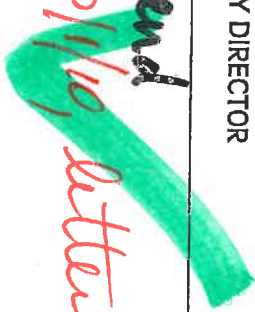


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Singleton/FOIA</i>	<i>9-3-10</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	<i>100102</i>	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Stensland</i> <i>cleared 10/1/10, letter</i> <i>attached.</i> 	<input type="checkbox"/> Prepare reply for appropriate signature	DATE DUE _____
		<input checked="" type="checkbox"/> FOIA	DATE DUE <i>9-20-10</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.			

Gary W. Poliakoff
gary@gpoliakoff.com

Raymond P. Mullman, Jr.
rmullmanjr@aol.com



August 31, 2010

RECEIVED

SEP 03 2010

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: Medicaid 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 signed Medicaid Home Office, Realty, and Management Cost Reports for the following referenced facilities for the fiscal years listed:

THI of South Carolina at Magnolia Manor, Inman for fiscal years ending in 2004-2010
Laurel Baye, Blackville for fiscal years ending in 2008-2009
Skylyn Place, Spartanburg for fiscal years ending in 2007-2009
Golden Age, Spartanburg for fiscal years ending in 2008-2010
Ellen Sager, Union for fiscal years ending in 2008-2010
Laurel Baye, Ridgeway for fiscal years ending in 2008-2009
THI of South Carolina at Magnolia Manor, Spartanburg, 2009-2010
THI of South Carolina at Magnolia Manor-Inman for fiscal years ending in 2009-2010

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,

Angela S. Lizer

Angela S. Lizer
Paralegal
Poliakoff & Associates, P.A.

/ken

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

Benard B. Poliakoff
(1916-1955)
J. Manning Poliakoff
(1923-1969)
Matthew Poliakoff
(1919-1979)

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: _____

Page # 000102

October 1, 2010

Ms. Angela S. Lizer
Paralegal
Poliakoff & Associates, P.A.
Post Office Box 1571
Spartanburg, SC 29304

Re: FOIA Request – Medicaid Cost Reports

Dear Ms. Lizer:

In response to your Freedom of Information Act request, enclosed you will find the applicable hardcopy cost reports you requested. Also, enclosed is a CD with the information that was available electronically. The September 30, 2010 cost reports are not available yet.

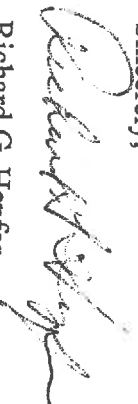
These documents are a true and accurate copy of reports collected by the Department in the regular course of its business.

Our expense for reproducing and mailing this information is one hundred eighty and 35/100 dollars (\$180.35). 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,


Richard G. Hepfer
Deputy General Counsel

RGH/h
Enclosures
cc: Lynette D. Wilson, Receivables