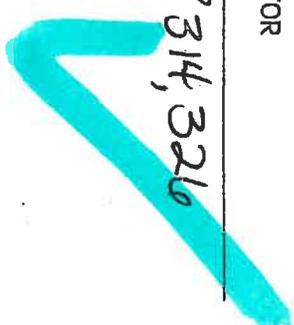


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Medical Services/S. Platts</i>	<i>3-1-11</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100,383</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Ref loop # 278, 314, 326</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____
	
<input checked="" type="checkbox"/> Necessary Action	

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

Ref Logs # 278, 314, 326

GLEN K. LACONEY

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Phone (803) 319-9940

moneyfinder@netzero.net

February 25, 2011

To: Director

South Carolina Dept. of Health & Human Services

RECEIVED

MAR 01 2011

Re: Transportation Failure

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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