

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>4-23-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000229	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis Cleared 5/12/15, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>5-7-15</i> <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: Constance Holloway
Sent: Thursday, April 23, 2015 10:58 AM
To: Brenda James
Cc: Marie Brown
Subject: FW: FOIA Request

RECEIVED

APR 23 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Brenda,

Can we log this in as a FOIA.

Thanks,
Constance

-----Original Message-----

From: Evan Gessner
Sent: Thursday, April 23, 2015 10:56 AM
To: Constance Holloway
Subject: FW: FOIA Request

-----Original Message-----

From: Sonya Madison [mailto:sonya@brightshareconsulting.com]
Sent: Tuesday, April 21, 2015 9:18 AM
To: Linda Boyer; Evan Gessner; cedricc@kinlawcunningham.com
Subject: FOIA Request

This letter is a request for access to all public records pertaining to Medicaid Application Number S86QQM00L89RVBA (New Progressions of South Carolina, LLC). Please let me know the total charge for copies of this information and the address for mailing the check.

--
Sonya Madison, Esq
Employment Consultant
Ethics Consultant
Mediator

BrightShare Consulting
P.O. Box 93472
Atlanta, GA 30377
(404) 615-9477
Bright Ideas. Sustainable Solutions
www.brightshareconsulting.com

Nikki Haley GOVERNOR

Christian L. Saura 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:

SOUTH CAROLINA

Healthy Connections
MEDICAID



Nikki R. Haley GOVERNOR

Christian L. Soura DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

www.scdhhs.gov

Log # 229

May 12, 2015

VIA EMAIL ONLY

sonya@brightshareconsulting.com

Sonya Madison
Brightshare Consulting
P.O. Box 93472
Atlanta, GA 30377

Dear Ms. Madison:

This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated April 21, 2015 and received by DHHS on April 21, 2015. Enclosed please find the public records regarding New Progressions of South Carolina, LLC.

Our expense for extracting this information is thirty and /100 dollars (\$30.00). Please make the check payable to the Department of Health and Human Services and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8297

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

Sincerely,

Constance Holloway
Assistant General Counsel

