

WAYNE CO DHS GREENFIELD JOY DIST
8655 GREENFIELD RD
DETROIT MI 48228

Case Name: **Priscilla Southall**
Case Number: **120737834**
Date: **06/14/2023**
MDHHS Office: **WAYNE CO DHS GREENFIELD JOY DIST**
Specialist / ID: **M. Connection / mdhhs-wayne-greenjoy**
Phone: **(844) 464-3447**
Fax: **(517) 346-9888**
Beneficiary ID: **1153946720**

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

PRISCILLA N SOUTHALL
7361 GREENVIEW AVE
DETROIT MI 48228

HEALTH CARE COVERAGE DETERMINATION NOTICE

Health care coverage must be renewed each year.

We have reviewed the information on file and the Health care coverage is now renewed until June 2024 for the individuals listed below.

If you have previously received a determination notice regarding health care coverage for individuals not listed on this notice, their coverage has not changed.

Approval Information

Priscilla N Southall -Beneficiary ID 1153946720 is eligible:
07/01/2023-Ongoing (Full Coverage)

More information about your determination for health care coverage

Information used to determine eligibility at renewal for Priscilla N Southall

Household Total Countable Annual Income Amount: \$ 0.00
Health Care Household Size: 7



Your countable income listed in this notice may differ from your reported income because some income types are left out when determining your eligibility for healthcare coverage. You must call your Specialist or report changes by going to the MI Bridges website <https://www.mibridges.michigan.gov/access> if any of the above information is incorrect.

Tax return information

You can opt-in to have your health care coverage automatically renewed for a period of 5 years. By opting-in to automatic renewals, the State of Michigan will attempt to renew your health care coverage by matching the income listed in your case with the income reported to the IRS. You will be mailed a DHS-1010 Redetermination Form to verify your income if the income in your DHHS case does not match the income reported to the IRS.

Our records indicate that you have not opted-in to an automatic renewal for your health care coverage.

Status: Did not opt-in

If you would like to change your opt-in answer, go to the MI Bridges website and submit a change. <https://www.mibridges.michigan.gov/access/> or contact your Specialist.

More information about your health care coverage

If you are under 21 or pregnant and believe you or anyone consumed water from the Flint water system AND lived, worked, or received childcare or education at an address that was served by the Flint water system at any time from April 2014 through present day, please contact your case worker.

Reporting Changes

Changes should be reported within 10 days. You may report changes to your specialist by telephone, in writing, or online by visiting www.michigan.gov/mibridges. It is your responsibility (or that of the person acting for you) to notify your specialist within 10 days of any changes in your circumstances which may affect your eligibility for assistance. This includes changes in employment, income or health insurance premiums for you or members of your family, the number of persons living in your home, and change of address. Failure to report changes may make you liable to penalties provided by law for fraud.

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.

APPEAL INFORMATION

You have a right to appeal if this letter said you are not eligible for health care coverage and you believe that the decision is wrong.

You must request your appeal in writing. The request should include your name, address, and case number. Attach a copy of this notice, if possible. Go to [www.michigan.gov/documents/FIA - Pub18_14356_7.pdf](http://www.michigan.gov/documents/FIA_Pub18_14356_7.pdf) to download a form to use, or contact your specialist shown on the first page of this notice to request a form.

- Mail the signed and dated request to the hearings coordinator at your local Michigan Department of Health and Human Services (MDHHS) office.
- Keep a copy of the request and any other document you attach for yourself.
- At the hearing you can explain why you think the action is wrong and present evidence.
- MDHHS must receive your request for appeal within 90 days of the mailing day of this notice. Your request must be received on or before **09/12/2023** or you will not be granted a hearing.
- MDHHS must receive your request for an appeal by **06/30/2023** to continue receiving your benefits.

You may be required to repay any assistance that you receive while your appeal is pending if: (1) the Department's proposed action is upheld in the hearing decision, or (2) your request for appeal is withdrawn, or (3) you or your authorized representative do not attend this hearing.

You may choose anyone to represent you. If that person is not a lawyer or is not appointed by a court, you must give us your signed authorization and the person you wish to represent you must also sign the request. Attach a copy of the court's order if the person is court-appointed to help you. The Michigan Administrative Hearing System will deny the request of an administrative hearing made by the representative if you do not provide proof of authorization.

