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

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

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 your HMP coverage.

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 exempt (excused) from these requirements. You are still **exempt (excused)**.

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 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.

What happens next?

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

Continued on the back ▶

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)

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:-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 800-642-3195（TTY: 866-501-5656）
Syriac (Assyrian)	ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܡܐ ܐܝܬܠܘܢ ܕܡܫܡܫܢܘܬܐ ܕܥܘܕܪܢܐ ܕܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ (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 ১-800-642-3195 (TTY ১-866-501-5656)
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)
- 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.

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: 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) Complaint forms are available at https://bit.ly/2IKsHMS.	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: 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. To request a copy of the complaint form, call 866-632-9992. 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 Fax: 202-690-7442; or Email: program.intake@usda.gov

MDHHS is an equal opportunity provider.