

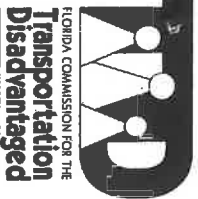
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>4-24-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000552</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>5-8-08</i> <input type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>C. Singleton, Stensland</i> <i>Cleared 5/21/08, letter</i> <i>attached</i>			

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



April 22, 2008

RECEIVED

APR 24 2008

Charlie Crist
Governor

Emma Forkner, Director

Office of the Director

P.O. Box 8206

Columbia, South Carolina 29202-8206

JR Harding Ed.D.
Chairperson

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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 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,

A handwritten signature in black ink, appearing to read "Lisa M. Bacot".

Lisa M. Bacot

Executive Director

605 Suwannee Street, MS-49 to Tallahassee, FL 32399-0450

Phone: (850) 410-5700 to Toll Free: (800) 983-2435 to Fax: (850) 410-5752

www.dot.state.fl.us/ctd



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:		\$ _____

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: _____



State of South Carolina
Department of Health and Human Services

Log # 552
✓

Mark Sanford
Governor

May 2, 2008

Emma Forkner
Director

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

Dear Ms. Bacot:

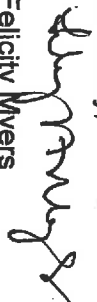
The South Carolina Department of Health and Human Services (SCDHHS) has received your request for information under Freedom of Information Act (FOIA) regarding beneficiary Transportation services. Your FOIA letter requested current year monthly capitation rates and the number of beneficiaries eligible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