

*Shel/Date*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION RETERRAL

*Relogged from Singleton to Wells. No date changed to 8/24/07*



TO

DATE

*Wells* / *FOIA*

*8-7-07*

DIRECTOR'S USE ONLY

ACTION REQUESTED

1. LOG NUMBER

**0000070**

☐ Prepare reply for the Director's signature

DATE DUE \_\_\_\_\_

2. DATE SIGNED BY DIRECTOR

☐ Prepare reply for appropriate signature

DATE DUE \_\_\_\_\_

*cc: Stensland, Singleton*  
*cleared 8/15/07, letter*  
*attached.*

☒ **FOIA**

DATE DUE *8-24-07*

☐ 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.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singlefax/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 type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> 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) 582-8101

FACSIMILE: (864) 582-7280

BERNARD B. POLAKOFF

(816)-(853)

J. MANNING POLAKOFF

(823)-(868)

MATTHEW POLAKOFF

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rmullmanjr@aol.com  
LARA PETTIS 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.

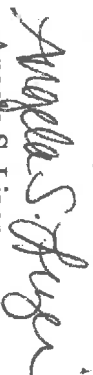
In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request,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

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:			\$
<b>Total Amount Due SCDHHS:</b>			<b>\$28.95</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 Brandy Putnam at (803) 898-1016 should you have any questions.

*William L. Wells*

August 15, 2007

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