

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Melks/FOIA	7-12-06

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER	000065	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Singleton, Stensland Close 7/12/06, see attached note from Jeff Stensland	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <u>7-26-06</u>
		<input type="checkbox"/> Necessary Action	

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

**From:** "Mike Sponhour" <mssponho@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

*Rog- Wells*  
*"FOIA"*  
*CC: Singleton*  
*Stensland*

**RECEIVED**

JUL 12 2006

Department of Health & Human Services  
 OFFICE OF THE DIRECTOR

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.

Printed: XXXX 0, 0000



10790 Parkridge Boulevard  
Suite 200 Room 8939  
Reston, VA 20191  
Tel: (703) 707-3500  
Fax: (703) 707-6201  
[www.input.com](http://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](mailto: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](mailto: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:	_____	\$ _____
<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 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

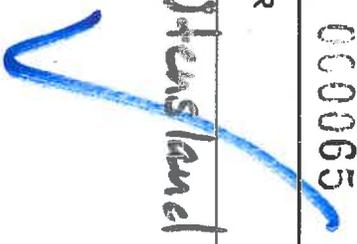
**From:** Jeff Stensland  
**To:** Malone, Linda  
**Date:** 7/12/2006 4:12:09 PM  
**Subject:** FOIA

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

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