

Karen Kehrwacker (B)
616 240 9375

The Mental Health System is very broken:

Region - Oversight. It has only one employee: The CEO.

*All of its other staff are employees of the CEO

* CEO hires his or her own staff. If one of his employees takes negative action in some way, what is the consequence?

*Generally nothing.

*CMH - The POWERHOUSE. It has only one employee: the CEO

*The CEO hires his or her own employees. The board of directors has no control over the CEO's employees.

*If an employee decides to terminate, suspend or just decides not to provide services for a consumer, then so be it. In my daughter's case, the CEO backed his employee when he said "if you don't like the services we provide, perhaps you should seek services from another county."

*Consumer - This individual generally is unable to self-advocate, is indigent and relies on the secondary consumer for guidance. Our State does not provide a pool of advocates who can assist the indigent consumer. Yet, our State does provide a pool of advocates in the event someone has an employment issue, including advocacy at a hearing level.

*What steps does the indigent, often voiceless consumer take when services are at issue:

*File a Grievance/Hearing Request with the CMH and Region

*The Compliance Office of the Region will hear the issues and file a decision
In most cases, the LRE Compliance Officer sides with the CMHs

*If the consumer disagrees:

*The decision can be appealed to the State.

*Battle lines are drawn. Region vs. Consumer.

*Region must defend its decision

*Region Compliance Officer can have ex parte conversations with the hearing officer. The consumer cannot.

*The consumer has to rely on his or her secondary consumer as there are very few advocates available and/or affordable. The consumer and/or family member is handicapped in this process:

*No familiarity with the Medicaid Fair Hearing Process or Medicaid Law;

*Not generally capable of writing a legal brief;

*No attorneys wanting to represent a consumer at a Medicaid Fair Hearing;

*No pool of State Advocates trained to help the consumer through the process. (Yet our State does offer a pool of advocates to represent a disgruntled employee at an employment hearing)

*Discipline

*Several years ago, when the Lakeshore Regional Entity ran into financial issues, our State hired Beacon Behavioral Health Services to assess the situation and make recommendations. The LRE made changes. There are many commissioners and health care people on the board. The consumer and secondary consumer no longer serve on the board to represent the consumers.

*In 2019, our State told the LRE that it was going to pull its contract as of September 30, 2019. Yet it didn't.

*A CMH supervisor decides to terminate, suspend or otherwise not provide services to a consumer. In many cases, no discipline to the CEO's employee.

*What happens to the consumer's annual budgeted money when services are not provided or the consumer is terminated mid way through his or her Annual Contracted Plan? I am unaware of any discipline to the CMH or the Region for allowing same. Where is this money for unpaid services?

Suggestion: Consolidating the CMHSPs would give a two-fold resolution: save on duplicity of administrative staff and salaries and reduce the regional oversight. An example would be to combine Allegan and Ottawa Counties into one CMH; Ludington and Muskegon. This would reduce the CMHSPs in the LRE from 5 to 3. Imagine if this happened within all 18 regions. This savings could be passed directly to provide services for the consumers.

PRESENT DAY: CMH continually wants to cut Sondra's services. I am wondering what services

Sondra

Sondra has a diagnosis of Severe Speech and Language Disorder, Rigidity, seizures and a possible stroke that caused damage to her fine motor skills. Her tested IQ was measured throughout the years at 45 - 50.

* Sondra became a consumer of Allegan CMH at age 18. She does have a 14 year old daughter and a full driver's license as a result of Mary Free Bed's driver's training program.

* Needs: Language Specialist

Physical Therapy to relax her rigidity

Personal Trainer to help stretch and strengthen her muscles

Community Living Supports person to help train her to run her small business of transferring pictures to CDs. However, this has a two-fold benefit. The computer uses gross motor skills and it is helping her independence and this provider is doing an awesome job working with her.

There are additional needs such as independent living and social skills. This is something I feel comfortable helping her with.

Sondra's Annual Plans are renewed in April of each year. After 2 years of her CMH discontinuing or reducing services, what will they attempt to do in 2020?

SONDRA'S STORY

October 6, 2017 CMH sent a written Notice indicating her CMH services would be Terminated effective 10/20/17. Reason: Her Services do not meet Medical Necessity. (See attached Notice and Request for Hearing)

For 16 years, Sondra's Plan remained nearly the same. Very few changes. Providers remained the same. The CMH says the Documentation provided to them does not establish medical necessity. Really? There had been no changes in medical diagnosis to my knowledge. How can CMH justify this termination?

October 12, 2017 Hearing Requested

November 2017 LRE Compliance Director contacts me by phone letting me know she spoke to ACCMHS and they realized they could not support their claim and discontinue services. However, LRE said they may decide to look into terminating her services based on eligibility. LRE agreed to send me letter

in writing confirming this conversation, but failed and/or refused to do so. So I sent a letter of confirmation. Sondra receives Medicaid and has a disability. How does she not qualify?

December, 2017

Hearing resolved. I left for Florida for a few weeks of downtime. In my absence, Case Manager met with Sondra and her older siblings. At the meeting, Case Manager informed my children that Sondra's services would be terminated when her Plan expired in April and they would have to take over meeting her needs.

My son told me Sondra became totally withdrawn during this meeting, totally mute since the meeting and he was very concerned about her mental health. I couldn't even get Sondra to respond during facetime with me. I cut my time short and rushed home.

March 2018

Preparing for upcoming Plan meeting, I ask Language Doctor (Ph.D.) for an updated report and help advocating for Sondra's needs. **The doctor then told me CMH hadn't paid her for several months for her contracted services.** She was seeking payment from them, but to no avail. But she couldn't continue services without pay.

I asked the personal trainer also for a report and advocating for Sondra's rigidity needs. **The personal trainer also informed she had been unpaid for several months from the CMH and couldn't continue services without pay.**

My private insurance pays for Sondra's Physical Therapy. I also asked for a letter explaining her rigidity from the therapist who had been working with Sondra for over 12 years.

I told Sondra's CLS worker (a disabled autistic young man without any other employment) that he might be without a job. This young man travels 40 minutes each way to help Sondra at the pay rate of \$9.75 per hour. **He tells me he has not been paid for contracted services.**

April, 2018.

Plan Meeting with Case Manager. I prepared myself with a tape recorder. Case Manager started the meeting indicating the CMH budget is tight and services have to be cut. She continued saying she and her supervisor both agree that personal trainer services for Sondra are no longer necessary and no discussion. The Plan did continue with the Speech and Language Services included and the CLS worker.

I immediately contacted CEO Mark Witte and told him about his

- July 2, 2018 Sondra is assigned a new Case Manager who sends an email that payments to her providers for the time period of April 7 thru April 30 of 2018, would not be rendered because her Plan expired on April 7 and was not signed until April 30. This meant, CMH was not obligated to pay the providers and she was responsible for payment.
- September 25, 2018 Surgery. Sondra's rigidity has caused a lumbar disc to rupture, heal and re-rupture several times incorporating a nerve in the disc healing process causing severe pain limiting her walking ability.
- December 30 Speech Language Doctor retires. Doctor and Case Manager find a qualified replacement (interviewed by doctor) and they believe this new individual could take over competently. Even better, this person has an independent contract with ACCMHs already in place.
- January 2019 New provider of language/communication begins. Very positive.
- Case Manager retires and new one assigned. I invite him to attend a personal training session with Sondra to understand her rigidity issues for renewing the plan. He agrees to attend the session, but fails to show and/or cancel.
- April, 2019 Person Centered Plan Meeting.. Speech/Language provider indicates she has not been paid for any of her services since January 1. She cannot continue without pay. The Case Manager refused to even talk about her need for Personal Trainer at this meeting. Additionally, I bring up that her Physical Therapist of 13 years has resigned from his employment and is now working out of his home, but does not take health insurance. However, he is willing to contract his qualified services for \$50 per week. He understands and knows her rigidity issues and knows he is the best therapist to continue helping her.
- Sondra's Person Centered Plan was presented to her for signature. It did not contain any speech/language therapy or personal trainer. It only included the CLS worker. If she didn't sign it, she would no longer be a consumer of ACCMHS. So she signed under duress.
- April 2019 Another call to ACCMHS CEO who suggests Sondra seek services from another county if she is not satisfied with Allegan services.
- May 2, 2019 Grievance Appeal filed again
- June 4, 2019 Appeal Resolution

Following the filing of a grievance, it was found Personal Trainer is not a CLS position. Rather it is a Contracted Position. The need is prescribed by her family physician. Yet, the Resolution letter suggests since the personal trainer no longer want to work as a CLS worker, perhaps Case Manager can supply a list of CLS workers that could do personal training. This is not possible. CLS workers are minimum wage employees. Personal Trainers have credentials and specific training enabling them to meet Sondra's rigidity issues with a degree of understanding her medical needs as does her physical therapist.

July 2019 Sondra learns that the contracted Speech/language service provider has still not been paid for any of her services since January 1. She cannot continue services if not paid.

Today: Sondra's speech/language therapy has been reinstated. As of July 2019, her provider for this service says she has not been paid for any of her services for Sondra since January 1, 2019.

Sondra, without CMH providing Personal Trainer and Physical Therapist, is left paying both out of her pocket. Only problem is...She is indigent and has a 14 year old daughter to support. However, she needs these services to maintain her mobility. I believe it is a covered expense under Medicaid. In fact, the grievance response was that it was a contractual service not CLS.

I am tempted to take Sondra's case to the media, but I am holding back because I am concerned it may cause embarrassment to her and her daughter. However, depending on how her Plan renewal goes this April, I may have no other choice but to bring issues to the Media and I would urge others to do the same.

Sondra's Plan comes due in April once again and I am concerned ACCMHS will once again try to reduce her services even further.

* * *

ANOTHER ISSUE THAT HAPPENED TO SONDRA WAS:

October 18, 2019. Administrative Law Judge admitted to a DHHS agency error resulting in an over issuance of \$741 in Food Assistance for the period from October 1, 2018 through September 30, 2019 and Sondra is subject to repayment.

Further, the Allegan County DHS Manager said that in the event of an agency error, the consumer must make repayment. However, if a consumer commits fraud, the DHHS rarely pursues reimbursement.

In addition to having to pay for the medically necessary services ACCMHS is refusing to provide, Sondra must repay the DHS for its own agency error. This takes money away from the support of herself and her daughter.

WE HAVE A VERY BROKEN SYSTEM THAT NEEDS TO BE OVERHAULED

ACTION NOTICE and REVIEW RIGHTS – for Medicaid Beneficiaries

Allegan County Community Mental Health

Consumer Name: Kehrwecker, Sondra
To: Guardian/Parent (as appropriate)

Consumer ID #: 509839
Date: 10/6/2017

Kehrwecker, Sondra
4585 Arlene Lane
Holland, MI 49423

This is to notify you that Allegan County Community Mental Health has made the following decision(s) about the service(s) you have asked for or the service(s) you get from us. This does not mean that you will lose your Medicaid/ABW and will not affect any other Medicaid/ABW services you are getting, or may need in the future

The Action we have taken is:

The service(s) you requested (✓ one only) were will be
Name of Service(s) Affected: _____ Effective Date: _____

Denied
 Delayed more than 14 days
 Authorized Service(s)
 Authorized per your Individual Plan of Service revision
Describe Changes: _____

Other Define: _____

Your current service(s) will be: (✓ one only) Name of Service(s) Affected: _____ Effective Date: 10/20/2017

Reduced Supports Coordination, Supported Employment, Community Living Supports, Speech and Language Therapy, Fiscal Intermediary services to be terminated effective 10/20/2017.
 Terminated Services do not meet Medical Necessity.
 Suspended

The Reason for the Action is:

Eligibility

You do not meet the clinical eligibility criteria for services. You do not meet Medicaid eligibility criteria for services as a person with a serious mental illness, a person with a developmental disability, a child with a serious emotional disorder or a person with a substance abuse disorder.

Your Medicaid Health Plan is responsible for providing services to you.
Please call your Health Plan: _____ Phone: _____

You have other resources available for services. Please contact:
 your insurance company your primary care doctor a community provider agency

Residency. You live outside of Allegan county. We cannot authorize services for you.

You are currently residing in an institution in which Allegan County Community Mental Health can not authorize your services. (e.g. jail, prison, state hospital, extended care facility)

Medical Necessity The service(s) requested or the current service(s) identified in this notice are not medically necessary for the following reason(s):

The documentation provided does not establish medical necessity.
 Your Individual Plan of Service goals and objectives have been met.
 You have not attended or participated in your authorized services since _____
Allegan County Community Mental Health cannot continue to authorize services for you if you are not interested.

Other

The service(s) requested or the current service(s) identified in this notice are not Medicaid covered services.
 You have requested the termination of services.

REQUEST FOR HEARING
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING, MI 48909
1 (877) 833-0870

SECTION 1 - To be completed by PERSON REQUESTING A HEARING:

Your Name <i>Sandra Kellmeyer</i>			Your Telephone Number <i>(616) 335-2445</i>	Your Social Security Number
Your Address (No. & Street, Apt. No.) <i>4525 Arlene Lane</i>			Your Signature <i>Sandra Kellmeyer</i>	Date Signed <i>1-12-17</i>
City <i>Polk</i>	State <i>MI</i>	ZIP Code <i>49743</i>		
What Agency took the action or made the decision that you are appealing. <i>Allegan County Health Services</i>				Case Number <i>01-151447</i>
I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. <i>Use Additional Sheets if Needed.</i> <i>On April 17, 2016, a hearing was held and I was not present and services were terminated. I am unable to work and I am on disability. I am unable to work and I am on disability. I am unable to work and I am on disability. I am unable to work and I am on disability.</i>				
Do you have physical or other conditions requiring special arrangements for you to attend or participate in a hearing? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (Please Explain In Here): <i>Needs help with walking and driving.</i>				

SECTION 2 - Have you chosen someone to represent you at the hearing?

Has someone agreed to represent you at a hearing?
 NO YES (If YES, have the individual complete section 3)

SECTION 3 - Authorized Hearing Representative Information:

Name of Representative <i>Sandra Kellmeyer</i>			Representative Telephone Number <i>(616) 335-2445</i>
Address (No. & Street, Apt. No.) <i>4525 Arlene Lane</i>			Representative Signature <i>Sandra Kellmeyer</i>
City <i>Polk</i>	State <i>MI</i>	ZIP Code <i>49743</i>	
			Date Signed <i>10-2-17</i>

SECTION 4 - To be completed by the AGENCY distributing this form to the client

Name of Agency			AGENCY Contact Person Name
AGENCY Address (No. & Street, Apt. No.)			AGENCY Telephone Number <i>() () ()</i>
City	State	ZIP Code	State Program or Service being provided to this appellant

4585 Arlene Lane
Holland, MI 49423

November 5, 2017

Lakeshore Regional Entity (LRE)
Attention: Stacy Coleman
5000 Hakes Drive
Muskegon, MI 49441

VIA U.S. MAIL/FAX

RE: Sondra Kehrwecker
Docket Number: 17-013001

Dear Stacy:

This letter summarizes your telephone call to my home on Thursday, November 9, 2017, indicating that you met with Allegan County Community Mental Health regarding their October 6, 2017 Notice to my daughter, Sondra Kehrwecker terminating her services effective October 20, 2017. Based upon that meeting, Allegan County Mental Health realized they could not support their claim that Sondra's services are not medically necessary and have decided to dismiss the action and allow services to continue per her annual plan. Further, you mentioned that Allegan may decide to look into terminating her services based on eligibility. This, I do not understand. If Sondra receives Medicaid and is developmentally disabled, why would she not meet the eligibility criteria to continue receiving the services that have been proven medically necessary in the past and present. Can you explain this to me? It appears they are trying to eliminate services to Sondra in retaliation because a Recipient Rights Complaint had been filed against them.

You requested that Sondra notify the State Office of Administrative Hearings and Rules and cancel the hearing. As I mentioned, we will do so upon documented proof of their withdrawal of action. I am awaiting it. You can fax it to (616) 335-8425 and follow with a hard copy by first-class mail.

I look forward to receipt of the documentation cancelling Allegan's efforts to terminate services.

Sincerely,



Sondra Kehrwecker
Karen Kehrwecker

cc: State Office of Admin. Hearings and Rules by US Mail and Facsimile
Mark Witte, by U.S. Mail and Facsimile

From: "Terry Wing" <TWing@accmhs.org>
To: "sondra68@charter.net" <sondra68@charter.net>
Cc:
Date: Monday July 2 2018 2:43:01PM

Your revised plan.

I have revised your person centered plan per your request. However, I am still unable to authorize the payment for services for the lapse in the service plan, 4/07/18 to 4/30/18.

When you receive this addendum to your plan, please sign, date and return.

This e-mail transmission contains information that is confidential and may be privileged. It is intended only for the addressee(s) named above. If you receive this e-mail in error, please do not read, copy or disseminate it in any manner. If you are not the intended recipient, any disclosure, copying, distribution or use of the contents of this information is prohibited. Please reply to the message immediately by informing the sender that the message was misdirected. After replying, please erase it from your computer system. Your assistance in correcting this error is appreciated.

Grievance Acknowledgement Letter

May 2, 2019

Karen Kehrwecker
4585 Arlene Lane
Holland, MI 49423

Dear Ms. Kehrwecker,

On April 28, 2019 Allegan County Community Mental Health (ACCMH) Customer Services received your voicemail message asking a Customer Service Representative to contact your daughter, Sondra, to provide a fax number so she could fax over a grievance letter written by you to ACCMHS on behalf of Sondra. Please see attached letter that was faxed to Customer Services on April 28th. In summary, the letter describes Sondra's SSLIP or language impairment, how she suffers from rigidity and is not able to function normally. You mention in your letter that in April of 2017, an appropriate plan was in place providing assistance with Sondra's rigidity, her speech and language issues allowing her to work on communication her needs and pain to others. In April, 2018 a new plan was put in place continuing the services of Marge Penning as the speech-language and the services of Pam Volkens as the personal trainer to assist Sondra with her rigidity and the 10 hours of CLS services. You stated that ACCMHS listed Pam Volkens services as CLS and paid her \$9.75 per hour as well as requiring her to take many Medicaid courses at her out of pocket costs. Ms. Volkens, a business owner charging \$65 per hour was no longer willing to donate her time at this ridiculously low rate and met with Terry Wing, Sondra's supports coordinator to discuss a contract. Terry Wing took no action and in December Ms. Volkens was terminated by ACCMHS because she did not take the Medicaid training. On December 31, 2018, Marge Penning retired and ACCMHS was notified well in advance and did take action to contract with Kassie Rodino to replace Ms. Penning. In January, 2019, Sondra's supports coordinator, Terry Wing, retired and Adam Brink became new supports coordinator. Adam notified Sondra they would pay Ms. Volkens \$35 per hour but it would not include her training. Ms. Volkens demanded her hourly rate of \$65 per hour and a grievance was filed at that time. A decision was made on March 21, 2019 indicating that "ACCMHS consulted with Behavioral Health...and it has been discovered that personal training is not defined as a Community Living Supports Medicaid benefit". Sondra agrees this is not a CLS benefit and feels it should be a contracted benefit as is her speech and language assistance. ACCMHS saw this as they no longer need to meet the medical necessity of Sondra's rigidity and has denied her this service. You also stated that on or about April 1, 2019, Adam Brink contacted Sondra indicating her plan needed to be updated immediately and he required Ms. Rodino to be present. There was no preplan meeting, no request to Sondra about others she would like present at the meeting, etc. and it was scheduled on April 5th. The meeting took half hour and Sondra asked Adam to attend one of her sessions with Ms. Volkens (at Sondra's expense) so he could understand her rigidity issues. This did not happen and Adam further told Sondra that ACCMHS would not pay for the contracted services of Ms. Rodino and she owed Ms. Rodino for her services dating back to January 4, 2019. Now, Ms. Rodino's services have been terminated because Sondra does not have the ability to pay her



for her prior services contracted by ACCMHS and cannot pay for her future services. Following Adam's decision on behalf of ACCMHS, he submitted a plan demanding Sondra's signature. The plan no longer provides for professional assistance for Sondra's rigidity issues or her communication issues. She needs to continue to work on communication so she can communicate her pain and needs to others. Sondra's CLS service provider was left without pay from ACCMHS between the time they had her plan meeting and the date they received the signed plan from Sondra. This forced Sondra to pay her CLS provider for the time he went unpaid by ACCMHS. You continued to state "This year, the plan was sent out and Sondra is concerned ACCMHS will deny her services until she signs the plan. If she is required to sign it to at least pay for her CLS services, she will sign it under duress and protest."

Ms. Kehrwecker, your concerns will be addressed as soon as possible and at the very latest the issue will be resolved within 90 days, per state guidelines. Should you have any questions or concerns please feel free to contact me.

Sincerely,



Cathy Haas
Customer Service Representative
Toll-Free # 877-608-3568 or 269-686-5124

Date Grievance Filed: 4/28/19

Local Appeal Resolution Letter

June 4, 2019

Karen Kehrwecker
4585 Arlene Lane
Holland, MI 49423

Dear Ms. Kehrwecker,

Thank you for contacting Allegan County Community Mental Health (ACCMH) Customer Services on May 6, 2019 with your request for a Local Appeal on behalf of your daughter, Sondra Kehrwecker. You were appealing the action taken by ACCMH to suspend and deny Speech/Language Services and Community Living Supports (CLS) effective with Sondra's plan dated April 5, 2019.

We have reviewed the information related to the services that had been being provided to Sondra by ACCMH and find the facts in the case as follows:

- Sondra received Speech/Language services provided by a contracted speech therapist with ACCMHS through April, 2019 and it was listed in her Treatment Plan.
- On April 5, 2019, a new IPOS was created and Speech/Language services were not included.
- On April 28, 2019, Customer Services received Psycholinguistic Evaluation dated October 10, 2018 authored by Marge Penning, Ph.D. CCC-SLP, Speech Language Pathologist Reading Specialist. ACCMHS's Clinical team including Sondra's Supports Coordinator and Supervisor of Supports Coordination reviewed the evaluation and decided to submit an authorization to include speech/language services back into Sondra's plan.
- On June 3, 2019, Sondra met with her Supports Coordinator and an addendum was completed for her Treatment Plan. Speech/language services was added to the plan.
- Sondra received CLS services provided by a staff who worked for a contracted provider with ACCMHS. This staff person stopped working with the contracted provider and no longer met the criteria to provide CLS services.
- Sondra's Supports Coordinator is available to discuss CLS needs and obtain a listing of Medicaid CLS providers who are currently contracted with ACCMHS.

Based on the facts in this case, we overturned the decision taken by ACCMHS to remove speech/language services from Sondra's plan. This service has been added back into the plan

and an addendum to the plan was created. CLS services continue to be available for Sondra. She can contact her Supports Coordinator to discuss CLS needs as defined in the Medicaid Provider Manual.

If you do not agree with this decision you may request a Medicaid Fair Hearing by completing the enclosed form and sending it in the envelope provided. I have also enclosed a brochure describing the Hearing Process. This matter is considered closed at this time.

Please feel free to contact me with any questions or concerns you have at toll-free # 877-608-3568 or 269-686-5124.

Sincerely,



Cathy Haas, ACCMHS Customer Services

Copy to: Sondra Kehrwecker

Date Opened: 5/6/19

Date of Decision: 6/3/19

Date Closed: 6/4/19

**Allegan CMH Services
TREATMENT PLAN ADDENDUM**

Customer Name: Kehrwecker, Sondra

Client ID: 509839

Clinician Name: Brink, Adam

Effective Date: 6/3/2019

Meeting Date: 6/3/2019

Purpose of Addendum

To add Speech Therapy Services into Sondra's treatment plan. Speech was eliminated from Sondra's plan on April 5 but was determined to be clinically appropriate and will be included again in Sondra's plan as of the date of this addendum: June 3, 2019.

I Choose the Following People to Give Input into Developing my Treatment Plan

Supports Coordinator-Adam Brink, Sondra, her mother-Karen, and Speech Therapist-Kassie Rodino

Desired Outcomes (Hopes and Dreams)

For Sondra to be as independent and healthy as possible.

Areas of Need

The clinician has recommended the following areas be addressed in the treatment plan:

NeedName

Getting Assistance,Managing Financial Affairs,Personal and Legal Affairs,Meal Preparation,Household Chores,Arranging Therapies,Monitoring Health Care,Getting Assistance,Managing Financial Affairs,Personal and Legal Affairs,Meal Preparation,Household Chores,Arranging Therapies,Monitoring Health Care

Goal# 1 Sondra will expand her business, "Lasting Memories," through the development of new technology and marketing.

Date Created: 04/05/2019

Monitored By: Brink, Adam

Target Date: 04/04/2020

Stage of Treatment: Engagement

Goal Status: Active

Associated Needs for Goal 1

Household Chores

Getting Assistance

Strengths pertinent to this goal:

Sondra has been able to develop some very good computer skills and is creative. She also has very good Supported Employment Staff and family support.

Associated with natural supports

Associated with employment

Associated with living arrangement

Associated with CLS/Club House

Objectives for Goal 1



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

SONDRA KEHRWECKER
4585 ARLENE LN
HOLLAND, MI 49423

Date Mailed: October 18, 2019
MOAHR Docket No.: 19-010167
Agency No.: 100238033
Petitioner: Sondra Kehrwecker

ADMINISTRATIVE LAW JUDGE: John Markey

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on October 16, 2019 from Detroit, Michigan. Petitioner appeared. Also appearing on behalf of Petitioner was Petitioner's mother, Karen Kehrwecker. The Department of Health and Human Services (Department) was represented by Jody Anderson, Recoupment Specialist, and Mariah Schaefer, Family Independence Manager. During the hearing, an 84-page packet of documents was offered and admitted into evidence as Exhibit A, pp. 1-84.

ISSUE

Did the Department properly determine that Petitioner received a \$741 agency error overissuance of Food Assistance Program (FAP) benefits from October 1, 2018 through September 30, 2019?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner was an ongoing recipient of FAP benefits from the Department.
2. During the entire relevant time period, Petitioner's income consisted of unearned income from three sources: (1) RSDI; (2) SSI; and (3) child support. From October 2018 through December 2018, those sources combined for a total of \$1,138 per month. From January 2019 through September 2019, they combined for a total of \$1,159 per month. Exhibit A, pp. 42-45; 49-78.

ALLEGAN COUNTY DHS
STE 300
3255 122ND AVE
ALLEGAN MI 49010

Save time - go online!
Go to www.michigan.gov/mibridges/ to
access your case online, or call (888) 642-7434.

Case Name: Sondra Kehrwecker
Case Number: 100238033
Date: 08/30/2019
MDHHS Office: ALLEGAN COUNTY DHS
Specialist / ID: D. Major / majord3
Phone: (269) 673-7798
Fax: (517) 346-9888
Individual ID: 9451947

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STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فالتصّل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

SONDRA LYNN KEHRWECKER
4585 ARLENE LN
HOLLAND MI 49423

ALLEGAN COUNTY DHS
PO BOX 8123
ROYAL OAK MI 48068-9985



NOTICE OF OVERISSUANCE

Claim ID# 100007408952

You received more benefits than you were eligible to receive from the Michigan Department of Health and Human Services during the period of 10/01/2018 to 09/30/2019 .

The total overissuance is: \$ 741.00 for the Program: Food Assistance

The reason for this overissuance is: Agency Error (AE) Client Error (CE)

Explanation of reason:

Agency failed to properly budget SSI in the food assistance budget.

An administrative law judge determined MDHHS actions were correct per hearing decision dated

Per Manual Items: BAM 105, 220, 700, 705, 725 BEM 212, 500, 503, 550, 554, 556

The calculations explaining how the amount of your overissuance(s) was determined are shown on the attached Overissuance Summary, DHS-4358-B.

Please read the attached Department and Client Error Information and Repayment Agreement, DHS-4358-C, for additional information on your rights, on your overissuance debt and for the overissuance rules that apply to your debt. Failure to return the signed repay and make monthly payments will result in delinquency. If you have filed for relief under the U.S. Bankruptcy code, this communication is for informational purposes only and is not an attempt to collect a debt.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: MCL 400.60; 7 USC 2022; 7 CFR 273.16; R 400.3011, .3129 - .3131, .3177 - .3179, .5014 MAC

This institution is an equal opportunity provider.

DHS-4358-A (Rev. 6-19) Bridges



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