

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



# Important!

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

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



**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.

***Continued on the back*** ►



Learn more online at  
[HealthyMichiganPlan.org](https://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](http://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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[HealthyMichiganPlan.org](http://HealthyMichiganPlan.org)



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## Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call **833-895-4355** (TTY users call TTY: 866-501-5656).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833-895-4355 (TTY: 866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 833-895-4355 (رقم هاتف الصم والبكم: TTY: 866-501-5656)
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 833-895-4355 (TTY: 866-501-5656)
Syriac (Assyrian)	ܩܘܬܒܐ ܕܥܘܠܡܐ ܕܡܕܝܢܐ ܕܡܝܚܝܘܢܐ ܕܡܕܝܢܐ ܕܡܝܚܝܘܢܐ، ܗܝ ܒܗܘܢ ܕܦܘܠܝܬܐ ܕܡܕܝܢܐ ܕܡܝܚܝܘܢܐ ܕܡܕܝܢܐ ܕܡܝܚܝܘܢܐ ܕܡܕܝܢܐ ܕܡܝܚܝܘܢܐ. 833-895-4355 (TTY: 866-501-5656)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 833-895-4355 (TTY: 866-501-5656).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 833-895-4355 (TTY: 866-501-5656).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 833-895-4355 (TTY: 866-501-5656) 번으로 전화해 주십시오.
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৩৩-৮৯৫-৪৩৫৫ (TTY ১-৮৬৬-৫০১-৫৬৫৬)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 833-895-4355 (TTY: 866-501-5656).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 833-895-4355 (TTY: 866-501-5656).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 833-895-4355 (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。833-895-4355 (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 833-895-4355 (телетайп 866-501-5656).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 833-895-4355 (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 833-895-4355 (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)
- 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](mailto: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 <a href="https://bit.ly/2pBS4YG">https://bit.ly/2pBS4YG</a>, 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 <a href="https://bit.ly/2IKsHMS">https://bit.ly/2IKsHMS</a>.</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: <a href="https://bit.ly/2g9zzpU">https://bit.ly/2g9zzpU</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></p>
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MDHHS is an equal opportunity provider.