

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hutto/FOIA	7-15-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000021	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Cox Cleared 7/31/13, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 7-29-13 <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)

July 11, 2013

**RECEIVED**

**JUL 15 2013**

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

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

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 Magnolia Manor - Inman located at 63 Blackstock Road, Inman, SC for the fiscal years ending 2011 and 2012:

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 black ink that reads "Morgan A. Roach". The signature is fluid and cursive.

Morgan A. Roach  
Legal Assistant  
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



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:



July 31, 2013

Ms. Morgan Roach  
Legal Assistant  
Poliakoff & Associates, P.A.  
PO Box 1571  
Spartanburg, SC 29304

Re: Magnolia Manor - Inman Cost Reports

Dear Ms. Roach:

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 July 11, 2013 and received by DHHS on July 15, 2013. The cost reports were included in our letter to you of July 25, 2013 along with the cost reports for Camp Care. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for extracting this information is twenty-five and 66/100 dollars (\$25.66). 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: Lynette D. Wilson, Receivables