

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Melk/FOIA	7-12-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000065	<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 _____
<p>cc: Singleton, Stensland</p> <p>Close 7/12/06, see attached</p> <p>note from Jeff Stensland</p> <p><input checked="" type="checkbox"/> FOIA</p> <p>DATE DUE 7-26-06</p> <p><input type="checkbox"/> Necessary Action</p>	

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

From: "Mike Sponhour" <mshponho@oed.sc.gov>
To: <STENSJEF@dhs.state.sc.us>
Date: 7/12/2006 10:46:22 AM
Subject: Fwd: Public Records Request

Here it is, I am still checking on this end to determine if we have some role.

>>> Kaitlynn Connelly <kconnelly@input.com> 07/12/06 10:31 AM >>>
Please see the attached document.

Thank you,
Kaitlynn Connelly

Kaitlynn Connelly
Member Advisor (FOIA)
INPUT
10790 Parkridge Boulevard, Suite 200, Reston, VA 20191, USA
Direct 703-707-3694; Fax 703-707-6201

This email and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the email to the intended recipient, be advised that you have received this email and any such files in error and that any use, dissemination, forwarding, printing or copying of this email and/or any such files is strictly prohibited. If you have received this email in error please immediately notify postmaster@input.com and destroy the original message and any such files.

Dog Wells
"FOIA"
CC: Singleton
Stenaland

RECEIVED

JUL 12 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Printed: XXXX 0, 0000

INPUT[®]

10790 Parkridge Boulevard
Suite 200 Room 8939
Reston, VA 20191
Tel: (703) 707-3500
Fax: (703) 707-6201
www.input.com

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 copy of the contract awarded for the MEDICAID CLAIMS PROCESSING requirement (Key Contact: David Quiat, Program Office, 803-734-1525, dquiatt@eip.sc.gov).

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 8939 in any response letter, email, fax, or invoice.

Thank you for your assistance.

Sincerely,

Kaitlyn Connelly
kconnelly@input.com



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
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 8355
Columbia, South Carolina 29202-8355

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) 898-4515


From: Jeff Stensland
To: Malone, Linda
Date: 7/12/2006 4:12:09 PM
Subject: FOIA

Let's disregard that FOI request from the B&C board

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CC: Singleton
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