

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 _____
<i>Cleared 10/10/13, letter attached</i>	<input checked="" type="checkbox"/> FOIA DATE DUE <u>10-15-13</u>
	<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:

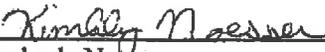
Under the South Carolina Freedom of Information Act, I would like to request copies of Medicaid cost reports for 2009 through the present for the following Nursing Home Facility:

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.

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

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
09/30/2013
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
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:

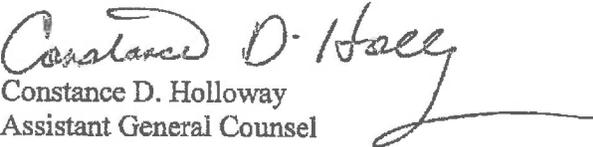
This is in response to your request for information from the South Carolina Department of Health and Human Services (DHHS) pursuant to the South Carolina Freedom of Information Act (FOIA) dated September 30, 2013 and received by DHHS on October 1, 2013. Enclosed are copies of the Oakmont West Nursing 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>
Total Amount Due SCDHHS:		\$38.21

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>
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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>
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OFFICE OF THE DIRECTOR

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

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Kimberly Noesser
Financial Analyst
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Direct number (870) 723-0730
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