



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: October 20, 2020
MOAHR Docket No.: 20-005236
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

On September 15, 2020, an Order and Briefing Schedule was issued instructing the parties that this matter would be decided on the evidence previously submitted plus additional evidence to be submitted by the parties by October 2, 2020. Both parties submitted additional evidence and arguments by the due date.

[REDACTED] and [REDACTED], Petitioner's parents, represented Petitioner, [REDACTED].

Stacy Coleman-Ax, Fair Hearing Officer, represented Respondent, Macomb County Community Mental Health (CMH).

EXHIBITS

Petitioner's Exhibits:

- Exhibit 1: Request for Hearing, pp 1-29
- Exhibit 2: Petitioner's Written Argument, p 1
- Exhibit 3: Petitioner's Response to Respondent's Written Argument, Part 1, pp 1-17
- Exhibit 4: Petitioner's Response to Respondent's Written Argument, Part 2, pp 1-38
- Exhibit 5: Testimony (all cases), and Attachments, pp 1-39

Respondent's Exhibits:

Exhibit A: Hearing Summary, pp 1-18

Exhibit B: Respondent's Written Argument and Attachments, pp 1-26

Exhibit C: Respondent's Response to Petitioner's Written Argument, p 1

ISSUE

Did the Respondent properly deny Petitioner's request for an iPad?

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 [REDACTED]-year-old Medicaid beneficiary, born [REDACTED] diagnosed with Autism disorder as well as expressive and receptive language disorder. (Exhibit 4, p 2)
2. On March 25, 2020, Administrative Law Judge Colleen Lack issued a Decision and Order in which she upheld the CMH's denial of Petitioner's request for an iPad. (See Docket No. 19-013281-CMH)
3. In early April 2020, Petitioner's Supports Coordinator attempted to submit a new request for an iPad after working with Petitioner's parents to update Petitioner's IPOS to address issues raised in ALJ Lack's Decision. (Exhibit 4)
4. On April 4, 2020, CMH notified Petitioner that it would not accept Petitioner's new request for an iPad because of ALJ Lack's recent decision. CMH directed Petitioner to the appeal rights contained in that Decision and Order. (See Docket No. 20-002851-CMH)
5. On May 4, 2020, Petitioner's request for hearing in Docket No. 20-002851 was received by the Michigan Office of Administrative Hearings and Rules (MOAHR) and a hearing was held on May 28, 2020. (See Docket No. 20-002851-CMH)
6. On June 30, 2020, the undersigned ALJ issued a Decision and Order reversing CMH's decision because CMH based its denial solely on ALJ Lack's Decision and did not allow Petitioner to submit a new request for an iPad even though Petitioner had updated his IPOS to respond to issues raised in ALJ Lack's Decision. (See Docket No. 20-002851-CMH)
7. On July 9, 2020, in response to the above decision, CMH issued a Notice of Adverse Benefit Determination, indicating that the request for an iPad was denied because an iPad was not a covered Medicaid item. (Exhibit A, pp 7-12)

8. On August 18, 2020, following a request for an internal appeal, CMH issued a Notice of Appeal Denial upholding the original denial of an iPad. (Exhibit A, pp 2-6)
9. On August 18, 2020, Petitioner's request for hearing was received by MOAHR.
10. On September 15, 2020, an Order and Briefing Schedule was issued instructing the parties that this matter would be decided on the evidence previously submitted plus additional evidence to be submitted by the parties by October 2, 2020. Both parties submitted additional evidence and arguments by the due date.

CONCLUSIONS OF LAW

The Medical Assistance Program 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 Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Title XIX of the Social Security Act, enacted in 1965, authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad Federal rules, each State decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Payments for services are made directly by the State to the individuals or entities that furnish the services.

42 CFR 430.0

The State plan is a comprehensive written statement submitted by the agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuances of the Department. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program.

42 CFR 430.10

Section 1915(b) of the Social Security Act provides:

The Secretary, to the extent he finds it to be cost-effective and efficient and not inconsistent with the purposes of this subchapter, may waive such requirements of section 1396a of this title (other than subsection(s) of this section) (other than sections 1396a(a)(15), 1396a(bb), and 1396a(a)(10)(A) of this title insofar as it requires provision of the care and services described in section 1396d(a)(2)(C) of this title) as may be necessary for a State...

The State of Michigan has opted to simultaneously utilize the authorities of the 1915(b) and 1915(c) programs to provide a continuum of services to disabled and/or elderly populations. Under approval from the Centers for Medicare and Medicaid Services (CMS) the Department of Health and Human Services (MDHHS) operates a section 1915(b) and 1915(c) Medicaid Managed Specialty Services and Support program waiver. CMH contracts with the Michigan Department of Health and Human Services to provide services under the waiver pursuant to its contract obligations with the Department.

Medicaid beneficiaries are entitled to medically necessary Medicaid covered services for which they are eligible. Services must be provided in the appropriate scope, duration, and intensity to reasonably achieve the purpose of the covered service. See *42 CFR 440.230*.

The CMH is mandated by federal regulation to perform an assessment for the Petitioner to determine what Medicaid services are medically necessary and determine the amount or level of the Medicaid medically necessary services.

The Medicaid Provider Manual articulates Medicaid policy for Michigan. It states, in relevant part:

2.5 MEDICAL NECESSITY CRITERIA

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or

- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

2.5.B. DETERMINATION CRITERIA

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary; and
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and
- For beneficiaries with mental illness or developmental disabilities, based on person centered planning, and for beneficiaries with substance use disorders, individualized treatment planning; and
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience; and
- Made within federal and state standards for timeliness; and
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose.
- Documented in the individual plan of service.

2.5.C. SUPPORTS, SERVICES AND TREATMENT AUTHORIZED BY THE PIHP

Supports, services, and treatment authorized by the PIHP must be:

- Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary; and

- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner; and
- Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations; and
- Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and
- Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices and standards of practice issued by professionally recognized organizations or government agencies.

2.5.D. PIHP DECISIONS

Using criteria for medical necessity, a PIHP may:

- Deny services that are:
 - o deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
 - o experimental or investigational in nature; or
 - o for which there exists another appropriate, efficacious, less-restrictive and cost effective service, setting or support that otherwise satisfies the standards for medically-necessary services; and/or
- Employ various methods to determine amount, scope and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

A PIHP may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

January 1, 2020, pp 12-14
Emphasis added

SECTION 15 – HABILITATION SUPPORTS WAIVER FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Beneficiaries with developmental disabilities may be enrolled in Michigan's Habilitation Supports Waiver (HSW) and receive the supports and services as defined in this section. HSW beneficiaries may also receive other Medicaid state plan or additional/B3 services. . .

15.1 WAIVER SUPPORTS AND SERVICES

Goods and Services

The purpose of Goods and Services is to promote individual control over, and flexible use of, the individual budget by the HSW beneficiary using arrangements that support self-determination and facilitate creative use of funds to accomplish the goals identified in the individual plan of services (IPOS) through achieving better value or an improved outcome. Goods and services must increase independence, facilitate productivity, or promote community inclusion and substitute for human assistance (such as personal care in the Medicaid State Plan and community living supports and other one-to-one support as described in the HSW or §1915(b)(3) Additional Service definitions) to the extent that individual budget expenditures would otherwise be made for the human assistance.

A Goods and Services item must be identified using a person-centered planning process, meet medical necessity criteria, and be documented in the IPOS. Purchase of a warranty may be included when it is available for the item and is financially reasonable.

Goods and Services are available only to individuals participating in arrangements of self-determination whose individual budget is lodged with a fiscal intermediary.

This coverage may not be used to acquire goods or services that are prohibited by federal or state laws or regulations, e.g., purchase or lease or routine maintenance of a vehicle.

*Medicaid Provider Manual
Behavioral Health and Intellectual and
Developmental Disability Supports and Services Chapter*

July 1, 2020, p 114
Emphasis added

SECTION 17 – ADDITIONAL MENTAL HEALTH SERVICES (B3S)

PIHPs must make certain Medicaid-funded mental health supports and services available, in addition to the Medicaid State Plan Specialty Supports and Services or Habilitation Waiver Services, through the authority of 1915(b)(3) of the Social Security Act (hereafter referred to as B3s). The intent of B3 supports and services is to fund medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning.

Decisions regarding the authorization of a B3 service (including the amount, scope and duration) must take into account the PIHP's documented capacity to reasonably and equitably serve other Medicaid beneficiaries who also have needs for these services. The B3 supports and services are not intended to meet all the individual's needs and preferences, as some needs may be better met by community and other natural supports. Natural supports mean unpaid assistance provided to the beneficiary by people in his/her network (family, friends, neighbors, community volunteers) who are willing and able to provide such assistance.

17.3.A. ASSISTIVE TECHNOLOGY

Assistive technology is an item or set of items that enable the individual to increase his ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which he lives. These are items that are not available through other Medicaid coverage or through other insurances.

17.3.D. ENVIRONMENTAL MODIFICATIONS

Physical adaptations to the beneficiary's own home or apartment and/or workplace. There must be documented evidence that the modification is the most cost-effective alternative to meet the beneficiary's need/goal based on the results of a review of all options, including a change in the use of rooms within the home or alternative housing, or in the case of

vehicle modification, alternative transportation. All modifications must be prescribed by a physician. Prior to the environmental modification being authorized, PIHP may require that the beneficiary apply to all applicable funding sources (e.g., housing commission grants, MSHDA, and community development block grants), for assistance. It is expected that the PIHP case manager/supports coordinator will assist the beneficiary in his pursuit of these resources. Acceptances or denials by these funding sources must be documented in the beneficiary's records. Medicaid is a funding source of last resort.

*Medicaid Provider Manual
Behavioral Health and Intellectual and
Developmental Disability Supports and Services Chapter
July 1, 2020, p 131, 132, 133, 136
Emphasis added*

CMH argues that the request for an iPad was denied because an iPad is not a Medicaid covered item. CMH indicated that MSA Bulletin 17-18 specifically prohibits the purchase of iPads as Speech Generating Devices and CMH considered the request for an iPad as a Speech Generating Device due to the request being supported by Petitioner's Speech Language Pathologist (SLP) and the prescription being signed by Petitioner's neurologist.

CMH also argues that it considered the request for an iPad as Goods and Services under Medicaid policy and determined that an iPad was not covered. CMH argues that items covered under Goods and Services must increase independence, facilitate productivity, or promote inclusion and substitute for human assistance. Here, CMH argues that the SLP Re-Evaluation dated July 18, 2019 does not reference the use of an iPad for speech therapy so an iPad will not help Petitioner to increase his independence, facilitate productivity, or promote inclusion and substitute for human assistance.

CMH also argues that Petitioner receives the equivalent of 21.25 hours of direct care per day, so an iPad would not substitute for human assistance given that Petitioner has human assistance available to him for most if not all his waking hours. Finally, CMH argues that an iPad is not covered because it may be available from other community resources and Medicaid is the payor of last resort. CMH also points out that an iPad is not necessary for telemedicine during the COVID-19 pandemic as there are a myriad of other electronic devices in the home that Petitioner can use for telemedicine.

Petitioner argues that CMH again failed to consider all the information provided with the request for an iPad and that the iPad should be covered by Medicaid. Petitioner argues that the prescription for the iPad indicates that the device is medically necessary to assist with communication, cognition due to developmental delays, independence skills, executive function, community access, and to learn skills for coordination of care. Petitioner notes that the prescription lists his diagnoses as Autism, OCD, ADHD, and

anxiety. (Exhibit 3, p 9). Petitioner also points out that a new addendum was completed to update Petitioner's PCP/IPOS to better clarify the need for the iPad.

Petitioner argues that Petitioner's SLP assessment would not indicate a need for an iPad, as CMH noted, because Petitioner does not use the iPad as a Speech Generating Device (SGD). Petitioner also points out that the SLP assessment referred to by CMH ended August 1, 2019, so it would not be relevant to this request, and, at any rate, Petitioner's existing iPad was not working at that time so it would not have been mentioned in the assessment. Petitioner also points to the justification letter from Petitioner's SLP in support of the request.

Petitioner also argues that CMH's denial was improper because the decision was not made by a medical professional with expertise in Speech and Language or Assistive Technology. Petitioner argues that CMH's reliance on MSA 17-18 is also misplaced because, again, Petitioner is not using the iPad as a SGD. Petitioner argues that he has never used an SGD and instead uses the iPad as indicated throughout his IPOS.

Petitioner also argues that the CMH never informed him or his family that there might be grants or scholarships available to purchase an iPad after that information was relayed to the CMH in February 2020. As such, Petitioner argues there is no way he could have investigated those avenues because he was unaware of them. Petitioner also argues that an email CMH provided informing him that an iPad was available from another resource turned out to be incorrect as that resource was not able to provide Petitioner an iPad upon inquiry by Petitioner's family. Petitioner indicated that the resource did have Kindle tablets available, but a Kindle would not meet his needs. Petitioner also indicated that his family checked with Disability Network and they were unable to provide an iPad either. Petitioner also points out that CMH received over one million dollars to use for COVID-19 needs and, although CMH upgraded their own computer equipment, they will not provide Petitioner with an iPad.

Petitioner also argues that Executive Order 2020-64 indicates that individuals with disabilities are supposed to be supported during COVID-19 and not discriminated against and it feels like CMH is discriminating against Petitioner in denying an iPad. Petitioner also argues that the iPad is medically necessary, and this has been confirmed by the SLP and the doctor's prescription. Petitioner also points out that there are not a myriad of electronic devices in the home for him to use for telemedicine and the only device available is Petitioner's father's cell phone which is not always available and too small to use for telemedicine. Petitioner argues that due to his disabilities it is necessary for him to see the person he is talking to as opposed to just talking on the phone, especially for telemedicine.

Petitioner also argues that his PCP/IPOS was updated following the first hearing regarding the iPad to address the concerns raised in ALJ Lack's decision. Petitioner notes that the need for an iPad is mentioned repeatedly throughout this document. (Exhibit 4). Petitioner argues that without an iPad he would need additional CLS and Respite hours to assist him with tasks he used to use the iPad for. Petitioner also argues that his behavioral challenges have increased without an iPad. Petitioner also

points out that his parents are not required to provide any natural supports for him as he is an adult. Finally, Petitioner argues that CMH's decision runs afoul of the Supreme Court's ruling in *Olmstead v L.C.*, 527 US 581 (1999).

Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that CMH erred in denying Petitioner's request for an iPad. First, it must be pointed out that the undersigned's Decision and Order dated June 30, 2020 reversed the CMH's denial of an iPad only to the extent that CMH refused to allow Petitioner to submit a new request for an iPad based solely on ALJ Lack's prior Decision and Order. The undersigned never found that an iPad was medically necessary for Petitioner or that the CMH was required to provide an iPad to Petitioner.

Also, as both parties seem to agree, an iPad is not covered by Medicaid as a Speech Generating Device under MSA Bulletin 17-18. However, because is not requesting an iPad as an SGD, and has not, in fact ever used an SGD, CMH cannot deny Petitioner an iPad based solely on MSA Bulletin 17-18.

As such, and because Petitioner receives services under the Habilitation Supports Waiver, the request for an iPad must be examined under the Goods and Services section of that policy, outlined above. It also bears pointing out that while ALJ Lack did consider and reject Petitioner's request for an iPad under the Goods and Services policy, Petitioner has made changes to his PCP/IPOS since that time, so the request needs to be reviewed again.

As Respondent correctly points out, to be covered under the Goods and Services policy, an item must "increase independence, facilitate productivity, or promote community inclusion and substitute for human assistance . . ." Here, Petitioner is requesting an iPad for a myriad of uses, all of which would likely meet these criteria. For example, Petitioner is requesting an iPad to use for telemedicine as his disabilities make it very difficult to communicate with others if he cannot see them. (Exhibit 4, p 2). Petitioner is also requesting an iPad to use to create lists, make calendars, get reminders, and help him with his grammar and sentence structure. (Exhibit 4, pp 10, 12). All these uses would arguably increase Petitioner's independence, facilitate productivity and be a substitute for human assistance. As such, CMH cannot deny Petitioner's request for an iPad solely based on the Goods and Services policy.

However, Medicaid policy also provides that PIHP's may deny services "for which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services . . ." Here, while an iPad might be the ideal device to assist Petitioner daily, it is certainly not the most cost-effective device to meet his needs. Petitioner could of course work on his grammar, create lists, and create calendars using non-electronic means. Petitioner could create reminders by leaving notes for himself around the home. Petitioner can also work on his communication issues person to person with paid staff and family throughout the day. And, while not ideal, Petitioner can participate in telemedicine over the telephone during those instances when his father's phone is unavailable for video conferencing. Again, while not ideal, it would be more cost-effective.

In addition, as a beneficiary receiving services through the Habilitation Supports Waiver, Petitioner is also eligible to receive Additional Mental Health Services (B3s). ALJ Lack's Decision and Order thoroughly considered Petitioner's request for an iPad under both B3s Assistive Technology policy and Environmental Modifications policy. As such, further consideration of Petitioner's request under those policies is barred by the legal doctrine of *res judicata*. (See, generally, *The Mable Cleary Trust v The Edward-Marlah Muzyl Trust*, 262 Mich App 485 (2004)). However, the undersigned will point out that decisions regarding B3 services "must take into account the PIHP's documented capacity to reasonably and equitably serve other Medicaid beneficiaries who also have needs for these services," which supports a finding that an iPad is not the most cost-effective device to meet Petitioner's needs.

Petitioner's arguments to the contrary are without merit. Some of those arguments have already been discussed, such as Petitioner's argument that MSA Bulletin 17-18 is inapplicable to this case. Petitioner's argument that an iPad is medically necessary because the SLP and doctor who wrote the prescription for the iPad say it is medically necessary is misplaced as is Petitioner's argument that the CMH did not use a qualified medical professional to determine medical necessity. Policy indicates that medical necessity is "[m]ade by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience," and is "[b]ased on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary." (See MPM § 2.5.B. outlined above). Policy does not require the CMH to use doctors to review service requests and, while the beneficiary's health care professional's opinions are considered, they are not controlling.

Petitioner's arguments relating to the availability of other sources for an iPad, and CMH's failure to properly inform him of same are without merit because this decision does not rely on a finding that an iPad is available from another source. However, the undersigned will note that while a Kindle is certainly no iPad, a Kindle does have internet access and it may be beneficial to Petitioner in some manner. Also, Petitioner's notation that the CMH recently received over one million dollars to use for COVID-19 expenses does not make an iPad the most cost-effective device to meet Petitioner's needs. Similarly, Executive Order 2020-64 does not indicate that PIHP's should start providing services even when those services are not the most cost-effective.

In addition, Petitioner's argument that he will need additional CLS and Respite if he does not have access to an iPad is not persuasive. It was mentioned in ALJ Lack's decision that paid staff assisted and monitored Petitioner while he used the iPad anyway, so they would likewise be able and available to assist him with other non-technology based options to meet his needs now. Petitioner's argument that an iPad should be approved because his behavioral issues have increased without an iPad is, while unfortunate, not enough to change this decision. There will certainly be some adjustment for both Petitioner and staff while Petitioner gets used to life without an iPad. Similarly, while Petitioner is correct that his family is not required to provide support to him because he is an adult, at least some of his family are also paid supports and they

too will need to adjust to Petitioner's life without an iPad. Lastly, Petitioner's argument that CMH's denial of an iPad runs afoul of the *Olmstead* decision is without merit. Petitioner receives a great deal of paid support each day through the PIHP and is certainly not being discriminated against due to his disability.

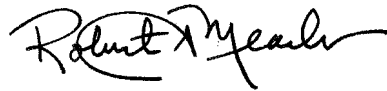
Therefore, it is determined that Petitioner has failed to prove, by a preponderance of the evidence, that the CMH erred in denying his request for an iPad. An iPad is not covered as an SGD pursuant to MSA Bulletin 17-18. And while an iPad might be covered under the Goods and Services policy of the Habilitation Supports Waiver, an iPad is not the most cost-effective device to meet Petitioner's needs. Finally, an iPad is not covered under the Assistive Technology or Environmental Modifications policies of Additional Mental Health Services per ALJ Lack's prior Decision and Order.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the CMH properly denied Petitioner's request for an iPad.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



RM/sb

Robert J. Meade
Administrative Law Judge
for Robert Gordon, 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
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