

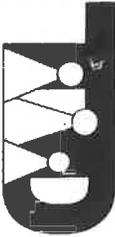
**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

|                    |                        |
|--------------------|------------------------|
| TO<br><i>Myers</i> | DATE<br><i>4-24-08</i> |
|--------------------|------------------------|

|   |   |  |  |
|---|---|--|--|
| <b>DIRECTOR'S USE ONLY</b>  |   | <b>ACTION REQUESTED</b>  |  |
| 1. LOG NUMBER<br><i>000552</i>  | <input type="checkbox"/> Prepare reply for the Director's signature<br>DATE DUE _____ | <input type="checkbox"/> Prepare reply for appropriate signature<br>DATE DUE _____ | <input checked="" type="checkbox"/> FOIA<br>DATE DUE <i>5-8-08</i> |
| 2. DATE SIGNED BY DIRECTOR<br><i>C. Singleton, Stensland</i><br><i>Cleared 5/21/08, after</i><br><i>attack.</i> | <input type="checkbox"/> Necessary Action   |  |  |

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



April 22, 2008

**RECEIVED**

APR 24 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**Charlie Crist**  
Governor

Emma Forkner, Director

**JR Harding Ed.D.**  
Chairperson

Office of the Director  
P.O. Box 8206

Columbia, South Carolina 29202-8206

**Lawrence Forman**  
Vice Chairperson

RE: Freedom on Information Act Request

**Lisa M. Bacot**  
Executive Director

Dear Ms. Forkner:

I work for the Florida Commission for the Transportation Disadvantaged, which is an independent state agency charged with ensuring transportation services are provided to disadvantaged citizens in the State of Florida. We are also on contract with the Florida Agency for Health Care Administration to administer the Medicaid Non-Emergency Transportation Program.

I am seeking the following items, and am requesting a public records request:

- The current monthly capitation rate that is paid to your Regional Medicaid Non-Emergency Transportation Brokers, broken out by each of the six (6) non-emergency transport regions of the state.
- The estimated number of Medicaid Eligibles in each region, as of the most recent completed month of eligibles that is available.

If the answers can be emailed directly to me, I would prefer this method of delivery, my email address is [lisa.bacot@dot.state.fl.us](mailto:lisa.bacot@dot.state.fl.us) or it can be sent hard copy to:

Lisa M. Bacot, Executive Director  
Florida Commission for the Transportation Disadvantaged  
605 Suwannee Street, MS 49  
Tallahassee, FL 32399-0450

Please let me know if there is any duplication fee related to this request. Thank you for your time and attention to this matter.

Sincerely,

Lisa M. Bacot  
Executive Director



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

Mark Sanford  
Governor

Emma Fortner  
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: | _____       | \$ _____        |
| <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: \_\_\_\_\_

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



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

May 2, 2008

Emma Forkner  
Director

Log # 552

Ms. Lisa M. Bacot  
Executive Director  
Florida Commission for the Transportation Disadvantaged  
605 Suwannee Street, MS 49  
Tallahassee, Florida 32399-0450

Dear Ms. Bacot:

The South Carolina Department of Health and Human Services (SCDHHS) has received your request for information under Freedom of information Act (FOIA) regarding beneficiary Transportation services. Your FOIA letter requested current year monthly capitation rates and the number of beneficiaries eligible for brokered non-emergency transportation services by region within South Carolina.

The chart below lists SCDHHS broker data for non-emergency transportation services for the most recent period available (March 2008) requested.

South Carolina Medicaid Data:

| Region | Capitated Rate | Number of Beneficiaries Eligible |
|--------|----------------|----------------------------------|
| 1      | \$4.69         | 130,290                          |
| 2      | \$2.74         | 91,522                           |
| 3      | \$6.30         | 92,982                           |
| 4      | \$8.16         | 97,830                           |
| 5      | \$6.07         | 129,732                          |
| 6      | \$6.80         | 105,770                          |

If you need additional information, please contact Ms. Beverly Hamilton at (803) 898-4614.

Sincerely,  
  
Felicity Myers  
Deputy Director

FM/hpm