

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hutto/FOIA	12-31-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000220	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox Cleared 1/10/14, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>1-15-14</u>
	<input type="checkbox"/> FOIA DATE DUE _____
	<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 19, 2013

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

RECEIVED

DEC 23 2013

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 Woodruff Manor located at 1114 East Georgia Road Woodruff, SC 29388 for the fiscal years ending 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 "Alden Terry", is written over a horizontal line.

Alden Terry
Legal Assistant
Poliakoff & Associates

/tba



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:

January 10, 2014

Mr. Alden Terry
Poliakoff & Associates
PO Box 1571
Spartanburg, SC 29304

Re: Cost Reports for Woodruff Manor

Dear Mr. Terry:

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 December 19, 2013 and received by DHHS on December 23, 2013. Enclosed are copies of the SC Nursing Home Medicaid cost reports that were requested with the exception of 2013 cost report for the facility and 2014 cost reports for the home office and facility. The 2013 cost report for the facility may be requested after February 3, 2014 and the 2014 cost reports for the facility and home office are not due until 2015.


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-five and 25/100 dollars (\$25.25). 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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Legal Assistant
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/tba