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LANSING



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May 24, 2010

The Honorable Bill Hardiman, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, MI 48933

The Honorable Dudley Spade, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, MI 48933

Dear Senator Hardiman and Representative Spade:

Section 273(1) of 2009 Public Act No. 129 (Enrolled Senate Bill No. 248) requires the Department of Human Services (DHS) to report policy changes made to implement provisions of enacted legislation including the DHS budget act. Attached is the report for April 2010.

The report contains the bulletin number of the policy release as well as the effective date, subject and summary of the policy.

If you have any questions about the attached material, please contact Judith Galant, online manual coordinator, at 517-241-7084.

Sincerely,

Ismael Ahmed

Attachment

C: DHS Senate and House Appropriations Subcommittee
Senate and House Fiscal Agencies
Senate and House Policy Offices
State Budget Office

Emergency Needs Policy**ERB 2010-001****EFFECTIVE** June 1, 2010.**Subject**

1. Application procedures.
2. Exception to official State Emergency Relief (SER) policy.

**1) Application
Procedures****EMR 103**

Applications may be submitted electronically through the MIBridges system for energy-related emergency requests. An application submitted through MIBridges is considered a complete application and no additional applications are required.

Requests for State Emergency Relief (SER) become an application on the date the signed DHS-1514 is received in a local office. For electronic applications submitted through MIBridges, the application date is determined based on the time and date of submission. Any application submitted after 5pm or on a non-business day will have an application date of the next business day.

**2) Exceptions to
Official SER Policy****ERM 104**

When an exception request is submitted through Bridges, the specialist will receive a reminder in the *Tasks and Reminders* box when a decision has been made.

Exception Requests must include the following information:

- Client's name and case number.
- Group composition.
- Specific reason for the exception request.
- Detailed information on the emergency.
- Extenuating circumstances.
- Household income.
- Total amount needed.
- Provider name.
- Provider number.
- Account number, if there is one.

Childrens Foster Care

FOB 2010-002	Interim policy bulletin.
EFFECTIVE	Immediately upon receipt.
Subject	<ol style="list-style-type: none">1. FOM 722-6.<ul style="list-style-type: none">• Foster Care (FC) worker and supervisor monthly case consultation.• Medicaid (MA) card and Consent to Emergency Treatment card.2. Case service plans.<ul style="list-style-type: none">• Initial service plan (ISP).• Updated and permanent ward service plans (USP/PWSP).• Supervisor review and approval of case service plans.3. FIP and MA eligibility for a parent.4. Supervision of state wards.5. Supplemental Security Income (SSI) and older youth exiting foster Care.

1) FOM 722-6 Foster care worker and supervisor monthly case consultation.

The FC worker must meet with the FC supervisor at least monthly for case consultation. All case consultation meetings between the FC worker and supervisor are required documentation in the social work contact section of the respective case service plan.

Medicaid card and Consent to Emergency Treatment card.

Each child in foster care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number. At the time of placement, the caregiver is given the Consent to Emergency Treatment card (DHS-3762) which allows the provider to take the child to the doctor. The Consent to Emergency Treatment card is completed by the worker placing the child, and the worker must enter the child's MA number on the card (if the child is already on MA).

If the child is not active on MA at the time of placement, the caregiver must receive the MA card or alternative verification of the child's Medicaid status and recipient ID number within 30 days of the date a child enters foster care. For any subsequent placement, the caregiver shall receive the child's Medicaid card or alternative verification and the Consent to Emergency Treatment card upon the child's placement.

The date the foster parent or other caregiver receives the child's MA card or alternative verification of the child's Medicaid status and recipient ID number shall be the date of placement.

ent ID, along with the Consent to Emergency Treatment card must be documented in the case service plan under the Foster Parent/Relative Caregiver Input section of the case service plan. SWSS-FAJ users will document the above information with a statement indicating the date the MA card or alternative verification and Consent to Emergency Treatment card was given to the caregiver under the Caregiver Feedback tab in the SWSS-FAJ Placement module. The statement will prefill in the Foster Parent/Relative Caregiver Input section of the case service plan.

Additionally, for all subsequent placements (replacements), the FC worker completing the Foster Care Action Summary (DHS-69) must check the field box for the Consent to Emergency Treatment card within the information shared with new caregiver, as further documentation.

If the relative or unrelated caregiver plans to apply for FIP (Family Independence Program) for the child, follow the policy in FOM 902-11. FC workers are to verify that the caregivers applied for the FIP/MA within the first 30 days of placement within that home.

2) Case Service Plans (ISP, USP, PWSP)

FOM 722-8, FOM 722-9, FOM 722-9D

Foster care initial, updated and permanent ward case service plan time frame compliance for report completion, supervisory review and approval, and licensing is revised. Policy revision includes the required face-to-face meeting between the FC supervisor and worker prior to finalizing the case service plan.

Initial Service Plan (ISP)

Policy is revised to clarify the 30-day statutory requirement (MCL 712A.13a) for the initial case service plan (ISP).

The ISP must be prepared within 30 calendar days of the child's removal from his/her own home. A copy of the ISP is required in every child's case record regardless of individual court reports.

The ISP is considered complete when the FC worker submits the ISP for supervisor review through the Service Worker Support System Foster Care, Adoption and Juvenile Justice (SWSS-FAJ). The completion date is reflected as the *report date* on the first page of the ISP.

The placement agency foster care (PAFC) ISP is considered complete when the PAFC worker submits the ISP to the PAFC supervisor for review. The completion date is reflected as the *report date* on the first page of the ISP. The ISP templates were revised to include the report period, with the report period begin and end date.

The ISP is considered overdue if the *report date* is on or after the 31st day following the child's removal date.

Updated and Permanent Ward Service Plans (USP/PWSP)

Completion of the first updated service plan (USP) or permanent ward service plan (PWSP), if applicable, is required within 120 calendar days of removal and at least every 90 calendar days thereafter or more frequently, if necessary, to ensure coordination with court hearings.

At a minimum, the USP/PWSP must be updated and revised at 90-day intervals. The due date of the USP or PWSP is within 90 calendar days of the previous service plan's report period end date. A copy of each USP is required in every child's case record regardless of individual court reports.

The USP or PWSP is considered complete when the FC worker submits the case service plan for supervisor review through SWSS-FAJ. The completion date is reflected as the *report date* on the first page of the USP or PWSP.

The placement agency foster care (PAFC) USP or PWSP is considered complete when the PAFC worker submits the case service plan to the PAFC supervisor for review. The completion date is reflected as the *report date* on the first page of the USP or PWSP.

The USP or PWSP is considered overdue if the *report date* is on or following the 91st day from the previous service plan's report period end date.

Supervisor Review and Approval of Case Service Plans

Prior to finalizing, each case service plan (ISP, USP, PWSP) along with the required assessments must be reviewed and approved by the FC supervisor only after a face-to-face meeting with the FC worker.

Case service plan approval process requires the FC supervisor to:

- Review and approve the ISP/USP/PWSP within 14 calendar days of report date (see above).
- For DHS supervisors, select the *Approved* in the SWSS-FAJ Supervisory Selection field to generate the SWSS-FAJ transaction.
- Sign and date the original approved case service plan.

The DHS and PAFC case service plan approval date is identified by the FC worker and supervisor signatures and date on the last page of the case service plan. A copy of the case service plan with the two signatures and dates must be placed in the narrative section of the case record.

The agency is considered out of compliance with licensing rule R400.12403(2)(o) if the FC supervisor signature date is past the 14-day review and approval time frame.

3) FIP and Medicaid eligibility for a parent

FOM 722-12

Currently the parent of a dependent child in foster care may be eligible to receive FIP (Family Independence Program) benefits up to 12 months when there is a plan to return the child to the parent's home. However, parents with children placed out of the home may no longer continue to receive Medicaid (MA), even if the parent is FIP eligible. The Department of Community Health has confirmed that it is against federal regulations for the parents in homes without dependent children to receive MA based on FIP eligibility. The Bridges system has corrected the error by separating FIP and MA programs.

Parents without dependent children living in the household may be eligible for another type of FIP related MA (such as Low Income Family MA for pregnant women), SSI-related MA or a non-Medicaid medical program. Parents in need of medical coverage should pursue the possibilities through the local DHS office.

Given the limited MA eligibility and medical programs for parents, insurance coverage should not be considered a barrier to reunification if a parent is trying to address his/her medical or mental health needs. Once the child is returned home, the parent may again be eligible for MA.

4) Supervision of State Wards

FOM 722-14

Michigan Court Rule 3.926 does not allow for the transfer of court jurisdiction for case reviews of Act 220 state wards. Transfer of court jurisdiction must occur prior to trial. The policy on transferring court case reviews for Act 220 state wards to the county of residence is rescinded and will be removed from the online manual in the June foster care policy release.

5) SSI and Older Youth Exiting Foster Care

FOM 722-15

Disabled youth receiving title IV-E foster care benefits usually cannot become eligible for Supplemental Security Income (SSI) until foster care payments have ended. The Social Security Administration recognizes and acknowledges the need of youth for the SSI financial support and health benefits to ease the transition from foster care. To help with this transition, SSA will accept an SSI application from a youth in foster care up to 90 days before foster care payments are expected to end. This is an exception to the general rule of accepting SSI applications in the month prior to the month of eligibility.

FC workers should ensure timely transition by facilitating the SSI application process.

FOB 2010-003**EFFECTIVE**

June 1, 2010.

Subject**FOM 950, Youth in Transition (YIT).**

Instructions for the DHS-722-0, Funding Eligibility Checklist for open cases and the DHS-722-C, Funding Eligibility Checklist for closed cases have been updated.

New policy specifies that all YIT expenditures must support a youth with achieving self-sufficiency.

New policy states that, until a contract is signed by both DHS and the contractor, no payment is to be made to a contractor for goods and services for a youth.

Childrens protective services**PSB 2010-002****EFFECTIVE**

June 1, 2010.

Subject

1. Intention to adopt.
2. Medically fragile children.

1) Intention to Adopt**PSM 712-6, PSM 713-8**

If CPS becomes aware of a new child born to parents who currently have a child in out of home care, or is/was a permanent ward as a result of a child abuse/neglect court action and the intent of the parent(s) is to have that new child adopted, CPS must still conduct a full field investigation. The investigation must include verification of the child's well being, proof that the adoption process has commenced and verification of the child's placement.

Reason: To ensure child safety.

2) Medically Fragile Children**PSM 713-4, 716-8**

Changes made to identify the need for *all* medically fragile children (those with chronic medical needs or those identified as medically fragile) to undergo a medical assessment and/or medical review to ensure that their medical needs are being met by their caregiver.

Office of child support

**MEMORANDUM
2010-003****EFFECTIVE** January 8, 2010**Subject** REVISED: Repeal of the Child Support Bench Warrant Enforcement Fund (BWEF) and Completion of Requirements Under the BWEF Memorandums of Understanding (MOUs)**Purpose** This IV-D Memorandum provides notification of the repeal of the BWEF, introduces the process for completing the disbursement of the BWEFs that were received by the Department of Human Services (DHS) OCS from collections between October 1, 2009 and January 8, 2010 (the effective date of the repeal) to FOCs with MOUs, and introduces the process for completing the requirements identified in the MOU that are in effect as of January 8, 2010.**Discussion** The BWEF was established under Michigan Compiled Law (MCL) 400.236a. Public Act (PA) 238 of 2009 repealed MCL 400.236a effective January 8, 2010. Although MCL 400.236 was repealed, OCS disbursed BWEF to counties in January 2010 and will disburse additional BWEF amounts in May or June 2010. These funds were collected under MCL 400.236 and must continue to be used in accordance with MCL 400.236.

Under MCL Section 600.2529(4), the courts were required to send \$10 of each final judgment fee to the Michigan Department of Treasury (Treasury) for deposit in the BWEF. PA 239 of 2009 amended MCL Section 600.2529, effective January 8, 2010, eliminating the requirement that \$10 of the final judgment fees be sent to the State Treasurer for the BWEF.^[1]

The Program Leadership Group (PLG) had determined that it would be most beneficial and cost-effective for OCS to disburse the BWEF collected prior to January 8, 2010 to FOC offices in amounts equal to the amounts collected by each FOC's circuit court.^[2] This disbursement has resulted in each FOC office receiving at a minimum all of the BWEF collected by its circuit court.

Treasury periodically provides OCS financial staff with a Treasury report (BWEF Pre-Disbursement Report) indicating the amounts received from each circuit court. OCS financial staff make annual disbursements to FOC offices. The most recent disbursement was in January 2010. The final disbursement of the BWEF for the period October 1, 2009 through January 8, 2010 will be made as soon as OCS financial management receives the final accounting from Treasury.

Note: OCS staff may return more money to FOC offices than the circuit court sent to Treasury. This occurs when a county opted out of the

BWEF program or did not utilize the BWEFs. OCS then redistributes these funds among participating counties.

**MEMORANDUM
2010-006**

Michigan IV-D Child Support Manual Section 5.75

EFFECTIVE

Upon Receipt

Subject

Surcharge

Purpose

OCS is releasing Michigan IV-D Child Support Manual Section 5.75, "Surcharge." Section 5.75 republishes existing policy from Action Transmittal (AT) 2005-036, Surcharge for the Michigan Child Support Enforcement System (MiCSES) 3.5 Release, Ordered on Arrears MiCSES 3.5 Updates, Allocation & Distribution Changes. OCS reorganized the information from AT 2005-036 to make Section 5.75 more reader-friendly.

OCS also updated this policy to:

² Clarify that the Medical Support ñ Medicaid (MD) and Payee Confinement (PC) debt types, which were once surchargeable debt types, became ineligible for surcharge assessment in January 2009;^[3] and

² Provide information on the recent revisions to Michigan Compiled Law (MCL) 552.603a(4)-(6), which eliminated automatic surcharge for all but allows the courts to require surcharge calculation on specific cases beginning January 1, 2011.

**MEMORANDUM
2010-007**

Michigan IV-D Child Support Manual Section 6.06

EFFECTIVE

Upon Receipt

Subject

Medical Support

Purpose

The purpose of this IV-D Memorandum is to announce modifications to the *Michigan IV-D Child Support Manual* Section 6.06, "Medical Support." Section 6.06 includes changes related to the Michigan Medical Support Enforcement (MiMSE) program and policy changes regarding the withholding limitations for an employer. In addition, Section 6.06 has been updated to reflect that FOCs are no longer required to retain an image or copy of the National Medical Support Notice (NMSN) response for data reliability.

The previously published Exhibit 6.06E1, Michigan Medical Support Enrollment Additional Information letter, has been obsoleted. Therefore, the previously published Exhibit 6.06E2, Returned NMSNs to FOC Staff letter, has been renumbered as Exhibit 6.06E1 and the previously published Exhibit 6.06E3, Department of Human Services QN 116

DMDC - DEERS Medical Coverage Availability Report (DMDC - DEERS report), has been renumbered as Exhibit 6.06E2.

Discussion

Effective January 1, 2010, the Department of Community Health (DCH) contractor handling the MiMSE program changed from Maximus to Health Management Systems (HMS). As a result, the MiMSE process and policy in Section 6.06 have been updated with any necessary changes.

The MiMSE process and policy have also been updated to incorporate the modifications to the Insurance Enforcement (NMSN) minor activity chain that occurred with the Michigan Child Support Enforcement System (MiCSES) 5.6 Release (December 11, 2009). The NMSN chain was modified to accommodate individuals who qualify for insurance coverage after a determined waiting period by automatically sending another NMSN (short version) to the specific employer seven days prior to the date eligible that is entered on the Member Employment History (EHIS) screen in the Eligible Date field.

Michigan Compiled Law 552.608 was also amended on December 28, 2009 to state that the total amount of income withheld for current support, past-due support, fees and health care coverage premiums must not exceed 50 percent of the payer's disposable earnings. Therefore, Section 6.06 has been updated to incorporate the amended language.

In addition, the policy regarding NMSN retention has been modified. NMSN responses are no longer required to be retained in order to comply with federal auditing requirements. However, FOC staff may choose to retain an image or copy of the NMSN response for data reliability.

Section 6.06 has been updated with the following:

- The previously published Exhibit 6.06E2 renumbered as Exhibit 6.06E1 (the previously published Exhibit 6.06E1 has been obsolete);
- The previously published Exhibit 6.06E3 renumbered as Exhibit 6.06E2;
- Updated MiMSE contact information on the revised Exhibit 6.06E1;
- The entry of an eligible date on the EHIS screen by MiMSE staff for coverage available after a determined waiting period;
- Changes to the employers withholding limitations; and
- The new policy that IV-D staff are no longer required to retain a copy of the NMSN.

MEMORANDUM**2010-008**

Michigan IV-D Child Support Manual Section 6.03

EFFECTIVE

Upon Receipt

Subject

Income Withholding Amount Limitation and Allocation for Multiple Income Withholding Notices (IWNs)

Purpose

This IV-D Memorandum announces changes to:

- The statutory income withholding limit;
- A source of income's (SOI's) statutory allocation responsibilities; and
- Income withholding forms.

These changes are the result of Michigan Public Act (PA) 193 of 2009. This IV-D Memorandum does not cover all provisions of 2009 PA 193 or the corresponding IV-D program changes. It only addresses changes to forms under OCS's ownership.

OCS will incorporate this IV-D Memorandum and its attachments (forms) into the Michigan IV-D Child Support Manual Section 6.03, income Withholding with the next publication of that section. Other employer/SOI outreach materials will be updated and published as time permits.

MEMORANDUM**2010-009**

Michigan IV-D Child Support Manual Section 6.03

EFFECTIVE

Upon Receipt

Subject

Income Withholding for Michigan Unemployment Benefits

Purpose

The purpose of this IV-D Memorandum is to identify several issues with unemployment income withholding, actions taken to resolve the issues, and the status of those actions. This IV-D Memorandum also reiterates, clarifies and consolidates past guidance regarding unemployment income withholding. OCS continues to work with the Michigan Unemployment Insurance Agency (MUIA) and Michigan Child Support Enforcement System (MiCSES) staff to resolve these issues, and policy or procedures in this IV-D Memorandum may change in the future as a result.

This IV-D Memorandum supplements Michigan IV-D Child Support Manual Section 6.03, income Withholding by reiterating, clarifying and expanding the information in that manual section (in Subsection 11.3, IWN for Unemployment). OCS recommends IV-D staff be familiar with Section 6.03 and this IV-D Memorandum for policy related to unemploy-

ment benefit withholding. OCS will incorporate information from this IV-D Memorandum into Section 6.03 with the next publication of that section.

Discussion

Past guidance for unemployment income withholding has been communicated to IV-D staff through several formats (e.g., email notifications, frequently asked questions [FAQs], workgroup presentations, etc.). This IV-D Memorandum is presented in a question-and-answer format and incorporates information from many of these items.

This IV-D Memorandum includes questions that are related to the known issues as well as recent questions that need further clarification. OCS recommends that IV-D staff review all of the questions and answers in this memorandum because the issues and guidance are interrelated.

MUIA reports unemployment claims to the Data Warehouse (DW) via a file called MONDET. When the DW receives the MONDET file, the DW matches the claim information to a non-custodial parent (NCP) with a case in MiCSES and transmits the matched information to MiCSES. When MiCSES receives this information, it automatically:

- Creates or updates the NCP's record on the Member Employment History (EHIS) screen with the Unemployment U Income Type and Other Party ID for MUIA (OTHP ID 105350962), which has the Unemployment Agency X Type on the Other Party (OTHP) screen;
- Initiates an Unemployment IWN (UNEM) activity chain on the Enforcement Processor (ENFP) screen;
- Generates the income withholding notice (IWN); and
- Electronically transmits the IWN to MUIA once the NCP's and custodial party's (CP's) copies of the IWN have been generated.

MiCSES electronically sends an IWN file to MUIA through a different process than the electronic IWNs sent to other sources of income through the federal electronic income withholding order (e-IWO) portal.

The unemployment income withholding information in MiCSES and the MUIA system is synchronized to maximize automation. However, there are several circumstances where manual actions taken by IV-D staff can cause MiCSES and the MUIA system to become unsynchronized. The unsynchronized information can cause manual work and/or duplicate work for both IV-D staff and MUIA staff, which could delay unemployment benefit withholding. Generally, IV-D staff should let the automated processes work rather than manually issue IWNs to MUIA.

Manual issuance of IWNs to MUIA by IV-D staff is appropriate or necessary only in limited situations.

[1] Ref: IV-D Memorandum 2010-002, REVISED: Final Judgment or Order Fees as Program Income on CRP Billing Statements.

[2] In this memorandum, circuit court refers to the circuit court located in the same county as the FOC office.

[3] Staff were originally notified by a Hotline message on September 26, 2008 and October 17, 2008.