

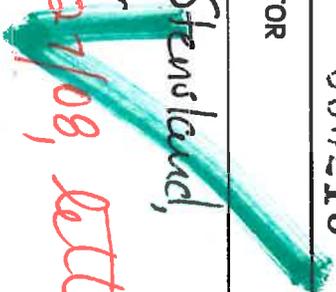
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

Relogged from Myra to Wells per change on 10/27/08.

TO Wells/FOIA DATE 10-17-08

Patthy k. is working on E-mail attached.

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000213	<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, Stensland, Ms. Forner		<input checked="" type="checkbox"/> FOIA	DATE DUE <u>10-31-08</u>
<i>Cleared 10/27/08, letter attached.</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.			

From: Rhonda Feaster
To: Chaini Demas; ROY SMITH
Date: 10/27/2008 9:32 AM
Subject: FOIA for Care Call

CC: Patty H Larimore; Richard Kluender

Chaini and Roy,
I spoke with Patty Larimore today to request a copy of the Care Call contract. Patty said the FOIA should have come to her instead of me. Richard needs the original copies so it can be redistributed.

Chaini,
please give Richard the original when you come in tomorrow.

Patty,
when we spoke you mentioned sending this to CIO. After our call ended, I remembered mentioning this to our attorney, Bruce, when this came in and he said if we have the information we have to provide it. If this does not go to CIO, please let me know if you need anything from me.

Enjoy your day,
Rhonda

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

ACTION REFERRAL

Relogged from Myers to Wells per Hanga on 10/27/08

TO <i>Myers/FOIA / Waldrop</i> Larimore	DATE <i>10-17-08</i>
--	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000213</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stensland, Ms. Forkner</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-31-08</i>
	<input type="checkbox"/> Necessary Action

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.			

Please log:

Mullis/FOIA

RECEIVED

c: DS

JStens
EF

OCT 17 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Jennifer Deutschendorf <jdeutschendorf@input.com>
To: "polattyj@scdhhs.gov" <polattyj@scdhhs.gov>
Date: 10/17/2008 10:34 AM
Subject: Public Records Request # 10016
Attachments: M FOIA 10016 101708 JD.doc

Good morning,

Per our conversation, I have attached a copy of our original request letter.

Please note that our physical address has changed and has been updated on the attached letter.

Thank you,
Jennifer Deutschendorf
703.707.4125

Jennifer Deutschendorf
Member Associate, FOIA
INPUT
11720 Plaza America Drive, Suite 1200, Reston, Virginia 20190
Direct: 703-707-4125; Fax 703-707-6201

jdeutschendorf@input.com

<http://www.input.com><<http://www.input.com/>>



11720 Plaza America Drive, 12th Floor
Reston, VA 20190
Tel: (703) 707-3500
Fax: (703) 707-6201
www.input.com

Public Records Request ID# 10016

Fee agreement \$100

Dear Open / Public Records Officer,

Pursuant to the state open records law, S.C. Code Ann. sec. 30-4-10 to 30-4-165, I write to request access to and a copies of the following documents and/or information pertaining to the contract awarded for the Electronic Monitoring System "Care Call" requirement (Solicitation #02-S4734):

1. Pre-RFP (Contract and all amendments between current contractor and the Agency)
2. RFP and all related Attachments
3. Bidders' technical and cost proposals in response to the RFP, including all BAFO
4. Transcript from oral presentations as well as presentation materials and handouts
5. Agency's evaluation forms for bidders' technical and cost proposals
6. Award letter issued to awardee

If your agency does not maintain these public records, please let me know who does and include the proper custodian's name and address.

I agree to pay any reasonable copying and postage fees of not more than \$100. If the cost would be greater than this amount, please notify me. Please provide a receipt indicating the charges for each document.

As provided by the open records law, I would request your response within fifteen (15) working days.

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.

Whenever possible, please refer to FOIA ID 10016 in any response letter, email, fax, or invoice.

Thank you for your assistance.
Sincerely,

Jennifer Deuschendorf
ideuschendorf@input.com



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
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: _____

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

ACTION REFERRAL

(Signature)

TO	DATE
<i>Myers/FOIA</i>	<i>10-17-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000213</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland, Ms. Forkner</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <i>X</i> FOIA DATE DUE <i>10-31-08</i>
<i>Shea</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.			

Please log:

Kulis/FOIA

RECEIVED

a: DS

OCT 17 2008

*JStens
EF*

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Jennifer Deutschendorf <jdeutschendorf@input.com>
To: "polattyj@scdhhs.gov" <polattyj@scdhhs.gov>
Date: 10/17/2008 10:34 AM
Subject: Public Records Request # 10016
Attachments: M FOIA 10016 101708 JD.doc

Good morning,

Per our conversation, I have attached a copy of our original request letter.

Please note that our physical address has changed and has been updated on the attached letter.

Thank you,
Jennifer Deutschendorf
703.707.4125

Jennifer Deutschendorf
Member Associate, FOIA
INPUT
11720 Plaza America Drive, Suite 1200, Reston, Virginia 20190
Direct: 703-707-4125; Fax 703-707-6201

jdeutschendorf@input.com
<http://www.input.com><<http://www.input.com/>>



11720 Plaza America Drive, 12th Floor
Reston, VA 20190
Tel: (703) 707-3500
Fax: (703) 707-6201
www.input.com

Public Records Request ID# 10016

Fee agreement \$100

Dear Open / Public Records Officer,

Pursuant to the state open records law, S.C. Code Ann. sec. 30-4-10 to 30-4-165, I write to request access to and a copies of the following documents and/or information pertaining to the contract awarded for the Electronic Monitoring System "Care Call" requirement (Solicitation #02-S4734):

1. Pre-RFP (Contract and all amendments between current contractor and the Agency)
2. RFP and all related Attachments
3. Bidders' technical and cost proposals in response to the RFP, including all BAFO
4. Transcript from oral presentations as well as presentation materials and handouts
5. Agency's evaluation forms for bidders' technical and cost proposals
6. Award letter issued to awardee

If your agency does not maintain these public records, please let me know who does and include the proper custodian's name and address.

I agree to pay any reasonable copying and postage fees of not more than \$100. If the cost would be greater than this amount, please notify me. Please provide a receipt indicating the charges for each document.

As provided by the open records law, I would request your response within fifteen (15) working days.

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.

Whenever possible, please refer to FOIA ID 10016 in any response letter, email, fax, or invoice.

Thank you for your assistance.
Sincerely,

Jennifer Deuschendorf
jdeuschendorf@input.com



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Portner
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: _____

From: Patty H Larimore
To: jdeutschendorf@input.com
Date: 10/27/2008 4:23 PM *closed*
Subject: FOIA request 10016

Log # 2/27

Jennifer,

In response to your FOIA letter #10016 requesting information on the Care Call contract (#02-S4734), this contract expired in February 2007. Please let me know if you have any additional questions or concerns.

Please confirm receipt of this e-mail.

Thank you

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