

Shel/Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR



ACTION REFERRAL

Relogged from Singleton to Wells. Due date changed to 8/24/07

TO _____ DATE _____

Wells / FOIA *8-7-07*

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000070		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland, Singleton cleared 8/15/07, Re the attached.</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
		<input type="checkbox"/> Necessary Action DATE DUE 8-24-07	

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlehew/FOIA</i>	<i>8-7-07</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000070	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ X FOIA DATE DUE <i>8-21-07</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.			

LAW OFFICES

Polakoff and Associates, P.A.
215 Magnolia Street
Spartanburg, South Carolina 29306

RECEIVED

AUG 06 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

MAILING ADDRESS:

P.O. BOX 1571

SPARTANBURG, SOUTH CAROLINA 29304

TELEPHONE: (864) 582-5472

(864) 582-9101

FACSIMILE: (864) 592-7290

BERNARD B. POLAKOFF

(816-1858)

J. MANNING POLAKOFF

(823-1868)

MATTHEW POLAKOFF

(818-1879)

GARY W. POLAKOFF
atty@polakoff.com

RAYMOND P. MULLMAN, JR.

rmullmanjr@aol.com

LARA PETTISI HARRILL

lpettisharrill@polakoff.com

August 2, 2007

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

RE: Medicaid Cost Reports for Magnolia Place at Spartanburg, Provider # 42-5175

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.

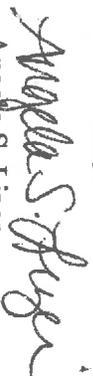
In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request, or sooner, if possible.

We are requesting signed Medicaid cost reports for the above-referenced facility for the fiscal years ending in 2001, 2002 and 2003

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 cursive script that reads "Angela S. Lizer".

Angela S. Lizer

Paralegal

Poliakoff & Associates, P.A.

/tba



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

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: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Log
070

Mark Sanford
Governor

Emma Forkner
Director

August 15, 2007

Angela S. Lizer
Poliakoff & Associates, P.A.
215 Magnolia Street
P.O. Box 1571
Spartanburg, SC 29304

Dear Ms. Lizer:

In response to your recent Freedom of Information Act request, enclosed you will find the billing for processing and the information you requested from our office.

I hope this information is helpful to you. If you should have any questions, please contact Brandy Putnam at (803) 898-1016.

Sincerely,

A handwritten signature in cursive script that reads "William L. Wells".

William L. Wells, CPA
Deputy Director

WLW/bep
Enclosures



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 15, 2007

TO: Angela S. Lizer, Poliakoff & Associates, P.A.
FROM: William L. Wells, CPA
Deputy Director

SUBJECT: Cost of Processing FOIA Request # 70

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	1	Hours	\$10.00
Pages copied at \$.10 per page	126	Pages	\$12.60
Pages faxed at \$.20 per page		Pages	\$
Shipping and Handling Costs			\$ 6.35
Other costs associated with the FOIA request:			\$
Total Amount Due SCDHHS:			\$28.95

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 Brandy Putnam at (803) 898-1016 should you have any questions.

August 15, 2007

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235