



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

<Insert Today's Date>

Name  
Title  
Facility  
Address  
City, State, Zip

Dear <<representative>>:

This letter is to inform you that << setting >> has indicated its intent to participate in the Heightened Scrutiny process according to the Centers for Medicare and Medicaid Services Home and Community Based Services (HCBS) Final Rule (CMS-2249-F/CMS-2296-F) guidelines. The MI Choice Program has contracted with Michigan State University's Institute for Health Policy (MSU-IHP) to conduct the Heightened Scrutiny review process.

We anticipate the site review to take several hours. During this time, they may tour the location as well as speak with staff, residents and their caregivers or natural supports.

We request copies of the documentation mentioned on the attached page in advance of the visit so that they can focus on the personal interaction while they are there.

Christine Karl, RN, BA from MSU-IHP will be in contact to schedule a date to conduct this review and to arrange for sending documentation prior to the site review.

If you have any questions, you may contact Kathleen Oberst, RN, PhD at 517-432-9824 or [Kathleen.oberst@hc.msu.edu](mailto:Kathleen.oberst@hc.msu.edu).

Regards,

Elizabeth Gallagher, MPA  
Interim Director, Long Term Care Services Division

**CC: WAIVER AGENCY**  
Attachment