

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

EEA

TO <i>Roberts/Liggett/FOIA</i>	DATE <i>7-23-14</i>
-----------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000028</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox, Mullis</i> <i>Cleared 8/11/14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-6-14</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.			



**Palmetto Association  
for Children & Families**  
*Helping Children. Serving Families.*

**RECEIVED**

JUL 23 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 14, 2014

Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Re: FOIA request

Dear Mr. Keck:

Pursuant to the Freedom of Information Act, we are requesting a copy of documents pertaining to mandates in the IMD Operations Proviso in the SFY 13-14 Appropriations bill.

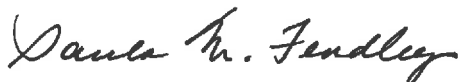
117.78. (GP: IMD Operations) All funds received by the Department of Education, the Department of Juvenile Justice, the Department of Disabilities and Special Needs, the Department of Mental Health, the Department of Social Services, and the Governor's Office of Executive Policy and Programs-Continuum of Care as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or Department of Health and Environmental Control licensed institutional, residential, or treatment programs. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year. The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.

Specifically, we desire:

1. Copies of any and all SFY 13-14 documents, spreadsheets, methodologies, or algorithms created by DHHS in its review of out of home placements used in making recommendations to the General Assembly

2. Copies and any and all SFY 13-14 documents reviewed to obtain the numbers of out-of-home placements by type and by agency
3. Copies of the SFY 13-14 recommendations provided to the General Assembly including transmittal letters conveying the recommendations. If recommendations were forwarded by electronic submission, we request copies of those transmissions and all attachments to all transmissions.

Kindest Personal Regards,

A handwritten signature in cursive script that reads "Paula M. Fendley".

Paula M. Fendley, M. Ed., LMSW  
Chief Executive Officer

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:



Palmetto Association  
for Children & Families

133 Powell Drive  
Lexington, SC 29072  
www.patcaf.org

RECEIVED

JUL 23 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

COLUMBIA  
SC 29202  
JUL 23 2014  
PM 3:1

Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

29202820606



UNITED STATES POSTAGE  
PITNEY BOWES  
\$ 000.480  
02 1P  
0001716143 JUL 15 2014  
MAILED FROM ZIP CODE 29072



**Palmetto Association  
for Children & Families**  
*Helping Children. Serving Families.*

Log #20  
**RECEIVED**

AUG 12 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

File w/ log #20... was mailed  
out on 8-11-14 per Marie  
Brewer.

August 5, 2014

Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Re: FOIA request – Second Request

Dear Mr. Keck:

This is a follow-up to my communication to you dated July 14, 2014. This is a second request, as there was no response to our initial request for information.

Pursuant to the Freedom of Information Act, we are requesting a copy of documents pertaining to mandates in the IMD Operations Proviso in the SFY 13-14 Appropriations bill.

**117.78.** (GP: IMD Operations) All funds received by the Department of Education, the Department of Juvenile Justice, the Department of Disabilities and Special Needs, the Department of Mental Health, the Department of Social Services, and the Governor's Office of Executive Policy and Programs-Continuum of Care as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or Department of Health and Environmental Control licensed institutional, residential, or treatment programs. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year. The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.

Specifically, we desire:

1. Copies of any and all SFY 13-14 documents, spreadsheets, methodologies, or algorithms created by DHHS in its review of out of home placements used in making recommendations to the General Assembly
2. Copies and any and all SFY 13-14 documents reviewed to obtain the numbers of out-of-home placements by type and by agency
3. Copies of the SFY 13-14 recommendations provided to the General Assembly including transmittal letters conveying the recommendations. If recommendations were forwarded by electronic submission, we request copies of those transmissions and all attachments to all transmissions.

Kindest Personal Regards,



Paula M. Fendley, M. Ed., LMSW  
Chief Executive Officer

p.7 file

**Palmetto Association  
for Children & Families**  
*Helping Children. Serving Families.*

**copy**

July 14, 2014

Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Re: FOIA request

Dear Mr. Keck:

Pursuant to the Freedom of Information Act, we are requesting a copy of documents pertaining to mandates in the IMD Operations Proviso in the SFY 13-14 Appropriations bill.

**117.78.** (GP: IMD Operations) All funds received by the Department of Education, the Department of Juvenile Justice, the Department of Disabilities and Special Needs, the Department of Mental Health, the Department of Social Services, and the Governor's Office of Executive Policy and Programs-Continuum of Care as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or Department of Health and Environmental Control licensed institutional, residential, or treatment programs. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year. The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.

Specifically, we desire:

1. Copies of any and all SFY 13-14 documents, spreadsheets, methodologies, or algorithms created by DHHS in its review of out of home placements used in making recommendations to the General Assembly



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

August 11, 2014

Paula M. Fendley  
Palmetto Association for Children & Families  
133 Powell Drive  
Lexington, SC 29072

Dear Ms. Fendley;

Your Freedom of Information Act was referred to me for processing. You requested a copy of the documents pertaining to mandates in the IMD Operations Proviso in the SFY 13-14 Appropriations bill. Specifically you requested:

- (1) copies of any and all SFY 13-14 documents, spreadsheets, or algorithms created by SCDHHS in its review of out of home placements used in making recommendations to the General Assembly;
- (2) copies of any documents reviewed to obtain the numbers of out of home placements by type and by agency ;and
- (3) copies of the SFY 13-14 recommendations provided to the General assembly.

Please find enclosed copies of the SFY 13-14 documents reviewed to obtain the numbers of out of placements by type and by agency. The agency's efforts to review the numbers of out of home placements by type and by agency and make recommendations to the General Assembly is ongoing. Therefore, you will need to make a future request for the information.

Our expense for extracting this information is \$5.00. 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 D. Holloway*  
Constance D. Holloway  
Assistant General Counsel

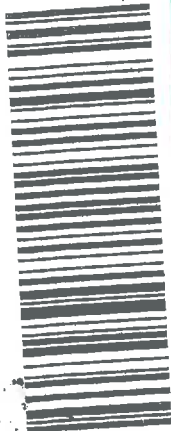
CDH/lb

CC: Kim Cox



**Palmetto Association**  
for Children & Families  
*Helping Children. Serving Families.*  
133 Powell Drive  
Lexington, SC 29072  
www.patcaf.org

UNITED STATES POSTAL SERVICE



7014 0510 0000 0614 8342

COLUMBIA  
SC 29072  
07 AUG 14  
PM 11



1000



29202

U.S. POSTAGE  
PAID  
LEXINGTON, SC  
29071-14  
AUG 07 14  
AMOUNT

**\$6.49**  
00075893-08

**RETURN RECEIPT  
REQUESTED**

Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

FOIA SECOND REQUEST

AUG 12 2014

29202820606



Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Constance / Linda S

RECEIVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

JUL 23 2014

SCDHHS  
Office of General Counsel

ACTION REFERRAL

TO	DATE
Roberts/Liggett/FOIA	7-23-14

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000028	<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 8-6-14
	<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.			

**Palmetto Association  
for Children & Families**  
*Helping Children. Serving Families.*

**RECEIVED**

JUL 23 2014

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

July 14, 2014

Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

JUL 23 2014

SCDHHS  
Office of General Counsel

Re: FOIA request

Dear Mr. Keck:

Pursuant to the Freedom of Information Act, we are requesting a copy of documents pertaining to mandates in the IMD Operations Proviso in the SFY 13-14 Appropriations bill.

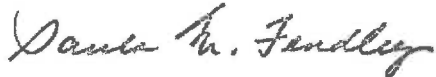
117.78. (GP: IMD Operations) All funds received by the Department of Education, the Department of Juvenile Justice, the Department of Disabilities and Special Needs, the Department of Mental Health, the Department of Social Services, and the Governor's Office of Executive Policy and Programs-Continuum of Care as State child placing agencies for the Institution for Mental Diseases Transition Plan (IMD) of the discontinued behavioral health services in group homes and child caring institutions, as described in the Children's Behavioral Health Services Manual Section 2, dated 7/01/06, shall be applied only for out of home placement in providers which operate Department of Social Services or Department of Health and Environmental Control licensed institutional, residential, or treatment programs. An annual report by each state child placing agency shall be made on the expenditures of all IMD transition funds and shall be provided to the Chairman of the Senate Finance Committee, Chairman of the House Ways and Means Committee, and the Governor no later than November first each year. The Department of Health and Human Services shall review the numbers of out of home placements by type and by agency each year and make recommendations to the General Assembly.

Specifically, we desire:

1. Copies of any and all SFY 13-14 documents, spreadsheets, methodologies, or algorithms created by DHHS in its review of out of home placements used in making recommendations to the General Assembly

2. Copies and any and all SFY 13-14 documents reviewed to obtain the numbers of out-of-home placements by type and by agency
3. Copies of the SFY 13-14 recommendations provided to the General Assembly including transmittal letters conveying the recommendations. If recommendations were forwarded by electronic submission, we request copies of those transmissions and all attachments to all transmissions.

Kindest Personal Regards,

A handwritten signature in cursive script, reading "Paula M. Fendley".

Paula M. Fendley, M. Ed., LMSW  
Chief Executive Officer

**Palmetto Association  
for Children & Families**

133 Powell Drive  
Lexington, SC 29072  
www.pafca.org

**RECEIVED**

JUL 23 2014

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

07/23/2014  
15:04:00  
2014



**RECEIVED**

JUL 23 2014



Mr. Anthony Keck, Director  
Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

SCDHHS  
Office of General Counsel

29202820606

