

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>1-29-08</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000395</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc. Wells, Stensland cleaned 2/5/08, other attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>2-12-08</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.			

LAW OFFICES

Poliakoff and Associates, P.A.

215 Magnolia Street

Spartanburg, South Carolina 29306

RECEIVED

JAN 29 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAILING ADDRESS:

P.O. BOX 1571

SPARTANBURG, SOUTH CAROLINA 29304

TELEPHONE: (864) 582-5472

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January 28, 2008

FOIA Coordinator
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

RE: Medicaid Cost Reports for White Oak Estates Skilled Nursing Facility

To Whom it May Concern:

I am making a request for information pursuant to the South Carolina Freedom of Information Act S.C. Code §§ 30-4-10 through 30-4-165, and the applicable federal statutes and regulations, see, e.g., 5 U.S.C.A. §552 and 29 C.F.R. §1610.7.

In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request, or sooner, if possible.

We are requesting signed Medicaid cost reports for White Oak Estates Skilled Nursing Facility for the fiscal years ending in 2005 and 2006.

Thank you for your assistance in this matter and I look forward to hearing from you in the near future.

With best regards, I am,

Yours truly,

Angela S. Lizer

Angela S. Lizer

Paralegal

Poliakoff & Associates, P.A.

/tba



State of South Carolina
Department of Health and Human Services

Log 395 ✓

Mark Sanford
Governor

Emma Forkner
Director

February 5, 2008

Ms. Angela S. Lizer
Poliakoff & Associates
P.O. Box 1571
Spartanburg, SC 29304

Dear Ms. Lizer:

This is in response to your recent Freedom of Information Act request. Enclosed you will find the information you requested and the billing for processing that information.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1016.

Sincerely,

A handwritten signature in black ink that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/sbep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 5, 2008

TO: Angela S. Lizer
Poliakoff & Associates

FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 395

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	1	Hours	\$10.00
Pages copied at \$.10 per page	92	Pages	\$ 9.20
Pages faxed at \$.20 per page		Pages	\$ _____
Shipping and Handling Costs			\$ 5.10
Other costs associated with the FOIA request:			\$ _____
Total Amount Due SCDHHS:			<u>\$24.30</u>

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 Brandy Putnam at (803) 898-1016 should you have any questions.

William L. Wells
Signature

February 5, 2008
Date