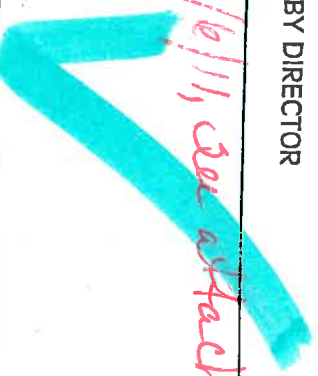


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-23-10</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000278</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claud 11/6/11, see attached letter</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-7-11</i> <input type="checkbox"/> FOIA DATE DUE _____ <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.			

RECEIVED

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
803-714-0817

DEC 23 2010

To: Director, SCDHHS

Re: Transportation Failure

~~MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES~~
Director's Office/bj

On **October 27, 2010**, my mother, Juanita A. Butler, Medicaid #1401651501, was scheduled for transportation through LogistiCare Solutions, LLC from the address above for an **11:15 a.m.** appointment. Transportation arrived at approximately **2:30 p.m.**

On **December 22, 2010**, Butler was scheduled for transportation for a **2:00 p.m.** appointment. During transportation, the driver, named "Johnnie Mae", informed us that the trip log indicated the appointment was for **3:45 p.m.** The driver advised that she had another client scheduled for transportation and that Butler would not arrive for her appointment at a reasonable time; thus, Butler was returned home and canceled her appointment. LogistiCare confirmed that the appointment was scheduled for **2:00 p.m.**

We have had numerous incidents of late/canceled appointments due to the negligence and incompetence of LogistiCare personnel, which have been documented by both your office and LogistiCare. We have become weary of such incidents. If my mother incurs any injury due to the failure of your office and LogistiCare to correct these deficiencies, we would find it necessary to seek legal counsel.

Copies of this transmittal are being widely disseminated to the public domain.

RECEIVED

DEC 23 2010

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
(803) 714-0817

**MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES**
Director's Office

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We have had numerous incidents of missed/late appointments due to LogistiCare's negligence, which have been documented by both your office and LogistiCare over the past seven years. We have become weary of such incidents. If my mother incurs any injury due to the failure of your office and LogistiCare to correct these deficiencies, I would find it necessary to seek legal counsel.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

12/29/10
David, M.D.
Research and
Prepare a draft
response.

AKS, Bel

TO <i>Myers Hamilton</i>	DATE <i>12-23-10</i>
-----------------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000278</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-7-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval or return to preparer)
1. <i>Reuvel G. Hamant</i>	<i>1/6/11</i>	<i>12-30/10 11:00am Cathy called w/meds called # provided 3 hrs later's messages. No response I have set 1/31/11 as cutoff date for continuing attempts if unsuccessful</i>
2.		
3.		
4.		

*12/29/10 11:30am
Called Cathy Sala LPH
me & then had conference. Per Oct
N. Comp. for Doc. Reassigned
strong provider*

RECEIVED

DEC 23 2010

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
803-714-0817

To: Director, SCDHHS

Re: Transportation Failure

~~MEDICAID ELIGIBILITY~~
~~& BENEFICIARY SERVICES~~
Director's Office / by 1

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Copies of this transmittal are being widely disseminated to the public domain.

403 319-9946

RECEIVED

DEC 23 2010

Glen K. LaConey
9401 Wilson Boulevard #68
Columbia, SC 29203
(803) 714-0817

**MEDICAID ELIGIBILITY
& BENEFICIARY SERVICES**
Director's Office

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206 E. McIntyre Road
Mullins, SC 29574

December 30, 2010

Dear David,

I have thoroughly researched all trips performed for Mrs. Juanita Butler Medicaid # 1401651501 from 10/7/2010 through 12/28/2010.

An investigation was made into the concerns raised by Mrs. Butler's son Glen I have tried to contact him to discuss this further however my attempts went unanswered.

I currently have included all trips performed for Mrs. Butler from 10/7/2010 through 12/28 they are as follows:

10/7 # 149: No trip notes, no complaints filed. Appointment scheduled for 10:30 "A" leg P/U 9:41/ "A" leg D/O 10:17
"B" leg WMR was not contacted by the member or the facility "B" leg P/U 12:21 and "B" leg D/O 13:30
10/13 # 289: No trip notes, no complaints filed. Appointment scheduled for 11:30 "A" leg P/U 11:00/ "A" leg D/O 11:20
"B" leg WMR was not contacted by the member or the facility "B" leg P/U 15:34 and "B" leg D/O 15:47
10/15 #2534: No trip notes, no complaints filed. Appointment scheduled for 13:30 "A" leg P/U 13:03/ "A" leg D/O 13:15
"B" leg WMR was not contacted by the member or the facility "B" leg P/U 14:45 and "B" leg D/O 15:20
10/19 #11500: No trip notes, no complaints filed. Appointment scheduled for 13:15 "A" leg P/U 12:22/ "A" leg D/O 12:52
"B" leg WMR was not contacted by the member or the facility "B" leg P/U 13:09 and "B" leg D/O 14:58
10/20 # 105 Members son Glen contacted LGTC to cancel on 10/7 @ 16:38 (appointment rescheduled)
10/27 # 9834 Member son Glen contacted LGTC to cancel on 10/27 @13:56 Provider No Show this trip has a complaint (20168529) and the reservation was recovered and performed by another provider.
10/27 #17519 No trip notes, no complaints filed. Appointment scheduled for 12:30 this trip was a recovery (see above) and performed by Checker Yellow Cab.
11/3 #12740 Member son Glen contacted LGTC to cancel on 11/2 @ 11:59
11/5 # 441 Member son Glen contacted LGTC to cancel on 11/2 @ 12:00
11/10 #422 No trip notes, no complaints filed. Appointment scheduled for 13:30 this is a verified trip but has not been billed yet. "B" leg WMR was not contacted by the member or the facility.
11/15 #16959 Discharge called in to LGTC @ 15:17 no complaints filed. Appointment scheduled for 13:15 "A" leg P/U 17:20 "A" leg D/O 17:57
11/19 #14023 No trip notes, no complaints filed. Appointment scheduled for 12:15 "A" leg P/U 11:25 "A" leg D/O 11:50
"B" leg WMR was contacted @ 12:20 "B" leg P/U 12:52 and "B" leg D/O 13:16
11/24 #9521 No trip notes, no complaints filed. Appointment scheduled for 12:30 "A" leg P/U 11:51 "A" leg D/O 12:40
"B" leg WMR was contacted @ 13:38 "B" leg P/U 14:20 and "B" leg D/O 15:09
12/22 #629 No trip notes, no complaints filed. Appointment scheduled for 14:00 "A" leg P/U 13:31 "A" leg D/O 14:20
"B" leg WMR was not contacted by the member or the facility "B" leg and the B leg has not been paid to date
12/23 # 140 Member son Glen contacted LGTC to cancel on 12/20 @ 15:14 he did not give a reason
12/28 #10936 No trip notes, no complaints filed. Appointment scheduled for 14:00 this trip has not been billed to date this was all the information on file.

Catherine Sala
Quality Assurance Manager-SC



January 6, 2011

Mr. Glen K. LaConey
9401 Wilson Boulevard, #68
Columbia, South Carolina 29203

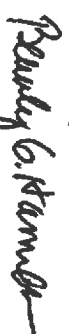
Dear Mr. LaConey:

Thank you for your letter received December 23, 2010 regarding Medicaid transportation services for your mother, Mrs. Juanita Butler. We regret the unfortunate incidents that you reported. South Carolina Department of Health and Human Services (SCDHHS) works closely with the transportation brokers to ensure that safe and reliable transportation services are provided.

Upon receipt of your letter, SCDHHS contacted LogistiCare to review and address the concerns you reported. LogistiCare, as regional transportation broker, is responsible for assigning transportation providers in a manner to insure that member's transportation needs are met in a timely and efficient manner. Since the 7th of October, 2010, LogistiCare found only one record of a complaint that matches the instance you mentioned in your letter. In program staff conversations with Ms. Catherine Sala, LogistiCare's Quality Assurance Manager, she indicated several attempts have been made on their part to contact you to discuss further. To date, she states she has had no response from you. Ms. Sala would very much like to discuss the experiences your mother has had with transportation and looks forward to hearing from you. Additionally, she will continue to closely monitor your mother's transportation. You can expect the Broker to take the necessary corrective action if and when issues are brought to their attention.

If you experience any further difficulty with your Medicaid benefit for transportation services, please contact SCDHHS Transportation Manager, David Giesen at (803) 898-0271 or Division Director, Sheila Platts at (803) 898-2613.

Sincerely,


Beverly G. Hamilton
Bureau Director

BGH/gm