

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Dany/FOIA	6-15-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000274	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Brooks, Mullis Cleared 6-30-15, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 6-29-15 <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.			

Gary W. Poliakoff  
atty@gpoliakoff.com

Raymond P. Mullman, Jr.  
rmullmanjr@gmail.com



Bernard B. Poliakoff  
(1916-1955)

J. Manning Poliakoff  
(1923-1949)

Matthew Poliakoff  
(1919-1979)

June 11, 2015

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

RECEIVED

JUN 15 2015

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Cost Reports

Dear FOIA Coordinator:

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 the following signed cost reports for **Inman Healthcare, Inc.** located at **51 N. Main St., Inman, SC 29379** for the fiscal years ending in **2011, 2012, 2013, and 2014**:

1. Medicaid Cost Report
2. Medicaid Home Office Cost Report
3. Realty Cost Report
4. Management Cost Reports
5. Medicaid Cost Report.

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,

A handwritten signature in dark ink, appearing to read "Taylor J. Casey", is written over the typed name.

Taylor J. Casey  
Legal Assistant  
POLIAKOFF & ASSOCIATES, P.A.

/tjc

Nikki R. Haley GOVERNOR  
Christian L. Saura DIRECTOR  
P.O. Box 8206 • Columbia, SC 29202  
[www.scdhhs.gov](http://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 R. Haley GOVERNOR

Christian L. Soura DIRECTOR

P.O. Box 8206 &gt; Columbia, SC 29202

www.scdhhs.gov

June 30, 2015

VIA EMAIL ONLY: [interns@gpoliakoff.com](mailto:interns@gpoliakoff.com)

Ms. Taylor J. Casey, Legal Assistant  
Poliakoff & Associates, PA  
215 Magnolia Street  
Spartanburg, South Carolina 29306

Dear Ms. Casey,

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 June 11, 2015 and received by DHHS on June 15, 2015. Enclosed are the copies of the SC Nursing Homes and Home Office Medicaid cost reports you requested. There are no realty and management cost reports filed with our agency.

Our expense for extracting this information is twenty and 00/100 dollars (\$20.00). 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.

Sincerely,

Constance Holloway  
Assistant General Counsel

CH/cmp  
Enclosures

