STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

<Insert Today's Date>

Name
Address
City, State, Zip

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أيّ سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Dear <<client>>:

We want to tell you about new rules for homes like <<setting>>, where you live or receive services. You live with other people and need help from staff every day. The new rules make sure you can do the things you want to do in this setting. It is important for you to tell us if you want to keep living at or receiving services from <<setting>>.

- If you **do**, we will come visit the setting to make sure they are following the rules so that you can stay there.

- If you **do not**, your supports coordinator from <<waiver agency>> can help you find another setting.

It is up to you and your friends and family to make this decision. Your supports coordinator can answer any questions you have.

Once you make your choice, mark it on the next page and return it in the enclosed envelope.

Kathleen Oberst at the Institute for Health Policy at MSU can help you if you have questions about this letter. You can contact her at 517-432-9824 or Kathleen.oberst@hc.msu.edu.

Regards,

Elizabeth Gallagher, MPA
Interim Director, Long Term Care Services Division

Cc: WAIVER AGENCY

The Michigan Department of Health and Human Services needs to know whether you want to stay in the home where you live. Check the box below that says how you feel and send this page to Kathleen Oberst using the envelope provided.

Your current setting is: \<\<setting name\>\>
\<\<setting address\>\>
\<\<setting address2\>\>

☐ Yes I would like to stay where I live or receive services now if they can make the changes they need to make.

☐ No I do not wish to continue living or receiving services where I do now.

Cc: \<Waiver Agency\>