

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-20-16
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group

Refer to: Control Number 120420177046 and PIN Q2B9

1/3/2018

Lesley Ann Clement
Clement & Associates
2209 J Street
Sacramento, CA 95816

Dear Mr. Clement:

Review of your 12/4/2017, Freedom of Information Act (FOIA) request for documents regarding Whitney Oaks Care Center MDS 3.0 Data indicates that the estimated search fee for processing your request will total \$38,509.00. Based on Department of Health and Human Services' FOIA Regulations at 45 C.F.R. 5.51(b)¹, we request that you make an advance payment of these fees. The cited section of the regulation requires advance payment when FOIA fees will exceed \$250.00 or when requesters have failed to pay previous FOIA bills in a timely fashion.

Please note that we have categorized your request as one for commercial use. Accordingly, we are permitted to assess charges for search, review and duplication fees.

Enclosed are two copies of the invoice that specify our estimate. Please make your check payable to the *U.S. Department of the Treasury* and send it, along with one copy of the invoice, to:

Joseph Tripline
Centers for Medicare & Medicaid Services
Division of Freedom of Information
N2-20-16, North Building
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Retain the second copy of the invoice in your files.

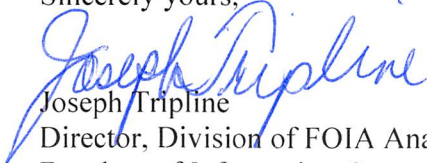
¹ HHS regulations amended 81 F.R. 74947 (Oct. 28, 2016)

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We emphasize that it is necessary that you send your advance payment check back to this office. Upon receipt of your check, we will initiate the document search and promptly respond to you.

If we do not receive the check within thirty (30) days of the date of this letter, we will assume that you are no longer interested in pursuing this FOIA request and your file will be closed in this group.

Sincerely yours,



Joseph Tripline
Director, Division of FOIA Analysis – A
Freedom of Information Group

IMPORTANT: RETURN A COPY OF THIS INVOICE WITH REMITTANCE

INVOICE OF FEES FOR FOIA SERVICES

*CASE NUMBER 120420177046	DATE 1/3/2018
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MATERIAL REQUESTED
Whitney Oaks Care Center, fna Horizon West Carmichael - MDS

CHARGE TO	NAME OF REQUESTOR Lesley Ann Clement		
	ORGANIZATION Clement & Associates		
	STREET ADDRESS Clement & Associates, 2209 J Street		
	CITY Sacramento	STATE CA	ZIP CODE 95816

	NUMBER	CHARGE
REPRODUCTION		
EACH PAGE 10 ¢		
OTHER (E.G. COMPUTER Programming)		\$24,341.00
SEARCH FEES; Per hour (Based on Salary of Searcher as per 45 CFR 5.43)		
LEVEL 1		
LEVEL 2	308 hrs. @ \$46.00	\$14,168.00
LEVEL 3		
REVIEW FEES; Per hour (Based on Salary of Reviewer as per 45 CFR 5.43)		
LEVEL 1		
LEVEL 2		
LEVEL 3		
SPECIAL SERVICES;		
CERTIFICATION (\$10.00)		
RETURN RECEIPT (\$2.15)		
OTHER		
	PAY TOTAL OF	\$ 38,509.00

Questions regarding enclosed material or charges, call: 410-786-0519

MAKE CHECK OR MONEY ORDER PAYABLE TO: U. S. Department of the Treasury AND
REMIT WITH A COPY OF THIS INVOICE TO:

Joseph Tripline
CENTERS FOR MEDICARE & MEDICAID SERVICES
Division of Freedom of Information
7500 Security Boulevard, Rm. N2-16-20 North Bldg.
Baltimore MD 21244-1850

*PLEASE INCLUDE THE CASE NUMBER ON YOUR CHECK OR MONEY ORDER

Enclosed is payment of \$ _____ by check money order

If payment is not made within 30 days of the date of this invoice, interest and administrative costs will be assessed and future requests for information will not be honored until payment is made. Your name and account information will be turned over to a private collection agency and credit bureau if your account becomes 60 days overdue and associated costs will be added to the account. Additional penalties of six percent will be assessed on accounts delinquent for more than 90 days and such accounts may be referred to the IRS or the Justice Department for judicial action. (The Debt Collection Act of 1982.)

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