

## REQUEST for a DEPARTMENT REVIEW

### INSTRUCTIONS

Use this form to request a Department Review. A Department Review is an impartial review of a decision made by the Michigan Department of Community Health (or one of its contracted agencies) that the appellant (beneficiary, resident, patient, consumer, or responsible party) believes is inappropriate.

#### GENERAL INSTRUCTIONS:

- Read ALL Instructions FIRST, then remove this instruction sheet before completing the form.
- Complete **Section 1**.
- Complete **Section 2 ONLY** if you want someone else to represent you at the Department Review.
- Please use a PEN and PRINT FIRMLY.
- If you have any questions, please call toll free **1-877-833-0870**.
- After you complete this form, remove the BOTTOM (yellow) copy and save with the Instruction Sheet for your records.
- Mail the TOP (white) copy to:

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
APPEALS SECTION  
PO BOX 30807  
LANSING MI 48909**

#### AUTHORIZED REPRESENTATIVE:

You may choose to have another person represent you at a review.

- This person can be anyone you choose but he/she must be at least 18 years of age.
- This person may request a review for you.
- This person may also represent you at the review.
- You must give this person written permission to represent you by signing the form in Section 2.

#### IMPORTANT:

After the Appeals Section receives your request for a Department Review, your review will be scheduled and a notice of the date and time of the review will be mailed to you and/or your representative.

<b>Authority:</b> 42 USC 1397aa; 42 USC 700 <u>et seq.</u> ; MCLA 330.1001 <u>et seq.</u> ; MCLA 400.1 <u>et seq.</u> ; MCLA 333.1101 <u>et seq.</u> ; Department of Community Health Appropriations Act.	
<b>Completion:</b> Is voluntary.	
<ul style="list-style-type: none"><li>• The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.</li><li>• If you need help with reading, writing, review, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Department of Community Health.</li></ul>	
If you do not understand this, call the Department of Community Health. Si Ud. no entiende esto, llame a la oficina del Departamento de Salud Comunitaria. إذا لم تفهم هذا، اتصل بإدارة الصحة المحلية التابعة لولاية ميتشيجن.	<b>1-877-833-0870</b>

