Petition for Review

Date Filed: May 23, 2024 {...} = No Information provided

NAME

Petitioner's First Name: Levovitz Petitioner's Last Name: Reuven

Business Name if Applicable: Grateful Care ABA **Name of Counsel if Represented:** Jeffrey Bellamy

CONTACT INFORMATION

Street Address for Service: 8840 Woodfield Crossing Blvd, Suite 310

City: Indianapolis

State: IN

Zip Code: 46240

Phone Number: 3176864773

Email Address for Service: bellamy@indiana-attorneys.com

ORDER INFORMATION

Facility | Device | Boiler ID: 1644 Fry Road, Suite A, Greenwood, IN 46142

Order Number: {. . .}

Entity Issuing Order: Local Fire Department

Scope of Review Requested? Determination of therapeutic autism services and treatment as a child or

adult day care facility (generally 675 IAC 13-2.6)

Date Ordered Received: May 7, 2024 **How was Order received:** Email

Was this Order specifically directed to you? Yes

Have you been aggrieved or adversely affected by the Order? Yes

If you answered no to the previous two questions, under what law are you entitled to review? {...}

INFORMATION CONCERNING REVIEW

Scope of Review Requested: Determination of therapeutic autism services and treatment as a child or adult day care facility (generally 675 IAC 13-2.6)

I request a Stay of Effectiveness: Yes

What is the basis of your challenge? That the autism treatment and care facility is mischaracterized as a 'day care' either children or adults. There is therapeutic treatment provided for patients on a 1:1.2 caregiver to patient ratio far exceeding day care standards and the Department interpretation as been misidentified.

What is your desired outcome? That the center be categorized in its more appropriate designation as a "B" clinic or therapy designation more in line with speech, clinical, physical, occupational, or psychological therapy facilities rather than a day care.

Additional Information: {...}