HAP CareSource™

Non-Discrimination Notice

We follow all applicable state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin (including limited English proficiency and primary language), disability, age, religion, sex, or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you. Call **1-833-230-2057 (TTY: 1-833-711-4711 or 711)** if you need any of this help. We are open Monday through Friday, 8 a.m. to 8 p.m. We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

Mail: HAP CareSource MI Coordinated
Health Attn: Civil Rights Coordinator
P.O. Box 1947 Dayton, OH 45401

Phone: 1-844-539-1732 (TTY: 711)
Fax: 1-844-417-6254
Email: CivilRightsCoordinator@CareSource.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Mail: U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Mail the complaint form found at
www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Online: ocrportal.hhs.gov

You can find this notice at **HAPCareSource.com**.

MDHHS | MI Coordinated Health
Michigan Department of Health & Human Services