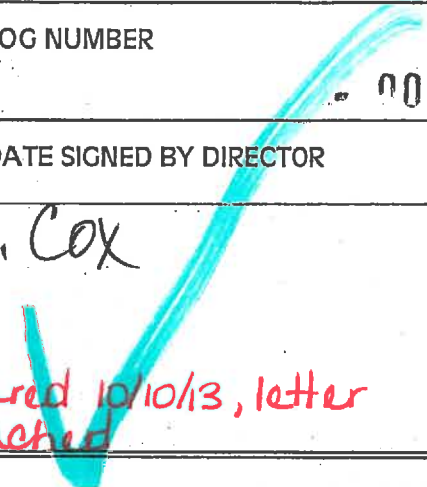


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Roberts/Hutto/FOIA	10-1-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER - 000127	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Cox	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
 Cleared 10/10/13, letter attached	<input checked="" type="checkbox"/> FOIA DATE DUE 10-15-13
	<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.			



CFO NETWORK

Corporate Financial Outsourcing Network, LLC  
www.cfonet.biz

321 Maple Street, North Little Rock, Arkansas 72114

September 30, 2013

**RECEIVED**

OCT 01 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Ms. Brenda James  
Department of Health and Human Services  
P.O. Box 8206  
Columbia, SC 29202

Dear Ms. James:


Under the South Carolina Freedom of Information Act, I would like to request copies of Medicaid cost reports for 2009 through the present for the following Nursing Home Facility:

**Oakmont West Nursing Center  
600 Sulphur Springs Road  
Greenville, SC 29617**

Please let me know the periods that you have available and the total cost for the reports covering those periods either by phone at (870) 723-0730 or email at [knoesser@cfonet.biz](mailto:knoesser@cfonet.biz).

Your help is greatly appreciated.

Sincerely,

  
\_\_\_\_\_  
Kimberly Noesser  
CFO Network, LLC  
321 Maple St.  
North Little Rock, AR 72114  
Tel: 870-723-0730  
Fax: 501-374-2820  
Email: [knoesser@cfonet.biz](mailto:knoesser@cfonet.biz)

**Brenda James**

---

**From:** Kim Noesser <knoesser@cfonet.biz>  
**Sent:** Monday, September 30, 2013 6:58 PM  
**To:** Brenda James  
**Subject:** FOI Request - Oakmont West  
**Attachments:** FOI Request - Oakmont West.pdf

**RECEIVED**  
OCT 01 2013  
Department of Human Services  
**OFFICE OF THE DIRECTOR**

Ms. James,

Please find attached my FOI request for copies of Oakmont West's Medicare cost reports for 2009 through the present. If you have any questions or require a payment for the copies, please let me know.

Thank you,

**Kimberly Noesser**  
Financial Analyst  
CFO Network  
Direct number (870) 723-0730  
Fax (501) 374-2820  
[knoesser@cfonet.biz](mailto:knoesser@cfonet.biz)  
[www.cfonet.biz](http://www.cfonet.biz)  
321 Maple Street, North Little Rock, AR 72114

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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 # 127

October 10, 2013

Kimberly Noesser  
CFO Network, LLC  
321 Maple St  
North Little Rock, AR 72114

Ms. Noesser:

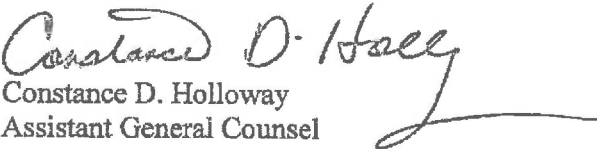
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated September 30, 2013 and received by DHHS on October 1, 2013. Enclosed are copies of the Oakmont West Nursing Center, Medicaid cost reports for 2009 through the present that were requested.

Our expense for extracting this information is Thirty Eight and 21/100 dollars (\$38.21). 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, you may contact Ms. Beth Hutto, Interim Deputy Director and Chief Financial Officer, at (803) 898-2955.

Sincerely,

  
Constance D. Holloway  
Assistant General Counsel

CDH/lb

cc: Lynette Wilson

Enclosures



October 10, 2013

TO: Kimberly Noesser, CPA  
FROM: Beth Hutto  
Interim Deputy Director  
SUBJECT: Cost of Processing FOIA Request # 127

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	<u>1</u> Hours	\$ <u>10.00</u>
Pages copied at \$.10 per page	<u>193</u> Pages	\$ <u>19.30</u>
Pages faxed at \$.20 per page	<u>      </u> Pages	\$ <u>      </u>
Shipping and Handling Costs		\$ <u>8.91</u>
Other costs associated with the FOIA request:	<u>      </u>	\$ <u>      </u>
<b>Total Amount Due SCDHHS:</b>		<b>\$38.21</b>

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

RECEIVED

OCT 01 2013

SCDHHS  
Office of General Counsel

ACTION REFERRAL

TO <i>Roberts/Hutto/FOIA</i>	DATE <i>10-1-13</i>
---------------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000107</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Cox</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>10-15-13</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
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September 30, 2013

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OCT 01 2013

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Department of Health and Human Services  
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Your help is greatly appreciated.

Sincerely,

  
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CFO Network, LLC  
321 Maple St.  
North Little Rock, AR 72114  
Tel: 370-723-0730  
Fax: 501-374-2820  
Email: [knoesser@cfonet.biz](mailto:knoesser@cfonet.biz)

RECEIVED

OCT 01 2013

SCDHHS  
Office of General Counsel



**Brenda James**

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**OCT 01 2013**  
Department of Human Services  
**OFFICE OF THE DIRECTOR**

Ms. James,

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Thank you,

Kimberly Noesser  
Financial Analyst  
CFO Network  
Direct number (870) 723-0730  
Fax (501) 374-2820  
[knoesser@cfonet.biz](mailto:knoesser@cfonet.biz)  
[www.cfonet.biz](http://www.cfonet.biz)  
321 Maple Street, North Little Rock, AR 72114

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**RECEIVED**  
**OCT 01 2013**  
SCDHHS  
Office of General Counsel