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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

<p>PROVIDER NAME/ADDRESS:</p> <p>Clarion Psychiatric Center</p> <p>2 Hospital Drive</p> <p>Clarion, PA 16214</p>	<p>PROVIDER'S REPRESENTATIVE</p> <p>Dr. Moll</p>	<p>PROVIDER'S WITNESS (ES)</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX</p>
<p>RECIPIENTS INVOLVED:</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX</p>	<p>DEPARTMENT REPRESENTATIVE</p> <p>Dr. Keffer</p>	<p>DEPARTMENT WITNESS(ES)</p> <p>XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX</p>

<p>CASE #</p> <p>XXXXXXXXXXXX</p>	<p>BHA ID NUMBER/BHA DOCKET NUMBERS/ISSUE CODES</p> <p>16i0171-001/921</p>		
<p>DATE ADVERSE ACTION MAILED</p> <p>12/18/2018</p>	<p>DATE APPEAL RECEIVED</p> <p>POSTMARKED AT DPW</p> <p>1/17/2019</p>	<p>DATE APPEAL RECEIVED</p> <p>AT BHA</p> <p>1/17/2019</p>	<p>IR DUE DATE</p> <p>4/17/2019</p>
<p>DATE SCHEDULING NOTICE MAILED</p> <p>2/20/2019</p>	<p>RESCHEDULED TO</p>	<p>DATE OF HEARING</p> <p>3/11/2019</p>	<p>START TIME</p> <p>9:00 AM</p> <hr/> <p>END TIME</p>

		9:09 AM	
HEARING LOCATION	TELEPHONE	FACE TO FACE	OTHER
Philadelphia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


ORDER

A hearing was properly scheduled to be conducted by an Administrative Law Judge. The Appellant was not available, nor did the Appellant provide good cause for not being available. Because the Appellant has failed to pursue the appeal, it will be **DISMISSED** in accordance with 55 Pa. Code § 41.153.

Either party to this proceeding has thirty (30) calendar days from the date of this decision to request reconsideration by the Secretary of the Department. To seek reconsideration, you must fully complete the enclosed application/petition for reconsideration. The application/petition shall be addressed to the Secretary, but delivered to the Director, Bureau of Hearings and Appeals, P.O. Box 2675, Harrisburg, Pennsylvania, 17105-2675, and must be received in the Bureau of Hearings and Appeals within thirty (30) calendar days from the date of this Order. This action does not stop the time within which an appeal must be filed to Commonwealth Court. The applicant/petitioner shall serve a copy of the application/petition for reconsideration on the opposing party(ies).

The appropriate party(ies), where permitted, may take issue with this Adjudication, and Order, and may appeal to the Commonwealth Court of Pennsylvania, within thirty (30) days from the date of this order. This appeal must be filed with the Clerk of Commonwealth Court of Pennsylvania, 601 Commonwealth Avenue, Suite 2100, P.O. Box 69185, Harrisburg, Pennsylvania 17106-9185.

If you file an appeal with the Commonwealth Court, a copy of the appeal must be served on the government unit which made the determination in accordance with Pa. R.A.P. 1514. In this case, service must be made to: Department of Human Services, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, Pennsylvania 17110-9721, **AND** Department of Human Services, Office of General Counsel, 3rd Floor West, Health & Welfare Building, Harrisburg, PA 17120.

Bureau of Hearings and Appeals Final Administrative Action and Mailing Date 3/20/2019	 Tracy L. Henry, Esquire Chief Administrative Law Judge
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CC: XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX
