MDHHS
Michigan Department of Health & Human Services

BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 26-21

Distribution: Home Help Agency Providers

Issued: June 15, 2026

Subject: Home Help Audit Forms

Effective: August 1, 2026

Programs Affected: Medicaid, Healthy Michigan Plan

This bulletin introduces three new forms for the Home Help new agency provider compliance review and Home Help random audits: HS-2601 – Home Help Audit Caregiver List, HS-2602 – Home Help Audit Submission Checklist, and HS-2603 – Home Help Audit Payroll Template. The purpose of the forms is to ensure all documents provided by an audited Home Help agency provider ("agency") are submitted in a standardized format and include the information Michigan Department of Health & Human Services (MDHHS) Home Help auditors need to determine whether an audited agency is in compliance with Michigan Medicaid Home Help policy.

MDHHS will include the forms with the initial audit letter sent to the agency. The Home Help Audit Payroll Template and Home Help Audit Caregiver List will also be available for download at Medicaid Provider Forms and Other Resources.

Home Help Audit Caregiver List

The HS-2601 - Home Help Audit Caregiver List replaces the requirement in Home Help policy for an audited agency to provide a list of all agency caregivers currently providing Home Help services. The form standardizes information submitted by audited agencies and includes the following changes to current Home Help policy:

- The form must be signed and dated by an agency owner or managing employee.
- For each caregiver, the audited agency must indicate whether the caregiver is approved by MDHHS for an Electronic Visit Verification (EVV) live-in caregiver exemption.

Home Help Audit Submission Checklist

The HS-2602 - Home Help Audit Submission Checklist serves as the cover page for the agency's audit documents. An audited agency must use the form to a) indicate the status of all

required audit documents and, where applicable, b) provide the reason for and anticipated submission date of any missing documents.

Home Help Audit Payroll Template

The HS-2603 - Home Help Audit Payroll Template is intended only for audited agencies that do not use a payroll company. Most payroll reports provided by payroll companies include all information needed to meet Home Help audit requirements. An agency that does not use a payroll company may use the Home Help Audit Payroll Template to meet the agency caregiver payroll record requirement. An agency may choose to submit its own payroll documents if those documents include all the information in Section 2 of the Home Help Audit Payroll Template.

Updates to the New Agency Provider Compliance Review Policy

In addition to the new audit forms, the following requirements will be added to Home Help policy:

- The agency must submit a current and complete IRS Form W-9, Request for Taxpayer Identification Number and Certification.

- If payroll records do not verify tax payments, the agency must submit the State of Michigan Employer's Quarterly Wage/Tax Report, and IRS Form 941, Employer's Quarterly Federal Tax Return.

For more information about Home Help audits, refer to the New Agency Provider Compliance Review and the Agency Provider Audits sections in the Home Help chapter of the MDHHS Medicaid Provider Manual.

Manual Maintenance

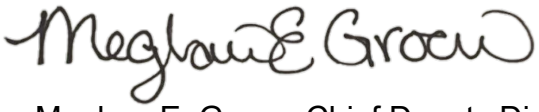
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Meghan E. Groen, Chief Deputy Director
Health Services

HOME HELP AGENCY PROVIDER AUDIT CAREGIVER LIST

Michigan Department of Health and Human Services

This form accommodates records for up to 15 agency caregivers. If more than 15 agency caregivers are currently providing Home Help services, either multiple copies of this form may be used or the information in Section 2 of this form for the remaining caregivers may be submitted in a Microsoft Word, Adobe PDF or Microsoft Excel document.

How to Complete This Form

SECTION 1: Enter all the required agency information. The information in this section must match the information in your agency's Community Health Automated Medicaid Processing System (CHAMPS) enrollment.

SECTION 2: List all agency caregivers currently providing Home Help services. For each agency caregiver, enter all the following information:

- List the agency caregiver's first and last name and CHAMPS provider ID.
- If the agency caregiver is currently approved by the Michigan Department of Health and Human Services for an Electronic Visit Verification live-in caregiver exemption, check the box in the Live-In Caregiver column.
- List the first and last names of all the Home Help clients the agency caregiver currently serves.

SECTION 3: This section must only be signed and dated by an agency owner or managing employee. The signature must be handwritten. The signer must check the "Agency Owner" or "Managing Employee" box.

AUTHORITY: Title XIX of the Social Security Act and Administrative rule 400.1104(a)
COMPLETION: Is Voluntary, but is required if Medical Assistance program payment is desired.

HOME HELP AGENCY PROVIDER AUDIT CAREGIVER LIST

Michigan Department of Health and Human Services

SECTION 1 – Agency Provider Information

Agency Provider Name	CHAMPS Provider ID Number
Employer Identification Number (EIN)	National Provider Identifier (NPI)

SECTION 2 – List of Current Home Help Agency Caregivers

First and Last Name	Provider ID Number	Live-In Caregiver	Home Help Client(s) the Caregiver Serves
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
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		☐	
		☐	
		☐	

SECTION 3 – Attestation

With my handwritten signature below, I certify that a) the information provided on this form is correct and b) all agency caregivers providing Home Help services are associated to the agency in CHAMPS.		
Signature of Agency Owner or Managing Employee	Title of the Signer	Date Signed
	☐ Agency owner ☐ Managing employee	

Michigan Department of Health and Human Services (MDHHS)
Please note if needed, free language assistance services are available.
Call 800-642-3195 (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).
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)	ܙܘܗܪ̈ܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܐܝܬ ܠܘܟܘܢ ܕܫܡܫܝܬܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ. ܩܪܘ ܥܠ ܡܢܝܢܐ 800-642-3195 (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 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
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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).

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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 the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, Suite 411
PO Box 30037
Lansing, MI 48909

517-284-1018 (Main), (TTY number—if covered entity has one), 517-335-6146 (Fax), MDHHS-Section-1557@michigan.gov (Email).

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 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

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HOME HELP AUDIT SUBMISSION CHECKLIST

Michigan Department of Health and Human Services

SECTION 1 – AUDIT INFORMATION (MDHHS USE ONLY)

Type of Audit	Audit Due Date
☐ New Agency Compliance Review ☐ Random Audit	

SECTION 2 - AGENCY PROVIDER INFORMATION

Enter all the required information. The information in this section must match the information in the agency provider's Community Health Automated Medicaid Processing System (CHAMPS) enrollment.

Agency Provider Name	CHAMPS Provider ID Number
Employer Identification Number (EIN)	National Provider Identifier (NPI)

SECTION 3 – AUDIT SUBMISSION CHECKLIST

For every audit item, indicate whether your agency has submitted the required document or information by checking the "Yes" or "No" checkbox.

Item	Document/Information Provided?
1. Submitted a completed Form HS-2601 - Current Caregiver List.	☐ Yes ☐ No
2. Submitted a letter signed and dated by the agency owner(s) listing the following information: • The names, email addresses and phone numbers of all agency owner(s) and managing employee(s). • The agency's correspondence address.	☐ Yes ☐ No
3. Submitted three months of payroll records demonstrating the agency's direct employment of all agency caregivers providing Home Help services. If the agency does not use a payroll company, completed Forms HS-2603, Home Help Audit Payroll Template, or payroll records that include all the information in Section 2 of the HS-2603 were submitted.	☐ Yes ☐ No
4. The submitted payroll records include the following information for all agency caregivers:	
a. Names of all agency caregivers who provided Home Help services during the months listed on the MDHHS audit letter.	☐ Yes ☐ No
b. Pay period dates for each agency caregiver.	☐ Yes ☐ No
c. Payment amounts for each agency caregiver.	☐ Yes ☐ No
d. Rate of pay and hours worked during the pay period for each agency caregiver.	☐ Yes ☐ No

Item	Document/Information Provided?
5. Submitted IRS Form W-9, Request for Taxpayer Identification Number and Certification.	☐ Yes ☐ No
6. If the agency payroll report does not include Federal Insurance Contribution Act (FICA) tax (Medicare and Social Security) or Michigan Unemployment Insurance (UIA), the following items were submitted:	
a. Internal Revenue Service (IRS) Forms 941, Employer's QUARTERLY Federal Tax Return, for all quarters/months listed on the MDHHS audit letter.	☐ Yes ☐ No ☐ Not Applicable
b. Michigan Forms UIA-1028, Employer's Quarterly Wage/Tax Report, with the wage detail report, for all quarters/months listed on the MDHHS audit letter.	☐ Yes ☐ No ☐ Not Applicable

SECTION 4 – REASON FOR NOT SUBMITTING DOCUMENT(S)

If you checked "No" for any of the items in Section 3, use the following table to explain why the item was not submitted. If available, note the date you intend to submit the missing item.

Item	Reason for Not Submitting Required Audit Item	Anticipated Submission Date
1		
2		
3		
4		
5		
6		

SECTION 5 – ATTESTATION

This section must only be signed and dated by an agency owner or managing employee. The signature must be handwritten. The signer must check the "Agency Owner" or "Managing Employee" box.

With my handwritten signature below, I certify that all items in Section 3 of this form have been completed and submitted. I understand additional documents may be needed to clarify the information provided. I understand that a failure to submit any of the documents in Section 3 of this form or additional documents required by MDHHS could impact the success of my agency's audit and result in the loss of my agency's approved Home Help agency provider status.

Signature of Agency Owner or Managing Employee	Title of the Signer	Date Signed
	☐ Agency owner ☐ Managing employee	

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- 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

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MDHHS Section 1557 Coordinator
Compliance Office, Suite 411
PO Box 30037
Lansing, MI 48909

517-284-1018 (Main), (TTY number—if covered entity has one), 517-335-6146 (Fax), MDHHS-Section-1557@michigan.gov (Email).

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 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

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HOME HELP AUDIT PAYROLL TEMPLATE

Michigan Department of Health and Human Services

This form is intended only for an audited Home Help agency provider ("agency") that does not use a payroll company. Most payroll reports provided by payroll companies include all information needed to meet Home Help audit requirements. If your agency does not use a payroll company, you may use this form to meet the agency caregiver payroll record requirement. You may also choose to submit your agency's own payroll documents if they include all the information in Section 2 of this form.

How to Complete This Form

This form is intended for one month of payroll records. A form must be completed for each month listed on the MDHHS audit or new agency provider compliance review letter.

SECTION 1: Enter all the required agency information. The information in this section must match the information in your agency's Community Health Automated Medicaid Processing System (CHAMPS) enrollment.

SECTION 2: This form accommodates payroll records for four agency caregivers. If payroll records are required for more than four agency caregivers, multiple forms may be submitted. Enter all the following information:

A. **Payroll Period**: Enter the start and end dates of the one-month payroll period.
B. **Employee**: Enter the first and last names of all agency caregivers who provided Home Help services during the payroll period.
C. **Hours Worked**: For each caregiver, enter the total hours and minutes your agency paid the caregiver during the payroll period. If the agency caregiver provided services other than Home Help during the month, do not include the time the caregiver spent on those services. Enter the time in a hh.mm format. For example, 40 hours and 15 minutes would be entered as 40.25. For help entering minutes in a decimal format, see the "Conversion Table – Decimal Hours to Minutes" in Numbered Letter L 17-45.
D. **Pay Rate**: In the "Regular" field, enter the caregiver's base pay rate. In the "Mandated Caregiver Wage Increase Passthrough" field, enter the MDHHS-mandated passthrough.
E. **Gross Amount**: In the "Regular" field, enter the total dollar amount calculated by multiplying the Hours Worked by the pay rate in the "Regular" Pay Rate field. In the "Mandated Caregiver Wage Increase Passthrough", enter the total dollar amount calculated by multiplying the Hours Worked by the pay rate in the "Mandated Caregiver Wage Increase Passthrough" Pay Rate field. Add the two dollar amounts together and place the total dollar amount in the Total field.
F. **Overtime Pay Included**: Check this box only if the dollar amount in the Total field includes overtime pay.

SECTION 3: This section must only be signed and dated by an agency owner or managing employee. The signature must be handwritten. The signer must check the "Agency Owner" or "Managing Employee" box.

HOME HELP AGENCY PROVIDER AUDIT PAYROLL TEMPLATE
Michigan Department of Health and Human Services

SECTION 1 - Agency Provider Information

Agency Provider Name	CHAMPS Provider ID Number		
Employer Identification Number (EIN)	National Provider Identifier (NPI)		
Agency Provider Correspondence Street Address	City	State	Zip

SECTION 2 – Agency Caregiver Payroll Records

Payroll Period				
<Enter Payroll Period Start Date>		<Enter Payroll Period End Date>		
Employee	**Hours Worked**	**Pay Type**	**Pay Rate**	**Gross Amount**
<Enter Caregiver First and Last Name>	<hh.mm>	Regular	$	
		Mandated Caregiver Wage Increase Passthrough	$	$
		☐ Overtime Pay Included	**Total**	**$**
<Enter Caregiver First and Last Name>	<hh.mm>	Regular	$	$
		Mandated Caregiver Wage Increase Passthrough	$	$
		☐ Overtime Pay Included	**Total**	**$**
<Enter Caregiver First and Last Name>	<hh.mm>	Regular	$	$
		Mandated Caregiver Wage Increase Passthrough	$	$
		☐ Overtime Pay Included	**Total**	**$**
<Enter Caregiver First and Last Name>	<hh.mm>	Regular	$	$
		Mandated Caregiver Wage Increase Passthrough	$	$
		☐ Overtime Pay Included	**Total**	**$**
<Enter Caregiver First and Last Name>	<hh.mm>	Regular	$	$
		Mandated Caregiver Wage Increase Passthrough	$	$
		☐ Overtime Pay Included	**Total**	**$**

SECTION 3 – Attestation

With my handwritten signature below, I certify that a) the information provided on this form is correct and b) all caregivers providing Home Help services are associated to the agency in CHAMPS.		
Signature of Agency Owner or Managing Employee	Title of the Signer	Date Signed
	☐ Agency owner ☐ Managing employee	

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.
Call 800-642-3195 (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).
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)	ܙܘܗܪ̈ܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܡܨܝܬܘܢ ܕܩܒܠܝܬܘܢ ܚܠܡܬܐ ܕܗܝܪܬܐ ܠܫܢܢܝܐ ܡܓܢܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 800-642-3195 (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 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).

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

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 the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, Suite 411
PO Box 30037
Lansing, MI 48909

517-284-1018 (Main), (TTY number—if covered entity has one), 517-335-6146 (Fax), MDHHS-Section-1557@michigan.gov (Email).

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 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.