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>



Starting **January 1, 2020**, Michigan law will require some people in Healthy Michigan Plan (HMP) to tell us each month about 80 hours of work or activities like job search.

Read the enclosed letter to learn how to keep your health care coverage.



Date: <Month><Day>, <Year> Name: <First name> <Last name> Beneficiary ID: <Beneficiary ID>



Dear <First name><Last name>,

You have health coverage through Healthy Michigan Plan (HMP), a Michigan Medicaid program. This letter is about changes to HMP.

Starting **January 1, 2020**, Michigan law will require some people in HMP to tell us each month about 80 hours of work or activities like job search.

If you don't, you could lose your health care coverage unless you are exempt (excused).

You are **<u>not</u>** exempt (excused) right now.

Our records show that you are **not** exempt (excused). You will need to tell us each month about work or activities like job search.

An exemption would excuse you from telling us each month about work or activities to keep your HMP coverage. If you think you should be exempt because you have a medical condition or are disabled, pregnant, or have another reason, follow the 3 steps below.

How do I claim an exemption?

1 Read the Exemption Form that came with this letter.

If you think you have an exemption:

- 2 Fill out the form before January 31, 2020.
- 3 Send the form to:

MDHHS Special Processing Office Suite 1405 PO Box 30800 Lansing, MI 48909

What do I have to do?

Fill out the form

If you think you should be exempt (excused) because you have a medical condition, are disabled or pregnant, or have another reason, fill out and send the Exemption Form by **January 31, 2020**.



In December 2019, we will send you more information about HMP changes. We will tell you how to tell us about your work or activities. You may get another letter in January 2020, telling you if you have an exemption.

What if I still have questions?

To learn more, go to <u>HealthyMichiganPlan.org</u>. If you still have questions, call the Beneficiary Help Line at **1-800-642-3195** (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



Fill out the Exemption Form and send it to us by January 31, 2020



Learn more online at <u>HealthyMichiganPlan.org</u>



More questions? Call us at 1-800-642-3195 (TTY: 1-866-501-5656)

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available. Call **800-642-3195** (TTY users call TTY: 866-501-5656).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY: 866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-642-3195 (رقم هاتف الصم والبكم:-866-501-5656:TTY)
Chinese	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-642-3195(TTY: 866-501-5656)
Syriac (Assyrian)	،ەەتەتى: ي بىسەنى چە ئەھىھىلەنى لىقتى تەلمەتتى، ھى بىلەن «ئەھلىلەنى سلىخىلى» «ئەنىتەكە ھايىتى ئېچىتىمىلە. ھەنى خە ھىتىتىە (TTY:866-501-5656) 800-642-3195
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-642-3195 (TTY: 866-501-5656).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-642-3195 (TTY: 866-501-5656).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수
	있습니다. 800-642-3195 (TTY: 866-501-5656) 번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৪০০-642-3195 (TTY ১-৪66-501-5656)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-642-3195 (TTY: 866-501-5656).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-642-3195 (TTY: 866-501-5656).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-642-3195 (TTY: 866-501-5656).
Japanese	注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 800-642-3195(TTY:866-501-5656)まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-642-3195 (телетайп 866-501-5656).
Serbo- Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-642-3195 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 866-501-5656).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-642-3195 (TTY: 866-501-5656).

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: <u>MDHHS-ComplianceOffice@michigan.gov</u>

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

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

MDHHS is an equal opportunity provider.