

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EA

TO	DATE
Roberts/Singleton/FOIA	10-1-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000074	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox, Mallis Cleared 10/22/14, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 10-16-14 <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.			

ABSOLUTE TOTAL CARE



Healthy Connections



1441 Main Street, Columbia, SC 29201 • 1-866-433-6041 • [www.absolutetotalcare.com](http://www.absolutetotalcare.com)

October 1, 2014

Ms. Stephanie Ryan  
SC Dept of Health & Human Services  
Post Office Box 8206  
Columbia, SC 29202

Dear Ms. Ryan:

Pursuant to the South Carolina Freedom of Information Act, Title 30, Chapter 4, we are requesting the following documents.

1. A copy of the current contract for Medicaid adult dental beneficiaries in South Carolina.
2. A copy of the current contract for Medicaid (age 0-18) beneficiaries in South Carolina.

Please contact me at (803)933-3792 should you have any questions regarding this request.

Sincerely,

Betsy Hall

Director, Government Relations

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:	_____	\$_____
<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:



Nikki Haley  
Anthony Keck  
P.O. Box 8206 Columbia, SC 29202  
www.scdhhs.gov

October 22, 2014

Betsy Hall  
Absolute Total Care  
1441 Main Street  
Columbia, SC 2901

Dear Ms. Hall:

Your Freedom of Information Act request dated October 1, 2014 was referred to me for handling. You requested the following information:

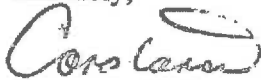
1. A copy of the current contract for Medicaid adult dental beneficiaries in South Carolina
2. A copy of the current contract for Medicaid (age 0-18) dental beneficiaries in South Carolina

Please note that SC Medicaid does not currently provide dental services for adults, therefore there is not a contract for those services. However, please find enclosed a copy of the current contract for Medicaid (age 0-18) dental beneficiaries in South Carolina. The contract enclosed is for a limited period of time and refers to functions performed in Contract # 4400001016. For a copy of contract #4400001016 you may wish to contact Information Technology Management Office (ITMO), as they are the official holder of the contract. The following is the contact information for ITMO:

Information Technology Management Office  
Division of Procurement Services  
Attention: Norma J. Hall, FNIGP, CPPO, CPPB, CPM  
1201 Main Street, Suite 601  
Columbia, SC 29201

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

Sincerely,

  
Constance Holloway

CC: Kim Cox



Constance/Linda S

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

RECEIVED

OCT 01 2014

SCDHHS  
Office of General Counsel

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October 1, 2014

RECEIVED

OCT 01 2014

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SCDHHS  
Office of General Counsel

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Please contact me at (803)933-3792 should you have any questions regarding this request.

Sincerely,

A handwritten signature in cursive script that reads "Betsy Hall".

Betsy Hall

Director, Government Relations

Nikki Haley  
 Anthony Decker  
 P.O. Box 8205 Columbia, SC 29202  
 www.scdhhs.gov

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

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 South Carolina Department of Health and Human Services  
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 Columbia, South Carolina 29202-8297

Please contact \_\_\_\_\_ should you have any questions.

Signature \_\_\_\_\_

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