



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

MAURA D. CORRIGAN
DIRECTOR

April 7, 2011

The Honorable Bruce Caswell, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, MI 48933

The Honorable David Agema, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, MI 48933

Dear Senator Caswell and Representative Agema:

Section 273(1) of 2010 Public Act No. 190 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 policy released in the second quarter of 2011.

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,

A handwritten signature in black ink that reads "Susan Kangas".

Susan Kangas,
Chief Financial Officer

Attachment

C: Senate and House Appropriations Subcommittee
House Families, Children and Seniors Committee
Senate Families, Seniors and Human Services Committee

CHILDREN'S SERVICES PROGRAMS**Children's Foster Care**

FOB 2011-002 INTERIM POLICY BULLETIN: PERMANENCY PLANNING CONFERENCES (PPC) AND INCARCERATED PARENTS

Issued December 22, 2010.

EFFECTIVE December 1, 2010.

Subject(s)

1. Permanency planning conferences (PPC).
2. Glossary of PPC terms.
3. Engaging incarcerated parents in the service plan.

1) PPC **FOM 722-6B**

Introduction Permanency Planning Conferences (PPC) represent a family-centered, strength-based and team-guided decision making process designed to produce the optimal decisions concerning a child's safety, placement and permanency. Permanency planning conferences include child welfare staff, parents, caretaker(s), foster parents (of the children in foster care) and may also include extended family, friends, neighbors, community-based service providers, community representatives or other professionals involved with the family. The inclusion of children and youth at PPCs is addressed within this policy; see [Children and Youth Participants](#). The parents and child are encouraged to invite family, friends and/or other people they view as supportive or influential in their lives.

During the PPC, participants work together to create a plan for safety, placement and permanency tailored to the individual needs of each child. This process establishes a forum to share ideas and opinions, embraces the importance of the family's perspective and involvement, stresses full participation of all attendees, encourages honest communication and promotes dignity and respect for all participants.

Events Requiring PPC PPCs are conducted to make or recommend critical case decisions. PPC referrals are made once a caseworker and the supervisor determine a need. When a need has been determined, the PPC referral must be made immediately. After it is held, the event necessitating the PPC must occur within 45 calendar days or a new one must be held.

Certain circumstances or events and stages of a case progression **mandate** PPCs must occur within the required time frames as outlined below:

Emergency Removal

The CPS worker must make a PPC referral when a child is removed from his/her home. The appropriate staff must schedule it no later than the next business day or prior to the completion of the preliminary hearing.

Considered Removal

The CPS worker must consult with the supervisor whenever the removal of a child from a parent's or guardian's home is in question. If the worker and supervisor are considering removing the child from the home, the PPC referral must be made immediately. PPC staff must schedule the PPC no later than two business days from the referral. It must be held prior to removal and placement of the child, unless an emergency occurs.

Change of Placement

The supervising agency may immediately change the child's placement if there is reasonable cause to believe the child has suffered sexual abuse or non-accidental physical injury or that there is a substantial risk of harm to the child's emotional well-being within a foster parent's or relative caregiver's home; see FOM 722-3, [Reasons for Replacement](#). The assigned worker must make an **immediate** referral to the PPC staff, who must schedule the PPC meeting no later than the next business day after receipt of the referral.

For any other type of replacement, the assigned worker must make a PPC referral prior to providing the foster parent/relative caregiver with the DHS-30, Foster Parent Notification of Move. In cases where the child is a Michigan Children's Institute (MCI) ward and the caregiver has expressed an interest in adopting, the MCI superintendent must be consulted prior to the change in placement; see FOM 722-3, [Reasons for Replacement](#). The PPC must occur prior to the child's change in placement. If the foster parent/relative caregiver has appealed the intended replacement to the Foster Care Review Board, the child must not be replaced until a final decision is made by the Foster Care Review Board, court or MCI superintendent.

In instances where a foster parent, relative or unrelated caregiver requests that a child be moved from their home, the procedures below must be followed:

- The assigned DHS/placement agency foster care (PAFC) worker must make a referral for a replacement PPC immediately.

- PPC staff must schedule a PPC meeting to occur no later than 3 business days after a verbal or written request for the child to be replaced.
- If the child already has been replaced, the PPC meeting must still occur within 3 business days.

Note: For mental health hospitalizations, a PPC for change of placement is only required if the plan **does not** involve returning the child to the previous placement. If the decision is not to return the child to the previous placement, the PPC must be held no later than 3 business days after the decision has been made.

Reunification

A PPC referral must be made when the assigned worker decides, in conjunction with the supervisor, to commence consecutive overnight parenting time preceding reunification.

PPC staff must schedule the PPC to occur before the first multiple overnight parenting time begins. If the court orders a child returned home before a PPC can be held, a PPC must be held no later than 2 business days after the date of the court order.

Permanency Goal Change

A referral must be made when the assigned worker decides, in conjunction with the supervisor, during the course of the case that the permanency goal may change. PPC staff must schedule the PPC to occur before the next court hearing and preferably within five business days of the receipt of the request, unless the family would prefer a later date. The PPC must be held prior to any change in goal and must be held before the assigned worker asks the court to approve the new goal.

Note: A PPC for a permanency goal change may be combined with a child in care for nine months conference.

Child Returns from Absent Without Legal Permission (AWOLP) Status

A PPC must be held as soon as possible, but no later than 2 business days after a child returns to placement after being AWOLP.

Child in Care for Nine Months

A PPC referral must be made by the assigned worker when a child has been in care for nine months with a goal of reunification, and sufficient progress has not been achieved to ensure reunification within 12 months. The PPC must be held as soon as possible after the nine-month mark, but no later than 30 business days after this date.

Note: A child in care for nine months PPC may be combined with a permanency goal change conference.

Child Legally Free for Adoption

A PPC referral must be made by the assigned foster care worker when a child has been legally free for adoption for three months, but does not have a permanent placement identified. The meeting must be held within 30 business days after three months have elapsed since termination of all parental rights. A pending appeal does not alter these time requirements.

Note: Children with identified adoptive placements do not require a PPC. These children will be tracked through entry into the MARE module in SWSS.

Other

PPCs or case conferences may be held at other times during an open case, as dictated by circumstances and departmental policy.

**Requesting a
Permanency
Planning
Conference**

Once the assigned caseworker and supervisor determine a need for a PPC, a written request shall be made to the PPC facilitator or other designated staff person by completing section A of the DHS-969, PPC Referral Report. When multiple agencies are providing services to the family and child or children, the agency required to conduct the PPC is the following:

Emergency Removal

The agency that will remove and/or place the child.

Considered Removal

The agency that will remove and/or place the child.

Child Replacement

The agency that has responsibility for the child.

Reunification

The agency that has responsibility for the family.

Permanency Goal Change

The agency that has responsibility for the family.

Child Returns from Absent Without Legal Permission status

The agency that has responsibility for the child.

Child in Care Nine Months

The agency that has responsibility for the family.

Child Legally Free for Adoption

The agency that has responsibility for the child.

The PPC facilitator or other designated staff person will:

- Log the date, time and name of the requestor.
- Discuss with the requestor the reason for the meeting.
- Request contact information of participants invited to the meeting.
- Determine with the requestor any special accommodations and needs of the participants.

Location of a PPC Meeting

PPCs must occur at a location which is best for parents and children. They must be held at the local DHS or private agency office when safety concerns arise or a participant's special needs must be accommodated.

Scheduling

Prior to scheduling the PPC, every effort must be made to consider the family's availability prior to determining the meeting time.

In scheduling the PPC, the PPC facilitator or other agency staff involved in the scheduling process shall not discuss specific case information with participants prior to or after the PPC except the information necessary to schedule it.

PPC Facilitator Responsibilities Prior to PPC

The PPC facilitator must complete the following activities in scheduling the meeting:

- Setting up the date and time as mandated in policy.
- Arranging an appropriate meeting site. This includes arranging for any special accommodations or safety needs.
- Discussing with the assigned caseworker additional participants that may be needed (such as, service providers, foster family, community representatives, tribal representatives).
- Coordinating efforts with the assigned caseworker to notify all participants of the scheduled time, place and date.
- Coordinating efforts with the assigned caseworker to contact birth parents to ensure they are aware that they may invite others for support to the PPC.

Caseworker Responsibilities Prior to PPC

Prior to a PPC, the assigned caseworker must:

- Request the conference after a case conference with the supervisor. A PPC is considered to be requested on the date the DHS-969, PPC Referral Report, is turned in to the facilitator or designated staff with section A, Caseworker Section, completed.
- Make diligent efforts to notify participants and others of its date, time, and place.
- Provide verbal information about the meeting process to participants and others invited to attend.
- Encourage parents and children to identify and invite support persons they would like to attend.
- Identify and resolve any barriers to participants attendance at the PPC, such as transportation, work schedules and issues surrounding daycare; see Special Needs/Reasonable Accommodations in this item.

**Special Needs/
Reasonable
Accommodations**

In order to promote the safety, well-being, and successful participation of all participants, reasonable accommodations must be provided when inviting an individual with a special need. A participant's special need may include, but is not limited to:

Transportation

The caseworker must explore transportation options with families who identify this as a barrier.

Child Care

The caseworker must explore available child care options with the family in order to ensure all primary caretakers are able to attend the PPC. The caseworker must ensure that child care is arranged prior to the meeting.

Adaptations

The caseworker must explore available options when a family member needs additional assistance in order to participate. These could include a foreign language interpreter, interpreter for the hearing-impaired, wheelchair access, or phone access for an incarcerated parent.

Note: For more information about securing a foreign language interpreter; see AHJ 1021, Bilingual Interpreter Services. See AHJ 1314, Effective Communication for Persons Who are Deaf and Hard of Hearing, for information on interpreters for the deaf or hearing impaired.

**Inviting and
Notifying
Participants**

Once scheduled, the assigned caseworker, PPC facilitator and clerical support staff must coordinate efforts to invite participants and invitees to the meeting. Notification of the date, time and place of the meeting can be provided by any reasonable method including mail, telephone, verbal notification.

**PPC Notification
Guidelines**

Participants are identified people that must be invited to all mandated PPCs. Participants include:

- Parents, if parental rights have not been terminated.
- Foster parents and/or relative (licensed or unlicensed) caregivers.
- Children, if of an age to participate.
- Family members, friends or other supports identified by the parents and the children.
- Tribal representatives, for Indian children.
- Service providers as appropriate.
- Caseworker(s) including, but not limited to, FIS/ES, CPS, foster care, adoption, licensing, placement agency foster care and DHS monitor involved with the family.
- Assigned caseworker's supervisor.
- If a case is supervised by a placement agency foster care worker, the DHS monitor should attend. If unable to participate in person, the monitor, supervisor, or other DHS designee must make arrangements to be available by conference call.
- In all cases, and regardless of who is initiating the conference, all agency caseworkers involved with a family must be invited to attend all PPCs. Reasonable efforts must be taken by the caseworker initiating the meeting to locate and contact all other caseworkers.
- All PPCs held for children eligible for adoption must include notification to and involvement of the adoption worker.
- A child's lawyer-guardian ad litem must be invited to attend all PPCs. A PPC should not be delayed due to the unavailability of the lawyer-guardian ad litem to attend the meeting.
- The assigned caseworker, facilitator, or clerical staff should also invite community and tribal representatives, service providers, extended family members, school personnel and any and all other individuals who may have knowledge of or be able to provide support to the family.

- If requested by the parents, their attorney must be allowed to attend. The parent must be advised to notify his/her attorney of a scheduled PPC. As these meetings are not a legal venue or proceeding, they cannot be used as a method of executing legal documents (including but not limited to affidavits, personal protection orders, agreements to divorce, guardianships, etc.).
- If the caseworker has made reasonable efforts to notify a participant, a PPC may be held without the attendance of a participant, except that a parent must attend a reunification PPC. If a parent does not attend a scheduled reunification PPC, it **must** be postponed to secure the parent's attendance.

**Incarcerated
Parents and PPCs**

Foster caseworkers must provide prior notice to an incarcerated parent for the following PPCs only:

- Considered removal.
- Change in permanency goal.
- Child in care for nine months with goal of reunification.

Note: If circumstances permit, agencies may arrange for an incarcerated parent's participation in other types of PPCs.

The caseworker must provide and document notice to the incarcerated parent by mail or telephone. The caseworker must contact the facility and ask that the parent be allowed to participate in the PPC by phone. If time allows, the caseworker must send a copy of the DHS-968, Permanency Planning Conference Attendance Report, and ask the parent to sign and return it. The caseworker must also notify the parent's attorney of the meeting, and the attorney must be allowed to attend.

The caseworker must ensure the incarcerated parent receives copies of the DHS-969, Permanency Planning Conference Referral Report, the DHS-971, Permanency Planning Conference Activity Report, and the DHS-968, Permanency Planning Conference Attendance Report, following each PPC.

**Children and Youth
Participants**

All children age 11 or older must be invited and allowed to attend. The caseworker must evaluate, on a case-by-case basis, whether attendance would be harmful to a child's safety or well-being. For a child younger than age 11, the caseworker and their supervisor may determine if it is appropriate for the child to attend all or a portion of the PPC. If the child, age 11 or older is not invited, the reasons must be documented in the narrative section of the DHS-969 and the case service plan.

Security

The caseworker and facilitator must discuss any security needs and safety concerns prior to the PPC in order to ensure adequate security at the meeting site. Family members may be excluded if they pose a cred-

ible safety threat to the group or if attendance would violate a personal protection order, no contact-bond, probation, parole, or other court order. In some of these cases, a telephone conference must be explored.

All participants must be provided with security information whenever a PPC will include the attendance of a family member with a history of violent or threatening behavior.

**Domestic
Violence Cases**

In domestic violence cases, if the batterer is present, arrangements must be made to ensure the non-offending parent's and child's safe arrival and departure from the meeting location. If a personal protection order mandates that the parties must not come in contact, the possibility of a telephone conference must be explored, if not in violation of the court order. The caseworker and his/her supervisor must carefully evaluate a decision to exclude a parent and discuss that decision with the facilitator. Additionally, the caseworker and supervisor should evaluate the child's attendance based on safety.

Confidentiality

The confidentiality of information shared at the PPC must be addressed. Privacy and respect are emphasized, but parents must be informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of a new allegation of abuse or neglect should such information arise.

**Confidentiality
Statement**

At the time of the PPC, the facilitator must explain the meeting process and read the DHS-966, PPC Information Sheet, and DHS-967, Ground Rules. The parents are requested to sign a confidentiality statement which is included on the DHS-968, Permanency Planning Conference Attendance Report. The facilitator must explain confidentiality as it pertains to the PPC.

The confidentiality statement allows the parent(s) to give permission for specific information regarding their case to be discussed for the purpose of the PPC. If a parent refuses to sign, the meeting will continue. Staff must be fully aware that specific information as outlined in SRM 131, Confidentiality, is not open for discussion unless the parent reveals the confidential information.

PPC Process

The PPC process consists of the following steps provided by the facilitator:

Introduction

- Welcome.

- Provide each participant with a copy of the DHS-966, PPC Information Sheet. The facilitator will read the information sheet aloud to ensure all participants understand the purpose of the PPC.
- Ensure all participants sign-in on the DHS-968, PPC Attendance Report, with the parents signing the confidentiality statement.
- Introductions.
- Statement encouraging participation and desire to work together to develop best possible plan for family and child(ren).
- Statement that all options will be heard and considered.

Ground rules

The facilitator must provide each participant with a copy of the DHS-967, PPC Meeting Ground Rules, and read the ground rules aloud to the participants. The facilitator will:

- Ask the participants to agree to the ground rules.
- Ask for questions.
- Acknowledge any issues that cannot be addressed in the PPC.
- Ensure an understanding of limitations of confidentiality and privacy.
- Facilitate an atmosphere to encourage openness and honesty and allowance for all participants to be heard.

Issue identification

During this phase of the meeting, the issues and/or concerns placing the child(ren) at risk must be discussed.

- The facilitator must ask the parents if they wish to initiate the discussion by sharing information about their family or their understanding of the current situation.
- The assigned caseworker may introduce the structured decision-making tools (safety and/or risk assessments for CPS and reunification and/or safety assessments and permanency planning tree for foster care). The assessment tools identify issues that place the child(ren) at risk and strengths upon which the team may build.
- Issues identified will lead the team discussion.
- The caseworker may present services that have been provided and the family's progress with the services.

- The facilitator may find the need to paraphrase, ask open-ended questions, remind people of the ground rules, allow expression of feelings, summarize, and use other techniques to promote and support the meeting process.
- The facilitator must maintain the focus on the issues of safety and protection of the child(ren) and ensure the assigned worker has had ample opportunity to present all the issues that place the child(ren) at risk.

Brainstorming

During the brainstorming phase, all participants and invitees offer ideas toward possible solutions to the issues placing the child(ren) at risk. The assigned worker must take the approach that all ideas warrant consideration during the brainstorming phase. The facilitator may need to clarify thoughts, encourage innovation and creativity, summarize ideas, etc. Ideas discussed during the brainstorming phase may be listed (on easel, chalkboard) for all participants to view.

Decision

After all ideas for possible solutions have been presented, the facilitator must ensure each idea has been considered and move the team towards consensus by setting a positive tone and identifying the expectation that the group is capable of reaching a consensus.

The assigned worker assists the group by:

- Considering the merit of each idea.
- Exploring consequences and reality testing for each option.
- Determining if the idea provides safety and protection for the child(ren).

The facilitator must explain that while consensus is the goal, DHS must make a decision if a consensus cannot be reached. If a consensus cannot be reached, the applicable DHS agency representative discusses the reasoning for the decision by providing the specific rationale. During the process, the facilitator establishes the agreement is based on the safety and protection of the child(ren) in the least intrusive and least restrictive manner.

Consensus does not imply unanimity, but the facilitator must demonstrate that a quality decision has been reached. The decision reached during the PPC must comply with state and federal laws, DHS policy and licensing rules. If a consensus cannot be reached, the DHS representative makes the decision regarding placement related issues at hand.

Placement

If the decision is to remove the child(ren) from the home, the facilitator must open the discussion of alternative out-of-home placement options. Various options must be given thoughtful consideration along with the child(ren)'s wishes. In considering placement options, special attention must be given to issues such as:

- Sexually acting out, violent or assaultive behaviors.
- Separation issues.
- Mental health concerns.
- Medical needs.
- Continuity of relationships, family, school.
- Any other special needs identified.

Note: The [placement selection criteria](#) detailed in FOM 722-3 must be considered when making placement decisions.

Once the out-of-home placement has been decided, the facilitator must reconfirm this conclusion with the group and document it on the PPC Activity Report. Recommendations made for placement are contingent upon court authorization, home study and appropriate clearances. The facilitator must make the group aware of these contingencies.

Safety plan/action steps

Upon reaching a decision, the safety plan/action steps must be specified. The facilitator must clearly and specifically identify the safety plan/action steps for each participant. The purpose of a safety plan is to ensure the safety and well-being of children where there is a risk of abuse or neglect. The safety plan/action steps must be documented on the DHS-971, PPC Activity Report. Guidelines for formulating a quality safety plan may include:

- Parents and caregivers having the prominent role in the development of the safety plan.
- Time limited (within a 30-day time frame) and measurable action steps.
- Specific statements regarding caseworker's action steps to reduce risk factors and monitor the safety plan.
- Face-to-face contacts and home visits must correlate with policy and SDM assessment levels that indicate the frequency of contact with family and child(ren).
- Specific, identified services that are accessible within the family's community.

- Action steps addressing [parenting time](#) as outlined in policy; see FOM 722-6.
- If placement or replacement with a relative is the safety plan, an appropriate home study must be completed; see FOM 722-3, [Placement with a relative](#). Action steps must include the person responsible for the home study and time frame for completion.
- If reunification is the decision, see FOM 722-7 Reunification.
- Participants identified with a role in the safety plan must complete the action steps within the specified time frame.
- The safety plan must reflect the decision of the team at the time of the PPC.
- Supervisory follow-up, for service referrals designated to the assigned worker, is required within thirty calendar days. The follow-up must also be documented in the PPC database.

Recap/closing

At the close of the meeting, the safety plan/action steps must be used to confirm the decision of the team. The facilitator must:

- Reiterate the team's decision.
- State the safety plan/action steps for each participant.
- Outline the criteria for measuring success.
- Acknowledge all participants' roles.
- Identify tasks requiring supervisory follow-up by checking the appropriate boxes indicating assigned worker tasks on the PPC Activity Report.
- Provide a copy of the DHS-971, Permanency Planning Conference Activity Report, to each participant and the assigned caseworker's supervisor.
- Ensure that the emotional needs of the family are sufficiently addressed with assistance from the assigned caseworker.

Throughout the meeting, the facilitator is responsible for conducting the PPC according to training guidelines and policy. The facilitator must:

- Ensure every participant signs in on the DHS-968, PPC Attendance Report, explains confidentiality to the group, and introduces themselves to the group prior to commencement of the PPC.

- Provide each participant with a written copy of the DHS-966, PPC Information Sheet, DHS-967, PPC Ground Rules, and DHS-965, PPC Satisfaction Survey.
- Document the family strengths and needs.
- Complete the DHS-971, PPC Activity Report, documenting the team's decision, safety plan, action steps, time frame for completion and person responsible for the task.
- Ensure each participant is provided with a copy of the PPC Activity Report.
- Ensure concurrent permanency planning is discussed during the PPC and any plans are clearly documented on the DHS-971, PPC Activity Report.
- Request each participant complete the DHS-965, PPC Satisfaction Survey, at the conclusion of the meeting.
- Provide recap of the meeting and closing comments.

Caseworker PPC Responsibilities

During a PPC, the caseworker shall:

- Present agency recommendations, including any recommendations based on child and family needs, safety assessments and permanency assessments.
- Clearly and respectfully identify risks to the child.
- At a considered removal or emergency removal PPC, explain any concurrent permanency planning considerations to the parents.
- Remain open to participants' and others' ideas about permanency alternatives and safety planning.

Note: If a parent does not attend, the caseworker must advise the parent as soon as possible of the outcome and provide a copy of each document which includes the DHS-969, DHS-971, and DHS-968.

Post-PPC Process (PPC Activity Report Requirements)

Following the PPC, the facilitator is responsible for completing the DHS-969, PPC Referral Report, checking it for accuracy and recording the outcome data. The facilitator must document in the narrative section of the PPC database, the information regarding safety concerns and planning as documented in the DHS-971. A copy of the DHS-971, PPC Activity Report, must be provided to all participants (in person and by phone). The original of each completed document which includes the DHS-969, DHS-971, and DHS-968, must be given to the caseworker requesting the PPC. A copy of each document must be provided to the legal parents. These documents must also be filed in the foster care

and/or the child protective services case record(s) under the narrative section.

Data Entry and Self-Evaluation

The PPC database allows for the collection of information about the PPC meetings throughout the state. It includes the data necessary to evaluate both state and local progress in achieving goals. It does not duplicate the information stored on other child welfare case management systems. The facilitator (or designated staff person) must enter the PPC Facilitator Referral and Activity Report information into the database following the PPC or within seven business days. The PPC Web Database User Guide used for instructions on entering the information is located in the juvenile justice data system (JJOLT).

The DHS-965, PPC Satisfaction Survey, must be given to PPC participants to gather voluntary information about the quality of the PPC and/or satisfaction of the participants. This information is used by staff to self-monitor the process.

Information Shared after a PPC

Participants in the PPC must contact the facilitator and/or caseworker immediately if information that could affect the decision becomes available afterward. All relevant parties must receive the additional information and the caseworker, in consultation with their supervisor, must make a decision to:

- Continue with the current case plan.
- Implement an alternative plan.
- Request a new permanency planning conference.
- Request an administrative review.

Administrative Review

Any DHS or placement agency foster care staff person who participates in a PPC may request an administrative review if a clear safety or policy violation is identified.

A written request for administrative review identifying the reason for the request must be sent to the local office director or services section manager. An administrative review must be conducted as soon as possible, but no later than 1 business day after the request is received. All PPC participants must be notified of, and invited to, the administrative review. A decision reached at the PPC must be suspended until the administrative review is completed. If necessary, an interim safety plan must be implemented.

During the administrative review, the person who requested the review provides a PPC summary and the reason for the administrative review. The review administrator (appointed by DHS) may request additional information in order to clarify the situation. The review administrator makes the final decision to either affirm or overturn the caseworker's decision. The review administrator may also determine alternative safety or permanency plans. During the process, the review administra-

tor completes the DHS-963, Administrative Review Activity Report. At the conclusion of the administrative review, the caseworker must notify all participants of the decision. The decision of the administrative review is final.

2) GLOSSARY OF PPC TERMS

Absent Without Legal Permission

A child or youth under court or department jurisdiction who has left his/her placement without legal permission or has failed to return to placement when required.

Caseworker

The supervising agency worker with direct case service responsibilities. The individual may be a Children's Protective Services, foster care, or adoption worker.

Community Partners

Agencies that are providing professional services to the family or have expertise regarding an issue to be addressed at a PPC.

Community Representatives

Knowledgeable members of the family's community that serve as support and offer non-traditional resources.

Concurrent Permanency Planning: The process of working towards the goal of reunification, while at the same time, developing an alternative permanency plan for the child should reunification efforts fail. Concurrent permanency planning involves considering all reasonable options for permanency at the earliest possible point following the child's entry into foster care and concurrently pursuing those that will best serve the child's needs.

Consensus

Agreement with or support of a decision by all participants. If consensus is not achieved, the department maintains the legal responsibility and authority to make the decision.

Considered Removal

A removal which may become necessary and placement of child(ren) in out-of-home care if an adequate safety plan cannot be implemented.

Domestic Violence

The occurrence of any of the following acts by a person that is not an act of self-defense: causing or attempting to cause physical or mental

harm to a family or household member; placing a family or household member in fear of physical or mental harm; causing or attempting to cause a family or household member to engage in involuntary sexual activity by force, threat of force, or duress; and/or engaging in activity toward a family or household member that would cause a reasonable person to feel terrorized, frightened, intimidated, harassed, or molested.

Emergency Removal

A removal in which a child or children are placed in out-of-home care on an emergency basis, including after hours or on-call situations.

Facilitator

A trained DHS or placement agency foster care child welfare supervisor or services specialist who manages the PPC process. A facilitator must possess a bachelor's degree and a minimum of 2 years of experience in front line child welfare work.

Invitee

A person who is invited to the PPC but is not required to attend, such as attorneys, community partners/community or tribal representatives, etc.

Lawyer-Guardian ad Litem

An attorney appointed by the court to represent a child.

Placement Agency Foster Care

A private agency contracted by the department to provide direct foster care services.

Participant

Persons who must be notified of and allowed to participate in all required PPCs. Participants are the parent(s) (if parental rights have not been terminated); foster parents or relative caregivers; children, if of an age to participate; family members, friends, tribal members or other supports identified by parents and children; service providers, as appropriate; the caseworker; and the caseworker's supervisor.

Permanency Planning Conference (PPC)

A family-centered meeting conducted to produce the optimal decisions concerning a child's safety, placement and permanence. The meeting includes the parent(s)/caretakers, extended family, friends, neighbors, foster parents, service providers, community representatives, and/or other professionals involved with the family. PPCs are designed to encourage participants to share information about the family, relating to the protection and safety of the child or children and to the overall func-

tioning of the family as it pertains to placement and permanence. They are held to make or recommend critical case decisions. The meetings are used on a mandatory basis for consistency and accountability to create safety, placement and permanency plans for the following circumstances and stages of a case:

- Prior to placement, or by the next working day after an emergency placement.
- Prior to the replacement of a child in foster care to a different placement setting, or by the next working day after an emergency replacement.
- Prior to reunification.
- Prior to a change in the permanency goal.
- When a child returns from absent without legal permission status.
- When a child has been in care for nine months with a goal of reunification, and sufficient progress has not been achieved to ensure reunification within 12 months.
- When a child has been legally free for adoption for three months but does not have a permanent placement identified.
- PPCs may be held at other times during an open case, as dictated by circumstances and departmental policy.

Permanency Planning Conference Activity Report (DHS-971) and Permanency Planning Conference Referral Report (DHS-969)

Documents used to record all necessary information relating to the PPC.

Removal

Requirement of out-of-home placement for the child or children for safety and protection. Removals fall within two categories: emergency or considered.

Reunification

A process that begins the preparation for the return of the child or children to the parent(s)/caretaker from which the removal occurred.

Unrelated Caregiver

An adult who is not related to a child by blood or marriage who has a psychological/emotional bond with the child and is identified as family as a result of their active role in the functioning of the nuclear family.

Reason: Dwayne B. v Granholm, et al. consent decree; see L-10-025-CW, Permanency Planning Conference Implementation.

3) ENGAGING INCARCERATED PARENTS IN THE SERVICE PLAN

FOM 722-6 Foster Care-Developing the Service Plan

Incarcerated Parents

The foster care worker must make reasonable efforts to identify and locate an incarcerated parent. An incarcerated parent may provide important information about the child and any available relatives that may be able to provide placement and support for the child.

Resources

The foster care worker must use, but is not limited to, the following resources to locate an incarcerated parent and identify services available at a jail or prison:

- For parents under the jurisdiction of the Michigan Department of Corrections, <http://www.michigan.gov/corrections>.
- For parents in federal prisons, <http://www.bop.gov/>.
- For parents in out-of-state facilities, <http://www.vinelink.com> or by contacting the facility.

For parents in county jails, contact the county facilities directly.

Verifications

Once an incarcerated parent is located, the foster care worker must confirm the incarcerated parent's charge or conviction offense, prison or jail number, parole or release eligibility, and earliest release date. In cases where reunification is the permanency goal, the foster care worker must engage the parent in the service plan regardless of how long that parent will be incarcerated.

Required Contact & Service Plans

The foster care worker must make monthly contact with the incarcerated parent face-to-face, if at all possible, or through letter and phone contact. The foster care worker must send a letter to the incarcerated parent with the parent's prisoner number on the envelope. The letter must:

- Ask the parent whether he or she wishes to remain a parent to the child, and to identify any relatives who may be interested in placement.
- Explain the purpose of the service plan.
- Solicit the parent's views of his/her needs and strengths.

- Note the services and work opportunities available within the facility to the parent.
- Ask the parent to describe his or her plan to provide care and custody of the child upon release from incarceration.
- Ask the parent to add the foster care worker to his or her call list so that the parent and worker may communicate via telephone.

The foster care worker must assess the incarcerated parent's needs and strengths and document them in the DHS-145, Family Assessment of Needs and Strengths.

The foster care worker must determine the services and work opportunities available within the facility in which the parent is incarcerated. Once the foster care worker determines what services are available, the appropriateness of these services will be assessed in relation to the parent's identified needs. The services available, if they appropriately meet the parent's identified needs, must be documented in the DHS-67, Parent-Agency Treatment Plan and Service Agreement (PATP). Foster care workers are not required to arrange for service providers outside of the facility to deliver services within the facility but may utilize such services if they are currently available within the facility.

Once the DHS-67, Parent-Agency Treatment Plan is completed, the parent must be given an opportunity to review and sign the plan. The foster care worker must send two copies of the plan to the incarcerated parent. An accompanying letter must clearly request that the parent sign one copy and return it to the foster care worker and keep the other copy for the parent's reference. In addition, the foster care worker must enclose a DHS-1555-CS, Authorization to Release Confidential Information, and request the parent to sign and return the form. This will allow the worker to verify the parent's compliance with the service plan through contact with service providers and prison records. The foster care worker must evaluate an incarcerated parent's compliance with, and benefit from, services in the same manner as non-incarcerated parents. Workers must obtain proof of a parent's compliance with, and benefit from, services from the parent and service providers.

If the parent has been paroled or released from incarceration, or will likely be paroled in the near future, the foster care worker must identify any additional services the parent needs prior to reunification with the child, and update the service plan accordingly. If the incarcerated parent has been convicted of or substantiated for criminal sexual conduct against a child, see FOM 722-12, Expenditure of State Funds in Substantiated Sexual Abuse Cases, before proceeding with efforts to reunify a child with the parent after his or her release from incarceration. A court order may be required.

Unless parenting time or contact would be harmful to the child or there is a no-contact order in place, the foster care worker must arrange for regular visits or contact between an incarcerated parent and the child. Alternatives to regular visitation at a jail or prison facility may be contact via letters sent through the worker or phone contact.

FOM 722-7 Foster Care- Permanency Planning

MCR 2.004 requires the petitioner in a child protection proceeding to notify the court that a party to the proceeding is incarcerated by the Michigan Department of Corrections (MDOC). When a foster care worker or the department's legal representative files a supplemental petition requesting termination of parental rights in a case involving a parent incarcerated by the MDOC, the petition must contain a clause stating "A telephonic hearing is required pursuant to MCR 2.004." The clause must also contain the parent's prisoner number and location. If a parent is incarcerated in a county jail or a prison or jail in another state, the court may determine how the parent will participate in the hearing, but the supervising agency is not required to raise the issue in the petition.

FOM 722-8 Foster Care- Initial Service Plan

Policy revisions include instructions to refer back to FOM 722-6 regarding information about engaging incarcerated parents. Incarceration is no longer a reason for a parent's non-participation in service planning.

FOM 722-8A Foster Care- Family (Re)Assessment of Needs and Strengths

Policy revisions include instructions to refer back to FOM 722-6 regarding information about engaging incarcerated parents. Any mention of incarceration as being a reason for non-participation in service planning has been removed.

FOM 722-8C Foster Care- Parent-Agency Treatment Plan and Service Agreement

Policy revisions include instructions to refer back to FOM 722-6 regarding information about engaging incarcerated parents.

FOM 722-9 Foster Care-Updated Service Plan

Policy revisions include instructions to refer back to FOM 722-6 regarding information about engaging incarcerated parents. Any mention of incarceration as being a reason for non-participation in service planning has been removed.

DEFINITIONS

Aging Out Aging out is defined as reaching the maximum age of court or Michigan Children’s Institute jurisdiction.

Durable Power of Attorney for Health Care A durable power of attorney for health care is a **document** that lists the medical choices of an individual, which are to be followed if they become temporarily or permanently ill and/or injured, including mental health treatment. There are multiple versions of this document, some more comprehensive than others. The individual establishing the durable power of attorney for health care chooses the version that will be used. Other names for this document include health care proxy, patient advocate designation, health care power of attorney and medical power of attorney.

Patient Advocate A patient advocate is an individual 18 or older, chosen by the person establishing the durable power of attorney for health care, to make the medical decisions listed on the document. This individual accepts the responsibility, as the patient advocate, by signing the document. There can be two patient advocates chosen; a second individual is listed in the event the first individual is not available when needed.

The youth maintains all decision-making power regarding their health. The patient advocate is only consulted when the youth cannot make their own medical choices due to illness and/or injury. Caseworkers are prohibited from being patient advocates; see AHP-603, Conflict of Interest and Disclosure.

Witnesses Two witnesses must sign the durable power of attorney for health care. The following are legally prohibited from being witnesses:

- The patient advocate.
- Family members.
- The youth’s doctor(s).
- Employee(s) of doctor’s office(s) or other medical facilities the youth uses.

FOB 2011-003

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Issued February 2, 2011.

THE IMPORTANCE OF A DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A durable power of attorney for health care allows youth to be in control of their health in the absence of being able to make decisions about their health care treatment. Youth have the ability to choose someone

they trust to make such decisions on their behalf. All youth under the care and supervision of the Michigan Department of Human Services who are aging out of care can establish a durable power of attorney for health care. This includes both current and former foster youth and those who are receiving education and training vouchers or Independent Living Services. All must be notified of their right to establish this document. Once a durable power of attorney for health care is established, it supersedes the department's responsibility to make health care decisions on behalf of the youth.

CASEWORKER ROLE

Foster care workers must inform each foster youth of the durable power of attorney for health care and offer the option to establish it. If the youth chooses to establish a durable power of attorney for health care, the worker must assist the youth in obtaining the form of the youth's choice and provide instructions on the steps needed to establish it.

To begin a discussion about the durable power of attorney for health care, the foster care worker will:

- Provide a copy of DHS Publication 161, A Foster Youth's Guide to Preparing for Health Care Emergencies, Durable Power of Attorney for Health Care, and discuss the purpose of establishing the document.
- Explain that there are multiple versions of the durable power of attorney for health care and identify the various names used, see definitions.

If the youth chooses to establish a durable power of attorney for health care, the foster care worker will:

- Explain that the youth's current Medicaid Health Plan (MHP) may have a version of the document and provide contact information for the MHP. This can be found on the Foster Youth in Transition (FYIT) website, www.michigan.gov/fyit, under the Health & Wellness - Insurance section.
- Provide the names of local hospitals that offer durable power of attorney for health care forms. See listing on the FYIT website, under the durable power of attorney for health care page.
- Explain the steps the youth must take to establish the document, see foster youth role.
- Assist the youth in obtaining a durable power of attorney for health care form.

If a youth chooses **not** to establish a durable power of attorney for health care and remains in foster care after the age of 18, the depart-

ment may make health care decisions for the ward; see FOM 722-11, Authority to Consent: Medical Care.

Legal Advice

Foster care workers cannot provide legal advice; the durable power of attorney for health care is a legal document and any advice on how to complete it is considered legal advice. If a youth is seeking legal advice regarding this information, they can be referred to the State Bar of Michigan at www.michbar.org or www.michbar.org/elderlaw/adpam-phlet.cfm. Legal advice includes but is not limited to:

- Recommendations or endorsement of medical situations the youth lists on the durable power of attorney for health care.
- Recommendations or endorsement of patient advocate(s).
- Recommendations or endorsement of witnesses.
- Recommendations or endorsement of the type of durable power of attorney for health care chosen.

TIMEFRAME

Each foster care youth must be educated on the purpose and importance of designating a durable power of attorney for health care and be given the option to establish such a document before reaching age 18. Foster care workers must discuss the durable power of attorney for health care with all youth. This discussion must take place during each youth's 90-day discharge plan meeting or the annual transition plan meeting. If the discussion does not take place during one of these required meetings, the assigned foster care worker must schedule an appointment to discuss this requirement with each youth. No foster youth is excluded from this requirement; legal status and living arrangement are not exclusionary factors. Every 18-year-old youth under the care and supervision of the Department of Human Services must be given the option to execute a durable power of attorney for health care. Youth receiving education and training vouchers and Independent Living Services must also be given the option to execute this document upon reaching age 18.

The durable power of attorney for health care must be established before a serious illness and/or injury occurs to be effective. It becomes a legally binding document once all signatures are attained.

Delay in Informing Youth by Age 18

Reasons for delays in informing the youth of this information and efforts to meet this requirement must be documented under the reasonable efforts section of the Updated Service Plan/Permanent Ward Service Plan.

FOSTER YOUTH ROLE

These are the steps the youth will take to establish a durable power of attorney for health care:

- Get a durable power of attorney for health care form.
- List medical decisions on the document.
- Identify a patient advocate and have them sign the document.
- Identify two individuals that will witness the signing of the document by the youth and have them sign the document.
- Give copies to the patient advocate and primary care physician.
- Give a copy to the caseworker for the foster care case record (optional).
- Retain the original copy for their own records.

**YOUTH WITH
LIMITED MENTAL
CAPACITY**

Youth with limited mental capacity must be educated on the purpose and benefits of a durable power of attorney for health care; they are not to be excluded from this process. They are to be given the option to establish a durable power of attorney for health care. If it is determined the youth's mental capacity inhibits sound judgement, the youth's diagnosis and inability to establish a durable power of attorney for health care on their own behalf must be supported with documentation from a mental health care professional. The documentation must confirm the youth's limited mental capacity and their inability to make legal decisions; it does not need to refer specifically to a durable power of attorney for health care.

Establishing a durable power of attorney for health care is an option; it is not a requirement. A youth has the right to choose not to pursue the establishment of this document. A foster youth that can not establish a durable power of attorney for health care due to limited mental capacity continues to be the responsibility of the Michigan Department of Human Services. Medical decisions will be made as determined by the department. Applicable policy includes but is not limited to FOM 722-11 Foster Care - Delegation of Parental Consent, the authority to consent for medical care.

**CASE RECORD
DOCUMENTATION
FOR DHS
WORKERS**

Document the provision of information and the youth's choice to establish/not establish a durable power of attorney for health care in the following locations:

- The health/medication section of the DHS-901, Annual Transition Plan Report, and the DHS-902, 90-Day Discharge Plan Report.

- The Updated Service Plan (USP) or Permanent Ward Service Plan (PWSP). Document information in the Child Assessment of Needs and Strengths under the explanation section of C1- Medical/Physical Health. This information will populate into the USP/ PWSP.
- File the durable power of attorney for health case in the legal section of the foster care case record (if applicable)

Case record documentation for Private Agency Foster Care

A Private Agency Foster Care worker must document in the following locations:

- The health/medication section of the DHS-901, Annual Transition Plan Report, and the DHS-902, 90-Day Discharge Plan Report.
- Document information in the Child Needs and Strengths and Current Status Section of the USP/PWSP. List C1-Medical/Physical Health as the heading.
- File the durable power of attorney for health care in the legal section of the foster care case record (if applicable).

FOB 2011-004

FOSTER CARE POLICY BULLETIN

Issued

February 17, 2011.

EFFECTIVE

April 1, 2011

SUBJECTS

1. Child support obligation.
2. Return of children to parental care prior to adjudication.
3. Incarcerated parents.
4. DHS counseling/therapy services.

722-1 Foster Care-Entry into Foster Care

**1) CHILD SUPPORT
OBLIGATION**

Policy is updated to reflect change in a parent's child support obligation following termination of parental rights. If the court orders a parent's child support obligation to continue after termination of parental rights, the foster care worker must continue to process referrals and on-going notifications to Child Support and Friend of the Court.

2) RETURN OF CHILDREN TO PARENTAL CARE PRIOR TO ADJUDICATION

FOM 722-6

Policy is revised to clarify the foster care worker's role in returning children to parental care prior to adjudication. Policy revision also includes the Michigan law and Michigan court rule which are the basis for this process.

3) INCARCERATED PARENTS

FOM 722-6, FOM 722-8, FOM 722-8A, FOM 722-8C, FOM 722-9, FOM 722-9A, FOM 722-10

Policy revisions clarify the foster care worker's responsibility for working with incarcerated parents. Incarceration is no longer a reason for "Non-Participation" in service planning. Foster care workers must make reasonable efforts to engage incarcerated parents in service planning, court hearings, and in the permanency planning conference (PPC) process.

Reason: Court Ruling, *In re Mason Minors*, 486 Mich 142 (2010) and L-10-117-CW, Practice Changes Required for Incarcerated Parents.

4) DHS COUNSELING/THERAPY SERVICES

New policy is added to address the purpose of counseling services in foster care, referral process, service delivery requirements, required forms, termination of counseling services, monitoring counseling service delivery, and process for taking action when non-compliance occurs within contracted counseling service delivery.

Policy is updated to include the process for payment of contracted counseling providers. This policy revision includes details on how to process these payments and what services are not billable or reimbursable counseling services for foster care youth and their families.

FINANCIAL ASSISTANCE PROGRAMS

BRIDGES

BPB 2011-001

BRIDGES POLICY BULLETIN

Issued

12/01/2010.

EFFECTIVE

January 1, 2011.

Subject

1. Non-emergency medical transportation.

2. Child Development and Care (CDC).

**1) Non-Emergency
Medical
Transportation**

BAM 825

FIP, SSI and MA

Medicaid Non-Emergency Medical Transportation (NEMT) Brokerage Contract in Wayne, Oakland and Macomb Counties

The Michigan Department of Community Health has contracted with LogistiCare Solutions, L.L. C. to administer non-emergency medical transportation in Wayne, Oakland and Macomb counties for dates of service on and after January 1, 2011.

Effective for dates of service on and after January 1, 2011, Wayne, Oakland and Macomb County DHS offices will no longer be reimbursed for Medicaid non-emergency medical transportation.

All beneficiaries residing in Wayne, Oakland, and Macomb will be receiving a letter informing them of this change.

Beneficiaries who are currently receiving or need to request NEMT in the future should be referred to LogistiCare. LogistiCare may be reached at (866) 569-1902.

Reminder: In all other counties, each County DHS office is responsible for NEMT for the beneficiaries who reside in that county.

2) CDC

BAM 115, BEM 704

The standard of promptness to determine eligibility for a CDC provider has been changed from 6 workdays to 10 workdays.

BAM 700

The statement that it is considered a client error when clients do not use funds sent to them to pay their aide for care provided and billed by the aide has been removed. Aides and relatives are now called unlicensed providers. Both provider types are considered to be self-employed and will receive direct pay.

BAM 705

Agency Errors Related to the Client

Bullet stating aide provider not eligible was removed. Aides are now considered to be self-employed, not an employee of the parent of the child for whom they are providing care.

BAM 715

Client/CDC Provider Error Overissuance

Note was removed stating payments to aides are issued in the name of the client. Treat overissuances involving this type of a payment as a client overissuance unless Office of the Inspector General determines an intentional program violation occurred by the aide. Payments to aides are now direct pay and mailed directly to the aide's address

BEM 221

Verification Sources

Acceptable verifications for CDC have changed. CDC has been removed from the section with FIP, SDA and FAP and added to the section with MA and Adult Medical Program.

BEM 223

Reference to day care aides and relative care providers have been changed to unlicensed providers. Aides and relatives are now referred to as unlicensed providers.

BEM 500

Reimbursements

Bullet stating CDC payments for care billed by an aide issued as a two party check in the name of the client and provider's names is a reimbursement to the client has been removed.

BEM 502

Self-Employment

Policy now reflects that a person who provides child care is considered to be self-employed, whether the care is provided in the home of the child or in the provider's home. This includes unlicensed (aide/relative) providers.

BEM 703

This item has been revised and reorganized.

High School Completion

Study time and required lab time may now be included in the authorized hours of care.

Approved Activity

Study time and required lab time can now be included in the authorized hours of care.

Preventive Services

Preventive Services has been removed from the categorically eligible group.

Unlicensed Provider Enrollment Process

Acceptable verifications to verify proof of identity for unlicensed providers have been added.

Proof of residence is now required when enrolling an unlicensed provider. Acceptable verifications have been added.

All required verifications to enroll an unlicensed provider must match the provider's name as listed on the application. Verifications must be copied and maintained in the provider file.

A note was added that the DHS-4025, Child Care Provider Verification is not required prior to enrolling an unlicensed provider. The completed form is required prior to assigning the provider to a particular child in Bridges.

Local offices now have 10 days to complete the address inquiry, background clearances and enrollment process for an unlicensed provider after the provider submits a DHS-220.

Process to enroll an unlicensed provider has been revised.

- Newly enrolled providers who have not completed the training are not eligible for any payment until the pay period containing the training completion date. No back payments will be issued.
- Bridges will send the DHS-4807, Notice of Child Development and Care Provider Eligibility, when a provider is denied. Local offices are required to manually generate the DHS-4807-C, Client Notice of Child Development and Care Provider Eligibility, from Bridges, and mail to the client when the provider is denied.

Service Begin Date (Effective Date of Enrollment)

If approved, the service begin date for an unlicensed provider who is 18 years of age or older, is the date of the client or provider application, whichever is received first.

If a service begin date for a provider needs to be modified, the local office should fax the client and provider application, along with a cover

sheet with the specialist's name and phone number, to CDC Policy at 517-241-8679.

If an unlicensed provider has been denied as a result of a household member and the member leaves the home, the service begin date cannot be before the date the new DHS-220 is received.

Background Clearances

If a provider or household member has an out of state ID, a central registry clearance should be requested from the state where the ID was issued. Closure reasons have been revised for the numerous reasons a provider may be closed.

BPB 2011-003

BRIDGES INTERIM POLICY BULLETIN FOR SEMI-ANNUAL CONTACT REPORTS

Issued

December 27, 2010.

EFFECTIVE

January 1, 2011

SUBJECT

DHS-1046, Semi-Annual Contact Report

BAM 210 and RFF 1046

FAP

Clients are no longer required to supply verification of the last 30 days of earnings when returning the DHS-1046 if their income has not changed by more than \$100 since their last report. This change is effective with the January, 2011 mailing of the DHS-1046. Section 4, Household Income, on the DHS-1046 is revised to reflect this change. The client's gross earned income from their most current budget will now be pre-filled on the form.

Additionally, a new question is added for the client to indicate if their gross earned income changed by more than \$100 from the pre-filled amount. Clients will need only to return verification of their past 30 days of earnings if they answer yes to this question.

If the client indicates their gross earned income has not changed by more than \$100, verification of the past 30 days is **not** required. However, income must be budgeted and eligibility determination benefit calculation (EDBC) run if a client checks no to the question, but supplies proof of income. The DHS-1046 **must** be recorded as complete and EDBC run so Bridges recognizes the DHS-1046 has been processed. Failure to do so will result in FAP closure.

Mid-Certification/Semi-Annual Contact

BAM 210

FAP

Bridges sends a DHS-2240-A, Mid-Certification Contact Notice, for groups assigned a 24-month benefit period during the eleventh month of their benefit period and a DHS-1046, Semi-Annual Contact Report, the beginning of the fifth month for cases assigned a 12-month benefit period.

Note: Manually send from Bridges and track the DHS-1046 if you discover a case was not correctly assigned as a simplified reporter by the last day of the fourth month of the benefit period.

Groups assigned a 24-month benefit period must submit a complete DHS-2240-A. A complete DHS-1046 must be submitted by groups with countable earnings and a 12-month benefit period; see BAM 115, Benefit Periods.

The DHS-1046 and DHS-2240-A may be completed by the client, or the client's authorized filing representative or by the specialist (during a telephone call, home call or interview with the client). However, the form must be signed by the client or authorized filing representative.

A report is considered complete when all of the sections (including the signature section) on the DHS-1046 and the DHS-2240-A are answered completely and required verifications are returned by the client or client's authorized filing representative.

If an expense has changed and the client does not return proof of the expense but all of the sections on the report are answered completely, remove the expense from the appropriate data collection screen in Bridges before running EDBC.

24-Month Benefit Period

The mid-certification contact notice must be recorded, data collection updated and EDBC results certified in Bridges by the last day of the twelfth month after receipt of a completed DHS-2240-A and all required verifications.

Run EDBC even if the client indicates no changes so Bridges will recognize the DHS-2240-A has been processed.

12-Month Benefit Period

The contact is met by receipt of a completed DHS-1046 and required verifications. The semi-annual contact report must be recorded, data

collection updated and EDBC results certified in Bridges by the last day of the sixth month of the benefit period to effect benefits no later than the seventh month.

The client's gross earned income from their most current budget is pre-filled on the DHS-1046. If the client's gross income has changed by more than \$100 from the pre-filled amount on the form, they must return verification of their past 30 days of earnings with their completed DHS-1046.

If the client indicates their gross earned income has **not** changed by more than \$100, verification of the past 30 days is not required. Run EDBC so Bridges will recognize the DHS-1046 has been processed. However, income must be budgeted and EDBC run if a client checks no to the questions, but supplies proof of income.

DHS-1046, Semi-annual Contact Report

RFF 1046

The DHS-1046, Semi-Annual Contact Report, is available as a Bridges-generated document. All groups who are assigned to simplified reporting by the last day of the fourth month of the benefit period will automatically receive a DHS-1046. Bridges sends the report in the beginning of the fifth month of the benefit period. The completed DHS-1046 is due back from the client or authorized representative on the first day of the 6th month in the benefit period.

Manually send from Bridges and track the DHS-1046 if you discover a case was not correctly assigned as a simplified reporter by the last day of the fourth month of the benefit period.

Bridges prints the following case-specific information on the notice:

- Due date for return of the notice.
- FAP end date (last day of the 6th month) if the form is not returned.
- Local county/district office address.
- Active FAP recipients on the case.
- Child support expenses used in the last budget in Bridges.
- Gross earned income used in the last budget in Bridges.

A return envelope is provided for the client's convenience in returning the completed notice.

The form is available in Bridges manual correspondence. If the form is sent manually, pre-fill the form with case-specific data listed above. If the client requests a replacement, send a duplicate from correspondence in Bridges.

BPB 2011-004

BRIDGES INTERIM POLICY BULLETIN FOR STUDENT STATUS CHANGE

Issued

February 9, 2011.

EFFECTIVE

April 1, 2011.

Subject

Student Status

FAP

BEM 230B, 245

The education plan approval for self-initiated secondary education is no longer a deferral from employment-related activities for Food Assistance Program (FAP). Clients in student status are no longer eligible to receive FAP based solely on an approved education plan. Policy is updated to reflect this change.

Bridges will continue to apply the old policy for all months prior to March 2011 regardless of when FAP eligibility is determined.

Field Operations Administration will send an L-letter giving local offices instructions and a deadline for handling those cases not processed by the mass update.

Reason: Michigan's FAP Employment and Training State Plan as approved by Food and Nutrition Service (FNS) no longer contains a component that allows for self-initiated education.

BEM 230B

Education

A student enrolled at least half time in any recognized school, training program or institution of higher education meets the employment-related activities requirement. This includes persons attending school for GED or adult high school completion.

A person enrolled in a post-secondary education program may be in student status, as defined in BEM 245, STUDENT STATUS. A person

in student status must meet certain criteria in order to be eligible for FAP benefits.

School Attendance and student status

BEM 245

FAP Only

A person is in student status if he is:

- Age 18 through 49: and
- Enrolled half-time or more in a:
 - Vocational, trade, business, or technical school that normally requires a high school diploma or an equivalency certificate.
 - Regular curriculum at a college or university that offers degree programs regardless of whether a diploma is required.

In order for a person in student status to be eligible, they must meet one of the following criteria:

- Receiving FIP.
- Enrolled in an institution of higher education as a result of participation in:
 - A JTPA program.
 - A program under section 236 of the Trade Readjustment Act of 1974 (U. S. C. 2296).
 - Another state or local government employment and training program.
- Physically or mentally unfit for employment.
- Employed for at least 20 hours per week and paid for such employment.
- Self-employed for at least 20 hours per week and earning weekly income at least equivalent to the federal minimum wage multiplied by 20 hours.
- Participating in an on-the-job training program. A person is considered to be participating in an on-the-job training program only during the period of time the person is being trained by the employer.

- Participating in a state or federally-funded work study program (funded in full or in part under Title IV-C of the Higher Education Act of 1965, as amended) during the regular school year.

To qualify under this provision the student must be approved for work study during the school term and anticipate actually working during that time. The exemption:

- Starts the month the school term begins or the month work study is approved, whichever is later.
- Continues until the end of the month in which the school term ends, or when you become aware that the student has refused a work-study assignment.
- Remains between terms or semesters when the break is less than a full month, or the student is still participating in work study during the break.
- Providing more than half of the physical care of a group member under the age of six.
- Providing more than half of the physical care of a group member age six through eleven and the local office has determined adequate child care is not available to:
 - Enable the person to attend class and work at least 20 hours per week.
 - Participate in a state or federally-financed work study program during the regular school year.
- A single parent enrolled full-time in an institution of higher education who cares for a dependent under age 12. This includes a person who does not live with his or her spouse, who has parental control over a child who does not live with his or her natural, adoptive or stepparent.

For the care of a child under age six, consider the student to be providing physical care as long as he or she claims primary responsibility for such care, even though another adult may be in the FAP group.

When determining the availability of adequate child care for a child six through 11, another person in the home, over 18, need not be a FAP group member to provide care.

The person remains in student status while attending classes regularly. Student status continues during official school vacations and periods of extended illness. Student status does not continue if the student is sus-

pending, expelled, drops out, or does not intend to register for the next school term (excluding summer term).

BPB 2011-005**BRIDGES POLICY BULLETIN****Issued**

February 23, 2011.

EFFECTIVE

April 1, 2011.

Subject(s)

1. Medicaid (MA).
2. Child Development and Care (CDC).
3. Legal Services Associations of Michigan (LSAM).
4. Unearned income.

1) Medicaid**BEM 400, Assets**

Jointly owned real property is only excludable if it creates a hardship for the other owners.

In SSI related MA a divestment has occurred if joint owners are added during the five year look back period. See BEM 405 for determination of a divestment penalty.

For jointly owned real property count the individual's share unless sale of the property would cause undue hardship. Undue hardship for this item is defined as: a co-owner uses the property as his or her principal place of residence and they would have to move if the property were sold and there is no other readily available housing.

Life Insurance Value for SSI-Related MA

A life insurance policy is an asset if it can generate a cash surrender value. A policy is the policy owner's asset.

Policies called graded term or level term may have a cash surrender value. These must be verified and counted as an asset.

Tables included with a life insurance policy are not considered accurate. Verification of the cash surrender value should be either a current notice (within the year) from the company or by contacting the company for the current value.

BEM 401, Trusts - MA

A trust is not a Medicaid trust if it contains the resources of a person who is disabled (not blind), and under age 65 per BEM 260.

BEM 405, MA Divestment

Full implementation of the Deficit Reduction Act (DRA) now creates a 60 month look-back period for all transfer of assets.

2) CDC

BEM 704

The applicant/client has been added to this section and the bullet regarding home help has been revised.

The specialist is to complete the DHS-2351-X for enrollment after receipt of the DHS-2032-A or DHS-2032-B.

A sentence was added that the DHS-220, Child Development and Care Unlicensed Provider Application must be completely filled out.

All background clearances must be completed on all adult household members listed on the provider's application.

The DHS-4807-C, Client Notice of Child Development and Care Provider Ineligibility, must be generated from Word or Bridges by the local office to inform the client of a provider's denial.

Policy was removed requiring a central registry clearance for a provider or household member who has an out-of-state ID.

The procedure for a central registry expungement has been revised.

The automated daily central registry clearances do not include household members.

BEM 706

The maximum number of hours an unlicensed provider can be paid in a biweekly pay period has increased from 540 to 810.

Prior to combining aides and relative care providers into unlicensed providers, each provider type was able to bill for 540 hours.

BEM 710

If there are two parents/substitute parents for the child, compare the work schedule of both parents. Deny the application if the need hours do not overlap. Otherwise, base authorized hours on the valid need hours of the one with the least number of valid need hours.

3) LSAM

**BEM 230A, Employment and/or Self-Sufficiency Related Activities:
FIP/RAP Cash**

All references referring to Legal Services Associations of Michigan (LSAM) have been removed. The contract ended on September 30, 2010. DHS workers should no longer be referring individuals under this contract.

**4) Unearned
income**

Child Support Potential Family Arrears

BEM 503

For FIP EDG's whose initial eligibility for ongoing assistance was approved before October 1, 2009, collections attributed to a time period when the family was not receiving FIP, are retained by the state. Office of Child Support (OCS) refers to these payments as potential family arrears.

STATE EMERGENCY RELIEF PROGRAM

ERB 2011-001

EMERGENCY NEEDS POLICY BULLETIN

Issued

February 18, 2011.

EFFECTIVE

April 1, 2011.

Subject(s)

1. State Emergency Relief (SER) eligibility requirements.
2. Provider enrollment.

**1) Eligibility
Requirements**

ERM 301

Payment may be made up to the available fiscal year cap for the necessary charges to deliver a 30-day supply of fuel for households that heat with deliverable fuel (fuel oil, propane or coal). For fuel oil and propane, a delivery to fill the tank is considered a 30-day supply.

Wood is not considered a deliverable fuel.

Income verification used for current eligibility for any other DHS administered program may be used, if available. If not available, income must be verified.

There is no income copayment for energy-related services. The household income must be at or below the LIHEAP income limit for the group to qualify for SER. See EXHIBIT II - SER INCOME NEED STANDARDS FOR ENERGY/LIHEAP SERVICES in ERM 208.

A determination of required payments must be made.

The name on the energy account bill must match the head of household name or the head of household's spouse's name. It is not sufficient to be in the name of a living-together partner. The spouse must be active on the head of household's case.

The bill must be connected to the group's current address. If the bill, including old or transferred balances, must be paid to start or maintain service at the current or new address, payment may be authorized payment up to the fiscal year cap, as long as the payment resolves the emergency.

The household fuel type must be correct for the type of payment requested.

The requested amount in Bridges must match the amount on the shut off notice/bill, or the declared amount needed for a deliverable fuel. If there is a discrepancy in the amount needed to resolve the emergency, there must be documentation in the case record.

Verification that the client has paid any shortfall and/or contribution must be obtained **prior** to the DHS payment being issued. If the client has entered into a payment agreement with the energy provider, a signed copy of the agreement is acceptable as verification of payment and a copy should be placed in the case record.

All other non-financial eligibility requirements must be met.

Payment can only be made to an enrolled energy provider, see ERM 401, Payments.

**3) Provider
Enrollment**

ERM 401

Energy providers must be enrolled by central office however; the local office should provide a DHS-355, Energy Supplier Participation Agreement, to providers requesting enrollment.

Third party billing companies and collection agencies are not eligible to receive emergency services (ES) or SER funds, as they are not the actual services provider. Examples include; Universal Utilities, D & B Billing Services, and Electrical Inspection Company. Requests for enrollment by such companies will be denied.

OFFICE OF CHILD SUPPORT

EXCERPT FROM OCS MEMORANDUM 2011-001

MEMORANDUM

2011-001.

EFFECTIVE

January 3, 2011.

SUBJECT

New Intergovernmental Federal Regulations.

PURPOSE

This IV-D Memorandum outlines new federal regulations for establishing and enforcing intergovernmental support obligations in IV-D cases that receive services under Title IV-D of the Social Security Act (the Act).

High-level goals of the new regulations are to:

- Mold a more comprehensive regulation that serves tribes and foreign nations in addition to states;

- Clarify and differentiate between specific roles and responsibilities in state IV-D initiating and responding agencies;
- Recognize and incorporate electronic communication advancements; and
- Conform to federal compliance audits and state self-assessment requirements.

The new regulations also contain significant changes that will dramatically modify the way the Michigan IV-D agencies conduct intergovernmental business. These changes include:

- Requiring the responding state to pay genetic testing costs;
- Providing order and payment record information for determination of controlling order and reconciliation of arrearages within 30 working days of the request by a state IV-D agency;
- Providing annual notice to responding agencies regarding the amount of interest charges owed on overdue support on an initiating state order and upon request in an individual case;
- Case closure revisions; and
- Assigning state tribunal responsibility for determination of controlling order in multiple-order cases

EXCERPT FROM OCS MEMORANDUM 2011-002

| | |
|-------------------|---|
| MEMORANDUM | 2011-002. |
| EFFECTIVE | January 3, 2011. |
| SUBJECT | New Title IV-D Genetic Testing Contract and Changes in Responsibility for Payment of Genetic Testing Costs. |
| PURPOSE | This IV-D Memorandum replaces and obsoletes IV-D Memorandum 2010-020, New Title IV-D Genetic Testing Contract, which was published on July 22, 2010. This memorandum incorporates the change made under the new intergovernmental federal regulations in 45 Code of Federal Regulations (CFR) 303.7 related to the payment of genetic testing costs. For genetic test reports dated January 3, 2011 and thereafter, the responding state will be responsible for paying the cost of genetic testing. For genetic test reports dated before January 3, 2011, the initiating state will be responsible for the payment of genetic testing costs. This memorandum also includes a requirement to provide the IV-D case number whenever services are requested under the terms of the contract. |

The exhibit Genetic Paternity Testing Services Contract Overview 2010-2015 (Exhibit 2011-002E1) has been revised to incorporate the change in payment responsibility. It also explains the billing information from the Orchid Web site that can be used when creating child support orders.

EXCERPT FROM OCS MEMORANDUM 2011-003

MEMORANDUM 2011-003.

EFFECTIVE January 24, 2011.

SUBJECT Payment of Federal Performance Incentives and Federal Performance Incentives Reporting on the Title IV-D Cooperative Reimbursement Actual Expenditure Report (DHS-286).

PURPOSE This IV-D Memorandum explains the base year used to calculate each county's federal performance incentive earnings paid in a fiscal year and how the amount earned will be paid during the fiscal year. This IV-D Memorandum also explains how the federal performance incentive payments may be required to be reported for billing purposes effective October 1, 2010 and in future fiscal years.

This IV-D Memorandum replaces and obsoletes Action Transmittal (AT) 2007-037. Since the last publication of this content in AT 2007-037, the following updates have been made:

- Sections that were directed at specific fiscal years have been removed;
- The requirement to deduct incentives on the DHS-286 has been removed and replaced with an OCS notification process; and
- Information has been provided on the process to recoup if the state earns less than \$26.5 million of federal performance incentives.

EXCERPT FROM OCS MEMORANDUM 2011-004

MEMORANDUM 2011-004.

EFFECTIVE February 18, 2011.

SUBJECT Changes to Customer Contact Letters for Child Support Cooperation.

PURPOSE This IV-D Memorandum introduces changes to the First Customer Contact Letter with Pamphlet (OCS0015P), the First Customer Contact Let-

ter (OCS0015), and the Final Customer Contact Letter (OCS0025). The OCS0015P and OCS0025 contact letters are automatically generated and sent to custodial parties (CPs) when the child support program receives a referral from the public assistance program or when a CP has completed a signed application for child support services. The OCS0015 is manually generated by the support specialist (SS) on an as-needed basis.

This memorandum also outlines SS procedures for handling CP claims of child support cases opened in error.

EXCERPT FROM OCS MEMORANDUM 2011-005 INTRODUCING REVISIONS TO MICHIGAN IV-D CHILD SUPPORT MANUAL 2.20

MEMORANDUM 2011-005.

EFFECTIVE March 18, 2011.

SUBJECT Transfer of Court Action Referrals (CARs) Across Counties.

PURPOSE The purpose of this IV-D Memorandum is to announce modifications to Section 2.20, "Court Action Referrals (CARs)," of the Michigan IV-D Child Support Manual. Section 2.20 has been updated to reflect changes to CAR transfer policy when a custodial party (CP) moves from one county to another before a case has been filed.

DISCUSSION Michigan Compiled Law (MCL) 722.714 defines the venue for filing a paternity action. Because the law states that the action must be filed where the CP or child resides, if a CP moves before a case has been filed, the venue changes to the county where the CP moves. Previously, Michigan Child Support Enforcement System (MiCSES) functionality did not support CAR transfer from one county to another. With the implementation of the MiCSES 7.2 Release (March 18, 2011), the PA will have the ability to transfer a CAR using the Case Reassignment (CRAS) screen so the action may be filed in the proper county. An action alert will be generated to the destination county's caseworker when the CAR is transferred.