

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA/Hutto</i>	DATE <i>7-18-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000025</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
<i>Cleared 7/30/13, letter attached</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <i>8-2-13</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
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Raymond P. Mullman, Jr.
rmullmanjr@aol.com



Benard B. Poliakoff
(1916-1955)

J. Manning Poliakoff
(1923-1969)

Matthew Poliakoff
(1919-1979)

July 15, 2013

RECEIVED

JUL 18 2013

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

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 Windsor House West located at 850 John B. White, Sr. Blvd., Spartanburg, SC 29306 for the fiscal years ending 2007, 2008, 2009, 2010, 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 dark 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: _____ \$ _____

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:



July 30, 2013

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

Re: FOIA Request – Medicaid Cost Reports for Windsor House West

Dear Ms. Roach:

In response to your Freedom of Information Act request, we cannot find any cost reports for Windsor House West. This agency, the Department of Health and Human Services (DHHS), administers the South Carolina Medicaid Program. Since this maybe a free-standing facility, we probably do not pay them for services, and so have no reason to get a cost report.

If you have additional information or you believe we have miss-understood your request, please contact me at (803) 898-2791.

Sincerely,



Linda Hillian
Paralegal

/h