OASIS · AT A GLANCE

Building evidence that gets services approved

Five kinds of evidence decide most waiver and service disputes, and four of them you have to create yourself. A reviewer who has never met your adult child will spend twenty minutes deciding their support hours.

PILLAR: HOW | COMPANION TO BLOG POST B146 | 2-PAGE BRIEF

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KINDS OF EVIDENCE

The record that decides most service disputes before a hearing starts.

What a strong file contains

BASELINE, ABSENCE, REFUSAL

STAGE 1

Document the baseline

Consistent medical treatment records and a physician letter naming specific functional limitations in activities of daily living.

→

STAGE 2

Document the absence

What happens without the service. Regression, hospitalizations, crisis calls, missed work, injuries. Dated, specific, repeated.

→

STAGE 3

Document the refusal

Every denial in writing, every unfilled authorized hour, every verbal no converted into an email. Then the deadlines start running.

Michigan appeal deadlines, from the notice date

ADVERSE BENEFIT DETERMINATION

The clocks that start the day the notice arrives

Everything else in an appeal can be figured out later. These dates cannot be recovered once they pass. Write the first two on a calendar the day the notice arrives.

Day 0	**The notice arrives**	An Adverse Benefit Determination reducing, suspending, terminating, or denying a service. Read the date on it first.
Day 10	**Keep services running**	Request benefit continuation within 10 calendar days of the notice, or by the intended effective date, whichever is later.
Day 60	**File the local appeal**	You have 60 calendar days from the date of the notice to request an appeal with your PIHP.
+30	**PIHP resolves it**	A standard appeal is resolved within 30 calendar days. An expedited appeal is resolved within 72 hours.
+120	**State Fair Hearing**	Up to 120 calendar days from the resolution notice to request a hearing, using form MDHHS-5617.

10

Days to keep services on

The shortest and least advertised deadline in the Michigan appeal process.

60

Days to file the appeal

From the date on the notice, not the date you opened the envelope.

72 hours

Expedited resolution

When waiting would seriously jeopardize health or function. Ask for it by name.

ELEVEN PHOTOGRAPHS AND A CALENDAR

“

Angela photographed her son’s bedroom door for eleven months. Same angle, same time of day, after each episode. When the reduction notice came, she brought the photographs and a calendar with every crisis marked. The reviewer had a form describing a young man who was generally stable.

SHOW THEM THE YEAR. NOT THE SENTENCE.

THE TAKEAWAY

Diagnosis establishes eligibility. Function establishes need. Hours are approved on need, which means the physician letter has to describe the day, not the diagnosis.

TURN THE PAGE

The five evidence categories, what actually counts as documentation, and the sentence that makes a physician letter work.

The five categories, and how to build each

FOUR OF THEM ARE YOURS

MEDICAL

Baseline and physician letter

- [ ] Consistent ongoing treatment, gaps read as gaps in need
- [ ] Ask for a functional limitations letter, not a diagnosis letter
- [ ] Name each activity of daily living specifically
- [ ] State the level of assistance each one requires
- [ ] Ask for two signed originals on letterhead

ABSENCE

What happens without the service

- [ ] Dated photographs of property damage or injury
- [ ] A three-line daily log: date, what happened, support present
- [ ] ER discharge papers and police contact records
- [ ] Missed work and lost income, with dates
- [ ] One entry proves nothing. Eleven months proves a pattern

WITNESSES

People who are not you

- [ ] Written statements from providers and direct support staff
- [ ] Teachers and former school staff who observed the same thing
- [ ] Neighbors, employers, transport drivers
- [ ] Get statements while events are fresh, not at appeal time
- [ ] Ask each one to date and sign

REFUSALS

Everything in writing

- [ ] Request every denial as a written notice
- [ ] Convert verbal answers into confirming emails
- [ ] Log every authorized hour that went undelivered
- [ ] Keep every denial forever, including old ones
- [ ] A verbal denial cannot be appealed, it does not exist

BRING ONE PAGE, NOT A BINDER

The sentence that makes a letter work

01

The service

Without [specific service] at [specific frequency],

02

The risk

this patient is at risk of [specific documented outcome],

03

The proof

as evidenced by [specific past event, with a date].

04

The signature

On letterhead, signed, dated, two originals.

YOUR MOVE

From a denial notice to a decision you can live with

1. **Get it in writing**
   Request the written notice for every denial.
2. **Mark the calendar**
   Count 10 days and 60 days from the notice date.
3. **Continue benefits**
   Request within 10 days so hours keep running.
4. **File the appeal**
   Within 60 days, with the evidence attached.
5. **Fair hearing**
   Within 120 days of resolution, form MDHHS-5617.

They have a form and twenty minutes. You have the whole story, dated. For once the documentation asymmetry runs in your favor. Use it.

SOURCES

Michigan Department of Health and Human Services. Appeal and Grievance Resolution Processes Technical Requirement, Medicaid managed specialty supports and services.

Michigan Department of Health and Human Services. Request for Hearing for Medicaid Enrollees or Waiver Participants, form MDHHS-5617.

Waskul v. Washtenaw County Community Mental Health, U.S. District Court, Eastern District of Michigan, settlement approved 2025, policies effective through 2029.

Disability Rights Michigan. Medicaid fair hearing and service denial advocacy. 800-288-5923.

ABOUT THE AUTHOR

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