

**Date:**

**To:** Michigan Department of Health & Human Services

**From:**

Sent electronically to [KhaledA@michigan.gov](mailto:KhaledA@michigan.gov)

**Re: Updates to the EPSDT Private Duty Nursing Policy**

Dear Michigan Department of Health and Human Services,

My name is \_\_\_\_\_, and I am the parent of a child who receives Medicaid-funded Private Duty Nursing (PDN) services.

Thank you for your time and consideration of my comments.

Sincerely,