



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

6/27/2022

Name
title

Dear name:

This letter is to confirm that name has **declined** 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) implementation guidelines.

MI Choice Program and MI Choice Waiver Agency staff will contact you to discuss efforts to move identified individuals into compliant settings.

If you reconsider and decide to participate with the heightened scrutiny process, you may do so within 90 days of the date of this letter. You may contact the Michigan State University Institute for Health Policy at 517-432-9824 to advise them of your decision to participate.

If you have any questions, you may contact Kathleen Oberst, RN, PhD at 517-432-9824 or Kathleen.oberst@hc.msu.edu or Cheryl Decker from MDHHS at (517) 241-1680.

Regards,

A handwritten signature in cursive script that reads "Elizabeth Gallagher".

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

CC: