REQUEST TO PARTICIPATE IN POLICY PROPOSAL REVIEW

Michigan Department of Health and Human Services

Parties interested in receiving proposed changes to Department of Health and Human Services (DHHS) administered programs (e.g. Medicaid, Children's Special Health Care Services, State Medical Program, Community Mental Health Services Programs, etc.) for comment should complete this form and submit it to the e-mail address noted below. Upon receipt of the request, the DHHS will forward electronic copies of proposed changes related to the providers or issues designated on the request form.

COMPLETION INSTRUCTIONS:

- Check the box of the general category OR the individual subcategories.
- To receive copies of all proposed changes, check the "ALL PROVIDER TYPES" category only.
- Complete the requestor information section at the bottom of the form.
- E-mail the request to MSADraftPolicy@michigan.gov

☐ **ALL PROVIDER TYPES** ***(do not check any other boxes)***

☐ Ambulance	☐ Pharmacy
☐ Chiropractor	☐ Practitioners (includes physicians, advanced practice nurses, podiatrists, and medical clinics)
☐ Dental	
☐ Family Planning Clinics	☐ School Based Services
☐ Hearing Centers	☐ Vision
☐ Hearing Aid Dealers	☐ Community Mental Health Services Programs
☐ Home Health	☐ Federally Qualified Health Centers
☐ Hospice	☐ Local Health Departments
☐ Hospitals	☐ Medicaid Health Plans
☐ Inpatient ☐ Outpatient	☐ Rural Health Clinics
☐ Independent Laboratories	☐ Tribal Health Centers
☐ Long Term Care	☐ Children's Special Health Care Services
☐ Maternal & Infant Health Program	☐ MIChild
☐ Medical Suppliers / Durable Medical Equipment	☐ Medical Programs Eligibility Manual
☐ Orthotics / Prosthetics	

REQUESTOR INFORMATION

Name	Title
Agency or Association (if applicable)	
Telephone Number E-Mail Address	

Authority:	Title XIX of the Social Security Act	*The Michigan Department of Health and Human Services does not discriminate against any individual or group because of race, religion, age, national origin, sex, sexual orientation, gender identity or expression, political beliefs, or disability.*
Completion:	Is VOLUNTARY, but is required if Requested Actions are to be considered.	