



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

MAURA D. CORRIGAN  
DIRECTOR

April 1, 2012

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

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

Dear Senator Caswell and Representative Agema:

Section 222(1) of 2011 Public Act No. 63 requires the Department of Human Services to report on each specific policy change made to implement a public act affecting the department that took effect during the prior calendar year.

All policy changes made during the period of January 1, 2011 through December 30, 2011 can be found on the DHS public policy website (<http://www.mfia.state.mi.us/olmweb/ex/html>).

If you have any questions about the attached material, please contact me at 373-7787.

Sincerely,

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

Susan Kangas  
Chief Financial Officer

cc: Senate and House Appropriations Subcommittees on DHS  
Senate and House Fiscal Agencies  
Joint Committee on Administrative Rules

**THE DEPARTMENT OF HUMANS SERVICES 2011 POLICY CHANGES**

This report was compiled using various policy bulletins published throughout the year as a result of legislative policy changes.

**ADULT SERVICES****ASB 2011-001****EFFECTIVE**

October 1, 2011.

**SUBJECT**

Changes in the home help eligibility criteria.

**Home Help  
Eligibility Criteria**

To qualify for home help services, an individual must require assistance with at least one activity of daily living (ADL) assessed at a level 3 or greater. The change in policy must be applied to any new cases opened on or after October 1, 2011, and to all ongoing cases as of October 1, 2011.

**Comprehensive  
Assessment  
Required Before  
Closure**

Clients currently receiving home help services must be assessed at the next face-to-face contact in the client's home to determine continued eligibility. If the adult services specialist has a face-to-face contact in the client's home prior to the next scheduled review/redetermination, an assessment of need must take place at that time.

**Example:** A face-to-face review was completed in August 2011; the next scheduled review will be in February 2012. The specialist meets with the client in his/her home for a provider interview in December 2011. Previous assessments indicate the client only needing assistance with instrumental activities of daily living (IADL). A new comprehensive assessment must be completed on this client.

If the assessment determines a need for an ADL at level 3 or greater but these services are not paid for by the department, or the client refuses to receive assistance, the client would continue to be eligible to receive IADL services.

If the client is receiving only IADLs and does not require assistance with at least one ADL, the client no longer meets eligibility for home help services and the case must close after negative action notice is provided.

Each month, beginning with October, 2011, clients with reviews due who only receive IADL services must take priority.

**Negative Action  
Notice**

The adult services specialist must provide a DHS-1212, Advance Negative Action notice, if the assessment determines the client is no longer eligible to receive home help services. The effective date of the negative action is ten business days after the date the notice is mailed to the client.

The reason for termination of services should state the following:

*New policy, effective October 1, 2011, by the Department of Community Health/Department of Human Services requires the need for hands-on services of at least one activity of daily living (ADL). The most recent assessment conducted at your last review did not identify a need for an ADL. Therefore, you are no longer eligible for home help services.*

**Right to Appeal**

Clients have the right to request a hearing if they disagree with the assessment. If the client requests a hearing within ten business days, do not proceed with the negative action until after the result of the hearing.

Explain to the client that if the department is upheld, recoupments must take place back to the negative action date if payments continue. Provide the client with an option of continuing payment or suspending payment until after the hearing decision is rendered.

If the client requests a hearing after the 10-day notice and case closure has occurred, do not reopen the case pending the hearing decision. If the department's action is reversed, the case will need to be reopened and payment re-established back to the effective date of the negative action. If the department's action is upheld, no further action is required.

**ASB 2011-002****EFFECTIVE**

October 1, 2011.

**SUBJECT**

Changes to Special Adult Protective Services (APS) home help services component.

**Available Services**

Special APS home help services component.

Home help services (HHS) are provided to assist adults in need of protection with routine activities of daily living. These are activities they are unable to perform and are necessary to prevent injury or harm. There are no eligibility requirements related to income or assets for APS clients. Payments may be authorized for, but are not limited to, the following:

- Heavy house cleaning, including rentals of necessary equipment such as dumpsters, exterminator services, and carpet cleaners.
- Household equipment such as refrigerators or air conditioners.
- Activities of daily living such as eating, toileting, bathing, grooming, dressing, transferring and mobility.

- Instrumental activities of daily living such as medication, laundry, housework, meal preparation and shopping.
- Emergency housing.

**Note:** Home help payments for adults in need of protection cannot exceed \$1,000 within a fiscal year. **There are no exceptions to the \$1,000 amount.** However, exceptions may be approved for services not listed above when deemed necessary to provide for the protection and safety of the client. ***Services that can be covered under another program, such as SER, Medicaid or private insurance, or are free will not be authorized.***

**Exception Request** Exception requests must be submitted by email to the Adult Services Policy mailbox at Policy-Adult-Services-DHS@michigan.gov. The subject headline must read **APS exception request**. Within the body of the email include the following:

- Case name and number.
- The problem and need to be addressed.
- The service(s) that are being requested **and** how the service(s) will alleviate or reduce harm or risk of harm to the client.
- Who will be providing the requested service(s).
- The expected cost of the service(s) being requested.
- Other funding sources that were considered but were not available to provide the needed service(s).
- Specialist contact information.

Payments for APS/HHS may be processed **locally** through the payment module on ASCAP, after the following requirements are met:

- The APS case is open on the Adult Services Comprehensive Assessment Program (ASCAP).
- The service provider is enrolled on Bridges as a home help provider (eligibility 01).

**Note:** Providers that are a business must also be registered on MAIN as a state vendor. Providers may complete this process online at [www.mi.gov/cpexpress](http://www.mi.gov/cpexpress) or by calling the payee registration helpline at (888) 734-9749. This registration must be complete for payments to process.

- Documentation in ASCAP supports the need for APS/HHS as a part of the adult protective services plan.
- Documentation in ASCAP supports that there are no other available resources or funding sources for the needed service(s).
- The exception approval must be in the case file and documented in ASCAP.
- The provider must be assigned to the client as a provider through the payment module of ASCAP.

### ASB 2011-003

#### EFFECTIVE

November 1, 2011.

#### 1) CONTACT WITH THE PROVIDER

##### ASM 115 and ASM 155

An initial face-to-face interview must be completed with the home help provider in the client's home or local DHS office.

A face-to-face or phone contact must be made with the provider at the next review or redetermination to verify services are being furnished.

**Note:** If contact is made by phone, the provider must offer identifying information such as date of birth and the last four digits of their social security number. A face-to-face interview in the client's home or local DHS office must take place at the next review or redetermination.

#### 2) DHS-54A REQUIREMENTS FOR DISABLED ADULT CHILDREN

##### ASM 115 and ASM 155

The DHS-54A, Medical Needs form, is **only** required at the initial opening for SSI recipients and **disabled adult children (DAC)**. All other Medicaid recipients must have a DHS-54A completed at the initial opening and annually thereafter.

#### 3) PRORATION OF IADLS

##### ASM 120

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by **one half** in shared living arrangements where other adults reside in the home, as home help services are **only** for the benefit of the client.

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**4) MAXIMUM  
PAYMENT LEVEL  
FOR ADULTS IN  
NEED OF  
PROTECTION****ASM 125 and ASM 140**

The special adult protective services (APS) home help services component may be authorized to support the adult protective service plan of a vulnerable adult who is at risk of harm, abuse, neglect or exploitation.

The maximum payment level is \$1000 within a 12 month fiscal year. These authorizations are payable to the provider only and FICA is not withheld.

This policy took effect October 1, 2011.

**5) INDIVIDUAL AND  
AGENCY  
PROVIDERS****ASM 135 and ASM 136**

**Provider Selection** Home help services **cannot** be paid to a fiscal intermediary.

Home help providers who also provide day-care services must not provide both services concurrently.

Home help services cannot be paid to a responsible relative. Couples who are separated **must** provide verification that they are no longer residing in the same home.

**Provider Criteria** Providers must be 18 years or older.

**Provider Interview** During the provider interview the worker must explain:

- The client and provider are responsible for notifying the adult services specialist within 10 business days when there is a change of providers or care needs.
- The provider and/or client is responsible for notifying the adult services specialist within 10 business days if the client is hospitalized.

**Note:** Home help services **cannot** be paid the day a client is admitted into the hospital but **can** be paid the day of discharge.

- Parents who wish to have FICA withheld from warrants must be assigned in ASCAP as other relative in the Provider Assignment screen.
- Questions pertaining to the unionization of home help providers must be directed to the SEIU at 866-734-8466.

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<b>Medical Assistance Home Help Provider Agreement (MSA-4678)</b>	Policy regarding the MSA-4678 was released in the interim policy bulletin, ASB-2010-002, Independent Living Services Provider Agreement. Policy pages have been updated in the manual.
<b>Provider Income Verifications</b>	Requests received by the local office for verification of provider income or employment should be forwarded to the Department of Community Health.
<b>Verification of Agency Status</b>	Procedures for the verification of agency status have been updated. The adult services specialist should instruct agencies to submit the required documentation for agency status approval to the Michigan Department of Community Health.  A list of approved agencies is maintained on the Adult Services Home Page. If an agency is on the Home Help Agency List, their status as an approved agency extends to all counties.
<b>Agency Registration and Procedures</b>	Payments made for the provision of personal care services to Medicaid recipients qualify as income that must be reported to the Internal Revenue Service (IRS) by the Michigan Department of Community Health.  All agency home help providers must register with the state of Michigan by submitting a W-9, Request for Taxpayer Identification Number and Certification. MDCH will use the information collected from the W-9 to produce a 1099 that will detail payments made by MDCH during the tax year.  Home help agency providers must complete a W-9 and submit it to the state of Michigan Vendor Registration either by mail, fax or online.  Agency providers must submit a new W-9 to Vendor Registration for a change of address as well as contact the local DHS office to update information on Bridges.
<b>Agency Billing</b>	Agency/business providers must submit an invoice for payment to the adult services specialist within 365 days of the payment service date. Each invoice statement must specify all of the following: <ul data-bbox="548 1612 1268 1724" style="list-style-type: none"><li>• The service(s) provided.</li><li>• The date(s) of service.</li><li>• The amount of time provided for each service.</li></ul> The specialist must review the invoice to ensure the hours billed by the agency <b>do not</b> exceed the capped limits for IADLs.

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**5) FICA REBATES  
AND FICA  
REIMBURSEMENTS****ASM 145****FICA Rebates**

FICA rebates are issued to **all** providers who earn **less** than the gross limit set by the federal government; See [www.irs.gov/pub/irs-pdf/p15.pdf](http://www.irs.gov/pub/irs-pdf/p15.pdf).

The Michigan Department of Community Health issues FICA rebates at the end of the calendar year.

**Note:** If a FICA rebate warrant is returned to Treasury as undeliverable ASAP will generate a DCH-2362A, Adult Services Warrant Rewrite/Disposition Request, for the warrant to be rewritten or canceled.

**FICA  
Reimbursements**

If a provider is coded incorrectly and FICA is withheld in error, the adult services specialist must send an email to the Michigan Department of Community Health Medicaid Collections Unit mailbox at MDCH-Medicaid-Collections-Unit@michigan.gov.

**6) W-2 AND 1099****ASM 145****W-2s/W-2  
Correction**

W-2s are issued to **all** individual home help providers. W-2s are based on wages **paid** in a calendar year. Follow W-2 correction procedures outlined in the manual.

**1099/1099  
Corrections**

Payments made to agency providers for the provision of home help services qualify as income that must be reported to the IRS. 1099's are issued to all agency providers.

Refer agency providers to the Provider Hotline at 800-292-2550 for 1099 corrections or non receipt of a 1099. MDCH will request verification of earnings from the adult services specialist.

**7) WARRANTS****ASM 160****Adult Services  
Authorized  
Payments (ASAP)**

Adult services warrants are processed through the Michigan Department of Community Health Adult Services Authorized Payments (ASAP) system and are rewritten by the Michigan Department of Community Health Medicaid Collections Unit.

The Adult Services Authorized Payment system (ASAP) maintains a payment history dating back to April 2006. To obtain payment history prior to April 2006 contact the Office of Adult Services via the policy mailbox at Policy-Adult-Services-DHS@michigan.gov.

**DCH-2362A/DHS-  
2362**

The DCH-2362A, Adult Services Warrant Rewrite/Disposition Request, is generated electronically by ASAP or the MDCH Medicaid Collections unit when a warrant is canceled, stopped or returned to Treasury as undeliverable.

All information pertaining to the client and provider must be accurate on ASCAP and Bridges before processing the DHS-2362 or DCH-2362A.

For home help, the warrant amount on the DHS-2362/DCH-2362A is the amount of the care cost authorized before any client pay, union dues or FICA amounts are deducted (gross). If the warrant amount remains the same, leave the warrant amount blank (item 26 on the DHS 2362 or item 24 on the DCH 2362A).

The specialist must verify the following before processing the DHS-2362 or DCH-2362A.

- Dual-party warrants:

Client address information must be updated on the Basic Client screen in ASCAP.

- Single-party warrants:

Changes to provider information must be done in BRIDGES by completing the DHS-2351X, Provider Enrollment/Change Request.

- Agency or business providers.

The provider information on BRIDGES and Vendor Registration (MAIN) must match. Agencies **must** submit a new W-9 to Vendor Registration whenever there is a change in address

### **Warrant Rewrite Actions**

The process for rewriting a warrant was pulled from SRM 192. The Michigan Department of Community Health Medicaid Collections Unit is now responsible for rewriting all adult services warrants and has the functionality to generate the necessary forms. Follow the procedures outlined in ASM 160.

The Adult Services Authorized Payment (ASAP) system does not require an authorization in ASCAP to be updated when rewriting a dual party warrant to a single party warrant.

### **Warrants Canceled by Treasury Over 180 Days Old**

After 180 days, uncashed warrants are automatically canceled by Treasury. These warrants will display a disposition reason of **canceled over 180 days old**. The Adult Services Authorized Payment system (ASAP) will generate a DCH-2362A and forward it via email to the local DHS fiscal unit.

### **Warrants Not Issued Because of Invalid Provider Tax Number**

Invalid provider tax identification numbers for home help agency providers or adult foster care/homes for the aged providers, will result in adult services warrants not being issued.

Social security or federal tax ID numbers for **all** adult services providers can only be updated or changed on Bridges by Provider Management in DHS Central Office.

Requests for a provider social security or federal tax id number correction must be sent to the provider management email box at: DHS-Provider-Management@michigan.gov.

Refer to the procedures outlined in ASM 160 as this process in policy is new.

### Garnishment

A writ of garnishment is how some creditors recover unpaid debt. Wage garnishment in Michigan comes after a court-ordered judgement.

Single party warrants are considered earnings to the provider and **are** subject to garnishment. Dual party warrants **are not** subject to garnishment as these payments are a benefit to the client.

Forward new requests for garnishment, received at the local DHS office, to:

Michigan Department of Community Health  
Office of Legal Affairs  
201 Townsend  
Lansing, Michigan 48913

### Treasury Offset

The Department of Treasury can pull a warrant to offset a debt owed to the state by the provider.

If the provider disputes this action, the specialist should refer them to:

Department of Treasury  
Collections Offset Unit, 3rd Party  
517-636-5333

**Note:** When single party warrants are pulled by Treasury, they **cannot** be rewritten.

## 8) RECOUPMENT METHODS

### ASM 165

#### Willful Client Overpayment

**No recoupment action is taken on cases that are referred to OIG for investigation while the investigation is being conducted.** The specialist must:

- Complete the DHS-566, Recoupment for Home Help. Select **Other** under the reason for overpayment. Note that a fraud referral was made to the Office of Inspector General.

- Send a copy of the DHS-566, with a copy of the DHS-834, Fraud Investigation Request to the Michigan Department of Community Health Medicaid Collections unit.
- **Do not** send a copy of the recoupment letter to the client or provider. MDCH will notify the client/provider after the fraud investigation is complete.

**Adult Services Programs**

The adult services specialist must not attempt to collect overpayments by withholding a percentage of the overpayment amount from future authorizations or reducing the full amount from a subsequent month.

**Recoupment Letter**

Instructions for the recoupment letter were added to the manual.

**Overpayments Returned to Local DHS Office**

Overpayments returned to the local DHS fiscal unit must be forwarded to the Michigan Department of Community Health Medicaid Collections unit in accordance to ACM 430.

The adult services specialist must complete a DHS-566 and forward to MDCH Medicaid Collections unit.

All repay agreements for home help and adult community placement overpayments are established by MDCH.

**Withdrawal of Recoupment**

If the recoupment is rescinded by the adult services specialist, the MDCH Medicaid Collections unit must be notified in writing that the recoupment has been canceled. Send written notice via email to MDCH-Medicaid-Collections-Unit@michigan.gov.

**Verification of Recoupment**

Upon receipt of the DHS-566, the MDCH Medicaid Collections unit will create a receivable account so funds are properly tracked and credited.

If the adult services specialist needs to verify an overpayment has been recouped, contact the Michigan Department of Community Health Medicaid Collections Unit via their email box at MDCH-Medicaid-Collections-Unit@michigan.gov.

**BRIDGES**

**BPB 2011-001**

**EFFECTIVE**

January 1, 2011.

**Subject(s)**

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 110, BEM 704**

The DHS-220-A, Child Development and Care Aide Application and the DHS-220-R, Child Development and Care Relative Care Provider Application have been combined into one application.

**BAM 115, BEM 704**

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

**Provider Error**

**BAM 700**

Aides and relatives are now called unlicensed providers. Both provider types are considered to be self-employed and will receive direct pay.

**Agency Errors  
Related to the  
Client**

**BAM 705**

Aides are now considered to be self-employed, not an employee of the parent of the child for whom they are providing care.

**Client/CDC  
Provider Error  
Over issuance**

**BAM 715**

Payments to aides are no longer issued in the name of the client. Treat over issuances involving this type of a payment as a client over issu-

ance 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**

### **BEM 230B**

Reference to the DHS-4749, Support Service Request and/or Education Plan Approval, has been removed. This form is no longer required for any program.

### **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**

#### **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.

### **BEM 704**

#### **Aides/Relative Care Provider Enrollment Process**

This item is now called 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.

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.

**BPB 2011-003**

**EFFECTIVE**

**January 1, 2011**

**SUBJECT**

**DHS-1046, Semi-Annual Contact Report**

**BAM 210**

**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

#### Introduction

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.

See BAM 210 for policy describing the semi-annual contact requirements.

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.

**BPB 2011-004****EFFECTIVE**

March 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.

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

**BPB 2011-005****EFFECTIVE**

April 1, 2011.

**Subject(s)**

1. Medicaid (MA).
2. Child Development and Care (CDC).

3. Unearned income.

## 1) Medicaid

### **BEM 124, Plan First! Family Planning Program**

An ex parte review is not required before Medicaid closures when there is an actual or anticipated change.

### **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.

### **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

### **CDC Program Requirements**

#### **BEM 703**

### **High School Completion and Approved Activity**

Study time may be authorized if requested by the client. Authorization of study time is not automatic. Consult with client as to whether study time is needed.

### **Unlicensed (Aide/Relative) Provider Enrollment Process**

#### **BEM 704**

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

### **Background Clearances**

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

### **Central Registry**

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

**CDC Payments BEM 706**

**Payment Limits/  
Caps** 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.

**3) 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.

**BPB 2011-006**

**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.

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 the person 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.

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

**BPB 2011-007**

**EFFECTIVE May 1, 2011**

**Subject** Family Independence Program (FIP).

**BEM 230A**

**Family Independence Program (FIP)**

The local office discretion to provide a temporary deferral for persons experiencing a temporary critical event or persons actively participating in the Early On program are longer to be used for deferral from employment-related activities for Family Independence Program (FIP). Policy will be updated to reflect this change.

Bridges will end the local office (LO) and the Early On (EO) deferral in time with the negative action period for April 2011. The current LO or EO deferral will be ended and the worker will need to run EDBC to change the participant's code to mandatory participant (MP) prior to determining what, if any, other deferral the participant is eligible. If the participant meets another deferral criteria, the worker will need to input the appropriate information and verification into data collection in order to defer the client. If the client does not meet the criteria for a different deferral per policy, they will then need to be referred to JET and sent a DHS-4785, JET Appointment Notice.

The Bridges programming team will provide two reports for the field, which will be dispersed to the JET coordinators. The first report will identify all individuals who had either the LO and the EO code that was ended. The JET coordinators will work with their partner Michigan Works! Agency to arrange for the referral of the now work mandatory participants. The second report will identify cases in which the LO or EO deferral code erred out and was not corrected. This report will also contain instructions on how to correct these exception cases.

As the LO deferral code is no longer an option, a policy exception may be granted for individuals who have an active Children's Protective Services (CPS) case where the child(ren) remain in the home and the CPS case manager is requesting participant deferral from Jobs, Education and Training (JET) participation to allow for the Child Welfare (CW) deferral to be placed on the case. In order for the policy exception to be granted, the family independence manager (FIM) must supply, in an e-mail to the employment and training mailbox, the case name and number, the individual identification number and written verification from the CPS case manager documenting the need for the deferral. This policy exception will be allowed in a 90 day time period, and will need to be reviewed and requested again at the end of the 90 day period if the need for deferral remains and is documented. The address for the

employment and training policy mailbox is policy-employment@michigan.gov.

**BPB 2011-008****EFFECTIVE**

June 1, 2011.

**SUBJECTS**

1. Deceased recipient match.
2. Reporting changes.
3. School attendance.

**1) DECEASED  
RECIPIENT MATCH****BAM 808****All Types of Assistance**

The new Deceased Recipient Match will be an automated process through data received by Bridges. Instances where Bridges cannot determine a match will result in a new alert and report DM-304.

**2) REPORTING  
CHANGES****BAM 105****FIP**

FIP exception was added to the 10 day reporting changes rule:

A parent or other FIP caretaker must notify the department of a child's absence from the home within **five** days of the date it becomes clear to the caretaker that the child will be absent for 30 days or more. This does not meet temporary absence requirements.

**3) SCHOOL  
ATTENDANCE****BEM 245****FIP Only**

Report cards are no longer acceptable verification of current school attendance. FIP age requirements for school attendance are as follows:

- Children ages 16 through 19 must meet one of the conditions described below:
- A child age 16 or 17 must be a full-time student or participate with JET.
- A child age 18 must attend high school full-time.
- A child age 19 must be a full-time high school student and graduate (or complete the requirements to graduate) before age 20.

**BPB 2011-010**

**EFFECTIVE July 1, 2011**

**Subject** 1. Adoption subsidy income.  
2. Guardianship Assistance Program (GAP) income.

**1) Adoption Subsidy Income FIP, SDA, RAPC, CDC**

Adoption subsidy is a payment to the adopting parent of an adopted child who would remain in foster care without the subsidy incentive. Effective July 1, 2011, adoption subsidy income is countable unearned income in the Family Independence Program (FIP), State Disability Assistance (SDA), Refugee Assistance Program Cash (RAPC), and Child Development and Care (CDC) programs.

All cases that receive adoption subsidy unearned income must have an income record in Bridges. These cases will have the unearned income budgeted in the FIP, SDA, RAPC, and CDC programs at the June Bridges release to effect benefits starting July 1, 2011.

**Exception:** A medical subsidy continues to be excluded as income.

**2) Guardianship Assistance Program (GAP) Income FIP, SDA, RAPC, FAP, CDC**

GAP provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority when reunification and adoption are not viable permanency goals.

GAP is a new unearned income type. Effective July 1, 2011, GAP income is countable unearned income towards FIP, SDA, RAPC, Food Assistance Program (FAP) and CDC programs. Any case that receives this unearned income requires the GAP income type selected in Bridges. These cases will have the unearned income budgeted in the FIP, SDA, RAPC, FAP and CDC programs at the June Bridges release to effect benefits starting July 1, 2011.

**BPB 2011-011**

**EFFECTIVE July 1, 2011**

1. Medicaid assets.
2. Criminal Justice Disqualifications.
3. Child Development and Care (CDC).

**1) Medicaid Assets BEM 400**

Clarification regarding deeds has been added. Preliminary information regarding estate recovery has been added.

**2) Criminal Justice  
Disqualifications**

**BEM 203, Fugitive Felons**

RAP, CDC and SER programs will be included with FIP, SDA and FAP for disqualifying fugitive felons.

**3) CDC Updates**

**BAM 300**

**BEM 703**

Family preservation cannot be authorized for ongoing 24 hour care has been added.

Transitional CDC policy has been changed. Only FIP/EFIP cases that close as a result of excess income are eligible for the transitional six biweekly pay periods.

**BEM 704**

References to aide/relative care providers has been changed to unlicensed providers.

This section has been revised and is now called License Exempt Providers. The enrollment process has changed. These provider types must be enrolled by CDC Policy in central office.

**BEM 710**

Clarification provided if two parents/substitute parents in the same household have valid need reasons.

**BPB 2011-012**

**EFFECTIVE**

August 1, 2011.

**Subject**

Employment.

**BEM 233B**

Clarification from FNS that we are to no longer penalize a FAP only case in which the individual has been fired from a job.

**BPB 2011-016**

**EFFECTIVE**

October 1, 2011.

**Subject(s)**

1. Cash Assistance.
  - Minor Parent.
  - General Requirements.
  - FIP Group Composition.
  - Short Term Family Support.
  - FIP Time Limits.

- Age.
  - School Attendance and Student Status
  - FIP/RAPC/SDA Needs Budgeting.
  - FIP/RAPC/SDA Income Budgeting.
  - Extended FIP.
2. Employment activities.
- Family Automated Screening Tool.
  - JET Referrals and Orientation.
  - Employment Related Activities: FIP.
  - Employment Related Activities: FAP.
  - Direct Support Services.
  - Employment Sanctions: FIP.
  - Employment Sanctions: FAP.

### **1) Cash Assistance BEM 201, Minor Parents**

As a condition of eligibility, a minor parent 16 or 17 years of age who has not completed high school must attend high school full-time. Minor parents who have graduated from high school must participate in the work participation program.

#### **BEM 209, Cash Assistance General Requirements**

FIP Time Limits is added as a FIP non-financial eligibility factor.

Criminal justice disqualification and age was added to the RAPC non-financial eligibility factors.

#### **BEM 210, FIP Group Composition**

Individuals age 19 who are full-time high school students are no longer considered dependent children and no longer eligible for FIP.

FIP Time Limits and criminal justice disqualifications is added to this item.

#### **BEM 218, Short Term Family Support (STFS)**

An individual is limited as an eligible adult to the receipt of STFS twice in a lifetime.

STFS payment does not affect an individuals FIP Time Limit count.

#### **BEM 234, FIP Time Limits**

The FIP Time Limit manual has been removed from BAM and added to BEM. This manual item has been updated to reflect current legislation.

**BEM 240, Age**

A dependent child age 16 or 17 that is **not** attending high school full-time is disqualified from receiving FIP benefits.

Dependent children age 19 and a full-time high school student has been removed from this item. These dependent children are no longer eligible for FIP.

**BEM 245, School Attendance and Student Status**

A dependent child age 16 or 17 must attend high school full-time. A dependent child age 16 or 17 that is **not** attending high school full-time is disqualified from receiving FIP benefits and is no longer referred to the work participation program.

Dependent children age 19 and a full-time high school student has been removed from this item. These dependent children are no longer eligible for FIP benefits.

Minor parents age 17 or under must attend high school full-time.

**BEM 515, FIP/RAPC/SDA Needs Budgeting**

The disclaimer cash assistance is not to be used to purchase lottery tickets, alcohol or tobacco or for gambling, illegal activities, adult entertainment or nonessential items has been added to this item.

A person convicted of two or more drug related felonies is disqualified from receiving FIP has been added to this item.

**BEM 518, FIP/RAPC/SDA Income Budgeting****FIP only**

At application, Bridges will use the qualifying deficit test and qualifying earned income disregard to determine if the group is eligible for FIP. If the group is eligible, Bridges will use the earned income disregard to determine the benefit amount the client receives.

The earned income disregard has increased. Bridges is deducting \$200 and then 50 percent of each person's countable earnings.

**FIP/RAPC/SDA**

Financial need exists if there is at least a \$10 deficit after income is budgeted. If the deficit is less than \$10, no financial need exists and the group is not eligible to receive benefit. Bridges will deny or close the program.

**BEM 519, Extended FIP**

Each month an individual receives EFIP counts towards the individual's FIP time limit.

**2) EMPLOYMENT  
ACTIVITIES****BEM 228, Family Automated Screening Tool (FAST) and Family Self-Sufficiency Plan (FSSP)**

Legislation expectations for the FAST, FSSP, and employment related activities are detailed.

**BEM 229, JET Referrals & Orientation**

Specialists will inform clients of FIP Time Limits as a part of the application process.

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

Children ages 16 to 17 are no longer referred to the work participation program when they are not enrolled in school.

Minor parents who have graduated from high school must participate in the work participation program.

The child welfare crisis, chronically mentally ill, physical limitations and low intellectual capacity deferrals are removed from this item.

Deferrals for lack of child care and domestic violence are limited to 90 days.

The post-partum deferral has been reduced from three months to two months.

Clarified the process for determining and defining a disability.

**BEM 232, Direct Support Services**

For vehicle repair, an estimate of the car repair needs to be in the case file. Car repairs should not be approved for cars that were purchased in the prior 60 days.

Second parent car purchase for employment related compliance may be completed by policy exception only.

Drivers education may be approved by policy exception only.

State of Michigan employees are not allowed to sell cars to participants utilizing DSS funds.

Worker must determine with participant that the car payments above the DSS allocated amount are realistic and affordable.

Auto insurance is limited to once a lifetime. Guidelines for auto insurance authorization are now in policy.

**BEM 233A, Failure to Meet Employment and/or Self-Sufficiency-Related Requirements: FIP**

Penalty periods have changed to case closure for a minimum of three months for the first episode of noncompliance, six months for the second episode of noncompliance or a lifetime closure for the third episode of noncompliance. For a lifetime sanction, a new review process is required.

The first excuse offer is removed from policy for the first episode of non-compliance.

**BEM 233B, Failure to Meet Employment Requirements: FAP**

Policy has been updated to reflect budgeting the Last FIP grant amount into the FAP budget. For individuals serving a lifetime sanction, Bridges will remove the FIP income from the FAP budget once the individual reaches their FIP lifetime time limit.

**BPB 2011-017**

**EFFECTIVE**

October 1, 2011.

1. Assets.
2. Criminal justice disqualifications.
3. Medicaid.
4. Cash.
  - Residence.
  - Identity.
  - Child support participation payments.
5. Child Development and Care.
  - Eligible providers.
  - Unlicensed provider enrollment process.
  - Payments.
  - Payment limits.
  - Need calculation.
6. Miscellaneous.

**1) ASSETS**

**BEM 400, Assets**

**FIP, RAPC and SDA**

Real property has an asset limit of \$500,000 based on the fair market value.

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**Asset Test** **BEM 212, 213, 226, 400, 556, 610****FAP**

There is a \$5,000 asset limit for FAP households. Active FAP households will have their assets updated at the next change, or at the latest, by the next redetermination.

**Exception:** FAP groups whose members are all FIP and/or SDA and/or SSI do **not** require an asset/vehicle test.

**Vehicle Test**

There is a \$15,000 limit on countable vehicles owned by the FAP group. Enter the fair market value of all licensed and unlicensed vehicles. Do not allow for options such as low mileage, automatic transmission, power windows and power locks. Bridges will subtract \$15,000 from the total fair market value(s) of all vehicles which are not excluded. The remainder is then counted toward the asset limit of \$5,000.

**Example:** Client has two vehicles. One has a countable fair market value of \$8,000 and the other has a countable fair market value of \$10,000. They also have \$1,000 in their savings account. Bridges adds the total fair market value of the vehicles together (\$18,000) and subtracts \$15,000. The amount in excess of \$15,000 (\$3,000) is added to their savings account balance of \$1,000 resulting in total countable assets of \$4,000.

**2) CRIMINAL  
JUSTICE  
DISQUALIFICATION  
S****BEM 203****Fugitive Felons****FIP, SDA, RAPC, CDC and FAP**

Law enforcement officers are entitled to receive addresses for clients via DHS match or when a written statement is provided.

**Drug-Related Felony****FIP and FAP**

A person convicted two or more times for the use, possession, or distribution of controlled substances occurring after August 22, 1996 is disqualified.

**3) MEDICAID****Medicaid Health Plan****BAM 402, Individuals who may voluntarily enroll in a Health Plan**

Individuals who qualify for both Medicare and Medicaid, as well as individuals eligible for a Medicare Savings Program, may voluntarily choose to enroll in a Medicaid Health Plan. Under the old rules they are excluded.

**4) CASH****BEM 220, Residence****FIP and SDA**

Residence must be verified unless homeless.

**BEM 221, Identity****FIP and SDA**

If an individual presents identification issued by another state, verify the person is not receiving benefits from that state.

**BEM 261****SDA**

- A caretaker for an individual with a disability will only be allowed if the disabled individual is 18 years of age or older.
- Participation with Michigan Rehabilitation Services (MRS) will no longer meet an eligibility requirement for SDA. Individuals active in this category can remain eligible until the next case review.

**BEM 503, Unearned Income****FIP**

Child Support Participation Payments have been discontinued. Families will no longer receive the first \$50 of court-ordered child support collected on behalf of children who are eligible for FIP.

**5) Child  
Development and  
Care****Providers****BEM 704****Eligible Providers**

Definition of unlicensed provider has been modified.

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**Unlicensed Provider Enrollment Process**

Verification must be provided when an unlicensed provider provides a Social Security card that indicates it is valid for work with Immigration and Naturalization Service (INS) authorization, only.

**Payments**

**BEM 706**

References to parent reporting have been removed. Parents were no longer required to report their child care hours effective with the pay period that began August 14, 2011.

**Payments Limits/Caps**

The maximum number of hours DHS will authorize for a recipient will be reduced from 90 to 80 hours per pay period effective October 9, 2011.

The total number of hours providers can be paid in a biweekly pay period was reduced to:

- Unlicensed providers - 560 hours per pay period.
- Family child care homes - 720 hours per pay period.
- Group child care homes - 1440 hours per pay period.
- Child care centers - No limit.

**CDC Need Calculation**

**BEM 710**

**Travel Time**

Effective October 9, 2011, DHS will no longer authorize child care for a parent's travel time.

At the next case action, the specialist must check the number of authorized hours for accuracy.

**6)  
MISCELLANEOUS**

**BAM 430**

State residents of AFC homes must be approved for domically or person care needs.

**BPB 2011-017**

**EFFECTIVE** October 1, 2011.

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**Subject**                    **BEM 261, Disability - SDA**

**Michigan Rehabilitation Services (MRS)**

A person is receiving services if he has been determined eligible for MRS and has a signed active individual plan for employment (IPE) with MRS. Do not refer or advise applicants to apply for MRS for the purpose of qualifying for SDA.

**Caretaker of a Disabled Person**

There is no age limit for the individual whom care is provided.

**BPB 2011-020**

**EFFECTIVE**                    October 17, 2011.

**SUBJECT**                    1) Unlicensed provider enrollment.  
2) Crime codes.

**1) UNLICENSED  
PROVIDER  
ENROLLMENT**

**BEM 704**

BEM 704 has been reorganized. This bulletin reflects changes in:

- The administrative review process.
- Unlicensed provider enrollment procedure.
- Elimination of the DHS-4661-P, Request for Criminal History and Central Registry Clearance.
- Elimination of background clearances in the Federal Inmate Locator, and the National Sex Offender Public Registry.
- Elimination of the denial of an unlicensed provider's enrollment for failing to disclose a charge or conviction at enrollment.

**ELIGIBLE  
PROVIDERS**

Clients have the right to choose the type of child care provider they wish to use.

Care must be provided in Michigan by an eligible provider. Eligible providers are:

- Child care centers.
- Group child care homes.
- Family child care homes.
- License-Exempt facilities.
- Unlicensed providers.

<b>Licensed/ Registered Providers</b>	Child care centers and group child care homes must be licensed and family child care homes must be registered by BCAL, in order to receive payment.
<b>License-Exempt Providers</b>	Certain child care centers and homes which provide child care do not require licensure under 1973 PA 116. These are facilities where all parents are on site and readily available and centers, group child care homes and family child care homes located on federal land.
<b>License-Exempt Enrollment Process</b>	<p>In order for a license-exempt provider to be enrolled, the DHS-2032, License-Exempt Provider Child Care Application, must be completed and returned to the local office. The local office will fax the application to CDC Policy at 517-241-8679. CDC Policy will:</p> <ul style="list-style-type: none"> <li>• Enroll the license-exempt provider using the application receipt date as the service begin date.</li> <li>• Send notification to the provider and the local office.</li> <li>• Complete an annual follow-up.</li> </ul>
<b>Unlicensed Providers</b>	<p>An unlicensed provider is an adult who is 18 years or older, enrolled by the local office or CDC Policy to provide care for up to four children at a time or up to six children, if they are all siblings or migrant children (including their own), and meets one of the following categories:</p> <ul style="list-style-type: none"> <li>• Is providing care where the child lives.</li> <li>• Is providing care in the provider's home, not the home of the child, and is related to the child by blood, marriage or adoption as a: <ul style="list-style-type: none"> <li>• Grandparent/great-grandparent.</li> <li>• Aunt/great-aunt.</li> <li>• Uncle/great-uncle.</li> <li>• Sibling.</li> </ul> </li> </ul>
	<p>A divorce severs/terminates a relationship gained through marriage.</p>
	<p><b>Note:</b> Unlicensed providers who are also licensed or registered by BCAL as a family or group child care home, should be paid as family or group child care homes, not as an unlicensed provider. A DHS-220, Child Development and Care Unlicensed Provider Application is only required for a licensed or registered provider who provides care in the home of the child, if the provider does not live with the child.</p>
<b>INDIVIDUALS WHO MAY NOT RECEIVE PAYMENT FOR CARE</b>	<p>Clients are not eligible for CDC services for care provided by any of the following persons:</p> <ul style="list-style-type: none"> <li>• A member of the CDC program group.</li> </ul>

- The applicant/client.
- The applicant/client's spouse who lives in the home.
- The parent of the child(ren) or a legal guardian who is not a member of the CDC program group.
- A home help provider who is also providing adult home help at the same time as child care is being provided.
- Individuals on central registry determined to be responsible for the neglect or abuse of a child(ren) or convicted of a crime listed in the crime codes exhibit.
- A CDC program group member, applicant or applicant's spouse who owns in whole or part the child care center, group or family child care home where the child care is provided.

### **INFORMATION SHARED WITH PROVIDERS**

Bridges sends a DHS-198, Child Development and Care Provider Certificate/Notice of Authorization, to the provider when CDC services are authorized, or when the authorization changes or ends.

Information may also be shared with the provider when an application is filed, withdrawn, denied or when the CDC case is closed.

The DHS-1171, Assistance Application, and the DHS-4583, Child Development and Care (CDC) Application, includes a release of information allowing the department to provide this information. All other provider concerns should be directed to the client.

### **REQUIRED VERIFICATIONS FOR UNLICENSED PROVIDERS**

Unlicensed providers must complete the DHS-220, Child Development and Care Unlicensed Provider Application. If the application is not completely filled out, it must be returned to the provider for completion prior to beginning the enrollment process.

The following verifications must be provided within ten workdays of the application receipt date:

- Proof of identity. Acceptable verifications are:
  - Current valid driver's license with a photo of the individual.
  - Federal, state or local government-issued identification card with the same information included on a driver's license.
  - School-issued identification with a photograph.

- U.S. military card or draft record.
- Benefit award letter or other document indicating an individual's receipt of benefits under a program that requires verification of identity, such as SSI or RSDI.
- A cross-match with a federal or state governmental, public assistance, law enforcement, or correction agency's data system, such as the SSA cross-match in Bridges.
- A U.S. passport.
- A Certification of Naturalization (Department of Homeland Security, Forms N-550 or N-570).
- A Certificate of U.S. Citizenship (Forms N-560 or N-561).
- Military dependent's identification card.
- Certificate of Degree of Indian Blood, or other U.S. American/Indian/Alaska Native tribal document.
- U.S. Coast Guard Merchant Mariner card.
- Three or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas, college degrees or employer ID cards.
- Proof of age.
- A copy of a valid Social Security card.
  - If the provider's Social Security card indicates that it is valid for work, only with U.S. Citizenship and Immigration Services' (USCIS) authorization, obtain verification of authorization from the USCIS prior to enrollment.
  - If the Social Security card states that it is not valid for employment, the unlicensed provider applicant may not be enrolled.

**Note:** Once enrolled, a provider's Social Security number can only be changed by CDC Policy. Local offices are able to make provider name and address changes or corrections.

- Proof of residence and/or mailing address (at application). Acceptable verifications are:
  - Driver's license.
  - Other ID which provides a name **and** address.
  - Mortgage or rent receipt.
  - Utility bill.

All required verifications must match the provider's name listed on the application and must be copied and maintained in the provider file.

**Note:** The DHS-4025, Child Development and Care Provider Verification, is **not** required prior to an unlicensed provider's enrollment. The completed form **is** required prior to entering assignments for a particular provider and child in Bridges.

If all required verifications are not received by the tenth workday from the application receipt date, enroll the provider using the current date as the service begin and end date and enter the closure reason **Failure to provide required verifications**.

Bridges will send the DHS-4807, Notice of Child Development and Care Ineligibility to the provider. If a client has been identified, manually generate a DHS-4807-C, Client Notice of Child Care Provider Ineligibility to the client.

If the client has questions about the denial of the provider applicant's enrollment, the client should be told to discuss the issue with the provider.

## UNLICENSED PROVIDER FILE

The following must be included in the provider file:

- DHS-220, Child Development and Care Unlicensed Provider Application.
- Proof of identity, age, residence.
- A valid Social Security card.
- The DHS-4661-P, Request for Criminal History and Central Registry Clearance, and any criminal history matches (for clearances completed prior to October 17, 2011).
- DHS-4807, Notice of Child Development and Care (CDC) Provider Ineligibility, if not sent by Bridges.

## PROVIDER MANAGEMENT

All child care providers must be enrolled in Provider Management in order to receive payment from the department.

Enrolled providers are assigned an ID number. This number is different from the provider's tax ID or license number.

The provider ID number is used to authorize CDC payments. It is also used by providers to bill for care provided to CDC approved children.

Licensed child care centers, family and group child care homes are enrolled in Bridges automatically at the time they are assigned a license number. The local office cannot enroll these provider types.

**Note:** In instances where the local office identifies a licensed child care center, family or group child care home that does not have a provider ID number, and one is needed in order to authorize payments to that provider, the local office must send a fax to CDC Policy at 517-241-8679. Faxed requests must include the provider's name, license number and a contact name and phone number.

Before enrolling an unlicensed provider, complete a provider inquiry to see if the provider is already enrolled.

- If the provider is already enrolled or has been enrolled in the past, use the assigned provider ID number.
- If the provider has never been enrolled, proceed with the new enrollment.

## UNLICENSED PROVIDER ENROLLMENT PROCESS

Provider eligibility is treated as a separate process from the determination of client eligibility.

Within ten workdays of receiving the DHS-220 and all required verifications, the local office must:

- Check Provider Management to see if the provider is active. If there is an active segment with a service begin date and a blank end date, the provider is currently enrolled.
  - Check to be sure that all provider and household information is correct by comparing information from the DHS-220 with the information on the Provider Associated Household People screen in Provider Management.
  - If new household members are listed, add these individuals to the Provider Associated Household People screen. Bridges will complete background clearances for these individuals and notify the provider and client if these clearances impact the provider's enrollment.
- If there is not an active segment or if the provider is not in Provider Management, enroll the provider using the appropriate service begin date. Bridges will complete all required background clearances.

**SERVICE BEGIN  
DATE (EFFECTIVE  
DATE OF  
ENROLLMENT)**

If approved, the service begin date for an unlicensed eligible provider who is 18, would be the date the client or provider application is received in the local office, **whichever is received first**. If a provider's service begin date needs to be corrected, for example, he or she is providing care on a foster care case, fax the client application and the DHS-220 to CDC Policy at 517-241-8679 to have the service begin date modified. Include a cover sheet with the requestor's name and phone number.

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

**PRE-ENROLLMENT  
BACKGROUND  
CLEARANCES**

When enrolling an unlicensed provider, the following clearances will be completed:

- A central registry clearance.

**Note:** Central registry information is confidential and cannot be released.

- Criminal history background clearances.
  - ICHAT (Internet Criminal History Access Tool).
  - OTIS (Offender Tracking Information Service).
  - PSOR (Public Sex Offender Registry).

When the clearances are completed in Bridges, potential matches will be returned. Review the matches and indicate whether a match exists for each name returned.

Bridges will complete the clearances on the provider first. If no provider match is found, clearances will also be completed on any adult household members entered in Bridges on the Provider Associated Household People screen.

Entering the maiden or alias names of all adults listed on the application will ensure that all names used by the applicant/provider and adult household members are cleared.

Background clearances will also be completed whenever a new household member, age 18 and over, is added in Bridges.

**Central Registry  
(CR) Check on  
Provider**

Review the potential matches on the Children’s Protective Service (CPS) Central Registry Details screen.

If there is a valid match, Bridges will close the provider with the **Provider eligibility revoked-see BEM 704**, closure reason and send the DHS-4807 to the provider.

**Note:** If a client has been identified, a DHS-4807-C must be manually generated and mailed to the client.

If a valid central registry match is found, no further clearances (ICHAT, OTIS, PSOR) will be completed by Bridges.

If there is not a valid match, Bridges will complete the ICHAT, OTIS and PSOR clearances on the provider.

**Criminal History  
Background  
Clearances on the  
Provider**

Review the potential matches on the Other Criminal History Details screen.

The ICHAT clearance will return a PDF. Click Preview to review the PDF and determine whether the match is valid. The match is not valid unless the crime code is on the terminable crime codes exhibit; see BEM 705 for more information.

**Note:** If a match is received on a crime code that is not listed and it is believed the crime could impact the health and safety of a child, e-mail the Policy-CDC@Michigan.gov mailbox with all pertinent information. A decision will be made as to whether this is a terminable crime.

If there is a valid match, Bridges will close the provider with the appropriate closure reason listed below and send the DHS-4807 to the provider.

- Not eligible due to pre-enrollment ICHAT match.
- Not eligible due to OTIS match.
- Not eligible due to PSOR match.

**Note:** If a client has been identified, a DHS-4807-C must be manually generated and mailed to the client.

If there is not a valid match, Bridges will complete the central registry clearances on any adult members listed on the Provider Associated Household People screen in Bridges.

**Central Registry  
Clearance on Adult  
Household  
Members**

Review the potential matches on the CPS Central Registry Details screen for all adult household members identified in Bridges.

Identify any household members with a valid central registry match.

Bridges will continue to run all other clearances.

After all clearances are completed and match decisions are indicated Bridges will close the provider with the closure reason **Provider eligibility revoked. Household member does not meet requirements** and send the DHS-4807 to the provider.

**Note:** If a client has been identified, a DHS-4807-C must be manually generated and mailed to the client.

### **Criminal History Background Clearances on Adult Household Members**

Review the potential matches on Other Criminal History Details screen.

If there is a valid match, Bridges will close the provider with the appropriate closure reason from the list below and send the DHS-4807 to the provider.

- Not eligible due to pre-enrollment ICHAT match on household member.
- Not eligible due to OTIS match on household member.
- Not eligible due to PSOR match on household member.

**Note:** If a client has been identified, a DHS-4807-C must be manually generated and mailed to the client.

If there is no valid match, the provider is eligible and the enrollment can be completed.

### **NOTICE TO ELIGIBLE PROVIDERS**

When an eligible provider is enrolled, Bridges will send a DHS-4481-D, CDC Unlicensed Provider Confirmation, to the provider. Once the provider is authorized to provide care, Bridges will send the DHS-198 Child Development and Care Provider Certificate/Notice of Authorization to the provider. The client will receive a DHS-198-C, Child Development and Care Client Certificate/Notice of Authorization.

**Note:** Providers are eligible for payment starting with the pay period that holds the Great Start to Quality Orientation training date. Payments for any care provided prior to the training date will not be authorized or paid.

### **ADULT HOUSEHOLD MEMBER CHANGES**

If new household members age 18 or older come into the home of the provider, add these individuals on the Provider Associated Household People screen. Bridges will run all required background clearances and require match decisions following the above process.

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If an unlicensed provider's enrollment is denied or closed as a result of a criminal conviction, pending criminal charge or central registry match on an adult household member, and it is reported the adult no longer resides in the home of the provider:

- Obtain a new DHS-220.
- Request verification such as a lease, ID, utility bill, etc., showing the household member has a new address.
- Fax the DHS-220 and verifications to CDC Policy at 517-241-8679 with a cover sheet listing the requestor's contact information and fax number.

If it is determined that the provider is eligible for enrollment, CDC Policy will remove the closure reason, complete the background clearances and enroll the provider.

The service begin date cannot be before the date of the new DHS-220 and no care can be authorized prior to the provider's service begin date.

If the above conditions are not met, the provider is not eligible to receive department payment.

### **CENTRAL REGISTRY EXPUNGEMENT**

If a closed provider is expunged from central registry, the provider must complete a new DHS-220 to establish a new service begin date after the expungement. Fax a request for the provider to be enrolled along with the new DHS-220 completed after the expungement date, and all required enrollment verifications to CDC Policy at 517-241-8679. CDC Policy will:

- Complete all background clearances.
- Enter a service begin date the first day of the pay period after the expungement date.

Bridges will send the DHS-4481-D, CDC to notify the provider that he/she is eligible.

If the local office does not have a new DHS-220, completed after the expungement date, the central registry closure reason will remain in Provider Management until a new DHS-220 is received. No notification will be sent to the provider.

### **ADMINISTRATIVE REVIEW PROCESS**

Provider/provider applicants who have been denied or closed as a result of a criminal conviction or pending charge by the local office may request an administrative review. The DHS-759, Request for Adminis-

trative Review of the Denial or Termination of Provider Enrollment, instructs providers to send all documentation to the local office where the denial or closure took place.

When a request for administrative review is received, the local office should:

- Give the administrative review request to the local office person who maintains the provider files.
- The provider file should be pulled and any information regarding the provider's denial or closure, such as the DHS-220, provider identification, criminal history matches (if completed prior to October 17, 2011), etc., should be attached to the administrative review material.
- Fax review material to CDC Policy at 517-241-8679.

CDC Policy will:

- Make a determination to approve or deny the provider.
- Notify the provider/applicant of the approval or denial.
- Remove the closure reason, if applicable.

Providers approved through the administrative review process will need to be enrolled by CDC Policy. A Bridges edit will inform the local office to send the DHS-220 and all required verification to CDC Policy for enrollment.

The service begin date to re-open the provider will be the day after the closure date. If the service begin date needs to be earlier, fax a request to CDC Policy at 517-241-8679.

**Note:** A completed DHS-4025, Child Development and Care Provider Verification, must be obtained prior to the local office assigning the provider to a CDC case.

## **AUTOMATED CENTRAL OFFICE BACKGROUND CLEARANCES**

For determining continued eligibility, automated clearances are done on providers.

### **Central Registry**

This automated daily process matches central registry to all providers and household members over the age of 18 who are on central registry as perpetrators confirmed by CPS.

For confirmed matches, CDC Policy will:

- Close the provider.

- Enter the closure reason **Provider eligibility revoked-see BEM 704**, if the match is on the provider or **Provider eligibility revoked. Household member does not meet requirements**, if the match is on a household member.

Bridges will send a DHS-4807 to the provider, if the provider is active and end the authorizations. If the provider is associated with a CDC case, the client will be sent a DHS-4807-C.

If central registry does not indicate that due process was given, CDC Policy will send a completed DHS-835, Central Registry Clearance - No Perpetrator Notification Record Notice, to the CPS supervisor in the county where the CPS case was opened. CPS will then notify the provider of his/her due process rights regarding central registry expungement.

The closure reason entered in Provider Management will prevent the re-enrolling of providers closed by this process.

**ICHAT, OTIS, PSOR** These monthly automated processes match providers and household members.

For confirmed matches CDC Policy will verify the information is correct and close the provider with the appropriate closure reason. Bridges will send the DHS-4807, and the DHS-759 to the provider, if the provider is active. A DHS-994, Michigan State Police Criminal Notice will also be sent, if the match is on ICHAT. The DHS-4807-C will be sent to the client, if the client is associated with a CDC case.

#### **MISREPRESENTATION OF UNLICENSED PROVIDERS**

If the local office becomes aware of an unlicensed provider who has misrepresented, falsified or has failed to abide by the conditions as stated on the DHS-220, the DHS-4025 or in the Child Development and Care (CDC) Handbook, fax all information to CDC Policy at 517-241-8679. A determination will be made whether the provider should be closed.

#### **PROVIDER CLOSURES**

An unlicensed provider's service is ended in Provider Management if:

- The unlicensed provider has not received a payment for four consecutive months. The closure reason will read **No activity/payments for this provider service type**.
- The unlicensed provider has not completed the basic training requirement within four months of enrollment. The closure reason will read **Failure to complete basic training requirement**.

- The provider does not comply with a request by the CDC Central Reconciliation Unit for time and attendance records. The closure reason will read **Failed to respond to CRU. Call CRU at 866-990-3227 with questions.**
- The provider does not maintain time and attendance records as determined by the CDC Central Reconciliation Unit. Closure reason will read **Failed to maintain Time and Attendance records. Call CRU at 866-990-3227.**
- Undeliverable mail is received. The closure reason **Unable to locate provider** will be entered in Provider Management.

**Note:** Undeliverable mail for licensed or registered providers will be forwarded to BCAL for processing. This process should also be followed when undeliverable provider mail is received in the local office and a new address has not been reported.

- Provider fails to submit records requested by the Office of Inspector General. The closure reason **CDC not eligible due to Office of Inspector General review** will be entered in Provider Management.

These closure reasons will not prevent local offices from re-enrolling a provider, however the provider will be required to complete a new DHS-220, and all background clearances must be completed prior to enrollment. The service begin date is the receipt date the DHS-220 is received in the local office. A new DHS-4025 is required prior to establishing provider assignments. The provider is not eligible for care to be authorized during the closure period.

## NOTIFICATION OF CLOSURE

When a provider's enrollment is denied or closed, Bridges will automatically send the DHS-4807 to the provider and the DHS-4807-C to the client (if there is an active assignment), listing the reason for denial or closure.

## RE-ENROLLING AN UNLICENSED PROVIDER

To re-enroll an unlicensed provider, follow the process in **Unlicensed Provider Enrollment Process**. Use the appropriate service begin date as stated in policy.

**Note:** If the provider is closed in error, do not require new forms.

## PROVIDER ADDRESS CHANGES

It is critical that provider address changes be made promptly to avoid unnecessary closures and disruptions in child care services. When

local offices receive a request for an address change from an unlicensed provider, follow policy in [BAM 220](#) regarding acting on changes.

### SUSPECTED CHILD ABUSE OR NEGLECT

In instances where there is reasonable cause to suspect child abuse or neglect in a child care setting, make a referral to CPS. CPS will make a determination of whether the CDC children are at risk, as well as the child care provider's own children. If substantiated, Bridges will send the DHS-4807/DHS-4807-C to notify the provider and the client of the closure.

If the client has questions about the closure/denial of an unlicensed provider's enrollment, he/she should be told to discuss the issue with the provider.

### ADMINISTRATIVE HEARINGS

Neither child care providers nor CDC recipients are entitled to administrative hearings based on provider/applicant denial or closure.

### CHILD CARE REFERRALS

Clients who request assistance in finding a licensed or registered provider should be referred to Great Start CONNECT, the online Web-based early learning resource site. The Web address for Great Start CONNECT is [www.greatstartconnect.com](http://www.greatstartconnect.com). All active licensed and registered providers are searchable. If additional assistance is needed, clients can be referred to 1-877-614-7328, to reach the Great Start Regional Child Care Resource Center serving their county. Resource centers can provide personal consultation to families in need of child care.

### 2) CRIME CODES

#### BEM 705

Old access codes have been removed and the crime codes have been updated.

A provider's enrollment must be denied or closed if the department is made aware that they or an adult household member, age 18 and over, has a pending criminal charge or has been convicted of any of the terminable crimes unless an administrative review of the crime(s) determines he/she is eligible; see BEM 704, Administrative Review Process.

The crime code headings derive from offenses identified in the Good Moral Character Rule, R400.1152. Each crime category contains a crime code and title originating from the Prosecuting Attorneys Coordinating Council (PACC) and the Michigan Compiled Laws (MCL).

**Note:** If a match is received on a crime code that is not listed and it is believed the crime could impact the health and safety of a child, e-mail

Policy-CDC@Michigan.gov with all pertinent information. A decision will be made whether this is a terminable crime.

Crime codes can be accessed from the DHS-Net:

Tools > Quick Information Links to External Web > Criminal Information and Tracking > Crime Codes Exhibit.

Enter the crime code in the Find box to search the exhibit. Be sure to include the decimal point in the code. For example: 333.74012B-A.

## **BPB 2011-021**

### **EFFECTIVE**

October 27, 2011.

### **Subject(s)**

1. Bridge card replacement cost.
2. The Work Number.
3. Bridge card issuance.

### **1) BRIDGE CARD REPLACEMENT COST**

#### **BAM 401E**

#### **FIP, SDA and FAP**

Clients may receive only one free replacement Bridge card during their lifetime. The same is true for protective payees and authorized representatives (AR).

Clients' available benefits will be reduced to cover the cost of all subsequent replacement cards with no exceptions granted. The benefit reduction will vary based on whether the card is replaced by the EBT vendor (\$3.02) or by the local office (\$3.72).

**Example:** Sally has an AR, named Sam. Sam loses his card and receives the one free replacement AR card. If Sam loses the replacement card or Sally changes her AR, her available benefits will be reduced for any future AR cards. However, Sally is still eligible to receive one free replacement card for herself.

The reduction in the client's available benefits will automatically be reduced by the EBT vendor.

### **2) WORK NUMBER**

#### **BAM 105, 200, 210; BEM 501**

#### **All Types of Assistance**

Use automated system matches (such as Consolidated Inquiry, SOLQ, etc.) available to the department to verify income. The Work Number is

**not** an automated system match which must be checked at application, redetermination, semi-annual or mid-certification. The client has primary responsibility for obtaining verification. However, if for example, verification of income is not available because the employer uses the Work Number and won't provide the employment information, it is appropriate to use the Work Number.

Do not deny or terminate assistance because an employer or other source refuses to verify income.

### 3) BRIDGE CARD ISSUANCE

#### **BAM 401E**

#### **FIP, SDA and FAP**

Electronic Benefit Transfer (EBT) allows clients who receive cash (FIP, SDA etc.), and food (FAP) to receive their benefits using debit card technology. Benefits are deposited electronically into a cash and/or food account. Clients access their benefits by using their personal identification number (PIN), along with their Bridge card.

**Head of Household** The EBT vendor, Affiliated Computer Services (ACS), issues Bridge cards to the program head of household, unless there is a third-party payee/protective payee for the cash program. The Bridge card is then issued to both the head of household and the third-party/protective payee. Bridge cards are automatically mailed by ACS for:

- Head of household changes.
- New case openings when a Bridge card has not previously been issued for the same recipient identification (ID) number.

**Note:** If a Bridge card has previously been issued for the head of household's recipient ID number and the client no longer has the card, the client must contact ACS to request a replacement card or a local office over-the-counter (OTC) card can be issued.

Clients will receive the Bridge cards and card mailer with basic information within two to five days after case opening. The, How to Use Your Michigan Bridge Card, pamphlet will be sent to clients with their initial Bridge cards.

Bridge cards will be mailed to the local fiscal office for clients who are using the county/district office as their mailing address.

FAP clients must have their Bridge card and access to their benefits to meet the standard of promptness. FAP benefits are not available to the client until the day after the benefits are authorized.

**Head of Household Changes**

If the head of household on a case changes, existing benefits in the account do not transfer to the new head of household's Bridge card. The previous head of household retains access to the benefits in the account. Any subsequent benefits will be added to the new head of household's Bridge card.

**FS Authorized Representative**

The FS Authorized Representative (FSAR) is chosen by the client and can only access the FAP account. Entering the FSAR's name in Bridges will automatically generate a Bridge card.

The FSAR's Bridge card is mailed to the client's address. It contains the head of household's and FSAR's names. The FSAR is identified with "ARFS" following the name on the card. It is the client's responsibility to give the Bridge card and the PIN to the FSAR.

Bridge cards are not issued to the head of household's spouse unless the spouse is designated as the FSAR.

Clients who no longer want their FSAR to have access to their FAP benefits may contact ACS and request them to deactivate or "status" the FSAR's card; thus ending the FSAR's access to benefits immediately. Once a card is deactivated it cannot be reactivated, even if the same person is requested again as the FSAR.

Changing the AR in Bridges will deactivate the FSAR's card, however, not immediately. Advise a client who contacts DHS first, to also contact ACS to deactivate the FSAR's card.

If a client wants to change the FSAR and the person is not listed in the current DHS-1171, Assistance Application, then a DHS-247, EBT Food Stamp Authorized Representative, must be completed; see BAM 110 Authorized Representative.

If the FSAR performs fraudulent activity involving a client's account, lost or stolen benefits are not replaced. If the fraudulent activity was done with the client's knowledge, it may result in criminal charges against the client and/or the client's benefits may be reduced.

**Third-Party Payee/  
Protective Payee**

Third-party payee/protective payees on cash assistance cases are issued a Bridge card and can only access the client's cash benefit account. The Bridge card is mailed to the third-party/protective payee's address on Bridges and will contain only the third-party/protective payee's name. When there is a third-party/protective payee, the client cannot access the cash account. Clients with a third-party/protective payee still have access to the FAP account.

If a group has both an FSAR and a third-party/protective payee, it may be the same person or different people. If it is the same person, that person will receive two Bridge cards, one to access the FAP account

and the other to access the cash benefits; see BAM 420, Third-Party Payee, for more information.

#### Cash Protective Payee Changes

The following explains who can access the cash account when there is a change to the third-party/protective payee:

If the third-party/protective payee changes, the new third-party/protective payee will be able to access any existing benefits in the cash account with their new Bridge card.

If the third-party/protective payee is deleted in Bridges, the third-party/protective payee will no longer have access to any benefits. Access will revert to the head of household who will have access to all the benefits in the cash account.

#### Local Office Issued Bridge Card

Local office OTC-issued Bridge cards are permanent cards and do not have the client's name printed on them. To issue an OTC card, give the fiscal office a copy of the Case-Search/Summary screen (circle the head of household's name) with instructions to issue the card. Never give OTC Bridge cards that belong to the head of household to the FSAR.

#### FSAR Bridge Card

It is not advised to issue an FSAR the OTC Bridge card because of possible disagreements with the client. Issuing a Bridge card to an FSAR is only suggested in emergency situations (for example, the FSAR has lost the Bridge card and needs to immediately shop for an individual who is unable to shop).

You cannot issue an FSAR the OTC Bridge card the same day a case is opened in Bridges.

#### PERSONAL IDENTIFICATION NUMBER (PIN)

The PIN is a four-digit code which identifies the user to the EBT vendor. Anyone with access to both the PIN and Bridge card has access to the recipient's benefits. Clients should be advised to keep the PIN a secret, memorize it, and not write the number on the card. The clients must enter the PIN each time they use an automated teller machine (ATM) or point-of-sale (POS) device. When the PIN is entered, four stars will show on the screen instead of numbers to prevent anyone from seeing the clients' PIN.

#### PIN Selection/Change

When clients receive their initial Bridge card from ACS via the mail, they must call the Interactive Voice Response Unit (IVRU) to select a PIN. Recipients may select/change their PIN at any time by calling the IVRU at **1(888) 678-8914**. Clients may also use the POS device in the local fiscal office.

**PIN Lock/Reset**

Clients have four consecutive attempts to enter the correct PIN. After the fourth incorrect attempt, clients are locked out and cannot use their Bridge card until 12:01 a.m. the next day. The client's card can be reset prior to 12:01 a.m. by contacting the Customer Service Representative (CSR) and providing the correct personal information.

**INTEGRATED  
VOICE RESPONSE  
UNIT**

Clients contact the IVRU, by calling 1(888) 678-8914 from a touchtone phone. The IVRU number is listed on the back of the Bridge card, and is available 24 hours a day, seven days a week. By calling the IVRU, the client will be able to:

- Select/change a PIN number.
- Obtain account balance(s).
- Hear the last 10 transactions.
- Obtain information on where and how to use their card.
- Obtain benefit(s) availability dates.

**Customer Service  
Representatives**

If clients have questions, or difficulties providing the information through the IVRU, they are transferred to a CSR for further assistance. Examples of services offered by CSR include:

- Procedures on how to select, change or reset a PIN.
- Explanations of why a card may not be working.
- Taking reports of lost/stolen/malfunctioning cards, and initiating processes to replace a card.
- Reviewing their account balance.
- Mailing a two-month account history statement to the caller's last known address.
- Deactivation of an FSAR's card.

**Note:** DHS staff should never call the IVRU/CSR for the client.

**BRIDGE CARD  
REPLACEMENT**

If the Bridge card is lost, stolen or damaged, the client, third-party payee/protective payee and/or the FSAR must immediately notify ACS by calling the IVRU. Any benefit loss that occurs prior to this notification is the client's responsibility and will not be replaced.

Once a Bridge card is reported as lost or stolen, ACS immediately deactivates the current card and will reissue a new one at the client's request. Replacement cards are mailed in an active status, retain their original PIN and will arrive within two to five calendar days. The head of household or FSAR's card(s) are mailed to the head of household's

address, and third-party/protective payee cards are mailed to the third-party/protective payee's address.

**Note:** It is the clients' responsibility to change their PIN if they believe the original PIN is thought to be compromised.

If cash and/or FAP benefits are accessed after clients contact ACS but before they actually deactivate the old card, the benefit replacement is the responsibility of ACS and not DHS.

DHS only replaces FAP benefits when food is destroyed in a domestic misfortune or disaster; see BAM 502, Food Destroyed in a Domestic Misfortune or Disaster.

### Local Office Replacement

Bridge cards can be replaced by the local office. To issue an OTC Bridge card; see Local Office Issued Bridge Card in this item.

**Note:** Fiscal office will not issue a replacement Bridge card to a FSAR that has a status reason of "stated by primary". This status reason indicates the client no longer wants the FSAR to have access to their benefits.

### Replacement Fee

Clients may receive only one free Bridge card replacement during their lifetime. The client's AR or third-party/protective payees may receive only one free Bridge card replacement as well.

Clients' available benefits will be reduced to cover the cost of all subsequent replacement cards with no exceptions granted. Even if an error is made with the spelling of an AR or third-party/protective payee's name and it is discovered on a future date, there is no way to reverse the charge or reimburse the client.

The available benefit reduction will vary based on whether the card is replaced by the EBT vendor (\$3.02) or by the local office (\$3.72).

**Example:** Sally has an AR, named Sam. Sam loses his card and receives the one free replacement AR card. If Sam loses the replacement card or Sally changes her AR, her available benefits will be reduced for any future AR cards.

**Note:** Sally is still eligible to receive one free replacement card for herself before her available benefits will be reduced to cover the cost of her replacement card.

### Benefit Reduction Process

The EBT vendor determines if the entire replacement fee is available. If the entire fee is available in the client's cash account, the fee will be deducted from the available benefits. If not available, they will determine if the entire replacement fee is available in the client's FAP account.

If neither account has the entire replacement fee available, the fee will be deducted the next time an account has the available balance (starting with the cash account).

If the replacement fee is still not available after 365 days, the fee will be expired.

## **BENEFIT ACCESS**

Clients and/or their FSAR's access benefits with their Bridge card and PIN at ATM's and at POS devices at retailers displaying the Quest® logo or sign. If the case closes, the cash or FAP benefits remaining on the Bridge card are still available to clients. They may continue to access these benefits in the account(s) until they are depleted or expunged; see Expungement in this item.

If the cash account balance contains enough to pay the transaction plus any applicable client fees, the account is debited for that amount; see Fees in this item. An approval message is sent back to the ATM/POS device where either the purchase is completed or cash is dispensed.

If the cash account does not have sufficient funds to cover the transaction, a denial message is sent back to the access device. Clients can then contact the IVRU for information regarding their account.

## **Cash Benefits and Availability Dates**

FIP and SDA clients receive ongoing benefits, early payments and supplemental benefits less than \$1,000 in their EBT cash account. The ongoing semi-monthly cash assistance EBT deposits are available on the Warrant Date shown in the issuance deadline schedule in RFS 305. Supplements and early payments are available the day after authorized. Cash may be obtained only from a client's cash account.

**Exception:** Benefits on closed cases, early payments over \$1,000, supplements over \$1,000 and all replacement benefits are issued as warrants.

Clients can access benefits:

- At any ATM that accepts Quest® clients.
- At a check cashier displaying the Quest® sign/logo.
- By making a purchase at retailers who accept the Bridge card.
- Through a cash-only POS transaction at a retailer which allows that option.
- As cash back when making a purchase through a POS device located in a retail or merchant establishment that accepts the Quest® logo.

**Note:** The amount of cash back allowed depends on the retailer's policy. The client should ask the retailer before shopping.

### Fees

Clients are allowed four cash withdrawals per month from an ATM without transaction fees. However, every ATM transaction in excess of four per month will cost the client \$0.85 for each transaction. Such fees will be debited from their cash account balance at the time of the transaction. This will be an automatic debit; clients will not be informed of it prior to the transaction.

**Note:** Clients are not assessed a fee for accessing cash benefits with their Bridge card at a POS terminal.

### Surcharges

Unlike fees, an ATM/network surcharge is the charge for using a particular bank's ATM. Clients are given the option of paying the surcharge before their withdrawal. A question appears on the screen telling the client the cost of using that ATM. If clients do not want to pay the surcharge, they may decline by pressing cancel, and their Bridge card is returned. They can then access another ATM somewhere else with either a lesser surcharge or no surcharge at all.

### FAP Benefits and Availability Dates

All FAP benefits are deposited into the client's EBT food account. New openings (including expedited issuances and supplements) are available to clients the day after the client information and benefit authorizations are authorized in Bridges.

Ongoing FAP benefits are available on the dates listed in RFS 305, and available on the same day of the month each month. The date depends on the last digit of the client's recipient (ID) number.

Clients access their FAP benefits:

- At any FNS-authorized POS retailer.
- Through the use of EBT paper vouchers issued by FNS authorized merchants and retail establishments for eligible food items when:
  - The FNS-certified merchant or retail establishment does not have technical equipment to process the EBT transaction of food benefits.
  - There has been a technical problem that has resulted in the malfunction of the EBT system.

**Note:** Fees are not charged for accessing FAP benefits.

### GROUP HOMES

#### Authorized Retailers

Group homes approved as FNS-certified retailers are supplied with the necessary POS equipment for processing EBT transactions in the

group homes. New group homes requesting to be FNS-certified must contact FNS to become an authorized retailer. Provide group homes with the address and phone number for the FNS Field Office based on their county; see RFT 261.

Group homes acting as FNS-certified retailers permit clients to exchange their benefit dollars for food by swiping their Bridge card through the home's POS device.

The Bridge card is swiped between the first and the 15th of the month to reduce the client's monthly FAP benefit by half. The group home's account is increased by the amount deducted from the client's account. A second transaction is done between the 16th and the last day of the month for the remaining balance, again debiting the client's account and crediting the group home's account.

### **Authorized Representatives**

Those homes that are not approved as authorized retailers may be an authorized representative for the clients in their homes. In these situations, an employee (such as the food buyer) of the group home is identified as the FSAR for the residents in the home. This person is authorized by the client and the facility to act as an FSAR, accessing only the client's FAP benefits at an FNS retailer location with a POS terminal; see BAM 110, AUTHORIZED REPRESENTATIVES.

## **LEAVING MICHIGAN**

### **Cash Assistance**

EBT clients who move out of state can still access the remaining benefits from their Michigan EBT accounts by using out-of-state ATMs displaying electronic benefit logo or stores displaying a Quest® sign/logo.

### **Food Assistance**

FAP clients who move out of state, can still access their remaining food benefits at participating food retailers.

**Note:** If on the last day of the month a FAP case has an out-of-state address on Bridges and the negative action extends into the following month, the system will not issue an ongoing monthly issuance for the closure month; see BAM 220, Adequate Notice.

## **EXPUNGEMENT**

Benefits in FAP or cash accounts that have not been accessed for 365 days will be expunged and not available to the client.

### **Replacing Expunged Benefits**

#### **FIP and SDA**

See BAM 505, for replacing expunged cash benefits.

Unaccessed cash benefits which are entirely state funded, for example, SDA benefits and FIP benefits on certain cases will not be expunged. Instead, these benefits will be escheated; see BAM 505, DEFINITIONS, Escheated benefits.

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**BPB 2011-022****EFFECTIVE** December 1, 2011.**Subject(s)**

1. Short Term Family Support (STFS).
2. Child Development and Care (CDC).

**1) STSF BEM 218 Short Term Family Support**

Any application where an adult in the FIP EDG has been found guilty of an Intentional Program Violation in the last five years is denied the option of receiving STFS.

**2) CDC BAM 300**

**Child Development and Care Provider File** The DHS-4661-P, Child Care (CDC) Request for Criminal History and Central Registry Clearance, and copies of criminal history matches, are no longer required to be in the provider file for background clearances completed after October 17, 2011.

*Reason:* All clearance information is stored in Bridges. Information to complete the required background clearances on an unlicensed provider and adult household members living in the provider's home, is provided on the DHS-220, Child Development and Care Unlicensed Provider Application. The only missing information that was on the DHS-4661-P that is not on the DHS-220, is the provider's service begin date. Local offices will need to develop a county policy to obtain this information and provide it to the designated person who completes the provider enrollments.

**Note:** The service begin date for an eligible unlicensed provider is the receipt date of the client or provider application, whichever is received in the local office first.

**BEM 100**

The Department of Education was added as the entity responsible for administering the CDC program and setting rates and eligibility criteria.

**BEM 704**

Policy has been modified to allow an unlicensed provider to provide care for up to six children (including their own) at the same time, **if** all of the children are siblings or all children live at the same address.

A provider's driver's license must be current and valid if being used to verify residency.

An exception was added waiving proof of residency for unlicensed providers who claim on the DHS-220, Child Development and Care Unlicensed Provider Application, that he/she is homeless. A Front End

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Eligibility referral should be made if the provider's homelessness is questionable.

**BPB 2011-023****EFFECTIVE**

December 1, 2011.

**Subject(s)**

1. Telephone interviewing.
2. Employment activities.

**1) Telephone  
Interviewing****Cash Assistance (FIP)****BAM 110, Application Filing and Registration**

MI Bridges online application filing date has been added.

The processing of cash assistance applications, including FIP telephone interviews, and member add requirements has been updated.

A new form, the DHS-1173, Cash Assistance Rights and Responsibilities, along with the new requirements of the DHS-1538, Work and Self-Sufficiency Rules, have been added.

**FIP, SDA and RAPC****BAM 115, Application Processing**

Signature requirements for FIP, SDA and RAPC applications have changed.

A new form, the DHS-1173, Cash Assistance Rights and Responsibilities, along with the new requirements of the DHS-1538, Work and Self-Sufficiency Rules, have been added.

FIP member add signature requirement at application and redetermination has been added.

FIP application processing now includes a telephone interview. See mandatory in-person interview exceptions.

FIP interview requirements for each adult mandatory group member have been added.

FIP/SDA only applications may no longer defer completion of receipt of a reply from an out-of-state inquiry.

**BAM 210, Redetermination/Ex Parte Review**

FIP redetermination processing now includes a telephone interview for head of household. FIP interview requirements have been added.

New signature requirements for FIP redetermination have been added.

FIP interview requirements at redetermination for adult mandatory group member adds have changed.

**BEM 515, FIP/RAPC/SDA Needs Budgeting**

The disclaimer that cash assistance is not to be used for massage parlors, spas, tattoo shops, bail-bond agencies and on cruise ships has been added.

**2) Employment  
Activities**

**FIP**

**BEM 228, Family Automated Screening Tool (FAST) and Family Self-Sufficiency Plan (FSSP)**

**BEM 229, Work Participation Program Referrals & Orientation**

The disclaimer that cash assistance is not to be used for massage parlors, spas, tattoo shops, bail-bond agencies and on cruise ships has been added.

**FIP/RAP Cash**

**BEM 230A, Employment and/or Self-Sufficiency Related Activities**

The disclaimer that cash assistance is not to be used for massage parlors, spas, tattoo shops, bail-bond agencies and on cruise ships has been added.

Work Ready definition updated.

The DHS-4785, Work Participation Program Notice, has been automated in Bridges.

**FOSTER CARE**

**FOB 2011-001**

**EFFECTIVE**

January 1, 2011.

**Subject**

Annual Transition Meeting and 90-Day Discharge meeting.

**FOM 722-15, Foster Care Case Closing**

New requirements of Fostering Connections to Success and Increasing Adoptions Act of 2008 [P.L. 110-351] and Dwayne B. v Granholm, et al. state annual transition meetings are to be held, starting at the age of 16, for every youth in foster care. A 90-day discharge meeting is to be held 90 days prior to foster care case closure. Meetings should be youth-driven and identify supportive adults for every youth in foster care.

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**FOB 2011-002**

**EFFECTIVE** December 1, 2010.

**SUBJECTS**

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

**1) PERMANENCY  
PLANNING  
CONFERENCE  
(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 day-care; 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 credible 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 case-worker'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 administrator 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 functioning 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.

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### 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.

*Reason:* Foster care program office recommendation and court ruling.

### **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.

*Reason:* Foster care program office recommendation and court ruling.

### **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.

*Reason:* Foster care program office recommendation and court ruling.

### **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.

*Reason:* Foster care program office recommendation and court ruling.

### **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.

*Reason:* Foster care program office recommendation and court ruling.

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### 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.

#### FOB 2011-003

**EFFECTIVE** March 1, 2011.

**Subject** Durable Power of Attorney for Health Care.

#### 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.

### **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](http://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 department 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](http://www.michbar.org) or [www.michbar.org/elderlaw/adpam-phlet.cfm](http://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.

### TIME FRAME

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**

**EFFECTIVE**

April 1, 2011.

**SUBJECTS**

**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.

**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.

**FOB 2011-006**

**EFFECTIVE** June 1, 2011.

**Subjects** **Health care Durable Power of Attorney**

**FOM 722-6 Developing the Service Plan**

Workers must educate youth aging out of foster care on the importance of designating a durable power of attorney for health care. Workers are to ensure that the components of the 90-day transition plan development process relating to the health care needs of youth include:

- Information about a health care power of attorney, health care proxy, or other similar document recognized under state law.
- Assurances that youth are provided with information about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions.
- Providing the youth with:
  - The option to execute such a document.
  - DHS Pub-161, Durable Power of Attorney for Health Care.
- Information is documented in the youth's:
  - DHS-901, Annual Transition Plan Report.
  - DHS-902, 90 day Discharge Plan Report.
  - Case service plan within the progress summary section.

**FOB 2011-007**

**EFFECTIVE** August 1, 2011.

**Subject(s)**

1. Title IV-E funding denial or cancellation.
2. Payment for foster family care.
3. Youth In Transition (YIT) funding policy.

4. Developing the Service Plan

## 1) TITLE IV-E

### **FOM 902-5, Title IV-E Funding Denial or Cancellation**

#### **Payments During an Appeal**

DHS may not utilize title IV-E funds during an appeal process.

If title IV-E payments have been made that should not have been, take the following actions:

1. End the payment authorization in SWSS FAJ with title IV-E as the fund source immediately.
2. Begin a new payment authorization using the appropriate fund source of either state ward board and care or county child care funds.
3. Do **not** complete a DHS-587, Reconciliation Notice, to reconcile any payments made from title IV-E in error prior to a Michigan Administrative Hearing System (MAHS) hearing decision being made.

Following the MAHS hearing decision reconciliation can be made as needed. The Federal Compliance Division will direct the local office on what payment action may need to be taken based on the MAHS hearing decision.

## 2) PAYMENT FOR FOSTER FAMILY CARE

### **FOM 903-3 Payment for Foster Family Care**

#### **Age Appropriate Rate for Foster Care**

Policy is updated to change child placing agency to placement agency foster care (PAFC).

#### **Determination Of Care Supplements for Foster Care**

There is no longer a requirement of a child receiving Social Security Income (SSI) to automatically qualify for at least a level I DOC rate on a DHS-470 or DHS-470A. A child receiving SSI would receive the DOC that the completed assessment determines. This policy change currently conflicts with FOM 902-10. FOM 902-10 will be updated to be consistent with this item. If a child has already been approved for a level 1 DOC based solely on the receipt of SSI, that rate may continue to be paid through the current approval period. Following the current approval period, the child must be assessed to determine if they qualify for a DOC rate based on the foster parent's activities.

Policy is clarified that documentation supporting the child's need for a DOC and the foster parent's activities must be in the case service plans and documents in the DHS case file.

### **Administrative Review Process**

Policy is updated to include that the foster care provider or the agency can utilize this process if they are not notified timely of the outcome of a DOC request.

### **3) YIT funding policy**

#### **FOM 950**

- Vehicle purchases and vehicle repairs: Youth are able to purchase and/or repair vehicles with YIT funding, with specific limitations.
- Bulk purchases: Local counties can make bulk purchases, such as a purchase of gas cards. Each item out of the bulk purchase must be assigned to a specific youth. County DHS offices must comply with the processes of ACM 423, Bulk Purchases.
- Gifts: Counties should not use YIT funds to purchases gifts for youth, unless the gift is a YIT approved item and it can e directly linked to a specific independent living goal for the youth.

### **4) DEVELOPING THE SERVICE PLAN**

#### **FOM 722-6**

#### **Incarcerated Parents**

The following statement was rescinded from policy:

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.

#### **Contracted In-Home Service Providers**

Policy is revised to remove Contracted In-Home Service Provider Meeting All Face-to-Face Contacts. Previous policy allowed for the replacement of all foster care face-to-face contact standards through a contracted in-home service provider, in certain situations, with the approval of the county director.

**FOB 2011-008**

**EFFECTIVE**

October 1, 2011.

**Subject(s)**

FOM 902, Funding Determinations and Title IV-E Eligibility.

### **Financial Determinations**

The Child Welfare Funding Specialist (CWFS) must complete a redetermination prior to changing a child's placement to parental home.

### **Deprivation**

Federal guidelines for redeterminations have changed. Continued deprivation is no longer required effective April 1, 2010. If a child was found to have deprivation initially it does not need to be redetermined. Title IV-E funds cannot be claimed for children who were **not** eligible due to a loss of deprivation at redetermination prior to April 1, 2010. Title IV-E eligibility may be reinstated for a child as of April 1, 2010, providing all other eligibility criteria are met.

Legal father is defined as well as how to appropriately determine if the absent parent deprivation factor is applicable.

Time frames for deprivation are clarified in the month of removal. Deprivation must be met in the month of, but prior to the child's removal from the home. Deprivation may not be based on household circumstances that occur after a child's removal.

### **Court Ordered Placement Exception**

Details of the court requirements for a court ordered placement to allow the child to remain title IV-E eligible have been added.

### **Required Judicial Findings**

Details are provided to explain acceptable contrary findings for juvenile justice youth. Policy also details the required steps to take if a child is not physically removed at the time the court enters an order for removal.

The signature date on any order is the date used to determine the month eligibility begins and the date that the child may lose eligibility due to court orders.

### **Reasonable Efforts Not Required**

All requirements are listed for the child to be title IV-E eligible if the court orders that reasonable efforts to prevent removal were not required.

### **Finalize the Permanency Plan**

Definition of the removal date to be used when determining the date the finding of reasonable efforts to finalize the permanency plan must be ordered has been added.

### **Title IV-E Age Requirements and Exceptions**

Details regarding extending a youth's IV-E eligibility beyond age 18 have been added. The youth must be expected to complete graduation requirements prior to age 19.

**FOB 2011-009**

**EFFECTIVE** Immediately upon receipt (October 1, 2011).

- Subject(s)**
1. Changing permanency goal to adoption.
  2. Process for referral from foster care to adoption.
  3. Child/ward death notification.
  4. Worker/child contacts.

**1) CHANGING GOAL TO ADOPTION**

A foster child's permanency goal cannot be changed to adoption unless one of the following occurs:

- Parental rights of both parents are terminated and the written order of termination has been received by the worker.
- A judge orders the permanency goal be changed to adoption, even in the absence of an order terminating parental rights.

**2) REFERRAL TO ADOPTION FOLLOWING TERMINATION**

All foster children available for adoption, with adoption as their permanency goal, must be referred for adoption services. Foster children become available for adoption once the parental rights of both parents are terminated. For Indian children, see NAA 400, Indian Child Adoptions.

**Referral/ Notification** Within five business days of receiving the orders terminating all parental rights the foster care worker must:

1. Enter the orders into SWSS-FAJ.
2. Update the permanency goal to adoption.
3. Assemble the referral packet and refer the case to Adoption Services, whether to a private contracted agency or DHS.

**Note:** Appeals of a termination of parental rights decision may delay adoption finalization but must not delay an adoptive placement. Appeals must not delay referrals to the adoption supervisor.

**Referral Packet for Adoption** The foster care worker must provide a complete referral packet which contains the following required documents to the DHS or private agency adoption worker:

- The DHS-65, Initial Service Plan (ISP).
- The last two DHS-66, Updated Service Plans.
- All case service plans (USP/PWSP) that are written subsequent to the adoption referral.

**Note:** When the referral is to the DHS adoption supervisor, the assigned adoption worker should access all available case service plans through the SWSS-FAJ system.

- All of the physical, dental, medical, psychological/psychiatric records/assessments, including the medical passport, for the child and the biological parents.

**Note:** The biological parents' records **must not be released** to the adoptive family. A summary of the findings in the parents' records must be included in the adoptive child assessment. See SRM 131, Confidentiality, for additional policy regarding medical/mental health records.

- School records, including Individual Education Planning Committee (IEPC) reports.
- Early On and any other developmental assessments.
- Child's original birth certificate. If not available, a copy of the application for the child's original birth certificate must be provided.
- Verification of Social Security number; see FOM 902-16, PR - Social Security Numbers.
- Child's placement history.
- Copy of the current (dated within six months) DHS-470, 470A, or 1945, Assessment for Determination of Care for Children in Foster Care (DOC), if applicable and a copy of the current DHS-626, Foster Care Payment Authorization.

**Note:** Any documentation, in addition to the case service plans, that supports the scoring of the DOC must be attached to the DOC.

- Copies of release/termination documents and court orders.
- All court petitions for the case (initial, amended, and supplemental).
- DHS-352, Initial Funding Determination.
- Death certificate of parent(s), if applicable.

The foster care worker must also provide the following if available and/or applicable:

- Copies of Initial Relative Caregiver Home Study Outline.
- Genogram.
- Pictures of child and other family members.
- CPS complaints, records or documents; see SRM 131 regarding information that may need to be redacted prior to sending this information to a private child-placing agency.
- A copy of the BCAL-3130, Initial Foster Home/Adoptive Evaluation, if the foster parent/relative is interested in adopting the child(ren).
- Foster home licensing investigation reports and any resulting corrective action plans.

**Note:** The DHS-602, Adoption Referral form, can be used as a tool to ensure all documents are included in referral packet.

**Incomplete  
Referral Packets**

If materials are missing or not available, an incomplete referral packet must be sent within the time frames stated within this item. Incomplete referral packets must be completed within 30 calendar days of the date the packet was sent to the adoption worker. If a complete referral packet is not received by the adoption worker within 30 calendar days, the adoption supervisor must contact the foster care supervisor to request the missing information. The assigned adoption worker must proceed with adoption planning and must coordinate efforts with the foster care worker to ensure that services are provided and permanency achieved.

**Coordination  
Between Foster  
Care and Adoption  
Workers**

Preparation of the child for an adoptive placement must include joint planning between foster care and adoption staff. Until the child is placed for adoption by the court, the foster care worker is the child's primary worker. The adoption worker is the secondary worker and must be coded as such on SWSS-FAJ and Bridges. During this time, the adoption worker must provide the foster care worker with copies of the DHS-1926, Child Adoption Assessment, see ADM 300, and the DHS-614, Quarterly Adoption Progress Report, see ADM 330.

The foster care worker is to file both the child's adoption assessment and quarterly progress reports received from the adoption worker in the case file and is to include information from these reports in the service plan. Copies of all Permanent Ward Updated Service Plans are to be provided to adoption staff as long as the goal remains adoption.

The adoption worker must provide the foster care worker with the PCA 320, Order Placing Child After Consent, within 14 calendar days of issuance or in the case of an immediate adoption confirmation, the PCA 321, Order of Adoption.

**SWSS-FAJ  
Activities**

Within 14 calendar days of receipt of the PCA 320 or 321, SWSS-FAJ Activities must be completed by the DHS worker. Refer to the SWSS-FAJ, Foster Care to Adoption job aid located at:

<http://inside.michigan.gov/dhs/Tools/WebappSupport/SWSSfaj/Pages/Tools.aspx>.

**3) CHILD/WARD  
DEATH**

**FOM 913-4 Placement Resources: Child-Placing Agency Reporting Responsibility**

When a child dies, the primary foster care worker must send a copy of the DHS-649, Child Fatality Notification to the court that had jurisdiction over the child, within one business day of the discovery of the death.

**4) WORKER/CHILD  
CONTACTS**

**FOM 722-6 Developing the Service Plan; Child(ren) in Out-of-Home Placements**

**First month after initial placement** - within 30 calendar days of the case acceptance date, the primary foster care worker must have two face-to-face contacts with the child, at least one must occur in the placement; plus two phone contacts (as age appropriate). The first visit with the child must take place within five business days from the date the case is assigned to the foster care worker and be documented within the social work contacts of the case service plan.

**Subsequent months** - each child in care must be visited at least once a month, by the primary foster care worker, whether the child is placed in a foster home, relative/unrelated caregiver's home, independent living or in a residential/institutional setting. The visit with the child must take place within his/her placement setting at least once a month.

**FOB 2011-010**

**EFFECTIVE**

Immediately (October 1, 2011).

**Subject**

Housing Resources.

All youth age 18 and older without an identified housing situation at the time of foster care closure **must** be referred to a housing resource. Housing resources include homeless youth/runaway contractors and other local housing resources.

The foster care caseworker must document the referral in SWSS-FAJ, in the Parent-Agency Treatment Plan module by selecting the applicable service types (either HO - Housing or ILMH - IL/Mentoring Housing) and appropriate service provider. A hard copy must be kept in the case record.

**Homeless Youth/  
Runaway  
Contractors-  
Transitional Living  
Program**

For youth being referred to the homeless youth/runaway program, the foster care worker must complete the DHS-956, Foster Youth Housing Referral, and send it to the local homeless youth/runaway contractor. The contractor must make attempts to contact the youth within 5 days of receiving the referral, and must document all efforts. A list of all homeless youth/runaway contractors can be found at <http://www.michigan.gov/fyit/0,1607,7-240-44293---,00.html>. The list includes contact information and counties they serve.

Homeless youth/runaway contractors are required to serve both homeless and runaway youth. Former foster youth are a specified population for the homeless youth services, through their transitional living program. Contractors are required to ensure 25 percent of their clients are youth that have transitioned from foster care.

Youth that have a current open foster care case are not eligible for services under the homeless youth/runaway contract. To facilitate a successful transition, the contractor may meet with the youth, the caseworker, and the other identified service providers, as agreed to by the youth, for up to two months prior to case closure and the youth's transition from foster care to the transitional living program. The housing plan and the youth's consent must be documented in the final Updated Service Plan (USP)/Permanent Ward Service Plan (PWSP).

Youth that are absent without legal permission (AWOLP) are not eligible for services under the homeless youth/runaway contract, as their foster care case is still open. Once the foster care case is closed, the youth may be eligible at that time.

**Case closure for  
youth over the age  
of 17**

A caseworker must not close a foster care case for a youth 17 or older and refer to a homeless youth/runaway contractor or other local housing resource unless **all** of the following steps have been completed:

- The foster care caseworker has documented why the case could not remain open for services until the age of 20, based on FOM 722-15 within the USP/ PWSP.
- The foster care caseworker diligently pursued multiple living arrangements or housing options that were not successful. The caseworker thoroughly documented efforts and reasons other placement options were not viable in the placement section of the USP/PWSP. This must include reasons why independent living with case management services was not an option.

- The foster care caseworker has documented contact with the homeless youth/runaway contractor verifying an opening for the youth upon case closure.

**FOB 2011-012**

**EFFECTIVE** Immediately (November 1, 2011).

**SUBJECT** **Foster Care Transitional Medicaid (FCTMA)**

Youth who age out of foster care are eligible for Foster Care Transitional Medicaid (FCTMA) once the foster care Medicaid case is closed. This applies to youth who are 18, 19 and 20 years of age. FCTMA is not available for active foster care cases.

**Youth Eligibility  
Criteria**

For FCTMA eligibility, the following criteria must be met. The youth:

- Is under 21 years of age.
- Is not currently incarcerated or in a locked facility.
- **At the time of the his/her 18th birthday**, was under the responsibility of the Michigan Department of Human Services (DHS) or tribal court and in one of the following out-of-home placements:
  - Licensed foster family home.
  - Relative provider home, licensed or unlicensed.
  - Group homes.
  - Emergency shelter.
  - Independent Living.
  - Child Care Institution. These facilities must be licensed or approved by the state and may **not** include:
    - Any public or private secure placement facility.
    - A public child care institution for more than 25 children.
    - Jail.
    - Detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of youth determined to be delinquent.

Additional information is available in Bridges Eligibility Manual (BEM) item 118, Foster Care Transitional Medicaid (FCTMA).

**Absent Without  
Legal Permission  
(AWOLP)**

Absence from a foster care placement upon reaching 18th birthday does not exclude youth from meeting FCTMA eligibility requirements. AWOLP youth with an open foster case remain under DHS responsibility.

FCTMA will not be activated for an AWOLP youth at case closure due to his/her unknown location. If the youth contacts the former foster care worker or the DHS foster care office in the youth's current county of res-

idence, a manual referral must be made for FCTMA provided the eligibility requirements are met. The youth must have a valid mailing address.

**Note:** Returning AWOLP youth that remain on an active foster care case will continue to receive the Medicaid established prior to their absence. FCTMA is not available for active foster care cases.

Juvenile Justice Youth

Juvenile Justice youth that are eligible for Youth in Transition funded services may also be eligible for FCTMA. Juvenile Justice youth must meet all FCTMA eligibility criteria and have been in an eligible foster care placement setting under the supervision of DHS any time from the age of 14. An abuse/neglect history is not required for Juvenile Justice youth to receive FCTMA; see FOM 950, Youth in Transition, eligibility criteria.

**Ineligible Youth**

The following youth are not eligible for FCTMA:

- Juvenile Justice youth who have never been placed in a foster care setting supervised by DHS.
- Youth who were returned to the parental home prior to age 18.
- Youth who are in a locked facility or incarcerated at application.
- Out-of-Town Inquiry (OTI) youth; see Out-of-State Placements in this item.

**Procedures for Enrollment**

Prior to enrollment in FCTMA, the following must be in place:

- The Medicaid related to the foster care case must be closed.
- The youth must have a valid mailing address.

Automatic Referral

An active foster care case that is being closed in SWSS-FAJ with the close code of 06 (age), in combination with a Medicaid closure code of 097 (other) and living arrangement in table below, will generate an automatic referral from SWSS-FAJ to Bridges for FCTMA. Only use these codes when they accurately reflect the status of the foster care case.

The following SWSS-FAJ close and living arrangement codes support an automatic FCTMA referral to Bridges:

Automatic Referral FCTMA Criteria		
SWSS-FAJ Close Code	Medicaid Close Code	Living Arrangement Code
06	097	02 Licensed/Unlicensed Relatives
06	097	07 Independent Living

All other living arrangements will not generate an automatic referral to Bridges for FCTMA. The worker must make a manual referral, using the DHS-57 Foster Care Transitional Medicaid Referral form for FCTMA referrals for all other eligible youth (see below).

At case closure update the SWSS-FAJ placement record to reflect the youth's current living arrangement. All information pertaining to FCTMA will be sent to the last address listed in SWSS-FAJ. This address is transferred to Bridges during the automatic referral process. If the youth is moving to another address after case closure, notify the FCTMA Unit by email or by phone; see below.

Manual Referral

The DHS-57, Foster Care Transitional Medicaid Referral form, must be completed for eligible youth with any one of the following situations:

- The SWSS-FAJ case is being closed and the close code is not 06 (age).
- The SWSS-FAJ case is being closed and the living arrangement is the parental home (youth returned to home after reaching age 18).

Do not make a manual referral for FCTMA, if any one of the following applies:

- Youth is absent without legal permission at case closure, and youth's location is unknown. (If the youth later contacts the former foster care worker or DHS foster care office in youth's county of residence, a referral can be made at that time.)
- Youth chooses to remain in foster care after his/her 18th birthday and remains eligible for the current Medicaid plan (FCDW-MA).
- Youth is living in an out-of-state placement.
- Youth is incarcerated. (Youth can apply for FCTMA upon release.)
- A FCTMA referral through the automatic referral process was made.

The DHS-57 must be submitted when the Medicaid case is closing. Foster Care Transitional Medicaid is inaccessible while the Medicaid related to an active foster care case is open. Submission of the DHS-57 informs the FCTMA Unit to open FCTMA. Attempts to process the referral prior to the closure of the foster care Medicaid case will result in a denial of FCTMA and the referral process will need to be repeated.

Submit the DHS-57 to the FCTMA Unit:

- Electronically to *FCTMA@michigan.gov*.
- By fax to (517) 432-6079.

For any questions, contact the FCTMA Unit at (877) 268-3754.

**PAFC Worker  
Process**

To preclude duplication of referrals and to ensure that FCTMA eligibility is accurately determined prior to submission to the FCTMA Unit, the DHS-57 must be completed by the DHS foster care worker or monitor only. PAFC workers must forward the FCTMA referral to the DHC PAFC monitor to verify eligibility and to submit eligible FCTMA referrals to the FCTMA unit.

**Notification  
Process**

After a referral has been submitted for FCTMA, the FCTMA Unit:

- Certifies the youth's eligibility in Bridges.
- Sends a Notice of Case Action letter to the youth. If the youth is eligible, the letter will indicate that the youth has been enrolled in FCTMA.

**Required  
Information for  
Youth**

Prior to closing the foster care Medicaid (FCDW-MA) case, the foster care worker will provide the youth with the following information:

- Youth receiving FCTMA will continue to be Medicaid eligible through the month of their 21st birthday.
- A copy of the Michigan Department of Community Health (MDCH) publication, Guide to Michigan Medicaid Health Plans (updated annually). The foster care worker must review the guide with the youth. This publication is available online from the Michigan Department of Community Health website at: [www.michigan.gov/mdch](http://www.michigan.gov/mdch). Click on MDCH Brochures Available for Download from the Quick Links on the right side. Select Medicaid and Health Care Brochures.
- MHP enrollment information as outlined below.

**FCTMA and  
Medicaid Health  
Plans**

Upon enrollment into FCTMA, the Medicaid coverage is as follows:

- If the youth was enrolled in a Medicaid Health Plan (MHP) at the point of FCTMA referral and remains residing in the same county, the youth will remain enrolled with the current MHP.
- If the youth was receiving fee-for-service Medicaid or has moved outside of his/her MHP service area at the point of referral, Michigan Enrolls will mail an MHP enrollment packet to the youth at the address indicated on the referral.

Frequently Asked Questions and additional information regarding FCTMA is located on the Foster Youth in Transition (FYIT) website, [www.michigan.gov/fyit](http://www.michigan.gov/fyit), under Health and Wellness - Insurance - Foster Care Transitional Medicaid.

**Documentation** The foster care worker must:

- Place a copy of the DHS-57, Foster Care Transitional Medicaid Referral form, in the Medical/Psychological section of the case file, if applicable.
- Document discussion of FCTMA with the youth on the DHS-902, 90-Day Discharge Plan Report. Also indicate if a referral has been made for FCTMA.

**FOB 2011-013**

**EFFECTIVE** December 1, 2011.

**Subjects**

1. Monitoring worker responsibilities.
2. Child/ward death notification.

**1) Monitoring Worker Responsibilities** **FOM 914, Placement Resources: Monitoring Worker Responsibilities**

DHS monitoring workers' responsibilities have been updated. Monitoring workers will no longer be required to complete the following tasks for PAFC cases:

- Review and approve case plans.
- Attend court hearings (unless ordered by the court).
- Enter PAFC social work contacts into SWSS FAJ.
- Attend quarterly visits with the child placing agency.
- Attend permanency planning conferences.

**2) Child/Ward Death Notification** **FOM 722-2 and FOM 913-4**

Amended FC policy to reflect notice to the court of jurisdiction, via the DHS-649, Child Fatality Notification, of the death of a child within one business day.

**PROTECTIVE SERVICES**

**PSB 2011-001**

**EFFECTIVE** Effective immediately (May 1, 2011).

**Subject(s)**

1. Incarcerated Parents.
2. Documenting Incarcerated Parents' Information.
3. Notification of Permanency Planning Conferences (PPCs) to Incarcerated Parents.
4. Court Participation of Incarcerated Parents.

**1) INCARCERATED PARENTS**

**PSM 713-8**

If a legal parent is incarcerated, the CPS worker must confirm:

- The parent's prison or jail number.
- The prison or jail facility.
- The charge or conviction offense.
- The parole or release eligibility date.

When the worker is aware that a parent associated with the complaint is incarcerated, the following resources may be used to locate them at a jail or prison:

- For parents under the jurisdiction of the Michigan Department of Corrections, <http://www.michigan.gov/corrections>.
- For parents with prison/parole/probation records; see PSM 713-2, Law-Enforcement Information Network (LEIN).
- 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.

**2) DOCUMENTING INCARCERATED PARENTS' INFORMATION**

**PSM 713-10**

The CPS worker **must** make reasonable efforts to identify and locate an incarcerated parent. If a legal parent is incarcerated, the CPS worker must confirm:

- The parent's prison or jail number.
- The prison or jail facility.
- The charge or conviction offense.
- The parole or release eligibility date.

This information must be documented in the DHS-154, Investigation Report, social work contacts, and in any petition filed with the court.

**3) NOTIFICATION OF PPCS TO INCARCERATED PARENTS**

**PSM 715-2**

CPS workers are required to provide prior notice of a scheduled PPC to an incarcerated parent only in the case of a considered removal.

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

The CPS worker must also ensure that the incarcerated parent receives copies of the DHS-969, Permanency Planning Conference Facilitator Report, the DHS-971, Permanency Planning Conference Activity Report, and the DHS-968, Permanency Planning Conference Attendance Report, after all PPCs.

**4) COURT  
PARTICIPATION OF  
INCARCERATED  
PARENTS**

**PSM 715-2**

If a legal parent is incarcerated by the Michigan Department of Corrections (MDOC), the court must allow the parent to participate in all court hearings via telephone. The original or an amended petition filed by the CPS worker or the department's legal representative notifies the court that a parent is under MDOC jurisdiction and the court is responsible for arranging the parent's telephonic participation in the hearings.

**Note:** When a CPS worker or the department's legal representative files a petition in a case involving a parent incarcerated by the MDOC, the petition must include 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.

**PSB 2011-002**

**EFFECTIVE** November 1, 2011.

**Subject** Terminology

**PSM 713-11**

Language in policy and SWSS-CPS was changed from mental retardation to intellectual developmental disorder/delay.

**JUVENILE JUSTICE RESIDENTIAL**

**JRB 2011-001**

**EFFECTIVE** January 1, 2011.

**JR5 530 INCIDENT REPORTS**

Item revised to implement review, staffing, and technology portions of the 2009 draft National Prison Rape Elimination Commission (NPREC) policy standards related to incident reporting. Emphasizes the current Bureau of Juvenile Justice practice of entering incident reports into the Juvenile Justice Information System within 72 hours of the incident and the relationship of incident reports to facility logs.

**JRB 2011-005**

**EFFECTIVE** August 1, 2011.

**JR2 231 SEX OFFENDER REGISTRATION**

Item revised to reflect changes in Michigan sex offender registration law that took effect July 1, 2011. Change in law splits listed offenses into three tiers of increasing severity and reduces the number of offenses which require registration by juveniles. Change in law also modified criteria for juveniles to petition for removal from the sex offender registry.

**JRB 2011-006**

**EFFECTIVE** September 1, 2011.

1. JR1 100, Screening, Hiring and Employment.
2. JR1 101, Volunteer Qualification and Supervision.
3. JR1 115, Staff Ethics.
4. JR2 207, Youth Reentry Overview.

**JR1 100 SCREENING, HIRING AND EMPLOYMENT**

Item revised to incorporate proposed draft US Department of Justice rules supporting implementation of the Prison Rape Elimination Act (PREA) regarding checks with prior institutional employers and questions about previous misconduct as part of the screening process.

**JR1 101 VOLUNTEER QUALIFICATION AND SUPERVISION**

Item revised to incorporate proposed draft US Department of Justice rules supporting implementation of the Prison Rape Elimination Act (PREA) regarding checks of volunteers with prior institutional employers and questions about previous misconduct as part of the screening process.

**JR1 115 STAFF ETHICS**

Item revised to incorporate proposed draft US Department of Justice rules supporting implementation of the Prison Rape Elimination Act (PREA) regarding expectations and requirements for staff conduct. Revision includes minor grammatical changes.

**JR2 207**

**YOUTH REENTRY OVERVIEW**

This is a new item added to introduce the Michigan Youth Reentry Initiative with DHS. New policy associated with initiative to improve reintegration and aftercare while reducing recidivism of juvenile offenders.

**SERVICES GENERAL REQUIREMENTS**

**SRB 2011-002**

**EFFECTIVE**

Immediately upon receipt

SRM-172, Child/Ward Death Alert Procedures and Timeframes, establishes the department's procedures and timeframes regarding death alerts of children and wards, including those ages 18 or over, who are under the care and supervision of the department.

The revised policy outlines:

- Reasons for reporting.
- Types of deaths to be reported and by whom.
- Procedures and timeframes.

**STATE EMERGENCY RELIEF**

**2011-001**

**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.

## 2) 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.

**2011-002**

**EFFECTIVE** April 22, 2011.

**ERM 301**

**Energy Services**

Beginning April 22, 2011, the maximum yearly payment limits for the following State Emergency Relief (SER) energy services are increased. The new cap amounts are:

- Natural gas, wood and all other fuel types - \$850.
- Electricity - \$850.
- All-electric household - \$850.
- Deliverable fuel (propane, fuel oil and coal) - \$1500.

Caps may decrease depending on LIHEAP funding. Local offices will be notified of any decrease.

**2011-005**

**EFFECTIVE** August 1, 2011.

**Subject** **Unearned Income**

**ERM 206**

The following income types are now countable income:

- Adoption subsidy.
- Guardianship Assistance Program.

**2011-006**

**EFFECTIVE** October 1, 2011.

**SUBJECTS**

1. Fugitive felons.
2. Asset test for energy services.
3. Budget procedures.
4. Food.
5. Disposition of an unclaimed body.
6. Payments.

**1) Fugitive felons** **ERM 202**

Fugitive felons are not eligible for State Emergency Relief and their presence disqualifies the group.

**2) Asset test for energy services**

**ERM 205**

Verify and count all non-excluded assets of SER group members for all services, including energy services.

**3) Budget procedures**

**ERM 208**

Policy has been updated to remove reference to the asset test exclusion for energy related services.

Count the income and assets of all household members. Bridges will determine how much the ineligible group member(s) may pay to help resolve the payment and prorate the benefit for the U.S. citizens and legal aliens only.

**4) Food**

**ERM 305**

Food is no longer an SER covered service and the policy item has been removed. See BAM 502 for food benefit replacement policy.

*Reason:* Policy change.

**5) Disposition of an unclaimed body**

**ERM 306**

Burial policy for unclaimed bodies now requires that the deceased individual was an **eligible recipient** in order to receive burial assistance. The new payment maximum for the final disposition of an unclaimed body is \$800. In addition, new service types have been added to allow for mileage costs for an eligible cremation of an unclaimed body as well as a cremation permit fee, which has a maximum payment of \$75.

An application for burial assistance must be made no later than 10 business days after the date of burial, cremation, or donation takes place.

**6) Payments**

**ERM 401**

A scanned copy of the shut off notice, bill or invoice is acceptable for counties using Electronic Document Management (EDM). The emergency and need amount should continue to be verified by the worker.

Payment for wood deliveries will continue to pend until the worker completes the payment by accessing the Benefit Issuance/Pending SER screen and completes the question regarding the wood delivery.

When an over issuance is found, the specialist is required to determine the amount and contact the provider to obtain a refund. The worker must provide supporting documentation of the over issuance to the local fiscal office who will proceed with the collection letters.

**Note:** When a refund is being requested from DTE, please send the request to the following email address: [agencies\\_info@dteenergy.com](mailto:agencies_info@dteenergy.com).

Manual issuance will not be completed unless there is a valid DHS 849 and budget. In most cases, an exception must be requested so that supporting eligibility is retained in Bridges. If a manual issuance is required, the supervisor may email the policy mailbox with the request.

**2011-008**

**EFFECTIVE** October 1, 2011.

**Subject** **ERM 301; Energy Services**

**Payment Limits**

Payment limits for energy services are as follows:

- Natural gas and wood - \$450.
- Deliverable fuel- \$850.
- Other fuel (fuel oil, propane, coal) - \$450.
- Residential electric (not used for heat) - \$450.

All-electric home (combined heat & residential use) - \$450.

**2011-009**

**EFFECTIVE** October 1, 2011.

**Subject(s)**

1. Exceptions to official SER Policy.
2. Assets.
3. Budget procedures.
4. Energy services.
5. Utility services.
6. Payments.

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

All exception requests must be submitted through Bridges.

**2) ERM 205** **Assets**

Assets are countable for non-energy services only although Bridges is still counting assets for energy requests. A staff note in ERM 205 gives instructions on how to request an override for those cases where assets are still being counted for an energy request.

**3) ERM 208** **Budget Procedures**

Exclude the asset test for energy related services.

A signed payment agreement with the energy provider is no longer an acceptable verification that the client's copay has been met.

**4) ERM 301****Energy Services**

Verification of the need and cost of emergency has been changed to allow for a scanned copy of the bill. An actual bill is no longer required. The worker continues to be responsible for verifying the emergency need and amount.

A signed payment agreement with the energy provider is no longer an acceptable verification that the client's copay has been met.

**5) ERM 302****Utility Services**

A signed payment agreement with the energy provider is no longer an acceptable verification that the client's copay has been met.

**6) ERM 401****Payments**

Verification of the need and cost of emergency has been changed to allow for a scanned copy of the bill. An actual bill is no longer required. The worker continues to be responsible for verifying the emergency need and amount.

**CHILD SUPPORT****Excerpt from OCS 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.
- 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.
- 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.

<b>EFFECTIVE</b>	January 24, 2011.
<b>SUBJECT</b>	Payment of Federal Performance Incentives and Federal Performance Incentives Reporting on the Title IV-D Cooperative Reimbursement Actual Expenditure Report (DHS-286).
<b>PURPOSE</b>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"><li>• Sections that were directed at specific fiscal years have been removed.</li><li>• The requirement to deduct incentives on the DHS-286 has been removed and replaced with an OCS notification process.</li><li>• Information has been provided on the process to recoup if the state earns less than \$26.5 million of federal performance incentives.</li></ul> <p><b>Excerpt from OCS Memorandum 2011-004</b></p>
<b>MEMORANDUM</b>	2011-004.
<b>EFFECTIVE</b>	February 18, 2011.
<b>SUBJECT</b>	Changes to Customer Contact Letters for Child Support Cooperation.
<b>PURPOSE</b>	<p>This IV-D Memorandum introduces changes to the First Customer Contact Letter with Pamphlet (OCS0015P), the First Customer Contact Letter (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.</p> <p>This memorandum also outlines SS procedures for handling CP claims of child support cases opened in error.</p>

**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.

**Excerpt from OCS Memorandum 2011-007 introducing revisions to Michigan IV-D Child Support Manual Section 2.05 and 3.03**

**MEMORANDUM** 2011-007.

**EFFECTIVE** April 4, 2011.

**SUBJECT** New RESR Resolver Role.

**PURPOSE** This IV-D Memorandum announces updates to Section 2.05, "Referrals and Applications," and Section 3.03, "Case Updates and Member Demographics" of the Michigan IV-D Child Support Manual. These sections have been revised to incorporate the new RESR Resolver role. This role gives IV-D workers the ability to work member exceptions and closed case exceptions.

The RESR Resolver role is granted to:

- IV-D workers who successfully complete the training requirements to obtain the roles of Assistance Adjuster, IV-A / IV-D Matchmaker, and RESR Resolver.

- IV-D workers who have already successfully completed the training requirements and have the Assistance Adjuster and IV-A / IV-D Matchmaker roles.

**Excerpt from OCS Memorandum 2011-008 introducing revisions to Michigan IV-D Child Support Manual Section 4.25, 5.10, 5.35, 6.21, 6.24, 6.27**

**MEMORANDUM**

2011-008.

**EFFECTIVE**

June 6, 2011.

**SUBJECT**

Updates to the Michigan IV-D Child Support Manual and Changes Related to the Michigan Child Support Enforcement System (MiCSES) 7.3 Release.

Changes to the Table of Contents for the Michigan IV-D Child Support Manual.

**PURPOSE**

This memorandum announces the publication of six sections of the Michigan IV-D Child Support Manual:

- Section 4.25, "Birth Expenses."
- Section 5.10, "Debt Types."
- Section 5.35, "Allocation/Distribution."
- Section 6.21, "Tax Refund Offset."
- Section 6.24, "Passport Denial/Restriction."
- Section 6.27, "Lien – FIDM/MSFIDM."

Sections 4.25, 5.10, and 6.21 are new sections that incorporate content from previously published Action Transmittals (ATs) as well as new policy information introduced by the MiCSES 7.3 Release (June 10, 2011). Section 5.35 is a previously published section that has been revised to reflect changes in child support policy due to the release. Sections 6.24 and 6.27 are new sections including new policy; however, the changes are not a result of the release.

This memorandum also explains changes in the table of contents for the Michigan IV-D Child Support Manual, which is located on mi-support.

Note: As part of the 7.3 release, MiCSES passwords will become case-sensitive. (Reference the MiCSES 7.3 system release information for details.) Policy regarding passwords will be incorporated with the publication of Section 1.10, "Confidentiality/Security" of the Michigan IV-D Child Support Manual later this month.

**Excerpt from OCS Memorandum 2011-011**

**MEMORANDUM** 2011-011.

**EFFECTIVE** June 14, 2011.

**SUBJECT** Issues With the Processing of Noncooperation.

**PURPOSE** This IV-D Memorandum describes issues with the automated two-way interface between Bridges and the Michigan Child Support Enforcement System (MiCSES) and describes actions for IV-D workers to improve the communication of determinations of noncooperation and subsequent cooperation

**Excerpt from OCS Memorandum 2011-013 announcing an end to Client Participation Payments (CPPs) October 1, 2011.**

**MEMORANDUM** 2011-013.

**EFFECTIVE** July 25, 2011.

**SUBJECT** Client Participation Payments (CPPs) Ending October 1, 2011.

**PURPOSE** The purpose of this IV-D Memorandum is to provide notice that custodial parties will not receive CPPs after October 1, 2011. OCS has developed a plan to communicate the CPP changes to IV-D staff, IV-D partners, Department of Human Services (DHS) staff, and IV-D customers.

In addition, this memorandum introduces:

- A temporary update to the Michigan Child Support Enforcement System Assigned Support Statement (FEN852). A notice informing custodial parties about the end of CPP has been added to this form.
- An updated set of CPP Frequently Asked Questions (FAQs) that has been developed to address questions or concerns regarding the end of CPP (Ref: Exhibit 2011-013E1). The updated FAQs will be posted to OCS websites.

**Excerpt from OCS Memorandum 2011-014 introducing revisions to Michigan IV-D Child Support Manual Section 6.42 and the DHS-986.**

**MEMORANDUM** 2011-014.

**EFFECTIVE** August 2, 2011.

SUBJECT: Updates to Michigan IV-D Child Support Manual Section 6.42, "Payment Plans" and the Arrears Payment Plan Information Summary (DHS-986).

**PURPOSE**

The purpose of this IV-D Memorandum is to announce revisions to the Michigan IV-D Child Support Manual Section 6.42, "Payment Plans." This manual section has been updated to reflect legislative changes to arrears payment plans in Michigan Compiled Law (MCL) 552.605e.

The Arrears Payment Plan Information Summary (DHS-986) has also been updated as a result of the legislative change, as well as to indicate that copies of the completed DHS-986 must be provided to all parties on the case, per Michigan Court Rule (MCR) 2.107.

**Excerpt from OCS Memorandum 2011-010 regarding updates to policy on fees.**

**MEMORANDUM**

2011-010.

**EFFECTIVE**

August 16, 2011.

**SUBJECT**

Updates to Michigan IV-D Child Support Manual Section 5.70, "Fees (SF/PF, OSR and FFEE)."

**PURPOSE**

This IV-D Memorandum announces revisions to Section 5.70, "Fees (SF/PF, OSR and FFEE)" of the Michigan IV-D Child Support Manual. This manual section has been updated to:

- Reflect the legislative change that combines Service Fees (SF) and Processing Fees (PF) into a single statutory fee.
- Provide further explanation regarding IV-D workers no longer needing to manually exclude IV-D cases receiving Food Assistance Program (FAP) from retention of the mandatory federal \$25 fee (FED fee) in the Michigan Child Support Enforcement System (MiCSES).
- Explain the removal of provisions for retaining the FED fee from the custodial party (CP).
- Provide continuity in the use of the term "TANF assistance" regarding the FED fee within the manual section.

**Excerpt from OCS Memorandum 2011-017 regarding escheatment changes.**

**MEMORANDUM**

2011-017.

**EFFECTIVE**

August 23, 2011.

**SUBJECT**

2011 Escheatment Changes.

<b>PURPOSE</b>	<p>The purpose of this IV-D Memorandum is to introduce changes to Section 5.65, "Escheatment" of the Michigan IV-D Child Support Manual. These changes were made as a result of Public Act 197 of 2010.</p> <p>Public Act 197 of 2010 made several amendments to the Uniform Unclaimed Property Act. However, only the following directly affect the IV-D program:</p> <ul style="list-style-type: none"><li>• The dormancy period ending date for abandoned property was accelerated from June 30 to March 31 of each year.</li><li>• All escheatable funds must be transferred to the Michigan Department of Treasury's Unclaimed Property Division on or before July 1 (rather than November 1) of each year.</li></ul> <p><b>Excerpt from OCS Memorandum 2011-019 regarding noncooperation processing improvements.</b></p>
<b>MEMORANDUM</b>	2011-019.
<b>EFFECTIVE</b>	September 12, 2011.
<b>SUBJECT</b>	Noncooperation Processing Improvements and Transfer of Court Action Referrals (CARs) Using the "Z" CAR Status Code.
<b>PURPOSE</b>	<p>This IV-D Memorandum explains changes in child support policy related to the Michigan Child Support Enforcement System (MiCSES) 7.4 Release (September 16, 2011). These changes improve the automated transmission of determinations of noncooperation, cooperation, and good cause between MiCSES and Bridges.</p> <p>Two sections of the Michigan IV-D Child Support Manual have been revised to reflect these changes:</p> <ul style="list-style-type: none"><li>• Section 2.15, "Cooperation/Noncooperation/Good Cause."</li><li>• Section 2.20, "Court Action Referrals (CARs)."</li></ul> <p>In addition, this IV-D Memorandum clarifies the appropriate CAR status code for IV-D staff to use when transferring a CAR from one county to another. Exhibit 2.20E1, CAR – Court Action Referral Status has been updated to show a change in the "Z" CAR status code.</p> <p><b>Excerpt from OCS Memorandum 2011-012 regarding updates to income withholding and lump sum/bonus policy.</b></p>
<b>MEMORANDUM</b>	2011-012.
<b>EFFECTIVE</b>	September 20, 2011.
<b>SUBJECT</b>	Updates to Michigan IV-D Child Support Manual Section 6.03, "Income Withholding," and Publication of Section 6.09, "Lump Sum/Bonus."

**PURPOSE**

The purpose of this IV-D Memorandum is to announce updates to the Michigan IV-D Child Support Manual Section 6.03, "Income Withholding" and its corresponding exhibit 6.03E4, Income Withholding Information for the Defense Finance and Accounting Service (DFAS) and the Coast Guard.

This memorandum also announces the publication of Section 6.09, "Lump Sum/Bonus" and updates to bonus/lump-sum policy as well as updates to form DHS-1425, Instructions for Withholding and Remitting Support From Employee/Obligor Lump-Sum Payments.

In addition, this memorandum introduces an updated table of contents for the Michigan IV-D Child Support Manual. The title of Section 6.09 has been changed from "Bonus" to "Lump Sum/Bonus."

**Excerpt from OCS Memorandum 2011-009 regarding security incident reporting and password security of IV-D data systems.**

**MEMORANDUM**

2011-009.

**EFFECTIVE**

September 28, 2011.

**SUBJECT**

Incident Reporting and Password Security

**PURPOSE**

This IV-D Memorandum announces the publication of Section 1.10, "Confidentiality/Security" of the Michigan IV-D Child Support Manual. With this initial publication, Section 1.10 discusses policy and procedures for MiCSES incident reporting and password security.

Section 1.10 discusses incidents that involve the potential or confirmed compromise of federal tax information (FTI) or the confirmed compromise of confidential information. It describes the process for reporting these incidents.

Additionally, Section 1.10 discusses the use of MiCSES passwords and incorporates Action Transmittal (AT) 2007-013, Michigan Child Support Enforcement System (MiCSES) Password Security Standards for the MiCSES 4.7 Release. This content has been updated to include information about the case-sensitivity of passwords. Also, the password practices have been reorganized to better highlight that passwords are not to be shared with others.

Excerpt from OCS Memorandum 2011-015 announcing changes to the Michigan Child Support Enforcement System Assigned Support Statement (FEN852) Mailing Termination.

**MEMORANDUM**

2011-015.

**EFFECTIVE**

December 29, 2011.

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<b>SUBJECT</b>	Michigan Child Support Enforcement System Assigned Support Statement (FEN852) Mailing Termination.
<b>PURPOSE</b>	<p>The purpose of this IV-D Memorandum is to introduce two changes regarding the FEN852:</p> <ul style="list-style-type: none"><li>• After April 2012, custodial parties (CPs) will no longer receive paper copies of the FEN852 by mail.</li><li>• A temporary notice will be added to the FEN852 informing CPs about the mailing termination.</li></ul> <p><b>Excerpt from OCS Memorandum 2011-016 announcing Fiscal Year (FY) 2011 and FY 2012 Federal Financial Participation (FFP) Percentages</b></p>
<b>MEMORANDUM</b>	2011-016.
<b>EFFECTIVE</b>	October 27, 2011.
<b>SUBJECT</b>	<p>Fiscal Year (FY) 2011 and FY 2012 Federal Financial Participation (FFP) Percentages and Applicable Catalog of Federal Domestic Assistance (CFDA) Numbers Needed for the U.S. Federal Office of Management and Budget (OMB) Circular A-133.</p> <p>Guidance for Risk Assessment per OMB Circular A-133.</p>
<b>PURPOSE</b>	<p>This IV-D Memorandum replaces and obsoletes IV-D Memorandum 2010-016, which was issued on June 24, 2010. This IV-D Memorandum:</p> <ul style="list-style-type: none"><li>• Updates the previous policy to identify FY 2011 and future FYs State of Michigan general fund/general purpose (GF/GP) funding.</li><li>• Provides CFDA numbers.</li><li>• Informs OCS contractors and auditors of the audit requirements and program risk information for FY 2011 and future FYs. (The program risk information is not intended to be all-inclusive.)</li></ul> <p>A change bar in the right margin indicates where information has been updated since the last publication of this policy.</p> <p><b>Excerpt from OCS Memorandum 2011-018 announcing Michigan Child Support Employer Job Aid (MiCSEJA)</b></p>
<b>MEMORANDUM</b>	2011-018.
<b>EFFECTIVE</b>	October 10, 2011.
<b>SUBJECT</b>	Michigan Child Support Employer Job Aid (MiCSEJA).

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<b>PURPOSE</b>	<p>This IV-D Memorandum replaces and obsoletes Action Transmittal 2008-013, The Michigan Child Support Employer Job Aid (MiCSEJA) and its corresponding attachments. The MiCSEJA and its attachments have been updated to reflect the changes in Michigan's income withholding limits and allocation statutes enacted through Michigan Public Act 193 of 2009 (2009 PA 193).</p> <p><b>Excerpt from OCS Memorandum 2011-020 regarding updates to policy on fees</b></p>
<b>MEMORANDUM</b>	2011-020.
<b>EFFECTIVE</b>	October 17, 2011.
<b>SUBJECT</b>	State General Fund/General Purpose (GF/GP) Payments to the Friends of the Court (FOCs) and Prosecuting Attorneys (PAs) and the Required Maintenance of Effort (MOE) Related to the GF/GP Payments
<b>PURPOSE</b>	<p>This IV-D Memorandum explains the payment process for GF/GP funds included in the State of Michigan Department of Human Services (DHS) appropriation bills to replace the lost Title IV-D match for federal performance incentives. It also describes the required MOE related to the GF/GP funds (GF/GP MOE) and distinguishes the GF/GP MOE from the MOE required under 45 Code of Federal Regulations (CFR) 305.35 related to federal performance incentives.</p> <p>This IV-D Memorandum replaces and obsoletes Action Transmittal (AT) 2008-002, Payments Required to Be Made Under Sections 901(7), 905 and 906 of Act 131 of Public Acts of 2007 in Fiscal Year 2008 (FY 2008, October 1, 2007 to September 30, 2008) and Required Maintenance of Effort (MOE).</p> <p><b>Excerpt from OCS Memorandum 2011-021 regarding Termination of Parental Rights – Michigan Supreme Court Decision</b></p>
<b>MEMORANDUM</b>	2011-021.
<b>EFFECTIVE</b>	October 10, 2011.
<b>SUBJECT</b>	State General Fund/General Purpose (GF/GP) Payments to the Friends of the Court (FOCs) and Prosecuting Attorneys (PAs) and the Required Maintenance of Effort (MOE) Related to the GF/GP Payments.
<b>PURPOSE</b>	<p>This IV-D Memorandum discusses the Michigan Supreme Court's December 2010 decision in the Beck case (In re Beck, 488 Mich 6 [2010]) regarding child support and the termination of parental rights. It responds to several questions regarding the impact this decision has on processing IV-D cases</p>

**Excerpt from OCS Memorandum 2011-022 introducing revisions to Michigan IV-D Child Support Manual Section 1.10**

**MEMORANDUM** 2011-022

**EFFECTIVE** January 15, 2012.

**SUBJECT** State General Fund/General Purpose (GF/GP) Payments to the Friends of the Court (FOCs) and Prosecuting Attorneys (PAs) and the Required Maintenance of Effort (MOE) Related to the GF/GP Payments

**PURPOSE** The purpose of this IV-D Memorandum is to introduce changes to Section 1.10, "Confidentiality/Security" of the Michigan IV-D Child Support Manual. This manual section has been updated to:

- Address the state law requirement to notify Michigan residents when their confidential information has been improperly disclosed.
- Include revised policy concerning the secure email transmission of confidential information and FTI.

**Excerpt from OCS Memorandum 2011-023 introducing revisions to Michigan IV-D Child Support Manual Section 6.03**

**MEMORANDUM** 2011-023.

**EFFECTIVE** December 5, 2011.

**SUBJECT** Revised Income Withholding Policy.

**PURPOSE** This IV-D Memorandum announces updates to policy information in Michigan IV-D Child Support Manual Section 6.03, "Income Withholding." These updates correspond with the Michigan Child Support Enforcement System (MiCSES) 7.5 Release (December 9, 2011), which will implement the federal Electronic Income Withholding Order (e-IWO) System's new disposition reason codes.

**Excerpt from OCS Memorandum 2011-024 introducing revisions to Michigan IV-D Child Support Manual Section 6.45**

**MEMORANDUM** 2011-024.

**EFFECTIVE** December 5, 2011.

**SUBJECT** Revised Bench Warrant/LEIN Policy.

**PURPOSE** This IV-D Memorandum announces updates to policy information in Michigan IV-D Child Support Manual Section 6.45, "Bench Warrants/LEIN." Section 6.45 has been updated with IV-D policy that corresponds with existing Michigan State Police (MSP) Law Enforcement Information Network (LEIN) policy. This section has also been updated

with information regarding changes in the Michigan Child Support Enforcement System (MiCSES) 7.5 Release (December 9, 2011) that support the IV-D and MSP-LEIN policies.

**Excerpt from OCS Memorandum 2011-025 introducing revisions to Michigan IV-D Child Support Manual Sections 5.35 and 5.40.**

**MEMORANDUM**

2011-025.

**EFFECTIVE**

December 5, 2011.

**SUBJECT**

Client Participation Payments (CPPs), IV-A Recipient-Returned Support, and Family Independence Program (FIP) Negative Offset Updates.

**PURPOSE**

The purpose of this IV-D Memorandum is to introduce policy changes to two sections of the Michigan IV-D Child Support Manual:

- 5.35, "Allocation/Distribution."
- 5.40, "Public Assistance Impacts: Unreimbursed Grant, Linking, and Pass-Through (Client Participation Payment)."

These policy changes include CPP discontinuance that took effect on October 1, 2011, and IV-A recipient-returned support and FIP negative offset updates associated with the Michigan Child Support Enforcement System (MiCSES) 7.5 Release (December 9, 2011).