

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>4-30-15</i>
---------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000236</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Brooks, Mullis</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>5-14-15</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
<i>1 Cleared 5/20/15. letter attached.</i>			
2.			
3.			
4.			

Gary W. Poliakoff
atty@gpoliakoff.com

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



Bernard B. Poliakoff
(1916-1955)

J. Manning Poliakoff
(1923-1949)

Matthew Poliakoff
(1919-1979)

April 27, 2015

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

RECEIVED

APR 30 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Request for Cost Reports
Facility: Pepper Hill Nursing and Rehabilitation Center

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 Pepper Hill Nursing and Rehabilitation Center (located at 3525 Augustus Road; Aiken, SC 29803) and Shiloh Management, Inc. for the fiscal years ending in 2013, 2014, & 2015.

- 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,

A handwritten signature in cursive script that reads "Angela S. Lizer".

Angela S. Lizer
Paralegal

Poliakoff & Associates, P.A.

/tba

Nikki Haley GOVERNOR
Christian L. Saura DIRECTOR
P.O. Box 8206 · Columbia, SC 29202
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:	_____	\$ _____
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:

Nikki R. Haley GOVERNOR
Christian L. Soura DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

May 20, 2015

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

Dear Ms. Lizer,

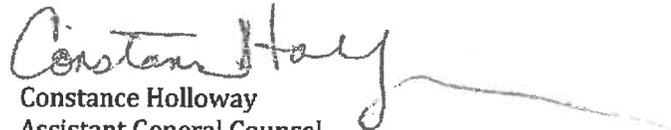
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated April 27, 2015 and received by DHHS on April 30, 2015. Enclosed are the copies of the SC Nursing Homes and Home Office Medicaid cost reports you requested. There are no realty and management cost reports filed with our agency. Also, there are no cost reports received for fiscal year 2015.

Our expense for extracting this information is twenty eight and 50/100 dollars (\$28.50). 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 at (803) 898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel

CH/cmp
Enclosures

Constance

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

MAY 04 2015

SCDHHS
Office of General Counsel

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TO	DATE
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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			Actual Due Date
2.			5-20-15
3.			
4.			

Gary W. Poliakoff
atty@gpoliakoff.com

Raymond P. Mullam, Jr
rmullamjr@gmail.com



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Angela S. Lizer

Paralegal

Poliakoff & Associates, P.A.

/tba

Courthouse Square
215 Magnolia Street, Spartanburg, South Carolina 29306
Mailing Address: P.O. Box 1571, Spartanburg, South Carolina 29304
Telephone: 864-582-5472, 864-582-8101 • Facsimile: 864-582-7280
www.gpoliakoff.com

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MAY 04 2015

SCDHHS
Office of General Counsel

Nikki Haley GOVERNOR
Christian L. Saura DIRECTOR
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Date: