



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: October 24, 2023
MOAHR Docket No.: 23-003723
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 42 CFR 431.200 *et seq.*, upon a request for a hearing filed on behalf of the minor Petitioner.

After due notice, a hearing was held on October 5, 2023. Anastassia Kolosova, Attorney, and Kyle Williams, Attorney, appeared on behalf of Petitioner. Ticara Hendley, Assistant Attorney General, and Kelly Carter, Assistant Attorney General, appeared on behalf of the Respondent, the Michigan Department of Health and Human Services (Department). The record was left open to allow the parties to submit written closing briefs and reply briefs. Both parties timely submitted closing briefs. Only the Petitioner submitted a final reply brief.

Witnesses:

Petitioner [REDACTED]

Department: Melody London

Exhibits:

- | | |
|------------|---|
| Petitioner | <ol style="list-style-type: none"> 1. December 28, 2022, Amended Notice of Authorization 2. December 28, 2022, Notice of Authorization 3. April 26, 2023, Pre-Authorization Packet 4. Hearing Summary 5. Nursing Notes 6. Email from [REDACTED] |
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Department A. Hearing Summary

ISSUE

Did the Department properly authorize a transitional reduction in Petitioner's Private Duty Nursing (PDN) 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. On April 27, 2023, the Department sent Petitioner a Notice of Authorization. The notice indicated the following:

Michigan Medicaid has received your prior authorization request for a continuation of 12 hours of Private Duty Nursing (PDN) hours for the above beneficiary. After careful review the Department is continuing the authorization of a **Temporary increase of hours from 8 hours per day to 12 hours per day of PDN**. It will be expected of family to make a plan of care to assist with care after this authorization because the hours will go back to original following this temporary increase.¹

2. On April 27, 2023, the Department received from Centria Healthcare (PDN service provider), a letter indicating Petitioner's mother was scheduled to undergo a procedure to remove a brain tumor and would be hospitalized 24/7 for an indeterminate amount of time. The letter went on to request an emergency increase of 24/7 PDN to be able to continue providing around the clock care for the beneficiary. (Exhibit A, p 29)
3. On May 2, 2023, the Department sent Petitioner an Amended Notice of Authorization. The notice indicated the following:

Michigan Medicaid has received your prior authorization request for increased Private Duty Nursing (PDN) hours for the above beneficiary. The previous approval was at 12 hours per day 7 days per week. A **temporary increase** to 24 hours per day is granted due to primary caregiver (Mother) having surgery and complications following surgery. The beneficiary is tracheostomy and ventilator dependent. Authorization is as follows: Effective 5/1/23 through 6/30/23 PDN authorization is at 24 hours per day 7 days per week; effective 7/1/23-7/31/23 renewal authorization will resume at

¹ Ex A, p 24.

12 hours per day 7 days per week. Then 8/1/23-8/31/23 hours will go down to 10 hours.²

4. On June 26, 2023, the Department received from Centria Healthcare a letter requesting a continuation of the 24/7 PDN authorization for the beneficiary. Centria Healthcare attached to their letter two additional letters from the beneficiary's mother detailing her current condition and expectations for recovery. Both of the letters were authored by Dr. Karam Asamaro, M.D., and indicated the beneficiary's mother was still in the recovery stage, anticipated a full recovery, and beneficiary would need 24 hour nursing coverage until at least the end of September. (Exhibit A, pp 38-40.)
5. On July 3, 2023, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. The request for hearing indicated the following reason(s) for requesting a hearing:

██████████ was denied for Private Duty nursing care based on his situation being classified as maintenance care. ██████████ health has not improved and I am not physically or medically trained to be able to provide the care necessary to maintain ██████████ health. ██████████ requires 24/7 care. ██████████ requires 24 hr mechanical ventilation with constant and routine tracheal and oral suctioning to maintain open and clear airways. It is crucial for his nurses to constantly monitor and ensure proper ventilation to maintain ██████████ respiratory function and sustains his life.³

6. On July 31, 2023, the Department sent Petitioner an Amended Notice of Authorization. The notice indicated the following:

Michigan Medicaid has received your prior authorization request for a continuation of 24 hours Private Duty Nursing (PDN) hours for the above beneficiary. The previous approval was at a **temporary increase** of 24 hours per day 7 days per week. **A temporary continuation of increase** to 24 hours per day is granted due to primary caregiver (Mother) having surgery and complications following surgery and healing is taking longer than expected. The beneficiary is tracheostomy and ventilator dependent, but no changes of beneficiary medical condition since originally approved for 8 hours.

² Ex A, p 31.

³ Ex A, p 17.

Authorization is as follows: Effective 5/1/23 through 9/30/23 PDN authorization is at 24 hours per day 7 days per week; effective 10/1/23 renewal authorization will resume at 8 hours per day 7 days per week.⁴

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.

This case involves the reduction in Petitioner's private duty nursing (PDN) services and, with respect to such services, the applicable version of the Michigan Medicaid Provider Manual (MPM) states:

SECTION 1 – GENERAL INFORMATION

This chapter applies to Independent and Agency Private Duty Nurses.

Private duty nursing (PDN) is a Medicaid benefit when provided in accordance with the policies and procedures outlined in this manual. Providers must adhere to all applicable coverage limitations, policies and procedures set forth in this manual.

PDN is covered for beneficiaries under age 21 who meet the medical criteria in this section. If the beneficiary is enrolled in or receiving case management services from one of the following programs, that program authorizes the PDN services.

- Children's Waiver (the Community Mental Health Services Program)
- Habilitation Supports Waiver (the Community Mental Health Services Program)
- Home and Community-Based Services Waiver for the Elderly and Disabled (the MI Choice Waiver)

For a Medicaid beneficiary who is not receiving services from one of the above programs, the Program Review Division reviews the request for authorization and authorizes the services if the medical criteria and general eligibility requirements are met.

⁴ Ex A, p 41.

Beneficiaries who are receiving PDN services through one Medicaid program cannot seek supplemental PDN hours from another Medicaid Program (i.e., Children's Waiver, Habilitation Supports Waiver, MI Choice Waiver).

For beneficiaries 21 and older, PDN is a waiver service that may be covered for qualifying individuals enrolled in the Habilitation Supports Waiver or MI Choice Waiver. When PDN is provided as a waiver service, the waiver agent must be billed for the services.

1.1 DEFINITION OF PDN

Private Duty Nursing is defined as nursing services for beneficiaries who require more individual and continuous care, in contrast to part-time or intermittent care, than is available under the home health benefit. These services are provided by a registered nurse (RN), or licensed practical nurse (LPN) under the supervision of an RN, and must be ordered by the beneficiary's physician. Beneficiaries requiring PDN must demonstrate a need for continuous skilled nursing services, rather than a need for intermittent skilled nursing, personal care, and/or Home Help services. The terms "continuous" and "skilled nursing" are further defined in the Medical Criteria subsection for beneficiaries under age 21.

* * *

1.4 PRIOR AUTHORIZATION

The MSA-0732 **must** be submitted every time services are requested for the following situations:

- For initial services when the beneficiary has never received PDN services under Medicaid, such as following a hospitalization or when there is an increase in severity of an acute or chronic condition;
- **For continuation of services beyond the end date of the current authorization period (renewal);**
- **For an increase in services;**
- Or for a decrease in services.

Following receipt and review of the MSA-0732 and the required documentation by the PRD, a notice sent to the PDN provider and beneficiary or primary caregiver, either approving or denying services, or requesting additional information. The provider must maintain this notice in the beneficiary's medical record. For services that are approved, the

Notice of Authorization will contain the prior authorization number and approved authorization dates. It is important to include this PA number on every claim and in all other communications to the PRD.

If a beneficiary receiving PDN continues to require the services after the initial authorization period, a new MSA-0732 must be submitted along with the required documentation supporting the continued need for PDN. This request must be received by the PRD no less than 15 business days prior to the end of the current authorization period. Failure to do so may result in a delay of authorization for continued services which, in turn, may result in delayed or no payment for services rendered without authorization. **The length of each subsequent authorization period will be determined by the PRD and will be specific to each beneficiary based on several factors, including the beneficiary's medical needs and family situation.**

MDHHS will not reimburse PDN providers for services that have not been prior authorized. All forms and documentation must be completed according to the procedures provided in this chapter. If information is not provided according to policy (which includes signatures and correct information on the MSA-0732, POC and nursing assessment), requests will be returned to the provider. Authorization cannot be granted until all completed documentation is provided to MDHHS. Corrected submissions will be processed as a new request for PDN authorization and no backdating will occur.

If during an authorization period a beneficiary's condition changes warranting an increase or decrease in the number of approved units or a discontinuation of services, the provider must report the change to the PRD. (Refer to the Directory Appendix for contact information.) It is important that the provider report all changes as soon as they occur, as well as properly updating the POC. **The request to increase or decrease units must be accompanied by an updated and signed POC;** and documentation from the attending physician addressing the medical need if the request is for an increase in PDN units.

1.7 BENEFIT LIMITATION

The purpose of the PDN benefit is to assist the beneficiary with medical care, enabling the beneficiary to remain in their home. The benefit is not intended to supplant the caregiving responsibility of parents, guardians, or other responsible parties (e.g., foster parents). There must be a primary caregiver (i.e., parent, guardian, significant other adult) who resides with a beneficiary under the age of 18, and the caregiver must provide a monthly average of a minimum of eight hours of care during a typical 24-hour

period. The calculation of the number of hours authorized per month includes eight hours or more of care that will be provided by the caregiver during a 24-hour period, which are then averaged across the hours authorized for the month. The caregiver has the flexibility to use the monthly-authorized hours as needed during the month.

The time a beneficiary is under the supervision of another entity or individual (e.g., in school, in day/child care, in work program) cannot be used to meet the eight hours of obligated care as discussed above, nor can the eight hours of care requirement for beneficiaries under age 18 be met by other public funded programs (e.g., MDCH Home Help Program) or other resources for hourly care (e.g., private health insurance, trusts, bequests, private pay).

2.3 MEDICAL CRITERIA

To qualify for PDN, the beneficiary must meet the medical criteria of **either I and III below or II and III below**:

Medical Criteria I

The beneficiary is dependent daily on technology-based medical equipment to sustain life. “Dependent daily on technology-based medical equipment” means:

- Mechanical ventilation four or more hours per day, or assisted respiration does not automatically include ventilation through Bi-level Positive Airway Pressure (Bi-PAP) or Continuous Positive Airway Pressure (CPAP). Use of these devices to satisfy this criteria will be evaluated on a case-by-case basis; or
- Oral or tracheostomy suctioning 8 or more times in a 24-hour period; or
- **Nasogastric tube** feedings or medications when removal and insertion of the **nasogastric tube** is required, associated with complex medical problems or medical fragility; or
- Total parenteral nutrition delivered via a central line, associated with complex medical problems or medical fragility; or
- Continuous oxygen administration, in combination with a pulse oximeter and a documented need for observations and adjustments in the rate of oxygen administration.

Medical Criteria II

Frequent episodes of medical instability within the past three to six months, requiring skilled nursing assessments, judgments or interventions as described in III below, due to a substantiated progressively debilitating physical disorder.

- “Frequent” means at least 12 episodes of medical instability related to the progressively debilitating physical disorder within the past six months, or at least six episodes of medical instability related to the progressively debilitating physical disorder within the past three months;
- “Medical instability” means emergency medical treatment in a hospital emergency room or inpatient hospitalization related to the underlying progressively debilitating physical disorder;
- “Emergency medical treatment” means covered inpatient and outpatient services that are furnished by a provider who is qualified to furnish such services and which are needed to evaluate or stabilize an emergency medical condition. “Emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to place the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
- “Progressively debilitating physical disorder” means an illness, diagnosis, or syndrome that results in increasing loss of function due to a physical disease process, and that has progressed to the point that continuous skilled nursing care (as defined in III below) is required; and
- “Substantiated” means documented in the clinical/medical record, including the nursing notes.

For beneficiaries described in II, the requirement for frequent episodes of medical instability is applicable only to the initial determination of medical necessity for PDN. Determination of continuing eligibility for PDN for beneficiaries defined in II is based on the original need for skilled nursing assessments, judgments, or interventions as described in III below.

Medical Criteria III

The beneficiary requires continuous skilled nursing care on a daily basis during the time when a licensed nurse is paid to provide services.

- “Continuous” means at least once every three hours throughout a 24-hour period, and/or when delayed interventions may result in further deterioration of health status, in loss of function or death, in acceleration of the chronic condition, or in a preventable acute episode.
- Equipment needs alone do not create the need for skilled nursing services.
- “Skilled nursing” means assessments, judgments, interventions, and evaluations of interventions requiring the education, training, and experience of a licensed nurse.

Skilled nursing care includes, but is not limited to, performing assessments to determine the basis for acting or a need for action; monitoring fluid and electrolyte balance; suctioning of the airway; injections; indwelling central venous catheter care; managing mechanical ventilation; oxygen administration and evaluation; and tracheostomy care.

2.6 CHANGE IN BENEFICIARY'S CONDITION/PDN AS A TRANSITIONAL BENEFIT

Medicaid policy requires that the integrated plan of care (POC) be updated as necessary based on the beneficiary's medical needs. Additionally, when a beneficiary's condition changes, warranting a decrease in the number of approved hours or a discontinuation of services, the provider must report the change to the appropriate authorizing agent (i.e., the Program Review Division, Children's Waiver, or Habilitation Supports Waiver) in writing. Changes such as weaning from a ventilator or tracheostomy decannulation can occur after months or years of services, or a beneficiary's condition may stabilize to the point of requiring fewer PDN hours or the discontinuation of hours altogether. It is important that the provider report all changes resulting in a decrease in the number of hours to the authorizing agent as soon as they occur, as well as properly updating the POC. MDCH will seek recovery of monies inappropriately paid to the provider if, during case review, the authorizing agent determines that a beneficiary required fewer PDN hours than was provided and MDCH was not notified of the change in condition.

In some cases, the authorized PDN services may be considered a transitional benefit. In cases such as this, one of the primary reasons for providing services should be to assist the family or caregiver(s) to become

independent in the care of the beneficiary. The provider, in collaboration with the family or caregiver(s), may decide that the authorized number of hours should be decreased gradually to accommodate increased independence on the part of the family, caregiver(s), and/or beneficiary. A detailed exit plan with instructions relating to the decrease in hours and possible discontinuation of care should be documented in the POC. The provider must notify the authorizing agent that hours are being decreased and/or when the care will be discontinued.⁵

On July 3, 2023, Petitioner's guardian requested a hearing "asserting that the Department was wrong not to continue a 24/7 authorization for two reasons: 1) because Petitioner still required 24/7 care [REDACTED] requires 24/7 care"), and 2) because his only caretaker's circumstances remained such that she could not provide care ("I am not physically or medically trained to be able to provide that care necessary to maintain [REDACTED] health").⁶

Petitioner's request for hearing was in response to an earlier May 2, 2023, Amended Authorization issued by the Department that had granted an April 27, 2023, emergency authorization PDN request from Centria Healthcare (Petitioner's PDN provider). Within that April 27, 2023, request, Centria Healthcare requested 24/7 care for an "indeterminate amount of time". The Department's response to the April 27, 2023, request was to issue an emergency authorization granting the following:

A **temporary increase** to 24 hours per day is granted due to primary caregiver (Mother) having surgery and complications following surgery. The beneficiary is tracheostomy and ventilator dependent. Authorization is as follows: **Effective 5/1/23 through 6/30/23** PDN authorization is at 24 hours per day 7 days per week; effective 7/1/23-7/31/23 renewal authorization will resume at 12 hours per day 7 days per week. Then 8/1/23-8/31/23 hours will go down to 10 hours.⁷

At the time of Petitioner's emergency authorization request for a 24/7 authorization, the only supporting documentation was a doctors note that indicated Petitioner would have "certain restrictions for a total of 6 weeks"⁸.

Based on the evidence presented, at least as of May 2, 2023, the Department granted Petitioner the benefits being requested via the 24/7 emergency authorization made on April 27, 2023. At least as of this date, (April 27, 2023), Petitioner provided documentation to substantiate a need for 24/7 care for a period of 6 weeks.

⁵ Medicaid Provider Manual, Private Duty Nursing, April 1, 2023, pp 1, 3-4, 7, 10-11, 16.

⁶ Petitioner's Closing Brief, October 13, 2023, p 2.

⁷ Exhibit A, p 31.

⁸ Exhibit 3, p 26.

Seven days prior to Petitioners July 3, 2023⁹, request for hearing, Petitioner again submitted an emergency authorization request seeking 24/7 care. This time extending through September, 2023.¹⁰

Later, on July 31, 2023, the Department granted Petitioner's June 26, 2023, emergency request for 24/7 care request and authorized 24/7 care through the month of September with a titration of benefits beginning October 1, 2023.

Petitioner argued they have a statutory and constitutional right to a hearing pursuant to 42 C.F.R. §431.220. §431.220 provides the State agency must grant an opportunity for a hearing to any individual who "believes the agency has taken an action erroneously" with respect to a decision regarding eligibility or a change in the amount or type of benefits or services.¹¹

In this case, Petitioner is claiming the authorizations issued on May 2, 2023, and July 30, 2023, were erroneous in that they did not provide 24/7 PDN care continually for the duration of the authorization period. The documentation provided, however, indicates the Department continuously provided Petitioner with 24/7 care each and every time an emergency authorization was requested. The only limitation placed on the authorization was the titration period which commenced at the expiration of each period as identified by Petitioner's Guardian's physician.¹² Given this is the case, I do not see how the Department erred in their authorizations.

To combat this issue, Petitioner first indicates they cannot be stripped of their right to a hearing "simply because a new authorization was issued". While generally true, in the case where the Department provides Petitioner with exactly what it is they are requesting, it would render the request for hearing moot. In this case, the circumstances that gave rise to the legal dispute changed in a way that made it impossible for this Tribunal to provide meaningful relief. Specifically, in this case, the Department provided Petitioner the 24/7 care the Petitioner was requesting through the end of September, 2023. At the time the hearing was requested, the letter from Petitioner's medical doctor specifically indicated a need through at least September, 2023. Furthermore, and noteworthy, is the actual request for an extension of 24/7 care did not identify a specific period of time either. Only that they sought "a continuation of the 24/7 PDN authorization".¹³

Next, Petitioner argues that requiring a Petitioner to request a new hearing following the issuance of a new authorization is "problematic in the PDN context given the short

⁹ The actual request for hearing is signed and dated June 30, 2023, but was received by the Michigan Office of Administrative Hearings and Rules on July 3, 2023.

¹⁰ Exhibit A, pp 37-40. June 8, 2023, letter from Petitioner's Guardian's doctor indicating 24/7 care should "last until at least the end of September".

¹¹ 42 C.F.R. §431.220(a)(1)(i) and (iv).

¹² The May 1, 2023, prior authorization request from Centria requesting 24/7 care provides a start date of May 1, 2023, but does not provide an end date. See Exhibit A, p 36.

¹³ Exhibit A, p 39.

timeframes between the Department action and the end of the authorization periods.”¹⁴ Petitioner specifically points to the shortened authorization periods. Petitioner, however, fails to take into consideration the MPM and the applicable policies that cover the authorization periods and furthermore, the documentation that is required for a continuation of services beyond the end date of the current authorization period (renewal) or when there is a need for an increase in services.

The MPM is very clear in that it requires a new MSA-0732 every time there is a need for a continuation of the current authorization or where there is a need for an increase in services. In this case, the April 27, 2023, authorization provided for a 12 hour per day allocation through September 30, 2023. Later, following receipt of Petitioner’s April 27, 2023, request for 24/7 care for at least a period of 6 weeks, the Department issued an amended authorization that provided for 24/7 care through June 30, 2023, with a titration commencing in July of 2023, and an end date of August 31, 2023. On June 26, 2023, the Petitioner submitted an update of condition and requested additional services, but never submitted a new MSA-0732 requesting an increase as required by the MPM, nor did they submit a new MSA-0732 requesting an authorization extending beyond the timeframes of the earlier authorization. None-the-less, the Department still processed the request and provided the Petitioner an extension of 24/7 PDN through the time period of the June 26, 2023, request (September 30, 2023) with a titration commencing on October 1, 2023.

At no point following the final Amended Notice of Authorization did the Petitioner file with the Department a new MSA-0732 requesting a continuation of services OR requesting an increase in services. Policy clearly allows the Department the ability to set the time frames of the authorization dependent on several factors including the needs of the family. In this case, the prior authorization periods fell exactly within the time frames provided by Petitioner’s requests for services. Furthermore, the actual authorizations themselves again were exactly what the Petitioner had been requesting.

Next, Petitioner argued the 24/7 allocations should be on-going and on a non-temporary basis. Petitioner’s arguments however ignore their very own recognition that 24/7 authorizations are not normal and are not provided for in policy with the exception of emergency situations. The argument also ignores the fact that “PDN is intended as a transitional benefit to support and **teach** family members to function as independently as possible.”¹⁵ Furthermore, the authorizations are dependent on a number of factors and are modified as the beneficiary’s condition and living situation stabilizes and changes.¹⁶ Consequently, an authorization of on-going 24/7 care would be in violation of MPM policy.

Based on the forgoing, I find the Department has shown sufficient evidence that the issue on appeal is moot and should be dismissed. The Petitioner has not shown the Department to have acted erroneously with respect to a decision regarding eligibility or

¹⁴ Petitioner’s Closing Brief, October 13, 2023, p 3.

¹⁵ Medicaid Provider Manual, Private Duty Nursing, April 1, 2023, p 7.

¹⁶ *Id* at 7.

a change in the amount or PDN services being authorized. As of July 31, 2023, the Department provided Petitioner with exactly what they were requesting in late June of 2023, and that was an extension of 24/7 PDN services through September of 2023. If the Petitioner at some point in time following the extension needed additional services, they needed to submit a new MSA-0732 with the appropriate supporting documentation to the Department for consideration.¹⁷ The Petitioner cannot simply request a hearing, and then wait for an issue to become “ripe”. Additionally, the Petitioner cannot ignore the clear policy requirements to make a formal request for additional PDN services when there is a need for additional services. Skipping the formal request part would create an undue burden on the hearing system and essentially take the authorization requests out of the hands of the Department.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department acted appropriately in granting Petitioner the relief they were requesting in July of 2023, and consequently this action rendered the Petitioner’s June of 2023, request for hearing moot.

IT IS THEREFORE ORDERED THAT:

This matter be dismissed as the issue on appeal is moot.

CA/pe



Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, Director
Department of Health and Human Services

¹⁷ A properly completed MSA-0732 includes an expected end-date of need. In this case, the Petitioner never submitted a new MSA-0732 with an expected end-date. An end-date is provided if known by the requester. If no end-date is known, it is expected the Department will select the appropriate date based on the information provided. In this case, the documentation provided indicated through September of 2023.

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

Via Electronic Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]
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