

Michigan Department of Health and Human Services
PO Box 30809
Lansing MI 48909



<First Name> < Last Name>
<Address Line 1>
<Address Line 2>
<City> <State> <Zip Code> <Zip Plus 4>



Important!

Healthy Michigan Plan work requirements are stopped. Read this letter.

DRAFT



**HMP work
requirements
are stopped**

Date: <Month><Day>, <Year>

Name: <First name> <Last name>

Beneficiary ID: <Beneficiary ID>

Dear <First name> <Last name>,

You have health care coverage through the Healthy Michigan Plan (HMP), a Michigan Medicaid program through the Michigan Department of Health and Human Services (MDHHS).

A recent court decision means that HMP work requirements are stopped.

You do not have to tell us about 80 hours of work or other activities anymore. You will **not** lose your HMP health care coverage if you don't tell us about work or other activities.

What happens next?

- Be sure to read all letters from MDHHS.
- It is possible work requirements could be restarted because of a future court decision. We will tell you if this happens.
- If you are required to report work activities for other MDHHS programs, such as food or cash assistance, keep following those program reporting requirements. If you have questions on your reporting requirements for other programs, contact your local MDHHS office.
- For all programs, you must continue to report changes to your local MDHHS office. These changes could include an address change, birth of a child, death, marriage or divorce, or change in income.

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Learn more online at
HealthyMichiganPlan.org



More questions?
Call us at 1-833-895-4355
(TTY 1-866-501-5656)

What if I still have questions?

To learn more, go to HealthyMichiganPlan.org. If you still have questions, call the HMP Work Requirements and Exemption Reporting Line at **1-833-895-4355** (TTY: 1-866-501-5656). You can call Monday through Friday, 8 a.m. to 7 p.m.

Thank you,

Medical Services Administration
Michigan Department of Health and Human Services



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Nondiscrimination

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. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

- **In person or mail:**

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

- **Phone:** 517-284-1018 (Main), TTY users call 711
- **Fax:** 517-335-6146
- **Email:** MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

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| <p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p> | <p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide the all of the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992.</p> <p>Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p> |
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MDHHS is an equal opportunity provider.