



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

MIKE ZIMMER
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
MAHS Docket No.: 15-014426 HHS
[REDACTED]
[REDACTED]

ADMINISTRATIVE LAW JUDGE: Steven Kibit

DECISION AND ORDER

This matter is before the Michigan Administrative Hearing System (MAHS) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon the Petitioner's request for a hearing.

With due notice, an in-person hearing was scheduled for [REDACTED]. However, the hearing was subsequently adjourned at the request of Petitioner's representative at the time.

With due notice, the in-person hearing was rescheduled for [REDACTED]. However, the hearing was again adjourned after Petitioner's new attorney filed an appearance and requested an adjournment.

With due notice, the in-person hearing was rescheduled for [REDACTED]. However, the hearing was not held as scheduled because of other proceedings involving the Administrative Law Judge (ALJ) assigned to the case at the time and the unavailability of the Department's witnesses once the assigned ALJ was available. Accordingly, the hearing in this matter was again adjourned.

After due notice, the in-person hearing was then held on [REDACTED], an attorney with [REDACTED] represented Petitioner. [REDACTED], Petitioner's home help provider, testified as a witness for Petitioner. [REDACTED] and [REDACTED], another attorney, were also present for the hearing. [REDACTED], Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). [REDACTED], Services Specialist; [REDACTED], Services Specialist; and [REDACTED], Services Program Manager; testified as witnesses for the Department. [REDACTED], APW Supervisor, was also present for the Department.

ISSUE

Did the Department properly deny Petitioner's request for additional HHS?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a s [REDACTED]-year-old Medicaid beneficiary who has been diagnosed with amyotrophic lateral sclerosis (ALS). (Exhibit A, pages 16, 20).
2. On or about [REDACTED], Petitioner was referred for HHS, but her case was never opened because she failed to return the required paperwork. (Exhibit 2, page 1; Exhibit A, page 17).
3. On or about [REDACTED], Petitioner submitted a new application for HHS. (Exhibit 1, pages 1-2).
4. As part of her application, she also submitted a Medical Needs Form signed by her doctor on [REDACTED] and in which the doctor certified Petitioner's medical need for assistance. (Exhibit 6, page 1; Exhibit A, page 40).
5. On [REDACTED] completed a home visit and assessment with Petitioner and Petitioner's caregiver in their shared home. (Exhibit 11, pages 1-3; Exhibit A, page 31).
6. During that assessment, Petitioner and her provider reported, and [REDACTED] subsequently found, that Petitioner was totally dependent on her caregiver for the tasks of bathing, grooming, dressing, toileting, transferring, eating, mobility, taking medications, housework, laundry, shopping and meal preparation. (Exhibit 11, page 3; Testimony of [REDACTED]).
7. [REDACTED] accordingly ranked Petitioner a "5" in all those tasks. (Exhibit 11, page 3; Testimony of [REDACTED]).
8. [REDACTED] also noted that most of Petitioner's food is prepared separately from that of her provider. (Exhibit 11, page 3).
9. She further noted the use of adaptive equipment and other devices, including a BiPAP machine; a CPAP machine; and a suction device, with Petitioner and the provider reporting that they rarely used the suctioning device. (Exhibit 11, page 2; Exhibit A, page 31).

10. In the assessment form she completed during the home visit, [REDACTED] also ranked Petitioner a "3?" in specialized skin care. (Exhibit 11, page 3).
11. Based on those findings, [REDACTED] found that Petitioner should be approved for HHS. (Exhibit A, page 31).
12. However, Petitioner's provider did not have a copy of his social security card at the time of the visit, which delayed the approval of payments. (Exhibit A, pages 33, 36; Testimony of [REDACTED]h).
13. While the approval was pending, Petitioner and her provider sent an email to [REDACTED] indicating that they believed that, during the home assessment, they had grossly underestimated the amount of time that the provider is directly assisting Petitioner. (Exhibit A, page 32).
14. On [REDACTED], Petitioner's provider submitted a copy of his social security card. (Exhibit A, page 36; Testimony of [REDACTED]).
15. On [REDACTED], the Department sent Petitioner a written Services and Payment Approval Notice indicating that Petitioner had been approved for [REDACTED] per month of HHS, with an effective start date of [REDACTED]. (Exhibit A, pages 12-13).
16. Specifically, Petitioner was approved for assistance with bathing [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); grooming [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); dressing [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); toileting [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); transferring [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); eating [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); mobility 1 [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); taking medications [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); housework [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); laundry [REDACTED] minutes per day, [REDACTED] day per week [REDACTED] 1 per month); shopping [REDACTED] minutes per day, [REDACTED] day per week ([REDACTED] per month); meal preparation [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); and range of motion exercises [REDACTED] hour per day, [REDACTED] days per week (3 [REDACTED] per month). (Exhibit A, page 27).
17. On [REDACTED] the MAHS received the request for hearing filed in this matter regarding Petitioner's disagreement with the amount of HHS approved. (Exhibit A, pages 4-11).
18. On [REDACTED] conducted another home visit with Petitioner and Petitioner's provider. (Exhibit 9, pages 1-2; Exhibit A, pages 38-39).

19. During that assessment, [REDACTED] and Petitioner's provider went over each task the provider assists Petitioner in and the provider reported how long such assistance takes each day. (Exhibit 9, pages 1-2; Exhibit A, pages 38-39).
20. Petitioner also provided [REDACTED] with documentation regarding her use of a ventilator; as well as her use of a BiPAP device for an average of [REDACTED] hours, [REDACTED] minutes, and [REDACTED] seconds per night while she is sleeping. (Exhibit 3, pages 1-4).
21. During that assessment, [REDACTED] ranked Petitioner a "5" in all the listed areas, with the exception of "Respiration", where he ranked Petitioner as a "1". (Exhibit 8, page 1; Exhibit A, pages 21, 25).
22. With respect to complex care, [REDACTED] also checked that Petitioner needed help with suctioning and range of motion exercises. (Exhibit 7, page 1; Exhibit A, page 26).
23. On [REDACTED], the Department sent Petitioner a written Services and Payment Approval Notice indicating that Petitioner has been approved for [REDACTED] per month of HHS, with an effective start date of [REDACTED]. (Exhibit A, pages 14-15).
24. With respect to the reason for action, the notice provided: "Reason: To more accurately reflect the services completed, your Adult Home Help payment will be increased to [REDACTED] per month." (Exhibit A, page 14).
25. The notice also stated: "This increase is due to a change in Meal Prep and Complex Care tasks." (Exhibit A, page 15).
26. Specifically, the approval was for assistance with bathing [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); grooming [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); dressing [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); toileting [REDACTED] minutes per day, [REDACTED] days per week (1 [REDACTED] per month); transferring [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] 1 per month); eating [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); mobility [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); taking medications [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] 1 per month); housework [REDACTED] minutes per day, [REDACTED] days per week (3 [REDACTED] per month); laundry [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); shopping [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); meal preparation [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); suctioning [REDACTED] minutes per day, [REDACTED] days per week ([REDACTED] per month); and range of motion exercises [REDACTED] hour per day, [REDACTED] days per week ([REDACTED] per month). (Exhibit A, page 27).

27. On [REDACTED], Petitioner's doctor issued an Outpatient Consult Request that stated Petitioner was diagnosed with dry skin and needs a lotion applied to her body twice daily. (Exhibit 4, page 1).
28. On [REDACTED], MAHS received a request from Petitioner's provider indicating that they did not agree with the amount of the increase and wanted to address both of the Department's actions in one hearing.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Home Help Services (HHS) are provided to enable functionally limited individuals to live independently and receive care in the least restrictive, preferred settings. These activities must be certified by a health professional and may be provided by individuals or by private or public agencies.

Adult Services Manual 101 (12-1-2013) (hereinafter "ASM 101") and Adult Services Manual 120 (12-1-2013) (hereinafter "ASM 120") address the issues of what services are included in Home Help Services and how such services are assessed. For example, ASM 101 provides:

Home help services are non-specialized personal care service activities provided under the independent living services program to persons who meet eligibility requirements.

Home help services are provided to enable individuals with functional limitation(s), resulting from a medical or physical disability or cognitive impairment to live independently and receive care in the least restrictive, preferred settings.

Home help services are defined as those tasks which the department is paying for through Title XIX (Medicaid) funds. These services are furnished to individuals who are **not** currently residing in a hospital, nursing facility, licensed foster care home/home for the aged, intermediate care facility (ICF) for persons with developmental disabilities or institution for mental illness.

These activities **must** be certified by a Medicaid enrolled medical professional and may be provided by individuals or

by private or public agencies. **The medical professional does not prescribe or authorize personal care services.** Needed services are determined by the comprehensive assessment conducted by the adult services specialist.

Personal care services which are eligible for Title XIX funding are limited to:

Activities of Daily Living (ADL)

- Eating.
- Toileting.
- Bathing.
- Grooming.
- Dressing.
- Transferring.
- Mobility.

Instrumental Activities of Daily Living (IADL)

- Taking medication.
- Meal preparation/cleanup.
- Shopping for food and other necessities of daily living.
- Laundry.
- Housework.

An individual must be assessed with at least one activity of daily living (ADL) in order to be eligible to receive home help services.

Note: If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services.

Example: Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would be eligible to receive assistance with IADL's if the assessment determines a need at a level 3 or greater.

Note: If an individual uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the individual must be ranked a level 3 or greater on the functional assessment. This individual would be eligible to receive home help services.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub which allows him to bathe himself without the hands-on assistance of another. The adult services specialist must rank Mr. Jones a 3 or greater under the functional assessment. Mr. Jones would be eligible to receive home help services.

Assistive technology would include such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and handheld showers.

Expanded Home Help Services (EHHS)

Expanded home help services can be authorized for individuals who have severe functional limitations which require such extensive care that the service cost must be approved by the adult services supervisor/local office designee and/or the Department of Community Health.

Complex Care

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on clients whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating or feeding assistance.
- Catheters or leg bags.
- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Dialysis (In-home).
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

* * *

Services not Covered by Home Help

Home help services must **not** be approved for the following:

- Supervising, monitoring, reminding, guiding, teaching or encouraging (functional assessment rank 2).
- Services provided for the benefit of others.
- Services for which a responsible relative is able and available to provide (such as house cleaning, laundry or shopping). A responsible relative is defined as an individual's spouse or a parent of an unmarried child under age 18.
- Services provided by another resource at the same time (for example, hospitalization, MI-Choice Waiver).
- Transportation - See Bridges Administrative Manual (BAM) 825 for medical transportation policy and procedures.
- Money management such as power of attorney or representative payee.
- Home delivered meals.
- Adult or child day care.
- Recreational activities. (For example, accompanying and/or transporting to the movies, sporting events etc.)

Note: The above list is not all inclusive.

ASM 101, pages 1-5

Moreover, ASM 120 states:

Functional Assessment

The **Functional Assessment** module of the **ASCAP** comprehensive assessment is the basis for service planning and for the HHS payment.

Conduct a functional assessment to determine the client's ability to perform the following activities:

Activities of Daily Living (ADL)

- Eating.
- Toileting.
- Bathing.
- Grooming.
- Dressing.
- Transferring.
- Mobility.

Instrumental Activities of Daily Living (IADL)

- Taking Medication.
- Meal Preparation and Cleanup.
- Shopping.
- Laundry.
- Light Housework.

Functional Scale

ADLs and IADLs are assessed according to the following five point scale:

1. Independent

Performs the activity safely with no human assistance.

2. Verbal Assistance

Performs the activity with verbal assistance such as reminding, guiding or encouraging.

3. Some Human Assistance

Performs the activity with some direct physical assistance and/or assistive technology.

4. Much Human Assistance

Performs the activity with a great deal of human assistance and/or assistive technology.

5. Dependent

Does not perform the activity even with human assistance and/or assistive technology.

Home Help payments may only be authorized for needs assessed at the 3 level or greater.

An individual must be assessed with at least one activity of daily living in order to be eligible to receive home help services.

Note: If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services if assessed at a level 3 or greater.

Example: Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would be eligible to receive assistance with IADL's [sic] if the assessment determines a need at a level 3 or greater.

Note: If an individual uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the individual must be ranked a level 3 or greater on the functional assessment. This individual would be eligible to receive home help services.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub, which allows him to bathe himself without the hands-on assistance of another. The adult services specialist must rank Mr. Jones a 3 or greater under the functional assessment. Mr. Jones would be eligible to receive home help services.

Assistive technology includes such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and hand held showers.

See ASM 121, Functional Assessment Definitions and Ranks for a description of the rankings for activities of daily living and instrumental activities of daily living.

Complex Care Needs

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on client's whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating and feeding.
- Catheters or legs bags.
- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Peritoneal dialysis.
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

When assessing a client with complex care needs, refer to the complex care guidelines on the adult services home page.

Time and Task

The specialist will allocate time for each task assessed a rank of 3 or greater, based on interviews with the client and provider, observation of the client's abilities and use of the reasonable time schedule (RTS) as a **guide**. The RTS can be found in ASCAP under the Payment module, Time and Task screen. When hours exceed the RTS, a rationale **must** be provided.

An assessment of need, at a ranking of 3 or greater, does not automatically guarantee the maximum allotted time allowed by the reasonable time schedule (RTS). **The specialist must assess each task according to the actual time required for its completion.**

Example: A client needs assistance with cutting up food. The specialist would only pay for the time required to cut the food and not the full amount of time allotted under the RTS for eating.

IADL Maximum Allowable Hours

There are monthly maximum hour limits on all instrumental activities of daily living (IADL) except medication. The limits are as follows:

- Five hours/month for shopping.
- Six hours/month for light housework.
- Seven hours/month for laundry.
- 25 hours/month for meal preparation.

Proration of IADLs

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by one half in shared living arrangements where other adults reside in the home, as home help services are **only** for the benefit of the client.

Note: This does not include situations where others live in adjoined apartments/flats or in a separate home on shared property and there is no shared, common living area.

In shared living arrangements, where it can be **clearly** documented that IADLs for the eligible client are completed separately from others in the home, hours for IADLs do not need to be prorated.

Example: Client has special dietary needs and meals are prepared separately; client is incontinent of bowel and/or bladder and laundry is completed separately; client's shopping is completed separately due to special dietary needs and food is purchased from specialty stores; etc.

ASM 120, pages 2-6

Here, as discussed above, the Department first approved Petitioner for [REDACTED] hours and [REDACTED] minutes of HHS per month, with a total monthly care cost of [REDACTED] and an effective start date of [REDACTED]. Subsequently, the Department approved Petitioner

for [REDACTED] hours and [REDACTED] minutes of HHS per month, with a total monthly care cost of [REDACTED] and an effective start date of [REDACTED].

In support of that first authorization, [REDACTED] testified that she found that Petitioner was totally dependent on Petitioner's caregiver for all tasks, including bathing, grooming, dressing, toileting, transferring, eating, mobility, taking medications, housework, laundry, shopping and meal preparation, and that she authorized HHS based on her findings. [REDACTED] also testified that, while she mistakenly ranked Petitioner a "1" in Continence despite the fact that she found that Petitioner was incontinent, the error did not affect Petitioner's HHS as Petitioner's issues with continence were addressed as part of the hours approved for assistance with toileting. [REDACTED] further testified that she prorated Petitioner's assistance with housework, laundry and shopping by [REDACTED] due to the fact that Petitioner lives in shared household with her provider, but that she did not prorate Petitioner's assistance with meal preparation completely because Petitioner and the provider reported that most of Petitioner's food is prepared separately. According to [REDACTED] while they discussed skin care during the assessment and [REDACTED] ranked Petitioner a "3?" in specialized skin care in her notes, she ultimately did not authorize any specific assistance for that task, though she could not remember exactly why not.

Regarding the second authorization, [REDACTED] testified that he received additional information from Petitioner and her provider during his assessment, and that he authorized an increase in her HHS based on that additional information. Specifically, most of the increase came from the addition of assistance with suctioning and from not prorating meal preparation at all. [REDACTED] also testified that he found that Petitioner was totally dependent in all tasks and that he authorized the maximum assistance that was allowed for each task, with the exception of the IADLs of laundry, shopping, and housework where he prorated the maximum by one-half due to the shared household. With respect to the maximum amount of assistance for each task, including ADLs, [REDACTED] testified that the Department's computer system will only allow so much assistance and that, while his supervisor may be able to override it, he cannot. [REDACTED] further testified that he did not authorize any assistance with specialized skin care because the care needed in this case is covered by assistance with grooming and/or taking medications; and that he did not authorize any assistance with respiration, despite Petitioner's needs in that area, because such assistance is not part of HHS.

In response, Petitioner's home help provider testified that, while Petitioner's condition has worsened over time, her care needs have remained consistent throughout the course of this case and she has required total care at all times. Petitioner's provider also testified regarding the specific, hands-on care he provides Petitioner throughout the day and how long it takes them to complete each necessary task.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her request for additional HHS. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decisions in light of the information it had at the time the decision was made.

Here, given the available evidence, the undersigned Administrative Law Judge finds Petitioner has failed to demonstrate by a preponderance of the evidence that the Department erred in its initial authorization of services. That authorization was based on [REDACTED] assessment and, with respect to the findings of that assessment, Petitioner specifically disputed the ranking of Petitioner as a "1" on continence and the lack of any assistance authorized with specialized skin care. However, while [REDACTED] acknowledged the ranking in continence is a mistake, the undersigned Administrative Law Judge also agrees with the Department's position that any error was harmless as assistance with continence is not authorized separately from assistance with toileting and [REDACTED] properly found that Petitioner was totally dependent on her provider for toileting; noted that she uses both a toilet and adult diapers; and authorized assistance base on Petitioner's total need for assistance.

Similarly, the undersigned Administrative Law Judge also agrees with the Department's position that, based on the information it had at that time, no assistance with specialized skin care should have authorized given any assistance with prescriptions for skin care was included as part of the authorization for assistance with taking medications. Moreover, to the extent Petitioner provided a request from her doctor indicating that Petitioner has been diagnosed with dry skin and needs a lotion applied to her body twice daily, that request form is dated [REDACTED] and was not available at the time of the initial assessment.

Moreover, while Petitioner's generally argues that Petitioner's care needs have never changed throughout the course of this case and notes that additional HHS were authorized following another assessment, that argument also does not demonstrate that the initial authorization of services was improper. The Department could only make its decision based on the information it had at the time and, in this case, the increase was made after additional information was provided during the second assessment and even an earlier email from Petitioner and/or her provider to [REDACTED] indicated that they believed they had grossly underestimated the amount of time that the provider is directly assisting Petitioner.

However, while Petitioner failed to meet her burden of proof with respect to the Department's first decision, the Department clearly erred during the second assessment and decision.

With respect to that decision, [REDACTED] testified that he found that Petitioner was totally dependent in all tasks and that he authorized the maximum assistance that was allowed for each ADL and IADL, with the exception of the IADLs of laundry, shopping, and housework where he prorated the maximum by [REDACTED] due to the shared household. Treger also testified that he cannot override the maximum amounts allowed by the Department's computer system, which he also identified as the reasonable time schedule (RTS) discussed in the above policy.

However, contrary to ██████ testimony, the above policy clearly provides that, while there are monthly maximum hour limits on all IADLs, except taking medications, there are no maximums set on assistance with any ADLs or for the IADL of taking medications. Similarly, while a specialist should use the RTS in allocating time for assistance with each task assessed a rank of 3 or greater, the above policy also expressly provides that the RTS is only a guide, it is just one factor to consider, and that the “**specialist must assess each task according to the actual time required for its completion.**” ASM 120, page 5.

Here, instead of actually assessing the time needed, it is clear that ██████r mistakenly believed that the RTS identified the maximum amount for assistance with all tasks, including ADLs, and, rather than completed the required individualized assessment, he just improperly and mechanically applied the RTS after ranking Petitioner. By doing so, he erred and the Department’s decision must therefore be reversed.

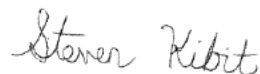
In light of the improper second assessment, the Department’s decision must be reversed. However, despite Petitioner’s request to do so, the undersigned Administrative Law Judge will not substitute his judgment for Respondent’s or order that a specific number of HHS be approved; and will instead only order that the Department initiate a reassessment of Petitioner’s request.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department improperly denied Petitioner’s request for additional HHS.

IT IS, THEREFORE, ORDERED that:

The Department’s decision is **REVERSED** and it must initiate a reassessment of Petitioner’s request for additional HHS.



SK/db

Steven Kibit

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the

request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

Agency Representative

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

Counsel for Petitioner

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

DHHS-Location Contact

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

Authorized Hearing Rep.

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

DHHS Department Rep.

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]

DHHS -Dept Contact

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] [REDACTED]