

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/FOIA	2-11-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000420	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland Closed 2/29/08 letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 2-26-08 <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

FEB 11 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAILING ADDRESS:
P.O. BOX 1571

SPARTANBURG, SOUTH CAROLINA 29304

GARY W. POLIAKOFF
atty@apolakoff.com

RAYMOND P. MULLMAN, JR.
rmullmanjr@aol.com

LARA PETTIS HARRILL
lpettisharrill@apolakoff.com

TELEPHONE: (864) 582-5472
(864) 582-8101
FACSIMILE: (864) 582-7280

BERNARD B. POLIAKOFF
1816-1955
J. MANNING POLIAKOFF
1823-1868
MATTHEW POLIAKOFF
1819-1878

February 8, 2008

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

Log: Singleton
cc: Stensland

RE: Medicaid Cost Reports for Magnolia Manor-Inman

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 Magnolia Manor-Inman for fiscal year ending in 2004.

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

Mark Sanford
Governor

Emma Fortner
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235

Webster

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF DIRECTOR

RECEIVED

FEB 12 2008

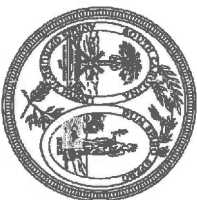
ACTION REFERRAL

SCDHHS
Office of General Counsel

TO	DATE
<i>Singleton/EOIA</i>	<i>2-11-08</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 29, 2008

Ms. Angela S. Lizer
Paralegal
Poliakoff & Associates, P.A.
215 Magnolia Street
Spartanburg, South Carolina 29306

Re: Medicaid Cost Reports fro Magnolia Manor-Inman

Dear Ms. Lizer:

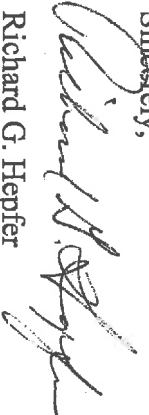
Your February 8, 2008, request regarding Magnolia Manor-Inman was referred to this office for a response. Enclosed you will find the information you requested. Department employees, in the regular course of the Department's business, added this information directly to the System. The enclosed is a true and accurate printout.

Our expense for reproducing and mailing this information is Seventeen and 37/100 dollars (\$17.37). Please accept this letter as your only invoice, make your check out to the agency and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8355

Please contact me if there are any questions.

Sincerely,


Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Marianne Melton, Reimbursement
Lynette Wilson, Receivables

Office of General Counsel
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2795 Fax (803) 255-8210

RECEIVED

FEB 12 2008

SCDHHS
Office of General Counsel

LAW OFFICES

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

BERNARD B. POLAKOFF
(816-1826)
J. MANNING POLAKOFF
(823-1828)
MATTHEW POLAKOFF
(816-1878)

February 8, 2008

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

RE: Medicaid Cost Reports for Magnolia Manor-Inman

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Yours truly,

Angela S. Lizer

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Paralegal
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*Log: Single for
cc: Stensland*

/tba