

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO	DATE
Roberts/Hutto/FOIA	7-29-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000030	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox, Mullis Cleared 8/5/14, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 8-12-14 <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.			

Brenda James

From: Colleen Mullis
Sent: Monday, July 28, 2014 6:30 PM
To: Brenda James
Subject: Fwd: Request for FOIA Information

Can you please process this FOIA?

Thank you.

Colleen

Sent from my iPhone

Begin forwarded message:

From: roosevelt lowe <lionheart1930@yahoo.com>
Date: July 28, 2014 at 5:09:04 PM EDT
To: "Colleen.Mullis@scdhhs.gov" <Colleen.Mullis@scdhhs.gov>
Subject: Request for FOIA Information
Reply-To: roosevelt lowe <lionheart1930@yahoo.com>

I need a list of individuals that are eligible for medicaid to receive my services in South Carolina. Im a independent practioner for rehabilitative services. im trying to locate individuals eligible for my services. I need a list of people in south Carolina that are receiving Medicaid or individuals that are eligible for rehabilitative services and Medicaid.



Nikki Haley GOVERNOR

Anthony Keck DIRECTOR

P.O. Box 8206 • Columbia, SC 29202

www.scdhhs.gov

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:

August 5, 2014

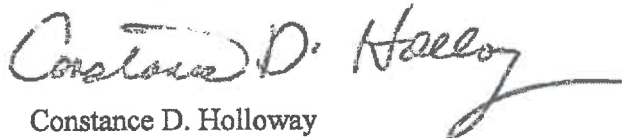
Roosevelt Lowe
Via e-mail: lionheart1930@yahoo.com

Dear Mr. Lowe:

Your Freedom of Information Act request dated July 28, 2014 was referred to me for processing. You requested a list of individuals that are eligible for South Carolina Medicaid or individuals that are eligible for rehabilitation services. We cannot provide you a list of individuals that are eligible for South Carolina Medicaid or individuals that are eligible for rehabilitation as that information is personal health information and a release of this information would be in violation of the HIPAA law.

Thank you for your request. If you have any questions, please feel free to contact me at (803-898-0062).

Sincerely,



Constance D. Holloway
Assistant General Counsel

CDH/lb

CC: Kim Cox

Constance / Linda Bays

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

JUL 29 2014

ACTION REFERRAL

SODHHS
Office of General Counsel

TO	DATE
Roberts/Hutto/FOIA	7-29-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000030	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox, Mullis	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE 8-12-14
	<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.			

Brenda James

From: Colleen Mullis
Sent: Monday, July 28, 2014 6:30 PM
To: Brenda James
Subject: Fwd: Request for FOIA Information

RECEIVED

JUL 29 2014

SCDHHS
Office of General Counsel

Can you please process this FOIA?

Thank you.

Colleen

Sent from my iPhone

Begin forwarded message:

From: roosevelt lowe <lionheart1930@yahoo.com>
Date: July 28, 2014 at 5:09:04 PM EDT
To: "Colleen.Mullis@scdhhs.gov" <Colleen.Mullis@scdhhs.gov>
Subject: Request for FOIA Information
Reply-To: roosevelt lowe <lionheart1930@yahoo.com>

I need a list of individuals that are eligible for medicaid to receive my services in South Carolina. Im a independent practioner for rehabilitative services. im trying to locate individuals eligible for my services. I need a list of people in south Carolina that are receiving Medicaid or individuals that are eligible for rehabilitative services and Medicaid.

Nikki Haley
 Anthony Heck
 P.O. Box 8297 Columbia, SC 29202
 www.scdhhs.gov

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:

Log #30
RECEIVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF DIRECTOR

JUL 30 2014

ACTION REFERRAL

Department of Health & Human Services
 Eligibility, Enrollment & Member Services

TO	DATE
Roberts/Hutto/FOIA	7-29-14

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000030	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	cc: Cox, Mullis	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE 8-12-14
		<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. Sent to Constance H + cc: Linda Meyer 8/1/14			
2.			
3.			
4.			

Brenda James

From: Colleen Mullis
Sent: Monday, July 28, 2014 6:30 PM
To: Brenda James
Subject: Fwd: Request for FOIA Information

Can you please process this FOIA?

Thank you.

Colleen

Sent from my iPhone

Begin forwarded message:

From: roosevelt lowe <lionheart1930@yahoo.com>
Date: July 28, 2014 at 5:09:04 PM EDT
To: "Colleen.Mullis@scdhhs.gov" <Colleen.Mullis@scdhhs.gov>
Subject: Request for FOIA Information
Reply-To: roosevelt lowe <lionheart1930@yahoo.com>

I need a list of individuals that are eligible for medicaid to receive my services in South Carolina. Im a independent practioner for rehabilitative services. im trying to locate individuals eligible for my services. I need a list of people in south Carolina that are receiving Medicaid or individuals that are eligible for rehabilitative services and Medicaid.

Nikki Haley
Anthony Keck
P.O. Box 8206 : Columbia, SC 29207
www.scdhhs.gov

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:

Libby Powers

From: Carolyn Roach
Sent: Friday, August 01, 2014 3:36 PM
To: Libby Powers
Cc: Carolyn Roach
Subject: Email response

This is in response to your email requesting a list of Medicaid individuals eligible for rehabilitative services. We are unable to give you the requested information. The information you are requesting is considered confidential under both federal and state law. We cannot legally give out information unless it is related to carrying out something necessary to run the Medicaid program.

Thank you for your support of the Medicaid program. If you need further assistance, please let me know.

Carolyn Roach
Program Manager I
ROACHCA@scdhhs.gov
803.898.3967
www.scdhhs.gov



Healthy Connections and the Healthy Connections logo are trademarks of South Carolina Department of Health and Human Services and may be used only with permission from the Agency.