



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 been referred for Heightened Scrutiny 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. The MI Choice Program has contracted with Michigan State University's Institute for Health Policy to conduct the heightened scrutiny process.

The Heightened Scrutiny process may include:

- review of organizational policies and procedures
- an on-site visit
- interviews with staff and selected covered beneficiaries

Should the setting decide it is *not* interested in participating with the Heightened Scrutiny process, State of Michigan MI Choice Program and MI Choice Waiver Agency staff will contact you to discuss efforts to move identified individuals into a compliant setting.

At this time, we request that you contact Kathleen Oberst, RN, PhD at 517-432-9824 or Kathleen.oberst@hc.msu.edu to identify whether you do or do not wish to participate with this process.

If we do *not* receive a response within 14 days, we will assume that you have opted to decline participation and proceed accordingly. If you have any questions, you may contact Kathleen as directed.

Regards,

Elizabeth Gallagher MPA
Interim Director, Long Term Care Services Division

CC: WAIVER AGENCY