

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/FOIA	7-18-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 001028	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton, Stensland, Cox Cleared 7/31/12, letter attached.	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 8-1-12 <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 17, 2012

RECEIVED

JUL 18 2012

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: Request for Cost Reports
Facility: NHC HealthCare Laurens

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 the following signed Cost Reports for NHC HealthCare Laurens located at 379 Pinehaven St. Ext., Laurens, SC 29360.

- a) Medicaid Cost Report for 2005-2006
- b) Home Office Cost Report for 2005

Please contact us if you have any questions. Thank you for your kind assistance in this matter.

Sincerely,

A handwritten signature in dark ink that reads "T LOONEY". The signature is written in a cursive, slightly stylized font.

Taylor Looney
Legal Assistant
Poliakoff & Associates, P.A.

/tba



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:

Log # 000028



July 31, 2012

Ms. Taylor Looney
Legal Assistant
Poliakoff & Associates, P.A.
Courthouse Square
P. O. Box 1571
Spartanburg, SC 29304

Re: FOIA Request – NHC HealthCare Laurens

Dear Ms. Looney:

In response to your Freedom of Information Act request, enclosed you will find the applicable cost reports you requested. The documents provided are true and accurate copies of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is twenty-nine and 70/100 dollars (\$29.70). 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

I hope this information is helpful to you. Please contact me if there are any questions.

Sincerely,



Linda Hillian
Paralegal

/h
Enclosures
cc: Lynette D. Wilson, Receivables