

MONTH XX, YEAR

<FIRST NAME> <MIDDLE NAME INITIAL> <LAST NAME>
BENE OR GUARDIAN ADDRESS 1
BENE OR GUARDIAN ADDRESS 2
CITY STATE, ZIP CODE

RE: <First Name> <Last Name>
Beneficiary ID: <Beneficiary ID>

Dear <First Name> <Last Name>:

You have health care 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 they don't, they could lose health care coverage.

We sent you a letter in September to tell you that you are required to report 80 hours each month of work or other activities, such as job search, starting on January 1, 2020.

You are now exempt (excused).

Our records show that you are now exempt (excused) from telling us each month about work or qualifying activities like job search.

What do I have to do?

You do not have to do anything right now. Your exemption will last for 12 months or until your next HMP redetermination (renewal) date, whichever is first.

Note: If your exemption ends, you will need to meet the new requirement unless you renew the exemption. Be sure to read all letters from the Michigan Department of Health and Human Services.

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What happens next?

In January 2020, we will send a letter about your exemption. It will tell you the date your exemption ends.

What if I still have questions?

Read the enclosed booklet about work and other activities. This booklet explains more about the new requirements. Keep this booklet while you are on HMP. If you have questions, call the Beneficiary Help Line at **1-800-642-3195** (TTY 1-866-501-5656). You can call Monday through Friday from 8 a.m. to 7 p.m.

Thank you,

Medical Services Administration
Michigan Department of Health and Human Services



**Read the enclosed
booklet about work and
other activities**



**Learn more online at
HealthyMichiganPlan.org**



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

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)
- 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.

<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 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.