

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singletary/EOIA</i>	DATE <i>8-5-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100069</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Stensland cleared 8/19/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>8-19-08</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.			

RECEIVED

AUG 05 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

LAW OFFICES

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

MAILING ADDRESS:

P.O. BOX 1571
SPARTANBURG, SOUTH CAROLINA 29304

TELEPHONE: (864) 592-5472
(864) 592-8101
FACSIMILE: (864) 592-7290

August 3, 2008

BERNARD B. POLIAKOFF
1916-1958
J. MANNING POLIAKOFF
1923-1999
MATTHEW POLIAKOFF
1919-1979

GARY W. POLIAKOFF
gary@poliakoff.com
RAYMOND P. MULLMAN, JR.
rmullmanjr@aol.com
LARA PETTIS HARRILL
lpettisharrill@poliakoff.com

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.

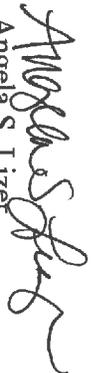
In making this request, we hereby certify that we assume financial liability for the direct costs of the search for the requested records and their duplication as set forth in the applicable regulations. Please provide the following information within ten (10) working days after receipt of this request,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