


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single copy FOIA	8-5-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER 100069	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland cleared 8/19/08, letter attached. 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE 8-19-08 <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.			

RECEIVED

AUG 05 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

LAW OFFICES

MAILING ADDRESS:

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August 3, 2008

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

RE: Medicaid Cost Reports for Oakmont of Union

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 Oakmont of Union for the fiscal year ending in 2007.

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

Paralegal
Poliakoff & Associates, P.A.

/tba



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
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

Log #000069



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 19, 2008

Ms. Angela S. Lizer
Paralegal
Poliakoff & Associates, P.A.
215 Magnolia Street
Spartanburg, SC 29306

Dear Ms. Lizer:

Your August 3, 2008, request regarding Oakmont of Union was referred to this office for a response. Enclosed you will find the Medicaid cost reports for Oakmont of Union, you requested.

Our expense for reproducing and mailing this information is seventeen and 50/100 dollars (\$17.50). Please make your check out to the agency and send it to:

Department of Health and Human Services
Department of Receivables
Post Office Box 8297
Columbia, SC 29202-8355

Please contact me if there are any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard G. Hepfer".

Richard G. Hepfer
Deputy General Counsel

RGH/h

Enclosures

cc: Lynette Wilson, Receivables