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

Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

Date

FIRST NAME LAST NAME
ADDRESS
ADDRESS LINE 2
CITY STATE, ZIP CODE ZIP PLUS 4

Dear :

Para ver esta carta en español, visite michigan.gov/medicaid
michigan.gov/medicaid للاطلاع على هذه الرسالة باللغة العربية، زر الموقع الإلكتروني

Medicaid Eligibility Changes for Some Non-citizens

This letter explains new federal rules that could affect your Medicaid coverage. These changes depend on your immigration status.

This letter does not automatically mean your coverage will change. Some people will keep full Medicaid coverage. Others will move to Emergency Services Only (ESO) coverage.

This notice gives general information. **If your coverage is changing, you will get a notice with details specific to your case.** These changes start on **October 1, 2026.** You do not need to do anything today.

Who will keep full Medicaid coverage?

These groups will still be eligible for full Medicaid benefits:

- Lawful permanent residents (LPRs) after the 5-year waiting period.
- Cuban/Haitian entrants.
- Compacts of Free Association (COFA) migrants.
- Pregnant individuals.
- Children under the age of 21.

Who will move to Emergency Services Only (ESO) coverage?

If you are not in one of the groups listed above, your coverage may change to ESO.

What is ESO?

ESO helps pay for emergency medical conditions. This means a health problem with severe symptoms that need care right away to prevent serious harm. It **does not** cover routine doctor visits, preventive care, prescriptions or ongoing treatment.

What does this mean for others in my home?

MDHHS checks eligibility for each person in your home. A change to your coverage does not always mean that your family members' coverage will change.

How will MDHHS check my immigration status?

MDHHS uses information we already have to check your immigration status. If we need more information, MDHHS will contact you.

Please respond quickly if you are contacted. This can help avoid delays with your health coverage.

If you or someone in your home has documents or information on their immigration status (like a green card or work permit), they should upload them to MI Bridges or work directly with their assigned case worker to provide any updates.

What happens next?

You will get a notice in the mail if your health coverage changes. The notice will be sent before the change starts on Oct. 1, 2026.

That notice will include:

- A description of your new coverage.
- How to ask for review of the decision (known as your right to appeal).

What should I do now?

Be sure to:

- Watch your mail and respond quickly to Medicaid renewal packets, letters from your health plan, or local county Medicaid office.
- Report any changes that may affect your coverage.
- Visit Michigan.gov/Medicaid for more information on upcoming changes to Medicaid.

How do I report changes?

To report changes, visit Michigan.gov/mibridges and use the “Report My Changes” function.

You can also contact your local office to report these changes.

We are here for you

For questions or problems, or help to translate, call the **Beneficiary Help Line** at **1-800-642-3195.**

Sincerely,

Michigan Department of Health and Human Services

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)	ܫܘܬܦܐ: ܐܢ ܐܢܬ ܡܫܟܚ ܠܫܢܐ ܣܘܪܝܝܐ، ܐܝܟ ܒܗ ܕܝ ܠܟ ܫܘܬܦܐ ܕܡܠܝܐ ܕܡܬܝܗܒ ܠܟ ܒܠܐ ܡܚܐܠ. ܛܠܦܢ ܠ 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.