE DUE <b>11-8-07</b> <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.			

**From:** Bryan Kost  
**To:** Brenda James  
**Date:** 10/25/2007 9:42 am  
**Subject:** please log - FOIA - Freedom of Information / Public Records Access request

*Log: Wills / FOIA  
C: Singleton  
Stratton  
APP sign*

Bryan Kost  
DHHS Public Information  
803.898.2865  
cell- 429.3201  
kostbr@scdhs.gov

**RECEIVED**

OCT 25 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

>>> "Lynne Skelley" <SkelleyL@fedsources.com> 10/25/2007 7:11 AM >>>  
Thank you.

Lynne Skelley  
Ms. Lynne Skelley  
Senior Intelligence Specialist  
Federal Sources, Inc.  
a Washington Management Group company  
8400 Westpark Drive, 4th floor  
McLean, VA 22102  
703.610.8739 phone  
703.883.0362 fax

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OCT 25 2007

25 October 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Bryan Kost  
Constituent Services/State House Liaison,  
Medicaid Eligibility and Beneficiary Services,  
State of South Carolina  
P.O. Box 8206  
Columbia, SC 29202

Reference: contract #06-S7205 under the WVM CR for South Carolina Medicaid program

Dear Mr. Kost:

In accordance with the Freedom of Information Law (FOIL), I would like to request documents related to the above referenced item. Specifically, please provide:

- All clearly releasable portions of the basic awarded contract

It is my desire to have you provide copies with the understanding that I will pay reasonable reproduction, search and review costs. Please contact me first for approval if fees exceed \$75. I would prefer to receive the documents electronically if they are available in that format.

Thank you for your assistance. If you have any questions, please call me at (703) 610-8739 or e-mail me at [SkelleyL@fedsources.com](mailto:SkelleyL@fedsources.com).

Sincerely,

**Lynne Skelley**

Lynne Skelley  
Senior Intelligence Specialist



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Karr  
Director

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: \_\_\_\_\_

Finance and Administration  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 898-2503 Fax (803) 255-8235

**From:** Patty H Larimore  
**To:** SkelleyL@fedsources.com  
**Date:** 11/1/2007 11:47:39 AM  
**Subject:** FOIL request 06-S7205

069 221 ✓

Lynne,

Bryan Kost forwarded me your letter of October 25, 2007 concerning the FOIL request for contract 06-S7205 for WVM CR services for the South Carolina Department of Health and Human Services. While this contract was utilized by the SC DHHS, the contract was issued by the Material Management Office for the State of South Carolina. The MMO office retained the documentation you have requested.

Please contact Deborah Martin at 803.737.0618 or at [DKMartin@mmo.state.sc.gov](mailto:DKMartin@mmo.state.sc.gov) with your FOIL request. Please include the contract number 06-S7205.

Please let me know if I can be of further assistance to you in this matter. Thank you.

Patty Hedges Larimore  
Director of Procurement  
SC Dept. of Health and Human Services  
Office: 803.898.2667  
Fax: 803.255.8211