

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Day/FOIA	4-24-15

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000233	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Brooks, Mullis Cleared 4/29/15, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 5-8-15
	<input type="checkbox"/> FOIA DATE DUE _____
	<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@gmail.com



Bernard B. Poliakoff
(1916-1955)

J. Manning Poliakoff
(1923-1949)

Matthew Poliakoff
(1919-1979)

April 21, 2015

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

RECEIVED

APR 24 2015

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 **Fountain Inn Nursing Home and Rehabilitation Center** located at **501 Gulliver St., Fountain Inn, SC 29644** for the fiscal years ending in **2013 and 2014**:

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 black ink that reads "Taylor J. Casey".

Taylor J. Casey
Legal Assistant
POLIAKOFF & ASSOCIATES, P.A.

/tjc

Nikki Haley GOVERNOR
Christian L. Saura DIRECTOR
P.O. Box 8206 Columbia, SC 29202
www.scdhhs.gov

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 # 233



Nikki R. Haley GOVERNOR
Christian L. Souza DIRECTOR
P.O. Box 8206 > Columbia, SC 29202
www.scdhhs.gov

April 29, 2015

Taylor J. Casey
Poliakoff & Associates, PA
215 Magnolia Street
Spartanburg, South Carolina 29306

Dear Ms. Casey:

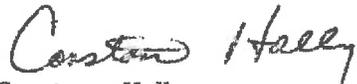
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated April 21, 2015 and received by DHHS on April 23, 2015. Enclosed are the electronic copies of the SC Nursing Homes Medicaid cost report and desk audit package that you requested. There are no home office, realty, and management cost reports filed with our agency.

Our expense for extracting this information is Twenty Two Dollars and 47/100 dollars (\$22.47). 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, please feel free to contact me, at (803) 898-0062.

Sincerely,


Constance Holloway
Assistant General Counsel

CH/cmp
Enclosures