

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Medical Services/S. Platbs</i>	DATE  <i>3-1-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <div style="text-align: center; font-size: 1.2em;"><i>100,383</i></div>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____  <input type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____  <input type="checkbox"/> I FOIA DATE DUE _____  <input checked="" type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR  <div style="text-align: center;"> <i>Ref log # 278,314,326</i>  </div>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Ref Logs # 278, 314, 326

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February 25, 2011

To: Director

South Carolina Dept. of Health & Human Services

Re: Transportation Failure

Dear Director:

Please be advised that on today, February 25, 2011, my mother, Juanita A. Butler, Medicaid No. 1401651501, was scheduled for transportation by Transport Care Services, LLC for a 1:00 p.m. medical appointment.

At approximately 1:15 p.m., LogistiCare advised that transportation would arrive no sooner than 1:30 p.m.

It was necessary for Butler's appointment to be canceled and rescheduled for March 2, 2011.

s/ Glen K. LaConey

**RECEIVED**

MAR 01 2011

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