

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

ACTION REFERRAL

TO <i>Roberts/Day/FOIA</i>	DATE <i>10-25-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000426</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Coy, Mullis Cleared 7-1-14, letter attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-11-14</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
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)

June 23, 2014

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

RECEIVED

JUN 25 2014

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 J. F. Hawkins located at 2000 Springfield Circle, Newberry, SC 29108 for the fiscal year 2013:

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

Nikki Haley GOVERNOR
 Anthony Keck 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:



POLIAKOFF
 & ASSOCIATES
 P.O. Box 1571
 Spartanburg, SC 29304

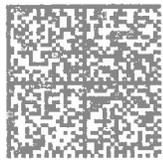
RECEIVED

JUN 25 2014

Department of Health & Human Services
 OFFICE OF THE DIRECTOR

GREENVILLE
 SC 296

24 JUN 2014
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FOIA Coordinator
 Department of Health and Human Services
 P.O. Box 8206
 Columbia, SC 29202

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Log # 426



Nikki Haley
Anthony Keck
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

July 1, 2014

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

RE: Cost Reports for J. F. Hawkins

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 June 23, 2014 and received by DHHS on June 25, 2014. Enclosed are copies of the SC Nursing Home Medicaid cost report and home office cost report that you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

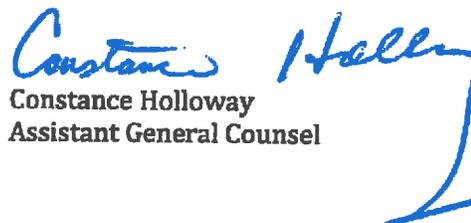
We do not have copies of Medicare cost reports, Realty cost reports or Management cost reports.

Our expense for reproducing and mailing this information is twenty and 02/100 dollars (\$20.02). 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. Adriana Day, Deputy Director and Chief Financial Officer, at (803) 898-0336.

Sincerely,


Constance Holloway
Assistant General Counsel

CH/h

Enclosures

cc: Adriana Day, Deputy Director and Chief Financial Officer
Lynette D. Wilson, Receivables