

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



**POLIAKOFF**  
& ASSOCIATES

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,

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:	_____	\$ _____
<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:

SOUTH CAROLINA

Healthy Connections  
MEDICAID



Nikki R. Haley GOVERNOR

Christian L. Soura DIRECTOR

P.O. Box 8206 > Columbia, SC 29202

[www.scdhhs.gov](http://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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

Constance  
**RECEIVED**

MAY 04 2015

SCDHHS  
Office of General Counsel

TO	DATE
Roberts/FOIA	4-30-15

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1.			Actual Due Date
2.			5-20-15
3.			
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atty@gpoliakoff.com

Raymond P. Mullam, Jr  
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April 27, 2015

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

Sincerely,

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

RECEIVED

MAY 04 2015

SCDHHS  
Office of General Counsel

Nikki Haley GOVERNOR  
Christian L. Saura DIRECTOR  
P.O. Box 8206 Columbia, SC 29202  
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South Carolina Department of Health and Human Services  
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Columbia, South Carolina 29202-8297

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: