

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Roberts/FOIA</u>	DATE <u>5-22-15</u>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000252</u>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>cc: Brooks Mullis</u>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <u>6-8-15</u>
	<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: Rick Hepfer
Sent: Friday, May 22, 2015 9:40 AM
To: Brenda James
Cc: Constance Holloway; Byron Roberts; Peter Liggett
Subject: FW: overpayment to Florida company - FOIA request

Please log back to OGC. Pete do you have the document referenced?

Rick Hepfer
Attorney IV
Hepfer@scdhhs.gov
803.898.2791
1801 Main Street Suite 1100
Columbia, SC - 29201
www.scdhhs.gov




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From: plh.cola@gmail.com [mailto:plh.cola@gmail.com]
Sent: Friday, May 22, 2015 2:17 AM
To: Rick Hepfer
Subject: overpayment to Florida company - FOIA request

Rick, at his deposition, Tony Keck said that DHHS would provide me with a copy of the repayment agreement between DHHS and the company that Felicity Myers went to work for (the one that media reports said was overpaid \$10.5 million). Please send me a copy of that repayment agreement. This request is being made pursuant to FOIA.

Thanks.

Trisha



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: