[redacted]
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Date Mailed: May 5, 2022
MOAHR Docket No.: 22-001433
Agency No.: [redacted]
Petitioner: [redacted]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and upon Petitioner's request for a hearing.

After due notice, a telephone hearing was held on April 28, 2022. [redacted], Petitioner's Legal Guardian, and Parent appeared on behalf of Petitioner. [redacted], Supports Coordinator, appeared as a witness for the Petitioner. Anthony Holston, Assistant Vice President of Appeals and Grievances, appeared on behalf of Respondent, Network 180/Beacon Health Options (Department). Alyssa Stone, Utilization Review Specialist, and Dr. Sydney Cohen, Physician Advisor, appeared as witnesses for Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did Department properly deny Petitioner's request for additional Community Living Supports (CLS) and Personal Care (PC) services?

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 Medicaid beneficiary born [redacted] 1978, who has been diagnosed with an intellectual disability, generalized anxiety disorder and intermittent explosive disorder. (Exhibit A, pp 19, 26; Testimony.)

2. At all times relevant to this proceeding, Petitioner resided in an Adult Foster Care (AFC) home. (Exhibit A, p 22; Testimony.)

3. On September 22, 2021, Petitioner and Petitioner's Provider participated in a Behavior Treatment Plan Committee review meeting. During the meeting, it was reported Petitioner was able to start back with day programing at MOKA; was going two days a week and would like to be approved for three days of attendance a week. Petitioner's home provider indicated Petitioner was doing well with a generally stable mood and behavior despite August data showing some increases in target behavior and decreases in use of coping skills. Petitioner's home provider felt Petitioner's mood had improved since he returned to MOKA. (Exhibit A, p 45.)

4. On September 22, 2021, and September 30, 2021, Petitioner participated in a Comprehensive Functional Assessment along with his Supports Coordinator. During the assessment, it was noted Petitioner enjoys walking to a nearby store nearly every day independently with only one incident in the prior year where Petitioner failed to return on time. (Exhibit A, p 60.)

5. On September 30, 2021, Petitioner participated in an IPOS meeting. Following the meeting, the following was requested:

Personal Care Skills – Total 8 PC Points

- Toileting 3 PC Points (45 minutes a week)
    - Since [redacted] does not wipe himself after a bowel movement (due to limitations in the fine use of his hands), he is reminded by staff to let them know when he has a bowel movement, so they can provide hand-over-hand assistance after each bathroom trip. This is also a matter of dignity for [redacted], as staff have observed that he does not inform them, the first notification they would have would be from an unpleasant odor around [redacted]. Staff is required to provide assistance in this area 1-2 times per day for up to 15 minutes per day.
- Bathing 2 PC Points (30 minutes a week)
    - [redacted] needs frequent reminders to bathe as he does not enjoy this task. If

staff did not assist [redacted], he would stand in the shower and let the water run on him and consider this sufficient. Instead, staff remain with [redacted] for the showering process, giving him the opportunity to do as much for himself as he chooses, and staff then follow up by completing the undone portions. [redacted] is known to avoid rinsing soap from his hair, so this is always an area that staff need to provide during each shower that he takes. Staff also provide reminders for [redacted] to completely clean harder to reach and private areas.

- Grooming 3 PC Points (45 minutes a week)
    - [redacted] requires full support for shaving, although staff may encourage him to try before taking over the task. [redacted] needs numerous reminders to brush his teeth 2 times each day and full staff intervention with flossing. Staff remind [redacted] to use deodorant throughout the day as he will apply, but not completely cover the underarm area. Staff also cut his nails for him and trim hair from his ears.
    - Fine motor areas are a crucial concern for staff and [redacted] supports. He needs total assistance in these areas due to the lack of motor function with his fingers, these areas include the previously mentioned flossing (to get between teeth is difficult), deodorant (not safety concern but aiming the applicator correctly) and trimming nails (so as to not cut his fingers in the process).

Money Management – 8 units (120 minutes a week)

Socialization/Relationships – 80 Units (1,200 minutes a week)

> Participation/Community – 12 Units (180 minutes a week)
>
> Preserving Health and Safety – 22 Units (330 minutes a week)[1]

6. On November 8, 2021, Petitioner participated in a psychiatric evaluation. It was reported Petitioner had largely been stable, with some periods of irritability and anger that would last a short period of time before you would be back to baseline without any indications of difficulty or frustrations. (Exhibit A, p 19.)

7. Prior to November 9, 2021, Petitioner as approved for and received 6 Personal Care units and 109 CLS units a week.[2] (Exhibit A, p 1; Testimony.)

8. On November 9, 2021, Petitioner requested an additional allocation of 2 PC units a week and an additional 52 CLS units a week. (Exhibit A, p 1; Testimony.)

9. On November 9, 2021, Department sent Petitioner a Notice of Adverse Benefit Determination. The notice indicated Petitioner's request for additional PC and CLS units was denied. The noticed stated specifically:

> The clinical documentation provided does not establish medical necessity.
>
> Personal Care approved at adjusted rate – requested 8 PC Points, Approved 6 PC Points. Treatment plan goals did not reflect the number of PC points requested.
>
> CLS Approved at adjusted rate – requested 161 CLS Units, Approved 109 CLS Units. Number of units requested did not match support described in treatment goals. Some areas of requested CLS did not have an associated goal. Some areas of CLS were requested in duplicated areas.[3]

10. On December 7, 2021, Petitioner, submitted to Department, an appeal of their decision to deny Petitioner's request for additional PC and CLS units. (Exhibit A, p 2; Testimony.)

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[1] Exhibit A, pp 299-301.
[2] 1 unit is equivalent to 15 minutes.
[3] Exhibit A, p 13.

11. On January 5, 2022, the Department sent to Petitioner a Notice of Appeal Denial. The notice stated the following:

> We denied your appeal for the service/item listed above because: You are a [redacted]-year-old [redacted] receiving personal care (PC) and community living supports (CLS) services since 12/10/2020. These services provided support with activities of daily life and personal care. You were seeking continuing approval for these services from 11/09/2021, forward. You were previously approved for 6 PC points and 109 CLS units, per week. You were denied the remainder points and units because treatment plan goals did not match the points requested. The CLS units requested did not match the supports in the treatment plan. In addition, some CLS services did not have goals, and some were duplicated. On 11/09/2021, the requested services of 8 PC points and 161 CLS units per week were not medically necessary. Your care could have been effectively treated with 6 PC points and 109 CLS units per week. (Exhibit A, pp 317-318.)

12. On March 31, 2022, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, p 333.)

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 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.[4]

[4] 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.[5]

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…[6]

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 (DHHS) operates a section 1915(b) Medicaid Managed Specialty Services and Support program waiver in conjunction with a section 1915(c).

Here, as discussed above, Petitioner has been receiving CLS and PC services through the Department and is now seeking additional CLS PC services. With respect to the requested services, the applicable version of the Medicaid Provider Manual (MPM) provides in part:

> **11 PERSONAL CARE IN LICENSED SPECIALIZED RESIDENTIAL SETTINGS**
>
> Personal care services are those services provided in accordance with an individual plan of service to assist a beneficiary in performing their own personal daily activities. For children with serious emotional disturbance, personal care services may be provided only in a licensed foster care setting or in a Child Caring Institution (CCI) if it is licensed as a ”children’s therapeutic group home” as defined in Section

[5] 42 CFR 430.10.
[6] 42 USC 1396n(b).

722.111 Sec. 1(f) under Act No. 116 of the Public Acts of 1973, as amended. For children with intellectual/developmental disabilities, services may be provided only in a licensed foster care or CCI setting with a specialized residential program certified by the state. These personal care services are distinctly different from the state plan Home Help program administered by MDHHS.

Personal care services are covered when authorized by a physician or other health professional in accordance with an individual plan of services and rendered by a qualified person. Supervision of personal care services must be provided by a health care professional who meets the qualifications contained in this chapter.

11.1 SERVICES

Personal care services include assisting the beneficiary to perform the following:

- Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure, (e.g., a beneficiary requires special dietary needs such as pureed food);
- Eating/feeding;
- Toileting;
- Bathing;
- Grooming;
- Dressing;
- Transferring (between bed, chair, wheelchair, and/or stretcher);
- Ambulation; and
- Assistance with self-administered medications.

“Assisting” means staff performs the personal care tasks for the individual; or performs the tasks along with the individual (i.e., some hands-on); or otherwise assists the individual to perform the tasks himself/herself by prompting, reminding, or by being in attendance while the beneficiary performs the task(s).

17.3.B. COMMUNITY LIVING SUPPORTS

NOTE: This service is a State Plan EPSDT service when delivered to children birth-21 years.

Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence, or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

Coverage includes:

- Assisting (that exceeds state plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities:

  - meal preparation

  - laundry

  - routine, seasonal, and heavy household care and maintenance

  - activities of daily living (e.g., bathing, eating, dressing, personal hygiene)

  - shopping for food and other necessities of daily living

  CLS services may not supplant services otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 or state plan services, e.g., Personal Care (assistance with ADLs in a certified specialized residential setting) and Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help and, if necessary, Expanded Home Help from the Department of Human Services (MDHHS). CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help or Expanded Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist him/her

in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.

- Staff assistance, support and/or training with activities such as:
  - money management
  - non-medical care (not requiring nurse or physician intervention)
  - socialization and relationship building
  - transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
  - participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
  - attendance at medical appointments
  - acquiring or procuring goods, other than those listed under shopping, and non-medical services
- Reminding, observing and/or monitoring of medication administration
- Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

CLS may be provided in a licensed specialized residential setting as a complement to, and in conjunction with, state plan coverage Personal Care in Specialized Residential Settings. Transportation to medical appointments is covered by Medicaid through MDHHS or the Medicaid Health Plan.

> Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses, or parents of minor children), or guardian of the beneficiary receiving community living supports.
>
> CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home Help or Expanded Home Help services when the individual's needs for this assistance have been officially determined to exceed the DHS's allowable parameters. CLS may also be used for those activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help or Expanded Home Help.
>
> Community Living Supports (CLS) provides support to a beneficiary younger than 18, and the family in the care of their child, while facilitating the child's independence and integration into the community. This service provides skill development related to activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. For children and adults up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home-school.[7]

While CLS is a covered service, Medicaid beneficiaries are still only entitled to medically necessary Medicaid covered services.[8] Regarding medical necessity, the MPM also provides:

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[7] Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services, July 1, 2020, pp 81, 134-135.
[8] *See* 42 CFR 440.230.

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;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;

- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;

- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;

- Made within federal and state standards for timeliness;

- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose; and

- 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;

- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner;

- Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations;

- 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 deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
  - that are experimental or investigational in nature; or
  - 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.[9]

Moreover, in addition to medical necessity, the MPM also identifies other criteria for B3 supports and services such as CLS:

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

[9] *Id*, at pp14-15.

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. NOTE: Certain services found in this section are State Plan EPSDT services when delivered to children birth-21 years, which include community living supports, family support and training (Parent-to-Parent/Parent Support Partner) peer-delivered services, prevention/direct models of parent education and services for children of adults with mental illness, skill building, supports coordination, and supported employment.

17.1 DEFINITIONS OF GOALS THAT MEET THE INTENTS AND PURPOSE OF B3 SUPPORTS AND SERVICES

The goals (listed below) and their operational definitions will vary according to the individual's needs and desires. However, goals that are inconsistent with least restrictive environment (i.e., most integrated home, work, community that meet the individual's needs and desires) and individual choice and control cannot be supported by B3 supports and services unless there is documentation that health and safety would otherwise be jeopardized; or that such least restrictive arrangements or choice and control opportunities have been demonstrated to be unsuccessful for that individual. Care should be taken to ensure that these goals are those of the individual first, not those of a parent, guardian, provider, therapist, or case manager, no matter how well intentioned. The services in the plan, whether B3 supports and services alone, or in combination with state plan or Habilitation Supports Waiver services, must reasonably be expected to achieve the goals and intended outcomes identified. The configuration of supports and services should assist the individual to attain outcomes that are typical in his community; and without such services and supports, would be impossible to attain.

Community Inclusion and Participation	The individual uses community services and participates in community activities in the same manner as the typical community citizen. Examples are recreation

	(parks, movies, concerts, sporting events, arts classes, etc.), shopping, socialization (visiting friends, attending club meetings, dining out) and civic (volunteering, voting, attending governmental meetings, etc.) activities. A beneficiary's use of, and participation in, community activities are expected to be integrated with that of the typical citizen's (e.g., the beneficiary would attend an "integrated" yoga class at the community center rather than a special yoga class for persons with intellectual disability).
Independence	"Freedom from another's influence, control and determination." (Webster's New World College Dictionary, 1996). Independence in the B3 context means how the individual defines the extent of such freedom for him/herself during person-centered planning. For example, to some beneficiaries, "freedom" could be living on their own, controlling their own budget, choosing an apartment as well as the persons who will live there with them, or getting around the community on their own. To others, "freedom" could be control over what and when to eat, what and when to watch television, when and how to bathe, or when to go

	to bed and arise. For children under 18 years old, independence may mean the support given by parents and others to help children achieve the skills they need to be successful in school, enter adulthood and live independently.
Productivity	Engaged in activities that result in or lead to maintenance of or increased self-sufficiency. Those activities are typically going to school and work. The operational definition of productivity for an individual may be influenced by age-appropriateness. For example, a person who is 76 years old may choose to volunteer or participate in other community or senior center activities rather than have any productivity goals. For children under the age of five years, productivity may be successful participation in home, pre-school, or child care activities. Children under 18 would be expected to attend school, but may choose to work in addition. In order to use B3 supports and services, individuals would be expected to prepare for, or go to, school or work in the same places that the typical citizen uses.

17.2 CRITERIA FOR AUTHORIZING B3 SUPPORTS AND SERVICES

The authorization and use of Medicaid funds for any of the B3 supports and services, as well as their amount, scope and duration, are dependent upon:

- The Medicaid beneficiary's eligibility for specialty services and supports as defined in this Chapter; and
- The service(s) having been identified during person-centered planning; and
- The service(s) being medically necessary as defined in the Medical Necessity Criteria subsection of this chapter; and
- The service(s) being expected to achieve one or more of the above-listed goals as identified in the beneficiary's plan of service; and
- Additional criteria indicated in certain B3 service definitions, as applicable.

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. It is reasonable to expect that parents of minor children with disabilities will provide the same level of care they would provide to their children without disabilities. MDHHS encourages the use of natural supports to assist in meeting an individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. PIHPs may not require a beneficiary's natural support network to provide such assistance as a condition for receiving specialty mental health supports and services. The use of natural supports

> must be documented in the beneficiary's individual plan of service . . .[10]

Here, Petitioner requested the approval of additional CLS and PC services. The documentation provided did not reflect substantial changes in Petitioner's needs or functioning, and it was noted that Petitioner's treatment plan goals did not match the points requested and the CLS units requested did not match the supports in the treatment plan. In addition, some CLS services did not have goals, and some were duplicated.

In appealing the decision, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision considering the information it had at the time the decision was made.

Given the record and applicable policies in this case, the undersigned Administrative Law Judge finds that Petitioner has failed to meet his burden of proof and that the Department's decision must, therefore, be affirmed.

While Petitioner pointed to a few specific needs, it was not indicated how the current allocation was insufficient to meet Petitioner's needs as identified in the IPOS. Additionally, it was noted that during the COVID shutdown, there was a temporary increase authorized due to Petitioner's MOCA program being suspended. Now that Petitioner's MOCA program has been restarted and Petitioner is once again attending the program, Petitioner's overall presentation has improved.

With respect to the decision at issue in this case, the Department's decision must be affirmed given the available information and applicable policies.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Petitioner's request for additional CLS and PC services.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

CA/dh

Corey Arendt
Administrative Law Judge

[10] *Id* at 131-132.

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
Lansing, Michigan 48909-8139

DHHS-Location Contact	Anthony Holston - 41 Beacon Health Options Appeals Coordinator 48561 Alpha Dr Ste 150 Wixom, MI 48393
DHHS Department Rep.	Anthony Holston - 61 Beacon Health Options Appeals Coordinator 48561 Alpha Dr Ste 150 Wixom, MI 48393
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