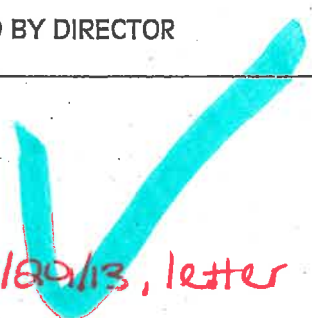


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hut40/FOIA	7-18-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000024	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Cox  Cleared 7/29/13, letter attached	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 8-2-13 <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 15, 2013

RECEIVED

JUL 18 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 Spartanburg located at 375 Serpentine Drive, Spartanburg, SC 29303 for the fiscal years ending 2001, 2002, 2003, 2004, 2005, 2006, 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,

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 29, 2013

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

Re: Cost Reports – Magnolia Manor Spartanburg

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 15, 2013 and received by DHHS on July 18, 2013. Enclosed is the cost report information that was requested with the exception of Magnolia Manor of Spartanburg FYE 2001. The SC Medicaid Nursing Home FYE 2001 cost reports are no longer available.

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 ninety-four and 80/100 dollars (\$94.80). 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