

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts / Hutto</i>	DATE <i>12-18-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000203</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____ <i>cleared 1/8/14, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>1-7-14</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.			

Gary W. Poliakoff  
atty@gpoliakoff.com

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



Benard B. Poliakoff  
(1916-1955)

J. Manning Poliakoff  
(1923-1969)

Matthew Poliakoff  
(1919-1979)

December 17, 2013

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

**RECEIVED**

DEC 18 2013

RE: Request for Cost Reports  
Facility: Magnolia Place Greenville

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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 the following signed Cost Reports for Magnolia Place Greenville (located at 35 Southpointe Dr, Greenville, SC 29607) for the fiscal years ending in 2013 and 2014.

- a) Medicaid Cost Report
- b) Medicare Cost Report
- c) Home Office Cost Report
- d) Realty Company Cost Report
- e) Management Company Cost Report

Please contact us if you have any questions. Thank you for your kind assistance in this matter.

Sincerely,

Alden Terry  
Legal Assistant  
Poliakoff & Associates, P.A.

/tba

Nikki Haley  
Anthony Keck

P.O. Box 8206 Columbia, SC 29202  
www.scdhhs.gov

January 8, 2014

Mr. Alden Terry, Legal Assistant  
Poliakoff & Associates, P.A.  
Courthouse Square  
P. O. Box 1571  
Spartanburg, SC 29304

Re: Magnolia Place Greenville

Dear Mr. Terry:

Your enclosed Freedom of Information Act request of December 17, 2013, was referred to this Office for a response. Enclosed you will find the applicable cost reports you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is twenty-one and 12/100 dollars (\$21.12). 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, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,



Linda Hillian  
Paralegal

/h

Enclosures

cc: Beth Hutto, Interim Deputy Director and Chief Financial Officer  
Lynette D. Wilson, Receivables

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gatty@gpoliakoff.com

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