STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF HUMAN SERVICES
LANSING

MAURA D. CORRIGAN
DIRECTOR

March 20, 2014

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

The Honorable Peter MacGregor, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator Caswell and Representative MacGregor:

Section 222(3) of Public Act 59 of 2013, Article X, Part 2, Provisions Concerning Appropriations for Fiscal year 2013-2014, requires the Department of Human Services (DHS) to report on the following:

"The department shall report no later than April 1 of the current fiscal year on each specific policy change made to implement a public act affecting the department that took effect during the prior calendar year to the house and senate appropriations subcommittees on the budget for the department, the joint committee on administrative rules, and the senate and house fiscal agencies. The department shall attach each policy bulletin issued during the prior calendar year to this report."

Those policy changes made during the calendar year 2013 to implement a public act affecting the department are attached. The department has also included each policy bulletin issued during the prior calendar year. In addition, the DHS policy manuals are available online at www.mfia.state.mi.us/olmweb/ex/html/.

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

Sincerely,

for

Susan Kangas
Chief Financial Officer

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

THE DEPARTMENT OF HUMANS SERVICES 2013 POLICY CHANGES DUE TO A PUBLIC ACT

This report was compiled based on policy bulletins published throughout calendar year 2013 in order to implement a public act affecting the department.

ADULT SERVICES

ASB 2013-004

Effective: December 1, 2013.

Issued: 1/1/2013.

Subject

The Michigan Model Vulnerable Adult Protocol (MI-MVP

ASM 210

Policy has been updated to reference the MI-MVP, which is a model protocol for joint investigations of vulnerable adult abuse for use by local DHS offices and their community partners.

*No reason was listed originally. The correct reason is: Pu*blic Act 175 of 2012.

BRIDGES

BPB 2013-006

Effective: January 9, 2013.

Issued: 2/7/2013.

Subject

FIP Federal Time Limit

BEM 210 & 234

The federal 60-month time limit policy is reinstated in part.

To be eligible for FIP, the FIP group cannot include an adult who has accumulated more than 60 TANF funded months, beginning October 1, 1996.

Exception: The federal 60 month time limit policy does not apply to individuals who met the following criteria on January 9, 2013:

- An approved/active ongoing FIP EDG and

- Who was exempt from participation in the P.A.T.H. program for:
  - Domestic Violence
  - Establishing Incapacity
  - Incapacitated more than 90 days
  - Aged 65 or older
  - Care of a spouse with disabilities
  - Care of a child with disabilities

The exception continues as long as:

- the individual's ongoing FIP EDG reaches 60 TANF federal months and the individual remains one of the above employment deferral reasons. In these instances, the FIP EDG will become state funded after the 60th month.

- the individual, at application, is approved as any of the above employment deferral reasons. In these instances, the FIP EDG will be state funded.

The exception ends once one of the above individuals no longer qualifies for one of the above employment deferral criteria, as well as other standard eligibility criteria. The FIP EDG will close or the application will be denied.

Bridges will identify the above clients on the Michigan/Federal Time Limits Search Summary screen.

Reason: Public Act 607 of 2012.

BPB 2014-014

Effective: October 1, 2013.

Issued: 9/3/2013.

Subject

Cash Assets

BEM 400

Cash Asset Limit

Real property asset limit has changed to $250,000.

This item was published with Reason: Boilerplate Mandate. The correct reason is: Public Act 59 of 2013.

BPB 2013-018

Effective: December 1, 2013.

Issued: 11/1/2103.

Subject

Refugee Medical Assistance (RMA)

BEM 400 and 630

RMA now follows Group 2 Medicaid asset rules.

Reason: Public Act 59 of 2013.

JUVENILE JUSTICE FIELD SERVICES

JJB 2013-004

Effective October 1, 2013.

Issued: 9/9/2013.

Subject

JJ4 430

Community Placement and Reentry

JJ4 430 is updated to provide additional guidance on community placement and reentry service eligibility, referral timeframes and coordination of services such as the Michigan Youth Reentry Initiative (MYRI), Michigan Rehabilitation Services (MRS), State Disability Assistance (SDA), and Supplemental Security Income (SSI). Also included in this update is policy on the requirement to establish a treatment and transition team and the responsibilities of the team. The requirements of the juvenile justice specialist are outlined regarding assisting a youth with applying to set aside an adjudication based on changes in the eligibility to set aside an adjudication in 2012 PA 527.

Reason: Public Act 527 of 2012.

Office of Child Support (OCS)

PUBLIC ACT: Michigan Public Act 357 of 2012

OCS MEMORANDUM: 2013-003

EFFECTIVE: March 28, 2013

SUBJECT: New Legislation Regarding Fee for Income Withholding

PURPOSE:

Excerpt from OCS Memorandum 2013-003 discussing an amendment to Michigan law to allow sources of income to charge and collect a fee from a payer when the source of income receives a notice of income withholding for support.

Effective March 28, 2013, Michigan Public Act 357 of 2012 (2012 PA 357) amended Michigan Compiled Law (MCL) 552.623 to expressly permit sources of income to charge and collect a fee from a payer in response to receiving an income withholding notice (also known as an IWN). Although the law permits the source of income to charge and collect the fee from the payer, it does not require the source of income to do so.

The term "source of income" includes but is not limited to the Social Security agency, an unemployment insurance agency, a workers' compensation agency, and an insurance company (insurance claim settlement).

The amended MCL 552.623 partially prescribes how an SOI must collect the withholding fee from the payer – it must be collected "separately and apart from the income withheld for child support." However, the statute does not define the meaning of "separately and apart."

OCS does not have the authority to define the meaning of "separately and apart" but anticipates most SOIs will collect the withholding fee from the payer through a payroll deduction at the time the income is withheld for support.

PUBLIC ACT: The Patient Protection and Affordable Care Act (ACA)

OCS MEMORANDUM: 2013-026

EFFECTIVE: October 7, 2013

SUBJECT: Introduction of the Affordable Care Act (ACA) and the Impacts on the Michigan IV-D Program

PURPOSE:

Excerpt from OCS Memorandum 2013-026 discussing how the ACA may affect Michigan's IV-D program.

The ACA was enacted in March 2010 and contains several mandates for all residents of the United States. The mandates are designed to ensure that a majority of U.S. residents have quality, affordable healthcare by requiring most residents to enroll in healthcare plans that meet certain minimum qualifications.

The ACA does not change any requirements for the IV-D program; however, there are steps that IV-D workers can take that will help families in our program meet their obligations under child support orders and the ACA. The requirements and changes to the healthcare system in the United States may cause confusion for obligated parents and their families in need of healthcare. IV-D workers should familiarize themselves with the main provisions of the ACA and modify current medical support establishment and modification practices to take into account the requirements of the ACA.

PUBLIC ACT: Michigan Public Act 136 of 2013

OCS MEMORANDUM: 2013-032

EFFECTIVE: October 15, 2013

SUBJECT: Increase in fees for birth records

PURPOSE:

Excerpt from OCS Memorandum 2013-032 discussing increases in the fees charged to customers who contact the State of Michigan for vital records services.

On October 15, 2013, Governor Snyder signed House Bill 4786 into law (Public Act 136 of 2013), effective immediately. This law increases the fees charged to customers who contact the State of Michigan for vital records services. It increases the fee for a new birth record from $40 to $50, and increases the fee for additional copies of a birth record from $12 to $16 each.

These fees are shown on the DCH-0839. Court staff will complete and submit a DCH-0839 when a judge declares a legal father in a court order. The DCH-0839 and its corresponding template (Form 6130) in the Michigan Child Support Enforcement System have been updated to reflect these changes.

EFFECTIVE

April 1, 2013.

SUBJECT

1. Terminology, program overview, and documentation requirements.
2. Item name change.
3. Underpayment retroactive period.
4. Forms and changes.
5. Clarification on documentation expiration.
6. DOC documentation requirements.
7. Additional language for non-Michigan wards.
8. Clarification for required nonrecurring adoption expenses (NRE) documentation.
9. Form change and documentation requirements.
10. Signature deadlines and documentation retention statement for eligibility.
11. Wording clarification.
12. Signature deadlines, documentation retention and non-title IV-E Medicaid continuation qualifications for extensions.
13. Interpretations and clarification for medical subsidy.
14. Administrative hearing terminology change.

1. Terminology, program overview and documentation requirements

AAM 100, Program Overview:

Adoption Medical Subsidy

The adoption medical subsidy is a reimbursement program available to help pay for medical costs for children adopted from the public child welfare system if they have an identified physical, mental or emotional condition which existed, or the cause of which existed before the adoption petition was filed.

Reason: Clarification of language for eligible child.

Agency Responsibilities

A requirement was added to have the prospective adoptive family sign the DHS-4081, Intent Statement, requesting a determination of eligibility be made before the adoption worker submits the application for adoption support subsidy/non-recurring adoption expenses.

Reason: Clarification and alignment with adoption policy.

2. Item name change

AAM 140, Recoupments

The Administrative Manual (PAM) has changed to Bridges Administrative Manual (BAM).

3. Underpayment retroactive period

AAM 150, Underpayments

The time frame allotted to make retroactive payment corrections under the underpayments section has been changed from 12 months to two (2) years.

Reason: Payments to align with adoption subsidy non-recurring expenses claim section (AAM 310).

4. Forms and changes

AAM 170, Forms and Publications

The 1341-M, Adoption Medical Subsidy Application has been removed from policy, as it has been replaced. Ordering forms from Office Services Division was removed as required forms are available on the DHS public website.

Reason: Reference simplicities and cost savings.

5. Clarification on documentation expiration

AAM 200, Adoption Support Subsidy Eligibility and Funding Source Determination:

Application Process

Documentation must be current at the time the application is received in the Adoption Subsidy Office in order for it to be accepted and not subject to expiration during the review process.

Defined relative within the 5th degree of consanguinity and clarified sibling eligibility qualifications.

Details were added to the applicable and not applicable child requirement sections.

Reason: Clarification of current documentation in order to expedite the application process and clarify language to assist workers.

6. DOC documentation requirements

AAM 210, Adoption Support Subsidy Rate Determination:

Required Documentation of Child's Needs

Documentation must be current at the time the **complete** application is received in the Adoption Subsidy Office in order for it to be accepted and not subject to expiration during the review process. The DHS-66 and DHS-67 must be dated within three months of received date of application.

The following statement was added to the determination of care (DOC) rates above level III subsection: A copy of the professional documentation that supports the determination of care (DOC) rate, if applicable.

The following statement was removed from this section: The Adoption Subsidy Office may request additional information in order to clarify information in the DOC determination.

Reason: Clarification of current documentation and consistency with other sections of the manual.

7. Additional language for Non-Michigan Wards

AAM 300, Non-recurring Adoption Expenses (NRE) Eligibility:

Non-Michigan Ward

Title IV-E prohibits the payment of title IV-E adoption assistance on behalf of an applicable child who is not a citizen or resident of the United States (U.S.) and was either adopted outside the U.S. or brought to the U.S. for the purpose of being adopted.

Reason: Program office clarification.

8. Clarification for required (NRE) documentation

AAM 310, Non-recurring Adoption Expenses Claim:

Reimbursement

Documentation needed to process non-recurring expense requests was defined.

Reason: Program office request.

9. Form change and documentation requirements

AAM 400, Medical Subsidy Eligibility:

Application

The 1341, Adoption Assistance and/or Medical Subsidy Application will be used for the adoption worker to apply for support and/or medical subsidy. The 1341A will be used for adoptive families to apply for medical subsidy following the adoptive placement order.

Documentation requirements

Comprehensive evaluation for Attention Deficit Disorder has changed to include a psychiatrist for an authorized evaluation.

Reason: Program office clarification.

10. Signature deadlines and document retention for eligibility

AAM 500, Adoption Subsidy Agreements-All programs: Adoption Support Subsidy/NRE and Pre-Adoption Medical Subsidy

If the agreement(s) have not been signed by the prospective adoptive parent within 90 calendar days of the issuance of the agreement(s), the adoption worker must submit a change request with a

current determination of care (DOC) assessment to the Adoption Subsidy Office and a new agreement will be issued.

The Adoption Subsidy Office will retain a copy of agreement(s); the original(s) will be provided to the prospective adoptive parent.

Reason: Program office request.

11. Wording clarification

AAM 620, Post Placement Adoption Subsidy Duration-All Programs:

Reference to the medical condition in medical subsidy policy was changed to certified condition.

Reason: Program office request.

12. Extension signature, document retention, and non-title IV-E Medicaid eligibility for extensions

AAM 630, Post Placement-Extension:

Non-Title IV-E Medicaid Eligibility

Medicaid is not continued for adoptees over age 18 who are eligible for a state-funded adoption support subsidy extension, unless determined eligible for continuation by the Adoption Subsidy Office.

Agreements

The agreement must be signed, witnessed and returned to the Adoption Subsidy Office within 90 calendar days of the agreement issuance date.

The Adoption Subsidy Office will retain a copy of agreement(s); the original(s) will be provided to the adoptive parent.

Reason: Program office request.

13. Interpretation and clarification for medical subsidy

AAM 640, Post Placement-Use of The Adoption Medical Subsidy Program:

Use of Available Resources

Medical subsidy payments cannot be issued unless all other available public money and third-party payments, such as Medicaid, Children's Special Health Care Services, Community Mental Health and private insurance, have been exhausted.

The medical subsidy program is the payer of last resort.

Treatment Responsibility

It is now required that all mental health providers must be licensed and/or under contract with the department.

Prior Authorization Requirements

In order for the Adoption Subsidy Office to reimburse for medical or treatment services, the parent must obtain authorization from the Adoption Subsidy Office **before** the service is rendered. Payment is made only for services provided during the approved time period and when the child is eligible for medical subsidy.

Durable Medical Equipment

Documentation is needed to provide prior authorization for medical equipment.

Educational Services

Tutoring qualifications have changed. Children ages 7 and older with a failing grade (D or below) may be eligible for tutoring services if all of the following apply:

- The child has a 504 plan, or an Individual Education Plan (IEP).
- The child requires specific additional assistance beyond parent assistance.

- The need for tutoring is related to a certified condition that has been approved by the Adoption Subsidy Office.
- The rate of pay for tutoring services has changed and credentials of the tutor must be submitted with the request for prior approval.

Academic credit recovery/summer school courses have been added to the policy.

Physical, Occupational and Speech Therapy

If physical, occupational and speech therapy have prior authorization, the services will be paid up to the current Medicaid payment rate and will not be authorized if the service is being provided by private insurance, Children's Special Health Care Services, local public school district and/or Medicaid.

Outpatient Counseling

For a child with an emotional/mental condition that has been certified eligible by the Adoption Subsidy Office, payment for outpatient therapy does not require prior approval for the first 20 sessions if either of the following applies:

- The child is transitioning from foster care to adoption and will continue to receive services from the same counselor used in foster care.
- The child has not received counseling services in the past 12 months and the parent(s) are currently seeking services for the child. Additional counseling must receive prior approval by the Adoption Subsidy Office.

Progress reports for each child receiving outpatient therapy are required every 90 calendar days during the approval coverage period.

Changes to the counseling rates have been made.

Behavioral Services

Signature requirements for providers have been added, as well as a supervisory plan by the treatment specialist for behavioral services.

Placement Outside of A Family Home

Two services have been added to the program, Step-Up and Step-Down services.

Residential Services

Prior authorization requirements and supporting documentation have been clarified in this section.

Billing Procedures

Billing procedures and billing information have been combined. Steps for payment of services have been added. A billing sheet will be created for providers to utilize.

Reason: Clarification request from the Adoption Subsidy Work Group.

14. Administrative hearing terminology change

AAM 700, Adoption Subsidy Administrative Hearings:

State Office of Administrative Hearings and Rules (SOAHR) has changed to Michigan Administrative Hearings System (MAHS).

Reason: Alignment with administrative hearing program.

Communication Plan: Adoption Subsidy Power Point.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

AAM 100
AAM 140
AAM 150
AAM 170
AAM 200
AAM 210
AAM 300
AAM 310
AAM 400
AAM 500
AAM 620
AAM 630
AAM 640
AAM 700

EFFECTIVE

October 1, 2013.

Subject(s)

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Adoption Subsidy manuals have been converted and will have a October 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

AAM 100
AAM 110
AAM 120
AAM 140
AAM 150
AAM 160
AAM 170
AAM 200
AAM 205
AAM 210
AAM 230
AAM 300
AAM 310
AAM 400
AAM 500
AAM 600
AAM 610
AAM 620
AAM 630
AAM 631
AAM 640
AAM 650
AAM 660
AAM 700

EFFECTIVE

August 1, 2013.

Subject

1. Approved outpatient psychotherapy provider added.

1) Approved outpatient psychotherapy provider added

AAM 640, Post Placement - Use of the Adoption Medical Subsidy Program

Limited or fully licensed professional counselor was added to medical subsidy for approved outpatient psychotherapy providers.

Outpatient Counseling

Outpatient psychotherapy must be provided by one of the following professionals licensed by the Michigan Department of Community Health (MDCH) and/or under contract with the Department of Human Services to provide post-adoption counseling:

- Limited or fully licensed master's social worker.
- Limited or fully licensed marriage and family therapist.
- Limited or fully licensed psychologist.
- Limited or fully licensed professional counselor.
- Fully licensed medical doctor or osteopathic physician, for psychiatric services.

Reason: Previously in policy and clarification requested.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

AAM 640

EFFECTIVE

May 1, 2013.

SUBJECT(S)

1. Medicaid eligibility.

1) Medicaid eligibility

Adoption Subsidy Manual (AAM) 120, Adoption Subsidy Funding Source - All Programs:

Incorporated AAB 2012-003, Adoption Subsidy Medicaid Eligibility Interim Bulletin into policy.

Children who are eligible to receive non-title IV-E funded adoption support subsidy are eligible for Medicaid coverage through the adoption support subsidy program.

AAM 230, Medicaid Eligibility:

Incorporated AAB 2012-003, Adoption Subsidy Medicaid Eligibility Interim Bulletin into policy.

Children who are eligible to receive non-title IV-E funded adoption support subsidy are eligible for Medicaid coverage through the adoption support subsidy program.

If an adopted child is not eligible for adoption support subsidy through the adoption subsidy program, the adoptive parent(s) may apply for Medicaid programs through the local DHS office.

Reason: Inclusion into policy manual. Outcome of Michigan Department of Community Health (MDCH) and DHS work group collaboration.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

AAM 120
AAM 230

EFFECTIVE

December 1, 2013.

Subject(s)

AAM 205, 210, 640, 660, 700:

Effective October 21, 2013, the Adoption Subsidy Office will be relocated to the following address:

Department of Human Services
Grand Tower Building, Ste. 612
235 S. Grand Avenue
PO Box 30037
Lansing, MI 48909

AAM 230, Medicaid Eligibility:

Title IV-E and Non-Title IV-E Support Subsidy Eligible

The following information from bulletin AAB 2012-003 was added to policy:

Children who qualify for a Post Placement-Extension may be eligible for Medicaid past age 18; see AAM 630, Post Placement-Extension.

Children who qualify for the Young Adult Adoption Assistance Extension program may be eligible for Medicaid past age 18; see AAM 631, Medicaid Eligibility.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

AAM 205
AAM 210
AAM 230
AAM 640
AAM 660
AAM 700

EFFECTIVE

October 1, 2013.

Subject(s)

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Adoption Services manuals have been converted and will have a October 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

ADM 0100
ADM 0110
ADM 0120
ADM 0130
ADM 0140
ADM 0150
ADM 0200
ADM 0210
ADM 0220
ADM 0230
ADM 0300
ADM 0330
ADM 0400
ADM 0410
ADM 0420
ADM 0430
ADM 0440
ADM 0500
ADM 0510
ADM 0520
ADM 0521
ADM 0540
ADM 0560
ADM 0570
ADM 0600
ADM 0610
ADM 0620
ADM 0630
ADM 0640
ADM 0650
ADM 0660
ADM 0670
ADM 0680
ADM 0700
ADM 0710
ADM 0720
ADM 0730
ADM 0800
ADM 0820

ADM 0830
ADM 0840
ADM 0850
ADM 0860
ADM 0870
ADM 0880
ADM 0900
ADM 0910
ADM 0920
ADM 0930
ADM 0940
ADM 0950
ADM 0980
ADM 0990
ADM 1000
ADM 1010
ADM 1020
ADM 1030
ADM 1040
ADM 1050
ADM 1060

EFFECTIVE

October 1, 2013.

SUBJECT(S)

1. Referral for adoption services.
2. Inclusions of addendum to state and federal laws.
3. Reference Personnel & Professional Development (AHP) Administrative Handbook was removed.
4. New recruitment tool.
5. Clarification and addition of new MCI form.
6. Clearance requirements.
7. MCI designee and case conference requirements.
8. Address correction.
9. Case review requirements.
10. Required documents to be given to prospective adoptive families.
11. Michigan Adoption Resource Exchange (MARE) requirements and forms.
12. Clarification in MCI roles and responsibilities, and consent processes.
13. Child specific denial of MCI consent.
14. Notification of complaint requirements.

1) Referral for adoption services

ADM 100, Adoption Services

Overview

Children are referred for adoption services following termination of parental rights or following the voluntary release of parental rights with commitment to DHS.

Reason: Dwayne B. v Synder, et al. settlement agreement and alignment with foster care policy.

2) Inclusions of addendum to state laws

ADM 110, Legal Requirements

2011 PA 30, as amended, [MCL 400.209] allowing the MCI superintendent to designate his or her authority to consent to the adoption, marriage, guardianship, or emancipation of any child who may have been committed to MCI and 1939 PA 280 were added to this section.

Reason: Request from legal services.

3) Reference to Personnel & Professional Development (AHP) Administrative Handbook was removed

ADM 140, Adoption Staff Obligation to Report Suspected Abuse and Neglect

This handbook is no longer being used. A link to the DHS Public website was added for information on Mandated Reporters of Child Abuse and Neglect.

Reason: Item no longer available.

4) New recruitment tool

ADM 400, Recruitment Efforts

Child-Specific Recruitment Efforts

The adoption worker must review the “Let’s Talk” booklet from the Michigan Adoption Resource Exchange (MARE) with children who are nine years and older.

5) Clarification and addition of new MCI form

ADM 510, Adoptive Family Assessments

Assessment Time Frames

The DHS-612, Adoptive Family Assessment Addendum must be completed within 30 calendar days from the date of assignment of the case to an adoption worker for a family who has a previously approved BCAL-3130. Exceptions must be documented in the DHS-614, Quarterly Adoption Progress Report, and approved at the next permanency hearing.

MCI Superintendent Review

The MCI office will use the DHS-96, MCI Determination For Individuals Placed On Central Registry Requesting Consent, as their written determination after consideration for adoption by individuals on Central Registry.

Reason: Clarification

6) Clearance requirements

ADM 520, Background Checks, Clearances, Criminal History Checks, and Fingerprinting

Requirement Overview

For prospective adoptive parents who are licensed for foster care in Michigan, clearances must be current within the last 12 months and reviewed by the adoption worker for inclusion in the DHS-612, Adoptive Family Assessment Addendum.

LEIN Document Disposal

Workers must cross-cut shred or incinerate LEIN clearance result documents after review, verification of pertinent data, and incorporation of the verified information in narratives in the BCAL-3130 or DHS-612. See LEIN policy in FOM 722-6a for details on the use of and verification of LEIN information.

Reason: Clarification

7) MCI designee and case conference requirements

ADM 560, Approval/Denial of Adoption Application

When a case conference is not requested within the required time frame for a family not being recommended for adoption, the adoption worker must submit a copy of the DHS-605, Recommendation to Deny Request, with the consent packet to the MCI office for review regardless of a recommended adoptive family being identified.

Requirements were added to address what must be in the child placing agency director's final written decision following a case conference with a family that was not recommended for adoption by the adoption worker.

Reason: MCI office request for clarification.

8) Address correction

ADM 570, MARE Registration of Approved Families

Corrections were made to the Michigan Adoption Resource Exchange (MARE) address.

9) Case review requirements

ADM 610, Placement Decisions for Adoption Of A Specific Child (Consideration)

Planning Following a Disrupted Adoption

A requirement for a face-to-face case review following a disrupted adoption was added. This review must include at a minimum: the current adoption worker, the adoption supervisor, and a permanency resource monitor or an adoption resource consultant.

Review Plan for Children With an Identified Adoptive Family

A case review is required for children with an identified family when adoptive placement has not been achieved within six months of the family signing the DHS-4809. The schedule of case review meetings is as follows:

- At six and nine months after the DHS-4809 has been signed, a face-to-face case review meeting must occur and include at a minimum: the adoption worker, the adoption supervisor, and the prospective adoptive family.
- In cases where an adoptive placement has not occurred within one year of the DHS-4809 being signed, a case review meeting must occur and include at minimum: the adoption worker, the adoption supervisor, the prospective adoptive family, an outside expert engaged by DHS with expertise in permanency and adoption process and planning. This review must occur between nine and 12 months of the DHS-4809 being signed and must be held on a quarterly basis thereafter until the Order Placing Child After Consent is issued or a goal change occurs. Documentation of these case reviews and efforts to achieve adoption must be maintained in the child's adoption record for review and, upon request, submitted to the Adoption Program Office for review.

Reason: Align with ADM 400 to achieve permanency.

10) Required documents to be given to prospective adoptive families

ADM 680, Application for Subsidy Program

The DHS Publication 538, Michigan's Adoptive Subsidy Program, and DHS-4081, Adoption Assistance Intent Statement, must be provided to the prospective adoptive family at the time the DHS-4809, Intent to Adopt, is given to the family.

Reason: Dwayne B. v Synder, et al. settlement agreement

11) Michigan Adoption Resource Exchange (MARE) requirements and forms

ADM 710, State Ward Tracking System and Registration on the Michigan Adoption Resource Exchange

Registration Following a Dissolved Adoption

The adoption worker must submit a child registration to MARE within 30 calendar days of the court termination order or court order for release of adoptive parent's parental rights; an exception may be granted by the DHS Adoption Program Office.

MARE Forms

For children who are photolisted on the MARE website and a potential adoptive family is being identified or a change in the child's plan is in process, the adoption worker must use one of the photolisting status forms below to identify the status of the adoption process next to the child's photolisting on the MARE website within five calendar days of a status change occurring:

- Photolisting Status Change-PLACEMENT PENDING FORM.
- Photolisting Status Change-REVIEWING HOMESTUDIES FORM.
- Photolisting Status Change-OTHER FORM.

Reason: Clarification request for CWTI and customer request.

12) Clarification in MCI roles and responsibilities, and consent processes

ADM 800, Roles and Responsibilities of Michigan Children's Institute (MCI)

Introduction

The MCI superintendent may appoint a designee to consent to adoption, juvenile guardianship, marriage, or emancipation of a child who is an MCI Ward.

County directors who have received written delegation, from the MCI superintendent, may consent to adoption when the case meets the criteria in; ADM 850, Expedited Consent. Consent packets meeting this criteria should be sent to the county child welfare director for the county which had jurisdiction of the child in the child abuse and neglect proceeding.

Public Use of Photographs and Media Interviews of MCI Wards

The MCI superintendent has authorized the use of interviews and release of photographs of MCI wards for child specific adoption

recruitment purposes without prior approval **only** when the child has been consulted, is in agreement, and has signed the "Let's Talk" booklet; see ADM 400.

Reason: MCI office request and clarification.

ADM 810, Case Planning and Consultation for Michigan Children's Institute Wards

ADM 810 has been incorporated into ADM 800.

Reason: MCI office request and clarification.

ADM 820, Michigan Children's Institute (MCI) Ward Adoption Consent Process

Introduction

Added: Pub Act 30 of 2011 amended the MCI Law to allow the MCI superintendent to designate his or her authority for Consent to adoption, guardianship, marriage, or emancipation of a child who is an MCI ward.

County directors who have received written delegation, from the MCI superintendent, may consent to adoption when the case meets the criteria in; ADM 850, Expedited Consent. Consent packets meeting this criteria should be sent to the respective county child welfare director or county director for the county which had jurisdiction of the child in the child abuse and neglect proceeding.

ADM 830, Adoption Consent Packets - Required Documentation

Documents

The following additional documents must be submitted with the consent packet for competing parties:

- DHS-605, Recommendation to Deny Consent.
- Copy of the agency final recommendation following a case conference, if a case conference was requested in the required time frame.
- The DHS-3217-A, Adoption Consent Request (Recruited Family or Competing Party), with the identity of the guardian ad litem and contact information.

The following additional documents must be submitted with the consent packet for Indian children:

- Documentation of tribal consultation.
- Documentation of the tribe's recommendation.

Reason: MCI office request and clarification.

ADM 840, Withdrawal of Consent for Michigan Children's Institute (MCI) Wards

The worker must document in writing the reasons and immediately provide documentation to the MCI superintendent, or his or her designee, that the adoptive parent request for consent is withdrawn.

ADM 850, Expedited Consent

Expedited Consent Criteria

Added: Pub Act 30 of 2011 amended the MCI Law to allow the MCI superintendent to designate his or her authority for Consent to adoption, guardianship, marriage, or emancipation of a child who is an MCI ward.

County directors who have received written delegation from the MCI superintendent may consent to adoption when the case meets the criteria in; ADM 850, Expedited Consent. Consent packets meeting this criteria should be sent to the respective county child welfare director or county director for the county which had jurisdiction of the child in the child abuse and neglect proceeding.

When the prospective adoptive family has any unsubstantiated CPS investigation or licensing complaints involving the care of a child, or the consent request involves an adoptive placement in another state, the consent request can not be treated as expedited.

Reason: MCI office request and clarification.

ADM 860, Competing Parties

Removed: Replacement of state wards with a family that is involved in a case conference should not proceed without the approval of the MCI office.

Reason: MCI office request and clarification.

13) Child specific denial of MCI consent

ADM 870, Denial of MCI Consent to Adopt a Specific Child

Written Notice of Agency's Recommendation to Deny Consent

When a case conference is not requested within 14 calendar days of receipt of the denial letter, the adoption worker must submit a copy of the DHS-605, Recommendation to Deny Request, with the consent packet to the MCI office for review and written determination, regardless if a recommended adoptive family has been identified.

Case Conference

Participation or consultation with MCI for cases involving relatives, separation of siblings, or removal of a child from the home must occur.

Section 45 Hearing Notification

This section was added to policy.

Reason: MCI office request and clarification.

14) Notification of complaint requirements

ADM 880, Notification of CPS, Licensing Complaints, or Criminal Charges

Notification requirements were added for licensing complaints involving the care of a child or a CPS investigation involving the prospective adoptive family prior to the Order Placing Child being issued.

Reason: MCI office request and clarification.

Communication Plan: PowerPoint presentation.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

ADM 100
ADM 110
ADM 140
ADM 400
ADM 510
ADM 520
ADM 560
ADM 570
ADM 610
ADM 680
ADM 710
ADM 800
ADM 820
ADM 830
ADM 840
ADM 850
ADM 860
ADM 870
ADM 880

Deleted Items ...

ADM 810

EFFECTIVE

January 1, 2013.

Subject(s)

1. Goal change to adoption.
2. Post-adoption services.

1) Goal change to adoption

ADM 210, Referral To Adoption:

Changing goal to adoption

A 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 changed to adoption, prior to any order terminating parental rights.

Goal changed to adoption prior to termination of all parental rights.

The foster care worker must begin the adoption preparation case work. This section identifies what is required by the foster care worker.

Referral to adoption following termination

Clarification was made that all foster children available for adoption, with adoption as their permanency goal, must be referred for adoption services. Reference added for children who are tribal members.

2) Post-adoption services

ADM 990, Post adoption services:

Overview

Regional post adoption resources centers were added.

Utilizing post-adoption services through local DHS

This section was added to clarify services available to adoptive parents through local DHS offices.

Reason: Dwayne B. v Snyder, et al. settlement agreement and inclucsion of L-10-109-CW.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

ADM 210
ADM 990

EFFECTIVE

November 1, 2013.

Subject(s)

1. Documentation requirement change.

1) Documentation requirements change

ADM 210, Referral to Adoption:

Referral to adoption Following Termination

The following additional documents must be submitted with the adoption referral packet for all Indian children:

- Documentation of tribal consultation.
- Documentation of the tribe's recommendation.

Reason: Align with ADM 830

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

ADM 0210

EFFECTIVE

December 1, 2013.

Subject(s)

1. Instrumental Activities Daily Living (IADL) policy clarification.
2. Responsible relative definition.
3. Temporary absence from the home.
4. Program of All-inclusive Care for the Elderly (PACE) organizations list updated.
5. Legal dependent removed.
6. Mandatory reporters to other departments have been updated.
7. Centralized Intake policy has been updated.
8. Adult Protective Services (APS) referral policy has been updated.
9. Substance abuse treatment agency information updated.
10. Photographs for APS policy have been added.
11. Provision of protective services policy clarification.
12. Services Plan, Updated Services Plan and Closing Summary.
13. Documentation and form retention.
14. DHS-Pub-269, The Michigan Model Vulnerable Adult Protocol (MI-MVP), has been added.
15. Coordination with Department of Community Health (DCH)/Mental Health (MH).
16. Coordination with Licensing and Regulatory Affairs (LARA).
17. Sharing APS report with law enforcement.
18. Estates and Protected Individuals Code (EPIC).
19. Duties of Guardian Ad Litem (GAL).
20. Advocacy and APS client rights.
21. Legal representation for contested probate hearings.
22. Services for APS clients.
23. Adult services death reporting policy has been added.
24. Law Enforcement Information Network (LEIN).
25. Obsolete manual items.
26. Rescinded policy.

1) IADL Policy Clarification

ASM 101, ASM 105 and ASM 120

Reason: Clients who use adaptive equipment to assist with an Activity of Daily Living (ADL), and without the use of assistive technology would require hands-on assistance from another person must be ranked a level 3 or higher on the functional assessment.

Policy clarification.

2) Responsible Relative Definition

ASM 101, ASM 120 and ASM 130

The definition for a responsible relative has been added to the manual items; a responsible relative is defined as an individual's spouse or a parent of an unmarried child under age 18.

Reason: Policy clarification.

3) Temporary Absence from the Home

ASM 156

ASM 156, Temporary Absence from the Home, is a new item. Temporary absence from the home policy has been updated.

The specialist must confirm and document the following:

- Time-frame of the client's absence from the estate.
- The client will be traveling with the provider.
- The need for continuation of care during the temporary absence.

Reason: Policy clarification.

4) PACE Organizations List Updated

ASM 125

Reason: The list of PACE organizations has been updated.

Information updated.

Communication Plan: Office of Workforce Development and Training.

5) Legal Dependent

ASM 130

Reason: The reference to legal dependent has been removed.

Policy clarification.

6) Mandatory Reporters to Other Departments

ASM 205

The local office must forward anonymous referrals from employees of LARA-licensed facilities to LARA, maintaining the anonymity of the referral source.

Reason: Policy clarification; addition of MCL citation.

7) Centralized Intake for Abuse and Neglect

ASM 205 and ASM 207

Centralized Intake (CI) for Abuse and Neglect is inputting referrals directly on the Adult Services Comprehensive Assessment Program (ASCAP) and transferring to the local offices via email communication.

Reason: Procedural change.

Communication Plan: Office of Workforce Development and Training.

8) APS Referral Policy

ASM 205

APS policy has been clarified regarding the following:

- CI documenting referrals on ASCAP and forwarding to the local office.
- Local office on-call staff addressing after-hours APS referrals including risk of danger and standards of promptness for contacts.
- When multiple referrals are received on one individual, each referral must be documented on ASCAP and each referral must be reviewed by the local office complaint coordinator to determine if the referral meets criteria for investigation.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

9) Substance Abuse Treatment Agencies

ASM 205

The contact information and DCH department information for substance abuse treatment agencies has been updated.

Reason: Substance abuse treatment division name and contact information changes.

10) APS and Photographs

ASM 205

APS may take photographs of an adult and/or their environment with the verbal consent of the adult (believed to have the capacity to make informed decisions) or their legal representative. The taking and/or use of photographs must end if consent is retracted.

Reason: Procedural change.

Communication Plan: Office of Workforce Development and Training.

11) Provision of Protective Services

ASM 205

APS must offer services for identified needs on unsubstantiated cases.

Reason: Policy Clarification.

12) Services Plan, Updated Services Plan and Closing Summary

ASM 205

Updated policy language regarding completion of services plan, updated services plans and closing summary.

Reason: Policy clarification.

13) Documentation and Form Retention

ASM 205

Updates to forms and items required for case file retention.

Reason: Obsolete forms, new forms.

Communication Plan: Office of Workforce Development and Training.

14) MI-MVP

ASM 210

Policy has been updated to reference the MI-MVP, which is a model protocol for joint investigations of vulnerable adult abuse for use by local DHS offices and their community partners.

15) Coordination with DCH/MH

ASM 210

Updated inter-agency agreement regarding APS investigations that include DCH/MH and DHS, BCAL.

Reason: Clarification of Departmental roles.

Communication Plan: Office of Workforce Development and Training.

16) Coordination with LARA

ASM 210

Policy updated regarding referrals to and coordination of investigations in LARA-licensed facilities.

Reason: Transfer of licensing functions from DCH to LARA.

Communication Plan: Office of Workforce Development and Training.

17) Sharing APS Report with Law Enforcement

ASM 210

APS may share its report with law enforcement entities' with all referral source information redacted.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

18) EPIC

ASM 215

Policy updated to reflect EPIC as guiding code for most probate court proceedings.

Reason: Changes to EPIC.

Communication Plan: Office of Workforce Development and Training and contracted APS Legal Training.

19) Duties of GAL

ASM 215

Policy updated to reflect changes in MCL 700.5305 regarding GAL duties in probate proceedings. These changes include:

- The GAL must ask the individual and the petitioner about the amount of cash and property readily convertible into cash that is in the individual's estate.
- Determining whether there are one or more appropriate alternatives to the appointment of a full guardian or if additional actions should be taken in addition to the appointment of a guardian.

- Determining whether a disagreement or dispute related to the guardianship petition might be resolved through court-ordered mediation.

Reason: Statutory changes to EPIC.

Communication Plan: Office of Workforce Development and contracted, APS Legal Training.

20) Advocacy and APS Client Rights

ASM 215

The list of resources available to APS clients has been expanded and updated. APS workers' role in referring clients for external advocacy and legal services.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and updated APS worker job aid.

21) Legal Representation for Contested Probate Court Hearings

ASM 218

APS workers must be represented in any contested probate court proceedings. The process for obtaining legal representation must include the following steps:

- Use of local prosecuting attorney, if available.
- Requesting representation from a SAAG available in their county after obtaining supervisory approval.
- Contacting the Office of Adult Services (OAS) policy mailbox for approval and instructions for obtaining legal representation from a local attorney when the options above have been exhausted.

Reason: DHS contract with the attorney general to provide APS with legal representation through special assistant attorney generals.

Communication Plan: Weekly Staff News and Office of Workforce Development and Training.

22) Services for APS clients

ASM 220

The amount of funds available to APS clients has increased from $666.00 to $1,000.00.

Reason: Reduce risk of harm to APS clients.

Communication Plan: Office of Workforce Development and Training and interim policy bulletin.

23) Adult Services Death Report

ASM 230

Policy for reporting deaths of Adult Services clients has been added.

Reason: Removed from Services Requirements Manual (SRM).

Communication Plan: Office of Workforce Development and Training.

24) LEIN

ASM 264

Changes to procedures for releasing and disposing of LEIN documents.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

25) Obsolete Manual Items

The following manual items have been deleted, as they have been incorporated into the policy manual or are no longer relevant.

- ASM 251: Incorporated into ASM 215.
- ASM 256: Obsolete.

- ASM 260: Obsolete.
- ASM 263: Incorporated into ASM 215.
- SRM 173: Incorporated into new item, ASM 230.

26) Rescinded policy

ASM 135, 136

Policy regarding the mandatory use of invoices for agencies has been rescinded. Agency and business providers have the option of submitting monthly invoices in lieu of the DHS-721, Provider Log. Each invoice must specify the following:

- The service(s) provided.
- The date(s) of service.

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

ASM 156
ASM 218
ASM 230

Changed Items ...

ASM 101
ASM 105
ASM 120
ASM 125
ASM 130
ASM 135
ASM 136
ASM 205
ASM 207
ASM 210
ASM 215
ASM 220
ASM 250
ASM 257
ASM 261
ASM 262
ASM 264

Deleted Items ...

ASM 251
ASM 256
ASM 260
ASM 263

EFFECTIVE

May 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Adult Services manuals have been converted and will have a May 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

ASG GLOSSARY
ASM 100
ASM 101
ASM 102
ASM 103
ASM 105
ASM 110
ASM 115
ASM 120
ASM 121
ASM 122
ASM 125
ASM 130
ASM 135
ASM 136
ASM 137
ASM 138
ASM 140
ASM 145
ASM 150
ASM 155
ASM 160
ASM 161
ASM 165
ASM 170
ASM 200
ASM 205
ASM 207
ASM 210
ASM 215
ASM 220
ASM 250
ASM 251
ASM 252
ASM 253
ASM 254
ASM 255
ASM 256
ASM 257

ASM 258
ASM 259
ASM 260
ASM 261
ASM 262
ASM 263
ASM 264
ASM 311
ASM 371
ASM 372
ASM 373
ASM 374
ASM 375
ASM 376
ASM 377
ASM 378
ASM 379A
ASM 379B
ASM 379C
ASM 379D
ASM 379E
ASM 379F
ASM 379G
ASM 379H

EFFECTIVE April 1, 2013.

Subject Contact Information.

ASM 145

The item was updated to reflect the current fax number for the Department of Human Services Provider Management Unit.

Corrrection to policy: W-2s are based on wages **issued** in a calendar year. Previous policy stated wages **paid** in a calendar year which is incorrect.

ASM 258

ASM 258 has been updated to include the names and contact information for all Department of Community Health/Mental Health psychiatric hospitals, to inform staff that Michigan's centers for the developmentally disabled have closed and that mental health services are coordinated through local Community Mental Health Services Programs (link provided).

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

ASM 145
ASM 258

EFFECTIVE January 1, 2013.

Subject **Annual payment rates update.**

ASM 377

Supplemental Security Income (SSI) and State Disability Assistance (SDA) payment rates for domiciliary and personal care in adult foster care homes and the homes for the aged increased by 1.7percent effective January 1, 2013.

Personal Care Allowance The personal care allowance for SSI clients remains at $44.00 per month.

The personal care allowance for SDA clients remains at $49.00 per month.

Medicaid Personal Care Supplement The Medicaid personal care supplement remains at $192.38 per month.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

ASM 377

EFFECTIVE

December 1, 2013.

Subject(s)

1. Instrumental Activities Daily Living (IADL) policy clarification.
2. Responsible relative definition.
3. Temporary absence from the home.
4. Program of All-inclusive Care for the Elderly (PACE) organizations list updated.
5. Legal dependent removed.
6. Mandatory reporters to other departments have been updated.
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15. Coordination with Department of Community Health (DCH)/Mental Health (MH).
16. Coordination with Licensing and Regulatory Affairs (LARA).
17. Sharing APS report with law enforcement.
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20. Advocacy and APS client rights.
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22. Services for APS clients.
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24. Law Enforcement Information Network (LEIN).
25. Obsolete manual items.
26. Rescinded policy.

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ASM 101, ASM 105 and ASM 120

Reason: Clients who use adaptive equipment to assist with an Activity of Daily Living (ADL), and without the use of assistive technology would require hands-on assistance from another person must be ranked a level 3 or higher on the functional assessment.

Policy clarification.

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Reason: Policy clarification.

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Reason: Policy clarification.

4) PACE Organizations List Updated

ASM 125

Reason: The list of PACE organizations has been updated.

Information updated.

Communication Plan: Office of Workforce Development and Training.

5) Legal Dependent

ASM 130

Reason: The reference to legal dependent has been removed.

Policy clarification.

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ASM 205

The local office must forward anonymous referrals from employees of LARA-licensed facilities to LARA, maintaining the anonymity of the referral source.

Reason: Policy clarification; addition of MCL citation.

7) Centralized Intake for Abuse and Neglect

ASM 205 and ASM 207

Centralized Intake (CI) for Abuse and Neglect is inputting referrals directly on the Adult Services Comprehensive Assessment Program (ASCAP) and transferring to the local offices via email communication.

Reason: Procedural change.

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Reason: Policy clarification.

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Reason: Procedural change.

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Reason: Policy Clarification.

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Reason: Policy clarification.

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Reason: Obsolete forms, new forms.

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Policy has been updated to reference the MI-MVP, which is a model protocol for joint investigations of vulnerable adult abuse for use by local DHS offices and their community partners.

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Reason: Clarification of Departmental roles.

Communication Plan: Office of Workforce Development and Training.

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Policy updated regarding referrals to and coordination of investigations in LARA-licensed facilities.

Reason: Transfer of licensing functions from DCH to LARA.

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Reason: Policy clarification.

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ASM 215

Policy updated to reflect EPIC as guiding code for most probate court proceedings.

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Reason: Policy clarification.

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- Requesting representation from a SAAG available in their county after obtaining supervisory approval.
- Contacting the Office of Adult Services (OAS) policy mailbox for approval and instructions for obtaining legal representation from a local attorney when the options above have been exhausted.

Reason: DHS contract with the attorney general to provide APS with legal representation through special assistant attorney generals.

Communication Plan: Weekly Staff News and Office of Workforce Development and Training.

22) Services for APS clients

ASM 220

The amount of funds available to APS clients has increased from $666.00 to $1,000.00.

Reason: Reduce risk of harm to APS clients.

Communication Plan: Office of Workforce Development and Training and interim policy bulletin.

23) Adult Services Death Report

ASM 230

Policy for reporting deaths of Adult Services clients has been added.

Reason: Removed from Services Requirements Manual (SRM).

Communication Plan: Office of Workforce Development and Training.

24) LEIN

ASM 264

Changes to procedures for releasing and disposing of LEIN documents.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

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- ASM 260: Obsolete.
- ASM 263: Incorporated into ASM 215.
- SRM 173: Incorporated into new item, ASM 230.

26) Rescinded policy

ASM 135, 136

Policy regarding the mandatory use of invoices for agencies has been rescinded. Agency and business providers have the option of submitting monthly invoices in lieu of the DHS-721, Provider Log. Each invoice must specify the following:

- The service(s) provided.
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MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

ASM 156
ASM 218
ASM 230

Changed Items ...

ASM 101
ASM 105
ASM 120
ASM 125
ASM 130
ASM 135
ASM 136
ASM 205
ASM 207
ASM 210
ASM 215
ASM 220
ASM 250
ASM 257
ASM 261
ASM 262
ASM 264

Deleted Items ...

ASM 251
ASM 256
ASM 260
ASM 263

EFFECTIVE

December 1, 2013.

Subject(s)

1. Disaster Assistance.
2. Federal tax refunds.
3. Vendor Pre-Paid Debit cards.
4. Refugee Medical Assistance (RMA).

1) Disaster Assistance

BEM 800

Disaster Food Assistance Program (DFAP) and Disaster Relief Program (DRP)

The introduction was expanded. In addition to living in the disaster area, the client may also have been employed there as well to qualify for DFAP and DRP.

Reason: Update of DFAP federal policy.

Communication Plan: Office of Workforce Development and Training.

2) Federal Tax Refunds

BEM 400

Food Assistance Program (FAP)

Federal income tax refunds are excluded for 12 months from the month of receipt. The household's refund(s) amount is subtracted from the household's total assets to determine if they meet the asset limit.

Note: This exclusion continues even if the client has already spent the refund.

Reason: Food and Nutrition Service requirement.

Communication Plan: Office of Workforce Development and Training.

3) Vendor Pre-Paid Debit Cards

BEM 400

All Programs

The term vendor pre-paid debit cards is now used to include cards such as Direct Express, ReliaCard, etc.

ATM balance inquiries with sufficient information to support a match to the account are acceptable verification. For example, the card number matches the printed digits on the ATM slip.

Exception: For MA, an ATM balance inquiry is not acceptable.

Reason: Clarification.

Communication Plan: Office of Workforce Development and Training.

4) Refugee Medical Assistance

BEM 400 and 630

RMA

RMA now follows Group 2 Medicaid asset rules.

Reason: Boilerplate Mandate PA 59 of 2013.

Communication Plan: Office of Workforce Development and Training.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BEM 400
BEM 630
BEM 800

EFFECTIVE

November 1, 2013.

Subject(s)

1) Michigan Combined Application (MiCAP)

MiCAP

If a client's monthly total shelter expenses, (shelter and heat and utility expenses) are below $1,000, the Food Assistance Program (FAP) benefit is reduced from $182 per month to $175. If the total shelter expenses are equal to or exceed $1000, the FAP benefit is reduced from $196 per month to $189.

Reason: The American Recovery and Reinvestment Act of 2009 known as the Economic Recovery are expiring as of November 1, of 2013.

Communication Plan: Office of Workforce Development and Training.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BEM 618

EFFECTIVE

October 1, 2013.

Subject(s)

Employment and Training

BEM 230A and 230B

A statement from a physician's assistant (P.A.) may be used to verify a reason for deferral for employment-related activities.

BEM 232

If a vehicle repair being approved is $500 or more, the specialist will be required to enter a comment on the DSS Service Request - Additional Information screen explaining the reason for the payment of $500 or over.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BEM 230A
BEM 230B
BEM 232

EFFECTIVE

October 1, 2013.

Subject(s)

Rejected CDC Provider Payments as a Result of Late Billing

BEM 706

CDC Payments

A CDC provider's payment that is rejected as a result of late billing must contact the Central Reconciliation Unit in order to request the payment to be released. The provider will be required to demonstrate good cause for not billing within the 90 day period.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BEM 706

EFFECTIVE

October 1, 2013.

Subject(s)

1. Child support.
2. Medicaid under age 1.
3. Qualified Medicaid Benificary (QMB).
4. Pursuit of benefits.
5. Trusts and annuities.
6. Legal citations.
7. Health savings accounts.
8. Increase in spousal allowances.
9. Healthy kids dental/provider inquiry.
10. Rights and responsibilities.
11. Identity.
12. Redetermination/Ex Parte.
13. Food Assistance Program (FAP) expedited service.
14. Miscellaneous.
15. Cash assets.

1) Child Support

BEM 255

Family Independence Program (FIP)

Custodial parents cannot waive family-owed arrears while receiving FIP.

Reason: Policy clarification.

2) Medicaid under Age 1

BEM 129

Medicaid (MA)

Once eligible the child remains eligible for 12 months.

Reason: Policy clarification.

3) QMB

BEM 165

MA

Updated contact information for the buy-in unit.

Reason: Policy clarification.

4) Pursuit of Benefits

BEM 270

Adult Medical Program (AMP)

Applicants who apply for AMP do not have to pursuit other department benefits.

Reason: AMP does not require a disability determination.

5) Trusts and Annuities

BEM 400, BEM 401

MA

Updated the contact/referral information for trusts and annuities.

Reason: Trusts and annuities have moved.

6) Legal Citations

BEM 400

MA

Legal citations were added.

Reason: Request of Legal Affairs.

7) Health Savings Accounts

BEM 400

MA

New policy regarding the treatment of health savings accounts and medical savings accounts.

Reason: Policy clarification.

8) Spousal Allowances

BEM 546

MA

The spousal allowances for the community spouse have increased effective July 1, 2013.

Reason: Federal limits have increased.

9) Healthy Kids Dental/ Provider Inquiry

BAM 402

MA

Healthy Kids program has added three counties to the list of counties with dental coverage. They are Ingham, Ottawa and Washtenaw.

MA

Provider inquiry contact information has been updated.

10) Rights and Responsibilities

FIP and FAP

BAM 105

Discrimination Complaints

Changes were made to address, phone number, etc., for discrimination complaints.

Also minor wording changes.

Reason: New contact information was received for discrimination complaints.

Communication Plan: Office of Workforce Development and Training.

11) Identity

FIP, State Disability Assistance (SDA) and FAP

BEM 221

Verification Sources

The Social Security Administration computer match which validates the Social Security number is sufficient to verify identity.

Reason: Clarification

Communication Plan: Office of Workforce Development and Training.

12) Redetermination/ Ex Parte Review

FAP

BAM 210

Scheduling

The DHS-1045 is removed from the list of forms the redetermination may include, because it is not sent out with a redetermination packet.

Redetermination Cycle

Michigan Combined Application Project (MiCAP) cases are listed as being assigned a 36-month benefit period.

Reason: Technical Correction

Communication Plan: Office of Workforce Development and Training.

13) FAP Expedited Service

FAP

BAM 117

Minimum Verification

A reminder is added to policy that the SSA computer match which validates the Social Security number is acceptable for identity for FAP.

Reason: Clarification

Communication Plan: Office of Workforce Development and Training.

14) Miscellaneous

FAP Legal Base

The following items have a legal base change.

- BEM 212, added Michigan. Administrative Code R 400.3006.
- BEM 265, 7 CFR 273.11(e), correction.
- BAM 117, 7 CFR 274.12, removed.

BAM 435, 500

The suite number for the Provider Management Payments Unit has changed. The address is:

Provider Management Payments Unit (PMPU)
Financial Services, Accounting Division
Grand Tower Building
235 S. Grand Avenue, Suite 1004
Lansing, MI 48909

The suite number for the Payment Processing Unit has changed. The address is:

Payment Processing Unit
Financial Services, Accounting Division
Grand Tower Building

235 S. Grand Avenue, Suite 1015
Lansing, MI 48909

Reason: Policy correction.

BEM 100 and BEM 405

Minor gramatical changes were made.

Reason: Policy correction.

BEM 158

An updated version of the Disabled Adult Child (DAC) letter is provided for Exhibit I - Central Office Memo.

15) ASSETS

Cash Assets

BEM 400

Cash Asset Limit

Real property asset limit has changed to $250,000.

Reason: Boilerplate mandate.

Communication Plan: Office of Workforce Development and training.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BAM 105
BAM 117
BAM 210
BAM 402
BAM 435
BAM 500
BEM 100
BEM 129
BEM 158
BEM 165
BEM 212
BEM 221
BEM 255
BEM 265
BEM 270
BEM 400
BEM 401
BEM 405
BEM 546

EFFECTIVE

August 1, 2013.

Subject(s)

Food Assistance Program (FAP) benefits use in restaurants.

FAP

BAM 118

Eligible FAP clients are no longer able to purchase prepared foods in authorized restaurants. Therefore, BAM 118, Use of Food Assistance Benefits in Restaurants, has been removed from the Bridges policy manual.

Reason: Michigan's program to authorize restaurants to accept FAP benefits is ending July 31, 2013.

Old Policy: Individuals 60 years of age and over and their spouses, blind and disabled SSI individuals and their spouses and homeless individuals were able to use their FAP benefits in authorized restaurants.

Communication Plan: Weekly Staff News.

MANUAL MAINTENANCE INSTRUCTIONS

Deleted Items ...

BAM 118

EFFECTIVE

July 1, 2013.

Subject(s)

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file.

As manuals are converted they will be listed on the Policy News & Tips page. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Bridges Policy manuals have been converted and will have a July 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

BAM 105
BAM 110
BAM 115
BAM 116
BAM 117
BAM 118
BAM 120
BAM 125
BAM 130
BAM 200
BAM 205
BAM 210
BAM 220
BAM 300
BAM 301
BAM 305
BAM 310
BAM 315
BAM 316
BAM 320
BAM 400
BAM 401E
BAM 402
BAM 405
BAM 406
BAM 420
BAM 425
BAM 430
BAM 435
BAM 500
BAM 501
BAM 502
BAM 505
BAM 600
BAM 700
BAM 705
BAM 710
BAM 715
BAM 720

BAM 725
BAM 800
BAM 801
BAM 802
BAM 803
BAM 804
BAM 805
BAM 806
BAM 807
BAM 808
BAM 809
BAM 810
BAM 811
BAM 815
BAM 825
BAM 830
BEM 100
BEM 101
BEM 105
BEM 106
BEM 110
BEM 111
BEM 113
BEM 117
BEM 118
BEM 124
BEM 125
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BEM 630
BEM 640
BEM 647
BEM 650
BEM 655
BEM 657
BEM 660
BEM 702
BEM 703
BEM 704

BEM 705
BEM 706
BEM 707
BEM 710
BEM 800
BPG GLOSSARY

EFFECTIVE July 1, 2013.

Family Independence Program (FIP), Refugee Assistance Program (RAP), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Direct Support Services (DSS), Food Assistance Program (FAP)

1. Michigan Combine Application Project (MiCAP) benefits.
2. Self-employment income verification sources.
3. New income types.
4. Income-producing real property.
5. FAP non-salable assets.
6. Vehicle verification.
7. FAP trafficking.
8. Interviews.
9. Child Development and Care.
10. Citizenship/alien status.
11. Self Serve Processing Center (SSPC), Healthy Kids/Plan First hearing contacts.
12. Department audits.
13. MA RSDI income.
14. IRS data matches.
15. MA updates to health insurance verification.
16. MA increase to the funeral allowance.
17. Administrative Handbook.
18. Medical review team (MRT) areas.

1) MiCAP Benefits

FAP

BEM 618

If a client's total monthly shelter expenses, heat and utility expenses are below $1,000, the FAP benefit is reduced from $186 per month to $182 per month. If the client's total monthly shelter expenses are $1,000 or

higher, the FAP benefit amount is reduced from $200 per month to $196 per month.

The legal base was also updated.

Reason: Food and Nutrition Service (FNS) update.

Communication Plan: Office of Workforce Development and Training

2) Self-Employment Income Verification Sources

All Programs

BEM 245, 502

The acceptable self-employment income verification sources are changed. The primary verification source is the client's previous year's income tax return provided:

- The client hasn't started or ended self-employment, received an increase/decrease in income, etc.
- The tax return is still representative of future income.
- The client filed a tax return.

The secondary verification source is the DHS-431, Self-Employment Statement, with all income receipts to support claimed income.

The third verification source is the DHS-431 without receipts. When this verification source is used, a Front End Eligibility (FEE) referral is required. Do not open the case until the FEE investigation is completed.

Exception: Expedited FAP cases must be opened within the expedited standard of promptness regardless if the FEE investigation is complete.

Note: When a client requests CDC for self-employment, a FEE referral is always required.

Minor wording clarifications are also incorporated.

Reason: Fraud prevention, clarification.

Communication Plan: Office of Workforce Development and Training job aids.

3) New Income Types

All Programs

BEM 503

The following income types are added into policy: Medical Loss Ratio Rebates, Health Profession Opportunity Grants, and Cobell vs. Salazar Settlement Payments. Bridges excludes these income types.

Reason: FNS clarification, Affordable Care Act.

Communication Plan: Office of Workforce Development and Training.

FIP, RCA, SDA, MA, AMP, FAP

BEM 400

Medical Loss Ratio Rebates are treated as lump sum payments and are a countable asset in the month received. These rebates are lump sums and the glossary is updated to include the rebates.

Health Profession Opportunity Grants and Cobell vs. Salazar Settlement Payments are excluded as assets.

Minor clarifications are also incorporated.

Reason: FNS clarification, Affordable Care Act.

Communication Plan: Office of Workforce Development and Training.

4) Income-Producing Real Property

FAP Only

BEM 400

Time-share property is an excluded asset.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

5) FAP Non-Salable Assets

FAP

BEM 400

For active cases, the policy is updated to clarify that property may be up for sale by a real estate company, by owner, etc.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

6) Vehicle Verification

MA and FAP

BEM 400

The definitions for antique and classic car are added and can be found in the glossary.

When entering the Fair Market Value (FMV) in Bridges, enter the lowest trade-in value.

Reason: Policy clarifications.

Communication Plan: Office of Workforce Development and Training.

7) FAP Trafficking

FAP

BAM 700

The definition of FAP trafficking is updated to include:

- Dumping products in order to obtain a cash refund for the product deposit.
- Selling items purchased with FAP benefits and reselling for cash or other non-food items.

Reason: New federal regulations.

Communication Plan: Office of Workforce Development and Training.

8) Interviews

BAM 115

FAP

When clients' expenses exceed their income, the unclear or inconsistent information must be clarified and documented in the case.

Use the clients' average heat and utility bills they are responsible to pay; do not use the heat and utility standards. Determine if clients are behind on their bills, if someone else is paying their bills, etc. and document their current situation. If after resolving the unclear and inconsistent information you determine it is still questionable, open the case and refer to Front End Eligibility (FEE).

Reason: Management request.

Communication Plan: Office of Workforce Development and Training.

FIP

The local office may exempt a relative caretaker or unrelated caretaker ineligible grantee and dependent child member adds from the FIP interview requirements.

Reason: Policy clarification.

9) CDC

CDC

BAM 110

Application Filing and Registration

Local DHS offices are no longer responsible to give clients the Child Development and Care Unlicensed Provider Application. Clients requesting this type of application should be referred to www.michigan.gov/childcare.

Reason: Unlicensed provider enrollment processing is now completed by the Michigan Department of Education (MDE).

Communication Plan: None needed.

BAM 220

Correction to reference in this item.

Reason: Policy referenced a form incorrectly.

Communication Plan: None needed.

BEM 223

The note requiring verification of an unlicensed provider's Social Security number has been removed.

Reason: This information is in BEM 704.

Communication Plan: None needed.

BEM 502

Income From Self-employment

Income received from child care provided in the home of a provider is considered to be self-employment income. If income is received for care provided in the home of the child, the provider is considered to be employed by the parent and the income is budgeted as employment.

Reason: Payment for care provided by an unlicensed child care provider is now paid directly to the parent of the children in care.

Communication Plan: Office of Workforce Development and Training.

BEM 503

Income, Unearned

The budgeting of income received by a person who provides child care as an unlicensed provider has changed.

Reason: Payment for care provided by an unlicensed child care provider is now paid directly to the parent of the children in care.

BEM 703

Approved Activity

Job search is an acceptable activity only if it is part of the parent's Family Self-Sufficiency Plan. Allowable hours of job search cannot exceed:

- 80 hours per pay period, if participation is required by the One-stop service center (OSC) or the Michigan Works! Association (MWA).
- 20 hours per pay period, if the client is not participating with the OSC/MWA.

Reason: Clarification.

Communication Plan: Office of Workforce Development and Training.

BEM 704

Required Verifications For Unlicensed Providers

Policy now allows a copy of a valid birth certificate and a printout from the Social Security Administration (SSA), with the provider's information to be used in place of a copy of the provider's Social Security card.

An address inquiry is not required for a provider who is living in a shelter or a migrant camp.

Reason: Expedited provider application processing.

Communication Plan: None required.

Provider Changes

When a provider reports a change to his/her personal information, such as a name change, address, Social Security number, supporting verification may be required prior to the change being completed.

Reason: Program integrity.

Communication Plan: None needed.

BEM 706

Payments

Licensed and registered providers are required to register in the State of Michigan's Contract and Payment Express (C&PE) system, in order to receive payments.

Reason: Program integrity.

Communication Plan: Posted on Internet billing.

Payments for unlicensed child care providers are issued and mailed to the parent/substitute parent of the children in care.

Child Absences (Ill/holiday hours)

Child absence hours may be billed for any periods in which the child is not in care when he/she would have normally been in attendance. This includes periods when the provider is open for business as well as when the facility is closed.

Child absence hours cannot be billed in order to hold a spot for a child or if the child is not expected to return to the provider's care.

Reason: Alignment with other early childhood programs.

Communication Plan: None needed.

Annual Statements

Every January providers are mailed income information. Unlicensed providers are mailed the DHS-505, Unlicensed Provider Annual Statement of Child Care Payments, and licensed/registered providers are mailed Form 1099 MISC.

Reason: Change in how payments are issued for unlicensed providers.

BEM 707

Receipt of Application During Penalty Period and Reversed Decisions

This section has been deleted.

Reason: No longer relevant.

BEM 711

This item has been deleted.

Reason: No longer relevant.

10) CITIZENSHIP/ ALIEN STATUS

All Programs

BEM 225

As of 5/1/13, the I-94 will begin to be automated at certain airports in the U.S. Some of the I-94 information will be stamped on the unexpired foreign passport. Refugees, derivative asylees and parolees will continue to receive a paper I-94.

Minor wording clarification also incorporated.

Reason: I-94 automation.

Communication Plan: Office of Workforce Development and Training.

11) SELF SERVE PROCESSING CENTER(SSPC), HEALTHY KIDS/ PLAN FIRST HEARINGS

BAM 600

The hearing contacts for the SSPC, Healthy Kids/Plan First Units are removed from policy. These contacts are found with all local office hearing contacts on the DHS-Net under Tools, Directories/Contact Info., local office contacts.

Reason: All hearing contacts can now be found on the DHS-Net.

Communication Plan: Office of Workforce Development and Training.

12) DEPARTMENT AUDITS

BAM 320

Department Audits has been updated to reflect current procedures.

Reason: Policy clarification.

Communication Plan: Office of Workforce Development and Training.

13) RSDI INCOME

Medicaid Only

BEM 503

Countable RSDI income for January, February and March disregards the cost-of-living adjustment received in January. For all other months the countable RSDI income is the gross amount for the month tested.

14) IRS DATA MATCHES

BAM 803

Removed references to Office of Inspector General (OIG) from the item.

Reason: IRS audit

15) HEALTH INSURANCE

BEM 546

Updated verification sources for start of health insurance. An application for insurance is not sufficient verification of an obligation.

16) FUNERAL ALLOWANCES **BAM 805**

The maximum funeral limits have had their annual increase.

17)

ADMINISTRATIVE HANDBOOK **BAM 315 and 316; BEM 201**

The Administrative Policy Manual (AHP) is obsolete. References to AHP have been removed.

Reason: Policy update.

18) MRT AREAS **BAM 815**

County assignments and MRT staffing changes have been updated.

Reason: Policy update.

EFFECTIVE February, 2013.

1) Subject **Hearings**

FAP

BAM 600

Once DHS receives a request for a hearing, it will be scheduled unless the authorized hearing representative or if none, the client, signs a written withdrawal.

Minor wording clarifications are also incorporated.

Reason: FNS clarification.

Communication Plan: Office of Workforce Development and Training.

EFFECTIVE March 1, 2013.

Subject **Redetermination's**

FAP

BAM 210

Verifications Deadline

An example is added to clarify how to process a DHS-1010, Redetermination, that is received within the last 10 days of the month and verifications are needed.

Subsequent Processing for Redeterminations

If a client files an application for redetermination before the end of the benefit period, but fails to take a required action, the case is denied at the end of the benefit period. Proceed as follows if the client takes the required action within 30 days after the end of the benefit period:

- Register the redetermination application using the date the client **completed** the process.
- If the client is eligible, prorate benefits from the date the redetermination application was registered.

Legal base updated and minor wording changes.

Reason: FNS clarification.

Communication Plan: Office of Workforce Development and Training.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

BAM 110
BAM 115
BAM 210
BAM 220
BAM 315
BAM 316
BAM 320
BAM 600
BAM 700
BAM 803
BAM 805
BAM 815
BEM 201
BEM 223
BEM 225
BEM 245
BEM 400
BEM 502
BEM 503
BEM 546
BEM 618
BEM 703
BEM 704
BEM 706
BEM 707
BPG GLOSSARY

Deleted Items ...

BEM 711

Replaces BPB 2013-007.

EFFECTIVE

May 1, 2013.

EXPLANATION OF PILOT POLICY

The policy contained in the Bridges hearing pilot policy is for DHS county offices that are participating in the Hearings Pilot for assistance payment programs. The pilot counties are:

- Genesee County, effective May 2013.
- Washtenaw County, effective July 2013.
- Jackson County, effective September 2013.

The following requests for hearings are not included in this pilot and are not subject to this policy; they are covered in Bridges Administrative Manual (BAM) 600, Hearings:

- Intentional Program Violations (IPV)
- Debt collections.
- Michigan Department of Community Health (DCH) hearings.
- Community spouse resource allowances.
- Requests that dispute a Medical Review Team (MRT) disability determination-including State Disability Assistance (SDA) and Medicaid (MA)-based on disability.

Note: SDA and MA hearing requests based on eligibility factors are included in the pilot policy.

BAM 600, Hearings, remains in effect for all counties and programs not specifically mentioned in this policy.

DEPARTMENT POLICY

Family Independence Program (FIP), State Disability Assistance (SDA) (Eligibility), Refugee Cash Assistance (RCA), Food Assistance Program (FAP), Medicaid (MA) (Eligibility), Child Development and Care (CDC) and State Emergency Relief (SER)

Clients have the right to contest a department decision affecting eligibility or benefit levels when they believe the department has taken an action in error. The department provides a two-step hearing process to review the decision and determine appropriateness. The following policy meets the federal and state requirements for a hearing.

Step One: A local evidentiary hearing conducted by a hearing official. There are appeal rights from the local evidentiary hearing to a state level administrative hearing system.

Step Two: A state level hearing with Michigan Administrative Hearing System (MAHS).

Efforts to clarify and resolve the client's concerns must start when the hearing request is received and continue through the day of the hearing.

NOTICE REQUIREMENTS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The application forms and each written notice of case action must inform clients of their right to a hearing. This includes an explanation of how and where to file a hearing request, and the right to be assisted by and represented by anyone the client chooses.

The client must receive a written notice of all case actions affecting eligibility or amount of benefits. When a case action is completed it must specify:

- The action being taken by the department.
- The reason(s) for the action.
- The **specific manual item(s)** that cite(s) the legal base for an action, or the regulation, or law itself; see BAM 220.

Exception: **Do not provide a notice of case action when implementing a hearing decision where the department was upheld. The decision serves as notice of the action.**

HEARING REQUESTS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

All clients have the right to request a hearing. The following people have authority to exercise this right by signing a hearing request:

- An adult member of the eligible group; **or**
- The client's authorized hearing representative (AHR).

Requests for a hearing **must be made in writing and signed** by one of the persons listed above. The request must bear a signature. Faxes or photocopies of signatures are acceptable. The hearing official will deny requests signed by unauthorized persons and requests without signatures.

Exception: For **FAP only**, a hearing request may be written or oral. If oral, complete the DHS-18, Request for Hearing, and ask the client to sign it, or note on the hearing summary that the request was oral.

A hearing request with a client signature may name an authorized hearing representative who is authorized to stand in for or represent the client in the hearing process.

Clients, authorized representatives and/or their authorized hearing representative may express dissatisfaction with a department action, orally

or in writing, without specifically requesting a hearing. Determine whether the client or authorized hearing representative actually wishes to request a hearing. If so, ensure that the request is put in writing. The DHS-18, Request for Hearing, or the hearing request section of the client notice may be used. Note the date of receipt of the original written request on the form/notice; see RFF 18.

All hearing requests **must** be recorded in Bridges, on the Hearing Restore Benefits screen; see Timely Hearing Requests in this policy.

Where to File a Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Instruct clients or authorized hearing representatives to deliver, mail or fax the hearing request to their local DHS office labeled, “ATTENTION HEARINGS COORDINATOR”. The hearings coordinator receives the request on behalf of the department. Route all hearings-related material through the hearings coordinator without regard to whom it is addressed.

All hearings requests received must be date-stamped and forwarded immediately to the hearings coordinator. If the hearing request is received by a local office that is not responsible for the disputed action, date-stamp the request and **forward it immediately to the correct local office** labeled, “ATTENTION HEARINGS COORDINATOR”.

For hearing requests related to Department of Community Health (DCH) determinations, follow procedures in DCH HEARINGS in BAM 600, Hearings.

Requests Signed by an AHR

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The appointment of an authorized hearing representative **must be made in writing**. An authorized hearing representative must be authorized or have made application through probate court **before** signing a hearing request for the client.

Verify the authorized hearing representative's prior authorization unless the authorized hearing representative is the client’s attorney at law, parent or, for **MA only**, spouse. Relationship of the parent or spouse must be verified only when it is questionable. The hearing official will deny a hearing request when the required verification is **not** submitted.

The following documents are acceptable verification sources:

- Probate court order or court-issued letters of authority naming the person as guardian or conservator.
- Probate court documentation verifying the person has applied for guardianship or conservatorship.

- Authorization signed by the client authorizing this person to represent the client in the hearing process.
- Birth or marriage certificate naming the person as parent or spouse.

Note any known information about the identity of the person who signed the request (for example, a spouse) on the DHS-3050, Hearing Summary. Attach a copy of any required verification document to the DHS-3050 and forward to the hearings coordinator.

Process requests signed by someone whose authorized hearing representative status is questionable or unverified according to standard hearings procedures, including restoration of benefits, if appropriate. If the hearing official denies the request, reimplement the disputed case action and recoup the restored benefits; see Recouping Program Benefits in this policy.

Deadlines for Requesting a Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The client or authorized hearing representative has 90 calendar days from the date of the written notice of case action to request a hearing. The request must be **received** in the local office as required in, “Where To File a Hearing Request”, found in this pilot policy.

Note: Days, as used in this policy, mean calendar days unless otherwise specified.

Exception: For **FAP only**, the client or authorized hearing representative may request a hearing disputing the current level of benefits at any time within the benefit period.

See “Timely Hearing Request” in this policy if a request is received:

- Within the negative action period.
- Within 11 days of the effective date of an immediate negative action (such as with adequate notice).

For requests that do **not** meet the definition of a timely hearing request, see “Untimely Hearing Request” in this policy.

Requests for Telephone Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Local evidentiary hearings will be scheduled as in-person hearings. Requests for a telephone hearing must be directed to the prehearing conference supervisor (identified on the local evidentiary hearing notice) and granted by the supervisor (or his/her backup) before a telephone hearing can be conducted. Telephone hearings should be granted only in situations outside the control of the client and/or the authorized hearing representative. Examples of situations outside the

control of the client and/or authorized hearing representative include, but are not limited to;

- Hospital admission, documented by an admission or discharge note.
- Inclement weather.
- Incapacitating Illness, documented by a physician note.

Granting a Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The hearing official may grant a hearing on any of the following:

- Denial of an application and/or supplemental payments.
- Reduction in the amount of program benefits or service.
- Suspension or termination of program benefits or service.
- Restrictions under which benefits or services are provided.
- Delay of any action beyond standards of promptness.
- For **FAP only**, the current level of benefits or denial of expedited service.

Denial of a Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Only the hearing official may deny a request for a hearing. Accept and forward all hearing requests to the hearings coordinator. The hearings coordinator will forward the request for hearing to the hearing official for determination and disposition.

For all inappropriate requests and/or requests filed more than 90 days from the date of the notice of case action, do the following:

- Complete a DHS-3050, Hearing Summary, stating:
    - Why the request should not be heard.
    - The request was received after 90 days from the date of the notice of case action (attach a copy of the notice).
- Forward the hearing request and the summary to the hearings coordinator.

The hearing official will inform the client (referred to as the claimant), the authorized hearings representative and the hearings coordinator if the request is denied.

The hearing official will **not** grant a hearing regarding the issue of a mass update required by state or federal law **unless** the reason for the request is an issue of incorrect computation of program benefits or patient-pay amount. Central office may issue separate instructions regarding deletion of pending negative actions and forwarding of hearing requests to hearings coordinator for disposition.

STANDARDS OF PROMPTNESS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Final action on hearing requests, including implementation of the local evidentiary hearing decision, must be completed within 90 days of the date the hearing request was first received (the Standard of Promptness) by any local office or at DHS central office.

For **FAP only**, final action on hearing requests involving only FAP or FAP and any other program (for example, SDA, MA, CDC) must be completed within 45 calendar days of receipt of the written or oral request for hearing.

Exception: When a hearing request is for FIP and FAP ONLY, the FIP timeliness standard of 90 days may be applied.

Local Office Time Limits

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Local offices have **one** business day from receipt of hearing request to do **all** of the following:

- Date-stamp the request.
- Route to the hearings coordinator.

Local Evidentiary Hearings: The local office has **10** days from the date the decision was mailed to implement the local evidentiary hearing decision.

Administrative Reviews: The local office will have **10** days from the date a decision and order is mailed from the Michigan Administrative Hearing System to implement the decision and order.

Hearing Coordinator (HC)Time Limits

The hearings coordinator has **two** business days from the date the hearing request is received to do **all** of the following:

- Enter into the administrative management tribunal system (ADMTS).
- Log the request on the DHS-1940, Hearing Record.
- Determine the nature of the complaint.
- Schedule a prehearing conference with a first line for the 11th calendar day from the receipt of the request for hearing, but no later than the 14th calendar day.

  Note: See Prehearing Conference, FAP Only in this policy.
- Mail the notice of a prehearing conference to the authorized hearing representative and the client.

- Notify all appropriate staff, such as first-line supervisor, child support specialist, quality control auditors, work participation program representative, family independence specialist (FIS)/eligibility specialist (ES) or the Office of the Inspector General (OIG) of the date and time of the prehearing conference.

- Request verification of the authorized hearing representative's authorization, if needed.

For hearing requests disputing:

- Determinations made by the medical review team, follow policy in BAM 600, Hearings.

- Determinations made by DCH; follow BAM 600, Hearings, policy.

- Determinations made by the Office of Child Support (OCS) or a prosecuting attorney's office (PA), a copy of the Request for Hearing **must** be faxed to the office that initiated the adverse action within 24 hours of receipt. The fax cover sheet **must** include:

  - "Local Evidentiary Hearing -Time Sensitive".

  - Contact information for both the family independence manager (FIM)/assistance payments (AP) supervisor and the hearings coordinator.

  - Date and time of the prehearing conference.

When an individual did not appear for the prehearing conference or the issue could not be resolved, a local evidentiary hearing must be scheduled for the 11th calendar day from the date of the scheduled prehearing conference.

Note: When the 11th day falls on a non-work day the local evidentiary hearing must be scheduled as soon as possible but, no later than the 14th calendar day from the scheduled prehearing conference.

The hearings coordinator must do all of the following at the conclusion of the prehearing conference:

- Schedule a local evidentiary hearing in ADMTS.

- Provide client and authorized hearing representative, if any, a copy of all of the following:

  •• Notice of Local Evidentiary Hearing.

  •• Copy of the DHS 3050, Hearing Summary, and all evidence used in making the eligibility determination that caused the action in dispute.

- DHS Proof of Service, signed by the hearings coordinator indicating that the documents were provided to the authorized hearing representative, or if none, the client.

Note: A copy of all items listed above must be placed in the hearings packet.

Local Evidentiary Hearing Official Time Limits

The hearing official has **15** days from the scheduled prehearing conference date to conduct a hearing, render a local evidentiary hearing decision and mail it to the local office, the client and the authorized hearing representative, if any.

Local Controls

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A DHS-1940, Hearing Request Record, or its equivalent must be maintained by the hearings coordinator. The coordinator is responsible for tracking the progress of the hearing request from receipt through disposition; see RFF 1940.

Note: A copy of the hearing request record must be made available to central office upon request.

Requests for Adjournment

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The client, authorized hearing representative or local office may request an adjournment of a scheduled local evidentiary hearing. The authorized hearing representative or, if none, the client, may request an adjournment up to 48 hours in advance of the local evidentiary hearing. A request for adjournment must be made in writing to the hearings coordinator identified on the Local Evidentiary Hearing Notice. The hearings coordinator will forward the request for adjournment to the hearing official for determination and disposition.

The local office must request an adjournment from the hearings coordinator. If the adjournment is granted, the local evidentiary hearing is rescheduled, and a new Notice of Hearing is mailed to everyone who received the original notice.

If an adjournment is granted at the request of the client or authorized hearing representative, the standard of promptness is extended for as many days as the local evidentiary hearing is postponed.

Adjournments requested by the local office do not extend the standard of promptness.

Note: The hearing official may also grant an adjournment on the day of hearing for good cause.

Exception #1: For **FAP only**, the hearings coordinator **must** grant one adjournment of a scheduled hearing requested by the client or autho-

rized hearing representative. It **cannot** exceed 30 days unless good cause is shown.

HEARING REQUEST EVALUATION

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Resolve disagreements and misunderstandings quickly at the lowest possible level to avoid unnecessary hearings.

On receipt of a hearing request, schedule a prehearing conference with the authorized hearing representative or, if none, the client, and conduct a supervisory review.

The client or authorized hearing representative is **not** required to phone or meet with any department staff in order to have a hearing.

Supervisory Evaluation

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

On receipt of the hearing request from the hearings coordinator, the first-line supervisor:

- Reviews the disputed case action for accuracy according to policy and fact; see Corrected Case Action in this policy.
- Determines if the request is timely; see INTERIM PROGRAM BENEFITS PENDING THE HEARING in this policy.

Corrected Case Action

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

If the local office determines that the case action needs to be corrected, do the following:

- Update Bridges with the corrected information, including corrected Circumstance Start Change Date (CSCD) dates. Any benefits owed will be issued when Electronic Determination Benefit Calculation (EDBC) and certification is completed. This will result in a new Notice of Case Action being generated to the client. Ensure the authorized hearing representative, if one, is sent the notice.
- For **Interim Assistance Recovery disputes**, central office payment reconciliation staff will process corrective payments.
- For **state Social Security Income (SSI) Payments,** central office SSI payments unit staff will process corrective payments.
- Include a short summary of the actions the local office took to correct all of the client's concerns on the DHS-3050, Hearing Summary. Include a copy of the Notice of Prehearing Conference.

- The DHS-3050, Hearing Summary, cannot ask the Michigan Administrative Hearing System to dismiss the request for hearing.
- At the prehearing conference, explain the action taken and provide the authorized representative, or if none, the client, a copy of the new notice of case action.

MA Only

If a DHS denial is overturned on appeal by a hearing official, an administrative law judge or a court, send or give the client a DHS-334, Reimbursement Notice.

Prehearing Conference

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The department must assure that clients receive the services and assistance to which they are entitled. Concerns expressed in the hearing request should be resolved whenever possible through a conference with the client or authorized hearing representative rather than through a hearing.

The spokesperson for the local office at the prehearing conference may be anyone from the county director to a first-line supervisor. Whoever is assigned this function, however, acts on behalf of the county director.

A DHS prehearing conference notice **must** be generated and mailed to the client and authorized hearing representative upon receipt of a hearing request.

A prehearing conference must be scheduled for the 11th day from the date the local office receives the request, **unless** the authorized hearing representative or, if none, the client, chooses **not** to attend the prehearing conference.

Note: When the 11th day falls on a non-work day, the prehearing conference must be scheduled as soon as possible but, no later than the 14th calendar day from the date the request was received in the local office.

Note: All attempts must be made to accommodate an authorized hearing representative or, if none, the client's request to schedule and hold a prehearing conference prior to the 11th day.

All appropriate staff (for example, first-line supervisor, child support specialist, work participation program representative, FIS/ES, RS or OIG) **must** be notified of the prehearing conference and **must** participate.

> **Note:** When the disputed case action involves an Office of Child Support/prosecuting attorney determination, Office of Child Sup-

port/prosecuting attorney staff **must** participate in the prehearing conference.

Do all of the following at the prehearing conference:

- Determine why the client or authorized hearing representative is disputing the DHS action.
- Review any documentation the client or authorized hearing representative has to support his allegation.
- Explain the department's position and identify and discuss the differences.
- Provide the client a copy of the DHS-3050, Hearing Summary and all evidence the department used in making the determination that is in dispute.
- Mention to clients the availability of reimbursement for child care or transportation costs incurred in order to attend the hearing; see Reimbursement for Transportation and Child Care in this policy.

State-funded Family Independence Program (FIP) and SDA Only

Contact the local office interim assistance reimbursement (IAR) liaison when the disputed action involves computation by central office payment reconciliation staff of the amount of retroactive SSI benefits recovered from a state-funded FIP or an SDA recipient who signed a repay agreement (**Interim Assistance Recovery**). The liaison **must**:

- Obtain documentation supporting the calculations from payment reconciliation staff.
- Arrange for payment reconciliation staff to participate in the prehearing conference.

FAP Only

For a denial of **expedited service only**, inform clients or authorized representatives that they may request a prehearing conference if they do **not** agree with the DHS decision. The conference must be held within **two** workdays of the request, **unless** the client requests that it be scheduled later. The following persons must attend the conference:

- Specialist’s supervisor and/or the local office director or designee.
- Client, authorized representative or authorized hearing representative.

The specialist is **not** required to attend but may attend at local office option.

LOCAL EVIDENTIARY HEARING PREPARATION

A hearing packet is the DHS-3050, Hearing Summary, and all evidence the department used in making the eligibility determination that is in dispute.

A copy of the hearings packet must be provided to:

1. The client, if not presented at the prehearing conference.
2. Authorized hearing representative, if the client has one.
3. The hearing official.
4. The case file.

Hearing Summary

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Complete a DHS-3050, Hearing Summary, and attach all evidence used in making the eligibility determination in dispute, if the dispute is **not** resolved at a prehearing conference. All case identifiers and notations on case status must be complete; see RFF 3050.

The narrative must include all of the following:

- Clear statement of the case action, including all programs involved in the case action.
- Facts which led to the action.
- Policy which supported the action.
- Correct address of the authorized hearing representative or, if none, the client.
- Description of the documents the local office intends to offer as exhibits at the hearing.

Exception #1: For hearing requests disputing state SSI payments; see STATE SSI PAYMENT in this policy.

Exception #2: For hearing requests disputing the Office of Child Support/prosecuting attorney actions, attach a supplemental hearing summary completed by Office of Child Support/prosecuting attorney detailing actions taken and all evidence provided by the Office of Child Support/prosecuting attorney.

State-funded FIP and SDA Only

For **Interim Assistance Recovery (IAR) disputes**, prepare the hearing summary using documents obtained by the local IAR liaison from

central office payment reconciliation staff. Attach copies of those and any other supporting documents to the hearing summary and forward to the hearings coordinator.

MA Only

When a hearing request based on a Medicaid denial is received, send or give the client a DHS-333, Retroactive Period/Corrective Action Eligibility Notice. This notice explains the potential for reimbursement of paid medical expenses after a DHS denial that is overturned on appeal by a hearing official, an administrative law judge or a court. To be eligible for reimbursement, the payment must be for a Medicaid-covered care or service that is provided on or after February 2, 2004. If the client is to be notified of an overturned Medicaid eligibility decision, send or give the client a DHS-334, Reimbursement Notice.

A client may be eligible for reimbursement of medical expenses paid to providers for a retroactive eligibility period Medicaid-covered care or service. A medical payment for care or services received in a client's retroactive period may be reimbursable if it is made between a DHS denial and 10 days after the date an eligibility determination is issued as a result of the hearing request.

A client may also be eligible for corrective action reimbursement of medical expenses paid to providers for care or services received after the DHS application. The corrective action period covers medical expenses paid to providers between the date a DHS administrative hearing request is filed and 10 days after the date an eligibility determination is issued as a result of the hearing request. The client must show that the original denial was incorrect for corrective action reimbursements.

Example: A client submits his income and expense information, but forgets to include proof of health insurance premiums or child support payments and is denied due to excess income. If the client appeals the DHS denial and provides the missing information, this could allow the initial denial, correct when issued, to be overturned. If the care or service for which the client made the medical payment was received after the client's application that resulted in the DHS denial, the payment would not be eligible for reimbursement.

Example:

- February 20 application for Medicaid and retroactive Medicaid is received by DHS.
- April 5 the application is denied.
- May 3 a hearing request is received in the local DHS office.

- June 7 the administrative law judge (ALJ) overturns the denial and determines the client is eligible for Medicaid.
- June 14 the specialist processes the Medicaid opening.

If the medical payment was for care or services received in the retroactive period, the client is eligible for reimbursement for payments between April 5 (the original denial date) and June 24 (10 days after the second eligibility notice is mailed).

If the medical payment was for care or services after the retroactive period, the corrective action period covers payments made between May 3, (the date the hearing request was received by DHS) and June 24, (10 days after the second eligibility notice was mailed).

Managerial Certification

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The local office manager or designee must review all hearing requests which are **not** resolved by the first-line supervisor. The purpose of the review is to ensure that local office staff have done the following:

- Applied DHS policies and procedures correctly.
- Explained DHS policies and procedures to the authorized hearing representative or, if none, the client.
- Offered appropriate referrals to the client.
- Considered requesting a central office policy clarification.

The local office manager must certify:

- The date the Notice of Prehearing Conference was sent to the authorized hearing representative and the client.
- The reason the hearing request could not be resolved.
- That eligibility was properly determined for this case.
- That the hearing request **cannot** be resolved except through formal hearing.

The managerial certification does **not** replace the hearing process. The hearing must be held as scheduled **unless** the authorized hearing representative or, if none, the client, withdraws the hearing request **in writting**.

MA Only

If, prior to a hearing taking place, the local office overturns a Medicaid denial, see “Implementing the Local Evidentiary Decision” in this policy.

CONTINUATION OF PROGRAM BENEFITS PENDING THE LOCAL EVIDENTIARY HEARING

Denial at Application

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The client is **not** entitled to benefits pending the hearing when the reason for the hearing request is a denial at application or for **FAP only**, a denial at redetermination. For **FAP only**, when the hearing request disputes a denial of expedited service, continue to process the application according to normal processing standards.

Timely Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A **timely hearing request** is a request received as provided in, Where to File a Hearing Request, within 11 days of the effective date of a negative action. When the 11th calendar day is a Saturday, Sunday, holiday, or other non-workday, the request is timely if **received** by the following workday.

While waiting for the hearing decision, recipients must continue to receive the assistance authorized prior to the notice of negative action when the request was filed timely. On receipt of a timely hearing request, reinstate program benefits to the former level for a hearing request filed because of a negative action.

For **FAP only**, these actions apply **only** if the benefit period has **not** expired.

Exception #1: For **all programs**, do **not** restore benefits reduced or terminated due to a mass update required by state or federal law **unless** the issue contested is that the benefits were improperly computed.

Exception #2: For **all programs**, do **not** restore program benefits when the authorized hearing representative or, if none, the client and/or the authorized representative, specifically states in writing that continued assistance pending the hearing decision is **not** requested.

Exception #3: For **FAP only**, if the authorized hearing representative or, if none the client and/or the authorized representative, disputes the computation of supplemental benefits, issue the supplement as originally computed.

Untimely Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

If an authorized hearing representative or, if none, the client and/or authorized representative, files an untimely hearing request, program benefits continue at the current level.

Exception: For **FAP only**, benefits must be restored to the former level **if**:

- The delay in filing the request was for good cause (for example, client hospitalized); **or**
- The change was the result of a mass update **and** the issue being contested is that FAP eligibility or benefits were improperly computed **or** that federal law/regulation is being misapplied/misinterpreted.

SSI Disability/ Blindness Denials

SSI-Related MA Only

MA negative actions based on SSI disability/blindness denials **cannot** be deleted if DHS schedules a hearing regarding other issues raised in the hearing request.

However, if a hearing request is filed at SSA regarding the disability/ blindness issue within the pended negative action period, follow the instructions in this policy under Timely Hearing Request.

DHS can **never** delete the negative action if the SSI disability/blindness denial is final as defined in Bridges Eligibility Manual (BEM) 260.

When Changes Occur Pending the Local Evidentiary Hearing Decision

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Pending the local evidentiary hearing decision, restored benefits must **not** be reduced or terminated **unless**:

- A change **not** related to the hearing issue occurs that affects the recipient's eligibility or benefits; **and**
- The authorized hearing representative or, if none, the client and/or the authorized representative, fails to request a hearing about the change after the subsequent notice of negative action.

Note: The client must continue participation with the Partnership, Accountability, Training, Hope, (PATH) program unless the hearing requested is a result of the PATH.

FAP Only

Pending the local evidentiary hearing decision, restored benefits must **not** be reduced or terminated **unless** the benefit period expires.

Note: The client may reapply and be determined eligible for a new benefit period and amount based on a new application.

RECOUPING PROGRAM BENEFITS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), and CDC

If a hearing request is filed timely and program benefits are restored, recoup overissuances if:

- The request is later withdrawn.
- The hearing official denies the request.
- The authorized hearing representative or, if none, the client and/or the authorized representative, fails to appear for the hearing **and** the hearing official gives you written instructions to proceed.

  Note: If instructions have not arrived within two weeks, call the hearing coordinator.
- The local evidentiary hearing decision upholds the department's action.

Calculate the overissuance from the date the negative action would have taken effect until the date the negative action is subsequently implemented.

If an administrative recoupment is processed to recover an overissuance due to a hearing, send a timely notice of case action. In this situation, the client is entitled to a hearing solely on the issue of the recoupment amount.

If a **cash** repayment is sought to recover an overissuance, requests for a hearing will **not** be granted **except** in FAP cases. Complete a DHS-3050 describing the current facts. Forward the hearing request and the summary to the hearing coordinator. hearing official will inform the authorized hearing representative or, if none, the client and/or the authorized representative, that a hearing will **not** be granted.

WITHDRAWALS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When any issue is still in dispute, do **not**:

- Suggest that the authorized hearing representative or, if none, the client and/or the authorized representative, withdraw the request; **or**
- Mail a withdrawal form to the authorized hearing representative or, if none the client and/or the authorized representative, unless it is requested.

When correcting a case action, follow procedures in the Corrected Case Action section of this policy. Do **not** ask for a withdrawal based on an action that will be taken in the future.

When the client's authorized hearing representative requests a hearing on behalf of the client, the client **may not withdraw** the hearing request without first providing the department with a written, signed notice stating he/she wishes to revoke the authorized hearing representative's authorization to represent the client. The authorization to represent must be revoked by the client before the client signs the DHS-18A, Hearing Request Withdrawal.

The hearing official will **not** accept a withdrawal if it fails to adequately address and dispose of all concerns in the hearing request. The hearing official will notify the hearings coordinator, the authorized hearing representative, the client and the authorized representative if a withdrawal is **not** accepted.

Prior to Scheduling a Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When all issues are resolved and the authorized hearing representative or, if none, the client and/or the authorized representative, wishes to withdraw the request, **ask for a signed, written withdrawal**. The DHS-18A, Hearing Request Withdrawal, may be used for this purpose. The withdrawal must clearly state why the client, authorized representative or authorized hearing representative wishes to withdraw the request. Enter all identifying case information on the withdrawal, attach the original copy to the request and forward them to the hearing official. File a copy of the withdrawal in the legal packet of the case record. Update Bridges as necessary.

After Scheduling a Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When all issues are resolved and the authorized hearing representative or, if none, the client and/or the authorized representative wishes to withdraw the request, do the following:

- **Client requests withdrawal while in the local office.** Ask for a signed, written withdrawal. The DHS-18A, Hearing Request Withdrawal, should be used. Remove the local evidentiary hearing from the schedule and notify the hearing official of the schedule change. The original request form must be placed in the case file at the local office.
- **Client requests withdrawal via telephone.** Ask the caller to promptly send a signed, written request for withdrawal to the local office. The client may obtain and complete a DHS-18A at the local office or online at: www.michigan.gov/dhs-forms in the Other category.

When the request for withdrawal is received, remove the local evidentiary hearing from the schedule and notify the hearing official of the change in schedule. File the original request in the case record.

At The Time of Hearing

When a client comes to the local office for a local evidentiary hearing and while at the local office decides to withdraw the request, allow the assigned hearing official the opportunity to discuss the withdrawal with the authorized hearings representative, or if none, the client and/or the authorized representative.

STATE SSI PAYMENT (SSP)

SSPs are made for only those months the recipient received a regular monthly federal benefit. This is shown on the single online query (SOLQ) as a recurring payment dated the first of the month. **SSPs are not issued for retroactive or supplemental federal benefits.**

The authorized hearing representative or, if none, the client and/or the authorized representative, may request a hearing when the client receives a DHS-430, Benefit Reduction Notice, stating that the SSP is being reduced or terminated; see BEM 660.

Handle these hearing requests in the same manner as all other benefit hearing requests.

When a hearing request (usually a DHS-430) is received, do all of the following:

- Log the receipt of the hearing request on Bridges. A timely hearing request will delete the negative action and issue a warrant equal to the previous quarterly payment.

  Note: The cutoff date for entering the receipt of a timely hearing request for the State SSI Payment program is the payroll run date for case digit ending in 9; see RFS 106. If a hearing request was received timely but was not entered on Bridges by this date, fax a copy of the hearing request to the State SSI Payment Unit at (517) 335-7771, or email: SSI-Bridges-Coord@michigan.gov. The State SSI Payment Unit will issue a supplemental payment.

- Request a SOLQ.

- Prepare a Hearing Summary, DHS-3050.

- Introduce the SSI DATA page as evidence at the hearing to verify the action taken; see Exhibit I and Exhibit II in BEM 660.

  Note: Contact the State SSI Payment Unit at (517) 335-3627 or email at SSI-Bridges-Coord@michigan.gov for assistance if the SOLQ fails to explain the action taken.

- Represent the department at the hearing.
- If the local evidentiary hearing decision reverses the action taken by the department, issue a supplemental payment.

Prepare for the hearing under the guidance of the SSI Payments Unit staff, as needed. SSI Payments Unit staff will **not** participate in the hearing but are available for consultation regarding:

- Preparation of the hearing summary.
- Presentation of the case at hearing.

If the SSI Payments Unit determines the disputed case action should be reversed, it will take all actions required. Inform the hearing coordinator of the reversal in writing. The hearing official will then dismiss the hearing request.

CLIENT ACCESS TO THE CASE RECORD

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Clients, authorized representatives and their authorized hearing representatives have the right to review the case record and obtain copies of needed documents and materials relevant to the hearing. Send a copy of the DHS-3050 and all documents and records to be used by the department at the hearing to the authorized hearing representative or, if none, the client and/or the authorized representative. DHS-4772, Hearing Summary Letter, **must** be used for this purpose.

Exception #1: Do **not** disclose the identity of any person who reported information relating to an alleged program violation.

Exception #2: DHS **cannot** provide access to case records restricted by law or specific orders of a court; see BAM 310.

Exception #3: Access to certain mental health records is restricted; see BAM 310.

NOTICE OF LOCAL EVIDENTIARY HEARING

If the case action involved actions taken by the Office of Child Support/ prosecuting attorney, fax a copy of the Notice of Hearing to the Office of Child Support/prosecuting attorney within 24 hours of receipt.

Fax number for the Office of Child Support: (517) 241-0844

If the action was taken by a prosecuting attorney, use the internet address below to obtain contact information:

http://mi-support.cses.state.mi.us/partneractivities/maps/PA_Contact_List.asp

THE LOCAL EVIDENTIARY HEARING

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A hearing will take place if the local office and the authorized hearing representative or, if none, the client and/or the authorized representative were unable to resolve the issue(s) which prompted the hearing request.

The hearing coordinator must give a 10 day advance written notice of the time, date, and place of the hearing. However, the authorized hearing representative or, if none the client and/or the authorized representative, may request less advance notice to expedite the hearing.

Clients have the right to all of the following:

- Representation by legal counsel, or other person of choice, at the client's expense.
- Barrier-free access to the hearing site.
- Interpreters: see BAM 105.
- Child care and transportation costs, including parking fees as necessary to ensure that full participation in the hearing process is possible.

Subpoenas

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

DHS employees are expected to participate in hearings **without** a subpoena when their testimony is required; see Employee Handbook policy, EHP 400, Subpoenas Issued in Administrative Matters.

Reimbursement for Transportation and Child Care

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Clients may request reimbursement of transportation and child care costs at the local evidentiary hearing. Clients must make the request on the hearing record and provide the hearing official the following information:

- Their name and address.
- For transportation expense reimbursement, the number of miles traveled round-trip for the hearing and/or receipts of any parking costs incurred.
- For child care expense reimbursement, the provider type (for example, child care center) and a signed and dated receipt from

the provider showing the full names and ages of all children for whom care was provided.

The hearing official will issue the reimbursements when the total combined cost exceeds $3.

Note: Reimbursements are computed using the least costly travel rate in the EHP 400 and child care costs in RFT 270.

In-Person Local Evidentiary Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Hearing coordinators schedule in-person hearings in the county office.

Late Arrival for the Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Local evidentiary hearings will be held on the scheduled date if the authorized hearing representative or, if none, the client and/or the authorized representative, arrives within 30 minutes of the scheduled time.

If the authorized hearing representative or, if none, the client and/or the authorized representative, arrives **more** than 30 minutes late, do **not** send the person away. Immediately speak with the hearings coordinator for direction on how to proceed. Whenever possible, the local evidentiary hearing will be held on the scheduled date.

Failure to Appear for the Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Contact the hearing official if the authorized hearing representative or, if none, the client and/or the authorized representative, does **not** appear for the hearing within 30 minutes of the scheduled time. Do **not** take negative action until written authorization from the hearing official has been received. If the client, the authorized representative or authorized hearing representative later contacts DHS to have the hearing rescheduled, tell the person to write to the hearings coordinator.

Persons at the Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

An authorized hearing representative or the authorized representative may appear at the hearing with or without the client. Attendance of support person(s) is allowed, unless the hearing official determines that space limitations prohibit multiple persons in attendance.

The local office that initiated the case action that leads to the hearing request **must** present the case. If the client moved to another county, the county where the client resides must host the client, however, the office that took the action **must** present the case.

Interim Assistance Recovery

State-funded FIP and SDA Only

For **Interim Assistance Recovery disputes**, the local office IAR liaison must arrange for central office payment reconciliation staff to participate in the hearing by telephone.

Presentation of the Case

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The local office and the authorized hearing representative or, if none, the client and/or the authorized representative will present their position to the hearing official, who will determine whether the actions taken by the local office are correct according to fact, law, policy and procedure. In most cases, the authorized hearing representative or, if none, the client, the authorized representative, and local office staff will be together in the hearing room with the hearing official.

Following opening statement(s), if any, the hearing official directs the DHS case presenter to explain the position of the local office. The hearing summary, or highlights of it, may be read into the record at this time. The hearing summary may be used as a guide in presenting the evidence, witnesses and exhibits that support the department's position. Always include the following in planning the case presentation:

- An explanation of the action(s) taken.
- A summary of the policy or laws used to determine that the action taken was correct.
- Any clarifications by central office staff of the policy or laws used.
- The facts which led to the conclusion that the policy is relevant to the disputed case action.
- The DHS procedures ensuring that the client received adequate or timely notice of the proposed action and was afforded all other rights.

Note: Both the local office, the authorized hearing representative or, if none, the client and/or the authorized representative, must be given adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, cross-examine adverse witnesses, and cross-examine the author of a document offered in evidence.

Admission of Evidence

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The hearing official will follow the same evidentiary rules used in circuit court to the extent these rules are practical in the case being heard. But, the hearing official may admit and give probative effect to evidence of a type of commonly relied on by reasonably prudent persons in the

conduct of their affairs. The hearing official must ensure that the record is complete, and may do the following:

- Attempt to ensure all the necessary information is presented on the record.
- Be more lenient than a circuit judge in deciding what evidence may be presented.
- Refuse to accept evidence that the hearing official believes is:
  - Unduly repetitious.
  - Immaterial.
  - Irrelevant.
  - Incompetent.

Note: The hearing official may not act as an advocate for either party.

Either party may:

- State on the record its disagreement with the hearing official's decision to exclude evidence and the reason for the disagreement; **and**
- Object to evidence the party believes should **not** be part of the hearing record.

When refusing to admit evidence, the hearing official must state on the record the nature of the evidence and why it was **not** admitted. The hearing official may allow written documents to be admitted in place of oral testimony if the hearing official decides this is fair to both sides in the case being heard.

LOCAL EVIDENTIARY HEARING DECISIONS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The hearing official determines the facts based only on the evidence introduced at the hearing, draws a conclusion of law, and determines whether DHS policy was appropriately applied. The hearing official issues a local evidentiary hearing decision which becomes final **unless** appealed to the Michigan Administrative Hearing System within **15** days of the date the local evidentiary hearing decision notice was mailed.

The Local Evidentiary Hearing Notice will identify:

1. The right to request a rehearing/reconsideration. See Rehearing/ Reconsideration in this policy.

2. The right to request a state level review. See State Level Review in this policy.

3. The client's right to a judicial review. See Judicial Review in this policy.

The hearings coordinator mails the local evidentiary hearing decision to the authorized hearing representative, the client and/or the authorized representative and provides a copy to the case worker for the client's case file. The client or the authorized hearings representative have the right to appeal a final decision to the Michigan Administrative Hearing System within 15 days after the mail date on the local evidentiary hearing decision. Appeals to the Michigan Administrative Hearing System must be made directly to MAHS by:

Fax: (517) 335-6088

U.S. mail:
Michigan Administrative Hearing System
PO Box 30639
Lansing, MI 48909

Implementing the Local Evidentiary Hearing Decision

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

All hearing decisions **must** be recorded in Bridges, on the Hearing Restore Benefits screen.

Some hearing decisions require implementation by the local office. Implement a local evidentiary hearing decision within **10** calendar days of the mailing date on the local evidentiary hearing decision and/or the decision and order.

Note: When the department is upheld, do not provide a notice of case action. The local evidentiary hearing decision and/or the decision and order serves as notice of the action.

If unable to determine what action is required, contact the policy clarification mailbox. See; BEM 100 Introductions. DHS policy staff will clarify the situation with the hearing coordinator.

If a hearing decision or a local office review results in Medicaid eligibility, send or give the client a DHS-334, Reimbursement Notice. This notice explains the procedure for a client to follow to request reimbursement of paid medical bills from the Department of Community Health (DCH).

Send a DHS-45, DHS to DCH/MIChild/FTW, transmittal and a copy of the DHS-334, Reimbursement Notice, that was sent to the client to:

Department of Community Health
Medical Services Administration
Eligibility Quality Assurance Section /Reimbursement
400 S. Pine St., 5th floor
Lansing, MI 48913

The following hearing decision is **not** implemented by the local office; decisions about Interim Assistance Recovery disputes are implemented by central office payments reconciliation staff.

Note: See BEM 660 for instructions on implementing decisions about State SSI Payments.

Certifying Implementation of the Local Evidentiary Hearing Decision

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When a decision requires a case action different from the one originally proposed, a DHS-1843, Administrative Hearing Order Certification, is sent with the local evidentiary hearing decision.

Complete the necessary case actions within **10** calendar days of the mailing date noted on the local evidentiary hearing decision. Complete and send the DHS-1843 to the hearing coordinator to certify implementation and place a copy of the form in the case file.

Additional Low-Income Medicare Beneficiaries (ALMB)

MA Only

The hearing official cannot order prior months of ALMB eligibility when the prior month(s) is before January of the current calendar year.

Example: A client applies in December 2012 and the specialist determines eligibility in January 2013. The MA begin date is January 2005. There is no eligibility for December 2012 because it is before January of the current year.

Notifying Partners

If the Office of Child Support/prosecuting attorney or the Office of Inspector was involved in the hearing, a copy of the decision and order **must** be faxed to the Office of Child Support/prosecuting attorney within **24** hours of receipt. See; Notice of Hearing, in this policy.

STATE LEVEL REVIEW

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The department, attorney general, client and/or the authorized representative, or authorized hearing representative may file a written request for a state level review. The request must:

- Be made within **15** days of the mail date on the Local Evidentiary Hearing Decision.

- Be in writing.
- Include a copy of the Local Evidentiary Decision.

Be made directly with the Michigan Administrative Hearing System by fax or U.S. mail.

Fax to: (517) 335-6088

U.S. Mail: Michigan Administrative Hearing System
PO Box 30639
Lansing, MI 48909

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Requests for a state level review will be scheduled for an administrative review of the record unless a *de novo* hearing is specifically requested.

FAP Only

Requests for a state level review will be scheduled for a *de novo* hearing unless an administrative review of the record of the local evidentiary hearing is specifically requested.

Administrative Review of the Record: Means a review of the local evidentiary hearing digital recording, the facts of the case, the applicable law, and evidence presented at the local evidentiary hearing.

***De novo* Hearing:** Means a new hearing**.**

If the Michigan Administrative Hearing System holds in favor of the client eligibility will be determined or benefits will be restored as directed by the state level review decision and order.

The Michigan Administrative Hearing System has 45 days from the date the Request for Hearing was received to schedule and conduct the state level hearing or administrative review and issue the decision and order.

THE STATE LEVEL HEARING

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Michigan Administrative Hearing System must give advance written notice of the time, date and place of the hearing. For **FAP only**, advance notice is specifically defined as the 10 day period preceding the date of the hearing. However, the client or authorized hearing representative may request less advance notice to expedite the hearing.

Clients have the right to all of the following:

- Representation by legal counsel, or other person of choice, at the client's expense.
- Barrier-free access to the hearing site.
- Interpreters: see BAM 105.

Child care and transportation costs as necessary to ensure that full participation in the hearing process is possible.

State Level Telephone Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Michigan Administrative Hearing System schedules a telephone hearing for most cases. However, at the request of the authorized hearing representative or, if none, the client and/or authorized representative, Michigan Administrative Hearing System must schedule an in-person hearing.

Telephone hearings are conducted from the assigned ALJ's office. Speaker phones are used to communicate with participants at the local office.

Late Arrival for the State Level Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

State level hearings will be held on the scheduled date if the client or authorized hearing representative arrives within 30 minutes of the scheduled time.

If the client or authorized hearing representative arrives **more** than 30 minutes late, do **not** send the person away. Immediately call Michigan Administrative Hearing System for direction on how to proceed. Whenever possible, the hearing will be held on the scheduled date.

Failure to Appear for the State Level Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Contact Michigan Administrative Hearing System if the client or authorized hearing representative does **not** appear for the hearing within 30 minutes of the scheduled time. Do **not** take negative action until written authorization from Michigan Administrative Hearing System has been received. If the client or authorized hearing representative later contacts DHS to have the hearing rescheduled, tell the person to:

- Write the Michigan Administrative Hearing System at P.O. Box 30639, Lansing, MI, 48909-8139; **or**

- Call the Michigan Administrative Hearing System at the toll-free number included on the DHS-26A.

Persons at the State Level Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

An authorized hearing representative may appear at the hearing with or without the client. A support person may be present **if** the client states on the record that the person's presence is requested.

Presentation of the Case in State Level Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The local office and client or authorized hearing representative will each present their position to the ALJ, who will determine whether the actions taken by the local office are correct according to fact, law, policy and procedure. In most cases, the client or authorized hearing representative and local office staff will be together in the hearing room and will speak into a speaker telephone. The ALJ will be on the other end of the phone line.

Following the opening statement(s), if any, the ALJ directs the DHS case presenter to explain the position of the local office. The hearing summary, or highlights of it, may be read into the record at this time. The hearing summary may be used as a guide in presenting the evidence, witnesses and exhibits that support the department's position. Always include the following in planning the case presentation:

- An explanation of the action(s) taken.
- A summary of the policy or laws used to determine that the action taken was correct.
- Any clarifications by central office staff of the policy or laws used.
- The facts which led to the conclusion that the policy is relevant to the disputed case action.
- The DHS procedures ensuring that the client received adequate or timely notice of the proposed action and affording all other rights.
- The local evidentiary hearing decision.

Both the local office and the client or authorized hearing representative must have adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, cross-examine adverse witnesses, and cross-examine the author of a document offered in evidence.

Admission of Evidence

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The ALJ will follow the same rules used in circuit court to the extent these rules are practical in the case being heard. The ALJ must ensure that the record is complete.

STATE LEVEL DECISION AND ORDERS (D&O)

State Level Administrative Review

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A Michigan Administrative Hearing System administrative law judge will review the entire record established at the local evidentiary hearing. The administrative law judge will consider the admitted evidence, the digital recording of the local evidentiary hearing, and the applicable law and policy, and will reach an independent decision.

The ALJ determines the facts based only on evidence introduced at the state level hearing, draws a conclusion of law, and determines whether DHS policy was appropriately applied.

State Level Administrative Review Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The ALJ determines the facts based on the recorded testimony and the evidence admitted at the local evidentiary hearing, draws a conclusion of law, and determines whether the DHS policy was appropriately applied.

Michigan Administrative Hearing System mails the state level hearing decision to the client, the authorized hearing representative and the local office. In most cases, the client has the right to appeal a state level hearing decision to circuit court within 30 days after that decision is received.

Implementing the State level Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

All state level hearing decisions **must** be recorded in Bridges, on the Hearing Restore Benefits screen.

Some hearing decisions require implementation by the local office. Implement a decision and order within 10 calendar days of the mailing date on the hearing decision. **Do not provide a notice of case action. The D&O serves as notice of the action.**

Certifying Implementation of the State Level Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When a state level decision requires a case action different from the one originally proposed, a DHS-1843, Administrative Hearing Order Certification, is sent with the D&O.

Complete the necessary case actions within 10 calendar days of the mailing date noted on the state level hearing decision. Complete and send the DHS-1843 to MAHS to certify implementation and place a copy of the form in the case file.

If it is impossible to implement the D&O as written within 10 calendar days, a local office manager or hearings coordinator should call Michigan Administrative Hearing System at (517) 373-0722 and speak with the supervisor of the ALJ who issued the D&O. The supervisor will offer advice on how to proceed. A local office manager or hearings coordinator is responsible to follow up to ensure implementation of the D&O is completed.

Rehearing/ Reconsideration of State Level Review Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A **rehearing** is a full hearing which is granted when:

- The original state level hearing record is inadequate for purposes of judicial review.
- Misapplication of manual policy or law in the state level hearing decision, which led to a wrong conclusion.
- Typographical, mathematical or other obvious error in the state level hearing decision that affects the rights of the client.
- There is newly discovered evidence that existed at the time of the state level hearing or administrative review that could affect the outcome of the state level hearing decision.

A **reconsideration** is a paper review of the facts, law and any new evidence or legal arguments. It is granted when the state level review record is adequate for purposes of judicial review and a rehearing is **not** necessary, but one of the parties believes the hearing official failed to accurately address all the relevant issues raised in the hearing request.

Rehearing/ Reconsideration Request

The department, attorney general, authorized hearing representative or client and/or the authorized representative may file a written request for rehearing/reconsideration.

The department, attorney general, authorized hearing representative, or the client and/or the authorized representative must specify all reasons for the request.

Local Office Requests for Rehearing/ Reconsideration of State Level Decision and Order

A written request from the local office for a rehearing/reconsideration must be sent to the Division of Family Program Policy (DFPP) in central office or to the Michigan Department of Education/CDC Policy for a recommendation. The written request must include all of the following:

- A copy of the local evidentiary hearing decision.
- A copy of the state level decision and order.
- A copy of the hearing summary and all evidence presented at the state level hearing.
- Explanation of why a rehearing/reconsideration is appropriate.

Send requests to:

Division of Family Program Policy
Grand Tower Building, Suite 1307
PO Box 30037
Lansing MI 48909

Fax to: (517) 335-7771

Or email the appropriate policy email box per, BEM 100.

CDC Only

Send requests to:

Michigan Department of Education
Child Development and Care
PO Box 30008
Lansing, MI 48909

Fax to: 517-241-8679
Or email Policy-CDC Policy-CDC@michigan.gov.

If the Division of Family Program Policy or CDC Policy supports the local office request, the request shall be made a part of the record. Division of Family Program Policy will forward the request to all parties including: Michigan Administrative Hearing System, the client, authorized representative, authorized hearing representative, and the requesting local office.

Authorized Hearing Representative or Client Requests for State Level Decision and Order Rehearing/ Reconsideration

A written request made by the authorized hearing representative or, if none, by the client and/or the authorized representative, must be faxed to:

(517) 335-6088- Attention: Michigan Administrative Hearing System Client Requested Rehearing/Reconsideration of state level decision and order rehearing/reconsideration.

A request must be received in Michigan Administrative Hearing System within 30 days of the date the hearing decision is mailed.

Granting A Rehearing/ Reconsideration for State Level Decision and Order Rehearing/ Reconsideration

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The Michigan Administrative Hearing System will either grant or deny a rehearing/reconsideration request and will send written notice of the decision to all parties involved.

Michigan Administrative Hearing System grants a rehearing/reconsideration request if:

- The information in the request justifies it; and
- There is time to rehear/reconsider the case and implement the resulting decision within the standard of promptness; see STANDARDS OF PROMPTNESS in this policy.

If the client and or the authorized representative or authorized hearing representative made the request and it is impossible to meet the standard of promptness, the client and/or the authorized representative or authorized hearing representative may waive the timeliness requirement in writing to allow the rehearing/reconsideration.

If the Michigan Administrative Hearing System grants a reconsideration, the state level hearing decision may be modified without another hearing unless there is need for further testimony.

If a rehearing is granted, or if the need for further testimony changes a reconsideration to a rehearing, the Michigan Administrative Hearing System will schedule and conduct the hearing.

JUDICIAL REVIEW

The client or the authorized representative has the right to appeal a Michigan Administrative Hearing System state level decision to the circuit court.

LEGAL AUTHORITY

7 CFR 273.15
42 CFR 431.201 et. seq.
45 CFR 205.10
45 CFR 400.54

MCL 400.9

MCL 400.37
MCL 24.271 through 24.287

Michigan Administrative Code 400.901 et. seq.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

EFFECTIVE June 1, 2013.

Family Independence Program (FIP), Refugee Assistance Program (RAP), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Direct Support Services (DSS), Food Assistance Program (FAP)

Subject(s)

1. Student status.
2. Fugitive felons.
3. Medicaid.
4. DSS coding
5. FIP time limits.

1) Student Status

BEM 245

FAP

Verify school enrollment for persons age 18-49 attending a post-secondary education program. This must be verified at application, redetermination and reported change.

Reason: Clarification to align with DHS-1010, Redetermination.

Communication Plan: Weekly Staff News.

FIP Only

Accept a client's statement that a 6 year old is enrolled and attending school full-time unless questionable.

Verify school enrollment and attendance at application and redetermination beginning with age 7.

Other acceptable documentation that is on official business letterhead is an acceptable verification source.

Clarifications and examples have been added to the item.

Reason: Policy update, policy clarification

Communication Plan: Policy tip

2) Fugitive Felons

BEM 204, Fugitive Felons

FIP, RAP, SDA, CDC, and FAP

A new manual item has been created for fugitive felons. References to the fugitive felons have been removed from BEM 203.

Fugitive felons are not eligible for assistance; see the training job aid on the DHS-Net/Training/OTSD/Documents/Fugitive Felon Interface JobAid.

3) Medicaid

BAM 402

Applicants who are receiving private duty nursing are excluded from Medicaid Health Plan enrollment. This is information for the specialists only.

Reason: Costs of care not part of the capitated payment calculation for health plans.

BAM 825

Deleted references to St. Jude Children's hospital and Shriner.

Reason: Requested by policy analyst.

BEM 110, 132, 240

Removing references to age related tasks or reminders in Bridges as Bridges does not generate these tasks and reminders. Also removed references to the AA-712 report as it is not currently available.

Reason: Incorrect information led specialist to anticipate a system reminder when there would be none.

BEM 158

Clarified the need to retain the DAC verification for the case record and that the verification of DAC eligibility needs to be completed only once.

Reason: Requested by department analyst.

BEM 405

Clarified the language and added a reminder to review other sections of divestment policy when calculating a divestment penalty month.

Reason: Help waiver agents to understand connection between a penalty month calculation and the cancellation of a penalty.

BEM 547

Updated the policy and removed references to CIMS. MIChoice waiver now requires the specialist to add the provider's ID number into Bridges.

Reason: Streamlining the process because of Bridges system capabilities.

4) Direct Support Services Coding

The coding required for payment of the statewide counseling contracts was updated to reflect new coding.

5) FIP Time Limits

BEM 234

Individuals deferred from Partnership. Accountability. Training. Hope. (PATH) with a deferral reason of establishing incapacity was added to the State Funded FIP section and the State Time Limit Exemptions section.

The clarification was added that months prior to Oct. 1, 2006 were federally funded for both two parent households and clients with a verified disability or long-term incapacity lasting longer than 90 days.

Reason: Policy clarification.

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

BEM 204

Changed Items (content changes) ...

BAM 402
BAM 800
BAM 825
BEM 110
BEM 132
BEM 158
BEM 203
BEM 230B
BEM 232
BEM 234
BEM 240
BEM 245
BEM 547

EFFECTIVE May 1, 2013.

Subject(s)

1. Food Assistance (FAP).
2. Medicaid (MA).
3. Fugitive Felons.
4. Miscellaneous.

1.) Battered Alien

BEM 225, Citizenship/Alien Status

FAP

The definition of battered alien is updated along with miscellaneous grammatical changes.

Reason: Clarification of battered alien eligibility for FAP.

Communication Plan: Weekly News.

2.) Medicaid

BAM 115, Application Processing

When determining retroactive MA eligibility, each past month must have a separate evaluation.

BAM 710

Complete and email the DHS FIELD REQUESTS-DCH OIG Incoming Data Request Form to OHSIGDataRequests@michigan.gov to obtain a list of MA payments in the OI period.

Reason: The contact information for DCH OIG has been updated.

BAM 805

A DHS-8A, Irrevocable Funeral Contract Certification, can not be used to certify a life insurance funded funeral or annuity funded funeral as irrevocable.

Reason: For item continuity.

BEM 101, MA Desk Aid

The Systems Instructions Code Manual is obsolete, The Medicaid Desk Aid has been moved to the Bridges Eligibility Manual.

BEM 165

Email the information to the Buy-in Coordinator at Buyinunit@michigan.gov when full coverage QMB or limited coverage SLMB is approved, changed, terminated. Minor grammatical changes were also made including the removal of references to CIMS, DHS 6440 and LOA2.

Reason: Policy update.

BEM 257, Third Party Resource Liability

Complete all required information and fax the DCH-0078, Request to Add, Terminate or Change Other Insurance to the Third Party Liability Division as quickly as possible. If available, attach copies (front and back) of insurance identification cards. Include copies of identification cards for additional coverages (vision, LTC or dental) available to the client. TPL Division FAX (517) 346-9817. The form may also be found at: https://www.michigan.gov/mdch/0,4612,7-132-2943_4860-286772--SS,00.html

Reason: Updated contact information.

BEM 270

Once an applicant has taken action to receive other potential benefits, do not apply the lack of benefits to past months determinations of eligibility.

Reason: Policy clarification.

BEM 400, Assets

MA only

The asset limits for Medicare Saving Program only recipients changed effective January 1. It is now $7,080 for a group of one and $10,620 for a group of two.

Reason: Policy update.

FIP, SDA and RCA only

Homes and real property are countable assets so a statement for real property assets was added to the “Department Policy and Overview of Asset Policy” sections for policy consistency.

Reason: Policy clarification, policy consistency.

BEM 401

A disabled person can use their own assets to establish an exception B trust.

BEM 401, BEM 405

Transfers to an Exception B, Pooled Trust by a person age 65 or older are subject to divestment analysis. Do a complete divestment determi¬nation if the person is in a Penalty Situation.

BEM 503

Add countable RSDI income information to unearned income item. There is a disregard of the RSDI COLA for the months of January February, and March of each year.

BEM 257

Added URL for the Third Party Liability forms for transmittal to DCH; https://www.michigan.gov/mdch/0,4612,7-132-2943_4860-286772--SS,00.html

3) Fugitive Felons **BEM 203, BAM 811**

All Programs

Fugitive felons are not eligible for SER, their presence disqualifies the group.

Added MCL 400.10a-c and specific FNS regulation to the legal base.

Reason: Clarification.

5) Miscellaneous **BAM 420, FIP/SDA Restricted Payment**

FIP and SDA

Removed references to CIMS and Model Payments.

BAM 809

Minor gramatical changes.

BEM 630

The income limits have been updated effective April 1, 2013.

BEM 167

Two of the operational PACE organizations currently listed have opened a second PACE Center.

1. CentraCare now has a second site at 445 W. Michigan Ave., Kalamazoo, MI 49001 and the toll free number is 877-284-4071.

2. The Center for Senior Independence (CSI) is opening a second site at 250 MacDougall, Detroit, MI 48207. Also, CSI recently changed all their telephone numbers. The 313-653-2020 telephone number is no longer correct. The correct telephone number is 313-543-6320.

A fifth PACE organization became operational in September 2012:

PACE of Southwest Michigan (269) 408-4322
2900 Lakeview Avenue
St. Joseph, MI 49085

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

BEM 101

Changed Items (content changes) ...

BAM 115
BAM 420
BAM 710
BAM 805
BAM 809
BAM 811
BEM 165
BEM 167
BEM 203
BEM 225
BEM 257
BEM 270
BEM 400
BEM 401
BEM 405
BEM 503
BEM 630

EFFECTIVE

May 1, 2013.

EXPLANATION OF PILOT POLICY

The policy contained in the Bridges hearing pilot policy is for DHS county offices that are participating in the hearings pilot for assistance payment programs. The pilot counties are:

- Genesee County, effective May 2013.
- Washtenaw County, effective July 2013.
- Jackson County, effective September 2013.

The following requests for hearings are not included in this pilot and are not subject to this policy; they are covered in Bridges Administrative Manual (BAM) 600, Hearings:

- Intentional Program Violations (IPV).
- Debt collections.
- Michigan Department of Community Health (DCH) hearings.
- Community spouse resource allowances.
- Requests that dispute a Medical Review Team (MRT) disability determination-including State Disability Assistance (SDA) and Medicaid (MA)-based on disability.

Note: SDA and MA hearing requests based on eligibility factors are included in the pilot policy.

BAM 600, Hearings, remains in effect for all counties and programs not specifically mentioned in this policy.

DEPARTMENT POLICY

Family Independence Program (FIP), State Disability Assistance (SDA) (Eligibility), Refugee Cash Assistance (RCA), Food Assistance Program (FAP), Medicaid (MA) (Eligibility), Child Development and Care (CDC) and State Emergency Relief (SER)

Clients have the right to contest a department decision affecting eligibility or benefit levels when they believe the department has taken an action in error. The department provides a two-step hearing process to review the decision and determine appropriateness. The following policy meets the federal and state requirements for a hearing.

Step One: A local evidentiary hearing conducted by a hearing official. There are appeal rights from the local evidentiary hearing to a state level administrative hearing system.

Step Two: A state level hearing with Michigan Administrative Hearing System (MAHS).

Efforts to clarify and resolve the client's concerns must start when the hearing request is received and continue through the day of the hearing.

NOTICE REQUIREMENTS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The application forms and each written notice of case action must inform clients of their right to a hearing. This includes an explanation of how and where to file a hearing request, and the right to be assisted by and represented by anyone the client chooses.

The client must receive a written notice of all case actions affecting eligibility or amount of benefits. When a case action is completed it must specify:

- The action being taken by the department.
- The reason(s) for the action.
- The **specific manual item(s)** that cite(s) the legal base for an action, or the regulation, or law itself; see BAM 220.

Exception: **Do not provide a notice of case action when implementing a hearing decision where the department was upheld. The decision serves as notice of the action.**

HEARING REQUESTS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

All clients have the right to request a hearing. The following people have authority to exercise this right by signing a hearing request:

- An adult member of the eligible group; **or**
- The client's authorized hearing representative (AHR).

Requests for a hearing **must be made in writing and signed** by one of the persons listed above. The request must bear a signature. Faxes or photocopies of signatures are acceptable. The hearing official will deny requests signed by unauthorized persons and requests without signatures.

Exception: For **FAP only**, a hearing request may be written or oral. If oral, complete the DHS-18, Request for Hearing, and ask the client to sign it, or note on the hearing summary that the request was oral.

A hearing request with a client signature may name an authorized hearing representative who is authorized to stand in for or represent the client in the hearing process.

Clients, authorized representatives and/or their authorized hearing representative may express dissatisfaction with a department action, orally

or in writing, without specifically requesting a hearing. Determine whether the client or authorized hearing representative actually wishes to request a hearing. If so, ensure that the request is put in writing. The DHS-18, Request for Hearing, or the hearing request section of the client notice may be used. Note the date of receipt of the original written request on the form/notice; see RFF 18.

All hearing requests **must** be recorded in Bridges, on the Hearing Restore Benefits screen; see Timely Hearing Requests in this policy.

Where to File a Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Instruct clients or authorized hearing representatives to deliver, mail or fax the hearing request to their local DHS office labeled, “ATTENTION HEARINGS COORDINATOR”. The hearings coordinator receives the request on behalf of the department. Route all hearings-related material through the hearings coordinator without regard to whom it is addressed.

All hearings requests received must be date-stamped and forwarded immediately to the hearings coordinator. If the hearing request is received by a local office that is not responsible for the disputed action, date-stamp the request and **forward it immediately to the correct local office** labeled, “ATTENTION HEARINGS COORDINATOR”.

For hearing requests related to Department of Community Health (DCH) determinations, follow procedures in DCH HEARINGS in BAM 600, Hearings.

Requests Signed by an AHR

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The appointment of an authorized hearing representative **must be made in writing**. An authorized hearing representative must be authorized or have made application through probate court **before** signing a hearing request for the client.

Verify the authorized hearing representative's prior authorization unless the authorized hearing representative is the client’s attorney at law, parent or, for **MA only**, spouse. Relationship of the parent or spouse must be verified only when it is questionable. The hearing official will deny a hearing request when the required verification is **not** submitted.

The following documents are acceptable verification sources:

- Probate court order or court-issued letters of authority naming the person as guardian or conservator.
- Probate court documentation verifying the person has applied for guardianship or conservatorship.

- Authorization signed by the client authorizing this person to represent the client in the hearing process.
- Birth or marriage certificate naming the person as parent or spouse.

Note any known information about the identity of the person who signed the request (for example, a spouse) on the DHS-3050, Hearing Summary. Attach a copy of any required verification document to the DHS-3050 and forward to the hearings coordinator.

Process requests signed by someone whose authorized hearing representative status is questionable or unverified according to standard hearings procedures, including restoration of benefits, if appropriate. If the hearing official denies the request, reimplement the disputed case action and recoup the restored benefits; see Recouping Program Benefits in this policy.

Deadlines for Requesting a Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The client or authorized hearing representative has 90 calendar days from the date of the written notice of case action to request a hearing. The request must be **received** in the local office as required in, “Where To File a Hearing Request”, found in this pilot policy.

Note: Days, as used in this policy, mean calendar days unless otherwise specified.

Exception: For **FAP only**, the client or authorized hearing representative may request a hearing disputing the current level of benefits at any time within the benefit period.

See “Timely Hearing Request” in this policy if a request is received:

- Within the negative action period.
- Within 11 days of the effective date of an immediate negative action (such as with adequate notice).

For requests that do **not** meet the definition of a timely hearing request, see “Untimely Hearing Request” in this policy.

Requests for Telephone Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Local evidentiary hearings will be scheduled as in-person hearings. Requests for a telephone hearing must be directed to the prehearing conference supervisor (identified on the local evidentiary hearing notice) and granted by the supervisor (or his/her backup) before a telephone hearing can be conducted. Telephone hearings should be granted only in situations outside the control of the client and/or the authorized hearing representative. Examples of situations outside the

control of the client and/or authorized hearing representative include, but are not limited to;

- Hospital admission, documented by an admission or discharge note.
- Inclement weather.
- Incapacitating Illness, documented by a physician note.

Granting a Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The hearing official may grant a hearing on any of the following:

- Denial of an application and/or supplemental payments.
- Reduction in the amount of program benefits or service.
- Suspension or termination of program benefits or service.
- Restrictions under which benefits or services are provided.
- Delay of any action beyond standards of promptness.
- For **FAP only**, the current level of benefits or denial of expedited service.

Denial of a Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Only the hearing official may deny a request for a hearing. Accept and forward all hearing requests to the hearings coordinator.

For all inappropriate requests and/or requests filed more than 90 days from the date of the notice of case action, do the following:

- Complete a DHS-3050, Hearing Summary, stating:
    - Why the request should not be heard.
    - The request was received after 90 days from the date of the notice of case action (attach a copy of the notice).
- Forward the hearing request and the summary to the hearings coordinator.

The hearing official will inform the client (referred to as the claimant), the authorized hearings representative and the hearings coordinator if the request is denied.

The hearing official will **not** grant a hearing regarding the issue of a mass update required by state or federal law **unless** the reason for the request is an issue of incorrect computation of program benefits or patient-pay amount. Central office may issue separate instructions regarding deletion of pending negative actions and forwarding of hearing requests to hearing coordinator for disposition.

STANDARDS OF PROMPTNESS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Final action on hearing requests, including implementation of the local evidentiary hearing decision, must be completed within 90 days of the date the hearing request was first received (the Standard of Promptness) by any local office or at DHS central office.

For **FAP only**, final action on hearing requests involving only FAP or FAP and any other program (for example, SDA, MA, CDC) must be completed within 45 calendar days of receipt of the written or oral request for hearing.

Exception: When a hearing request is for FIP and FAP ONLY, the FIP timeliness standard of 90 days may be applied.

Local Office Time Limits

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Local offices have **one** business day from receipt of hearing request to do **all** of the following:

- Date-stamp the request.
- Route to the hearings coordinator.

Local Evidentiary Hearings: The local office has **10** days from the date the decision was mailed to implement the local evidentiary hearing decision.

Administrative Reviews: The local office will have **10** days from the date a decision and order is mailed from the Michigan Administrative Hearing System to implement the decision and order.

Hearing Coordinator (HC)Time Limits

The hearings coordinator has **two** business days from the date the hearing request is received to do **all** of the following:

- Enter into the administrative management tribunal system (ADMTS).
- Log the request on the DHS-1940, Hearing Record.
- Determine the nature of the complaint.
- Schedule a prehearing conference with a first line for the 11th calendar day from the receipt of the request for hearing, but no later than the 14th calendar day.

  Note: See Prehearing Conference, FAP Only in this policy.
- Mail the notice of a prehearing conference to the authorized hearing representative and the client.

- Notify all appropriate staff, such as first-line supervisor, child support specialist, quality control auditors, work participation program representative, family independence specialist (FIS)/eligibility specialist (ES) or the Office of the Inspector General (OIG) of the date and time of the prehearing conference.

- Request verification of the authorized hearing representative's authorization, if needed.

For hearing requests disputing:

- Determinations made by the medical review team, follow policy in BAM 600, Hearings.

- Determinations made by DCH; follow BAM 600, Hearings, policy.

- Determinations made by the Office of Child Support (OCS) or a prosecuting attorney's office (PA), a copy of the Request for Hearing **must** be faxed to the office that initiated the adverse action within 24 hours of receipt. The fax cover sheet **must** include:

  - "Local Evidentiary Hearing -Time Sensitive".

  - Contact information for both the family independence manager (FIM)/assistance payments (AP) supervisor and the hearings coordinator.

  - Date and time of the prehearing conference.

When an individual did not appear for the prehearing conference or the issue could not be resolved, a local evidentiary hearing must be scheduled for the 11th calendar day from the date of the scheduled prehearing conference.

Note: When the 11th day falls on a non-work day the local evidentiary hearing must be scheduled as soon as possible but, no later than the 14th calendar day from the scheduled prehearing conference.

The hearings coordinator must do all of the following at the conclusion of the prehearing conference:

- Schedule a local evidentiary hearing in ADMTS.

- Provide client and authorized hearing representative, if any, a copy of all of the following:

  •• Notice of Local Evidentiary Hearing.

  •• Copy of the DHS 3050, Hearing Summary, and all evidence used in making the eligibility determination that caused the action in dispute.

- DHS Proof of Service, signed by the hearings coordinator indicating that the documents were provided to the authorized hearing representative, or if none, the client.

Note: A copy of all items listed above must be placed in the hearings packet.

Local Evidentiary Hearing Official Time Limits

The hearing official has **15** days from the scheduled prehearing conference date to conduct a hearing, render a local evidentiary hearing decision and mail it to the local office, the client and the authorized hearing representative, if any.

Local Controls

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A DHS-1940, Hearing Request Record, or its equivalent must be maintained by the hearings coordinator. The coordinator is responsible for tracking the progress of the hearing request from receipt through disposition; see RFF 1940.

Note: A copy of the hearing request record must be made available to central office upon request.

Requests for Adjournment

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The client, authorized hearing representative or local office may request an adjournment of a scheduled local evidentiary hearing. The authorized hearing representative or, if none, the client, may request an adjournment up to 48 hours in advance of the local evidentiary hearing. A request for adjournment must be made in writing to the hearings coordinator identified on the Local Evidentiary Hearing Notice.

The local office must request an adjournment from the hearings coordinator. If the adjournment is granted, the local evidentiary hearing is rescheduled, and a new Notice of Hearing is mailed to everyone who received the original notice.

If an adjournment is granted at the request of the client or authorized hearing representative, the standard of promptness is extended for as many days as the local evidentiary hearing is postponed.

Adjournments requested by the local office do not extend the standard of promptness.

Exception #1: For **FAP only**, the hearing coordinator **must** grant one adjournment of a scheduled hearing requested by the client or authorized hearing representative. It **cannot** exceed 30 days unless good cause is shown.

HEARING REQUEST EVALUATION

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Resolve disagreements and misunderstandings quickly at the lowest possible level to avoid unnecessary hearings.

On receipt of a hearing request, schedule a prehearing conference with the authorized hearing representative or, if none, the client, and conduct a supervisory review.

The client or authorized hearing representative is **not** required to phone or meet with any department staff in order to have a hearing.

Supervisory Evaluation

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

On receipt of the hearing request from the hearings coordinator, the first-line supervisor:

- Reviews the disputed case action for accuracy according to policy and fact; see Corrected Case Action in this policy.
- Determines if the request is timely; see INTERIM PROGRAM BENEFITS PENDING THE HEARING in this policy.

Corrected Case Action

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

If the local office determines that the case action needs to be corrected, do the following:

- Update Bridges with the corrected information, including corrected Circumstance Start Change Date (CSCD) dates. Any benefits owed will be issued when Electronic Determination Benefit Calculation (EDBC) and certification is completed. This will result in a new Notice of Case Action being generated to the client. Ensure the authorized hearing representative, if one, is sent the notice.
- For **Interim Assistance Recovery disputes**, central office payment reconciliation staff will process corrective payments.
- For **state Social Security Income (SSI) Payments,** central office SSI payments unit staff will process corrective payments.
- Include a short summary of the actions the local office took to correct all of the client's concerns on the DHS-3050, Hearing Summary. Include a copy of the Notice of Prehearing Conference.
- The DHS-3050, Hearing Summary, cannot ask the Michigan Administrative Hearing System to dismiss the request for hearing.

- At the prehearing conference, explain the action taken and provide the authorized representative, or if none, the client, a copy of the new notice of case action.

MA Only

If a DHS denial is overturned on appeal by a hearing official, an administrative law judge or a court, send or give the client a DHS-334, Reimbursement Notice.

Prehearing Conference

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The department must assure that clients receive the services and assistance to which they are entitled. Concerns expressed in the hearing request should be resolved whenever possible through a conference with the client or authorized hearing representative rather than through a hearing.

The spokesperson for the local office at the prehearing conference may be anyone from the county director to a first-line supervisor. Whoever is assigned this function, however, acts on behalf of the county director.

A DHS prehearing conference notice **must** be generated and mailed to the client and authorized hearing representative upon receipt of a hearing request.

A prehearing conference must be scheduled for the 11th day from the date the local office receives the request, **unless** the authorized hearing representative or, if none, the client, chooses **not** to attend the prehearing conference.

Note: When the 11th day falls on a non-work day, the prehearing conference must be scheduled as soon as possible but, no later than the 14th calendar day from the date the request was received in the local office.

Note: All attempts must be made to accommodate an authorized hearing representative or, if none, the client's request to schedule and hold a prehearing conference prior to the 11th day.

All appropriate staff (for example, first-line supervisor, child support specialist, work participation program representative, FIS/ES, RS or OIG) **must** be notified of the prehearing conference and **must** participate.

> **Note:** When the disputed case action involves an Office of Child Support/prosecuting attorney determination, Office of Child Support/prosecuting attorney staff **must** participate in the prehearing conference.

Do all of the following at the prehearing conference:

- Determine why the client or authorized hearing representative is disputing the DHS action.
- Review any documentation the client or authorized hearing representative has to support his allegation.
- Explain the department's position and identify and discuss the differences.
- Mention to clients the availability of reimbursement for child care or transportation costs incurred in order to attend the hearing; see Reimbursement for Transportation and Child Care in this policy.

State-funded Family Independence Program (FIP) and SDA Only

Contact the local office interim assistance reimbursement (IAR) liaison when the disputed action involves computation by central office payment reconciliation staff of the amount of retroactive SSI benefits recovered from a state-funded FIP or an SDA recipient who signed a repay agreement (**Interim Assistance Recovery**). The liaison **must**:

- Obtain documentation supporting the calculations from payment reconciliation staff.
- Arrange for payment reconciliation staff to participate in the prehearing conference.

FAP Only

For a denial of **expedited service only**, inform clients or authorized representatives that they may request a prehearing conference if they do **not** agree with the DHS decision. The conference must be held within **two** workdays of the request, **unless** the client requests that it be scheduled later. The following persons must attend the conference:

- Specialist’s supervisor and/or the local office director or designee.
- Client, authorized representative or authorized hearing representative.

The specialist is **not** required to attend but may attend at local office option.

LOCAL EVIDENTIARY HEARING PREPARATION

A hearing packet is the DHS-3050, Hearing Summary, and all evidence the department used in making the eligibility determination that is in dispute.

A copy of the hearings packet must be provided to:

1. The client.
2. Authorized hearing representative, if the client has one.
3. The hearing official.
4. The case file.

Hearing Summary

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Complete a DHS-3050, Hearing Summary, and attach all evidence used in making the eligibility determination in dispute, if the dispute is **not** resolved at a prehearing conference. All case identifiers and notations on case status must be complete; see RFF 3050.

The narrative must include all of the following:

- Clear statement of the case action, including all programs involved in the case action.
- Facts which led to the action.
- Policy which supported the action.
- Correct address of the authorized hearing representative or, if none, the client.
- Description of the documents the local office intends to offer as exhibits at the hearing.

Exception #1: For hearing requests disputing state SSI payments; see STATE SSI PAYMENT in this policy.

Exception #2: For hearing requests disputing the Office of Child Support/prosecuting attorney actions, attach a supplemental hearing summary completed by Office of Child Support/prosecuting attorney detailing actions taken and all evidence provided by the Office of Child Support/prosecuting attorney.

State-funded FIP and SDA Only

For **Interim Assistance Recovery (IAR) disputes**, prepare the hearing summary using documents obtained by the local IAR liaison from central office payment reconciliation staff. Attach copies of those and any other supporting documents to the hearing summary and forward to the hearings coordinator.

MA Only

When a hearing request based on a Medicaid denial is received, send or give the client a DHS-333, Retroactive Period/Corrective Action Eligibility Notice. This notice explains the potential for reimbursement of

paid medical expenses after a DHS denial that is overturned on appeal by a hearing official, an administrative law judge or a court. To be eligible for reimbursement, the payment must be for a Medicaid-covered care or service that is provided on or after February 2, 2004. If the client is to be notified of an overturned Medicaid eligibility decision, send or give the client a DHS-334, Reimbursement Notice.

A client may be eligible for reimbursement of medical expenses paid to providers for a retroactive eligibility period Medicaid-covered care or service. A medical payment for care or services received in a client's retroactive period may be reimbursable if it is made between a DHS denial and 10 days after the date an eligibility determination is issued as a result of the hearing request.

A client may also be eligible for corrective action reimbursement of medical expenses paid to providers for care or services received after the DHS application. The corrective action period covers medical expenses paid to providers between the date a DHS administrative hearing request is filed and 10 days after the date an eligibility determination is issued as a result of the hearing request. The client must show that the original denial was incorrect for corrective action reimbursements.

Example: A client submits his income and expense information, but forgets to include proof of health insurance premiums or child support payments and is denied due to excess income. If the client appeals the DHS denial and provides the missing information, this could allow the initial denial, correct when issued, to be overturned. If the care or service for which the client made the medical payment was received after the client's application that resulted in the DHS denial, the payment would not be eligible for reimbursement.

Example:

- February 20 application for Medicaid and retroactive Medicaid is received by DHS.
- April 5 the application is denied.
- May 3 a hearing request is received in the local DHS office.
- June 7 the administrative law judge (ALJ) overturns the denial and determines the client is eligible for Medicaid.
- June 14 the specialist processes the Medicaid opening.

If the medical payment was for care or services received in the retroactive period, the client is eligible for reimbursement for payments between April 5 (the original denial date) and June 24 (10 days after the second eligibility notice is mailed).

If the medical payment was for care or services after the retroactive period, the corrective action period covers payments made between May 3, (the date the hearing request was received by DHS) and June 24, (10 days after the second eligibility notice was mailed).

Managerial Certification

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The local office manager or designee must review all hearing requests which are **not** resolved by the first-line supervisor. The purpose of the review is to ensure that local office staff have done the following:

- Applied DHS policies and procedures correctly.
- Explained DHS policies and procedures to the authorized hearing representative or, if none, the client.
- Offered appropriate referrals to the client.
- Considered requesting a central office policy clarification.

The local office manager must certify:

- The date the Notice of Prehearing Conference was sent to the authorized hearing representative and the client.
- The reason the hearing request could not be resolved.
- That eligibility was properly determined for this case.
- That the hearing request **cannot** be resolved except through formal hearing.

The managerial certification does **not** replace the hearing process. The hearing must be held as scheduled **unless** the authorized hearing representative or, if none, the client, withdraws the hearing request **in writting**.

MA Only

If, prior to a hearing taking place, the local office overturns a Medicaid denial, see “Implementing the Local Evidentiary Decision” in this policy.

CONTINUATION OF PROGRAM BENEFITS PENDING THE LOCAL EVIDENTIARY HEARING

Denial at Application

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The client is **not** entitled to benefits pending the hearing when the reason for the hearing request is a denial at application or for **FAP only**, a denial at redetermination. For **FAP only**, when the hearing request disputes a denial of expedited service, continue to process the application according to normal processing standards.

Timely Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A **timely hearing request** is a request received as provided in, Where to File a Hearing Request, within 11 days of the effective date of a negative action. When the 11th calendar day is a Saturday, Sunday, holiday, or other non-workday, the request is timely if **received** by the following workday.

While waiting for the hearing decision, recipients must continue to receive the assistance authorized prior to the notice of negative action when the request was filed timely. On receipt of a timely hearing request, reinstate program benefits to the former level for a hearing request filed because of a negative action.

For **FAP only**, these actions apply **only** if the benefit period has **not** expired.

Exception #1: For **all programs**, do **not** restore benefits reduced or terminated due to a mass update required by state or federal law **unless** the issue contested is that the benefits were improperly computed.

Exception #2: For **all programs**, do **not** restore program benefits when the authorized hearing representative or, if none, the client and/or the authorized representative, specifically states in writing that continued assistance pending the hearing decision is **not** requested.

Exception #3: For **FAP only**, if the authorized hearing representative or, if none the client and/or the authorized representative, disputes the computation of supplemental benefits, issue the supplement as originally computed.

Untimely Hearing Request

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

If an authorized hearing representative or, if none, the client and/or authorized representative, files an untimely hearing request, program benefits continue at the current level.

Exception: For **FAP only**, benefits must be restored to the former level **if**:

- The delay in filing the request was for good cause (for example, client hospitalized); **or**
- The change was the result of a mass update **and** the issue being contested is that FAP eligibility or benefits were improperly computed **or** that federal law/regulation is being misapplied/misinterpreted.

SSI Disability/ Blindness Denials

SSI-Related MA Only

MA negative actions based on SSI disability/blindness denials **cannot** be deleted if DHS schedules a hearing regarding other issues raised in the hearing request.

However, if a hearing request is filed at SSA regarding the disability/ blindness issue within the pended negative action period, follow the instructions in this policy under Timely Hearing Request.

DHS can **never** delete the negative action if the SSI disability/blindness denial is final as defined in Bridges Eligibility Manual (BEM) 260.

When Changes Occur Pending the Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Pending the hearing decision, restored benefits must **not** be reduced or terminated **unless**:

- A change **not** related to the hearing issue occurs that affects the recipient's eligibility or benefits; **and**
- The authorized hearing representative or, if none, the client and/or the authorized representative, fails to request a hearing about the change after the subsequent notice of negative action.

Note: The client must continue participation with the Partnership, Accountability, Training, Hope, (PATH) program unless the hearing requested is a result of the PATH.

FAP Only

Pending the hearing decision, restored benefits must **not** be reduced or terminated **unless**:

- The benefit period expires.

  Note: The client may reapply and be determined eligible for a new benefit period and amount based on a new application.

- The hearing official makes a preliminary written determination at the hearing that:

  - The sole issue involves federal law, regulation or policy; **and**
  - The claim that the local office misinterpreted or misapplied the regulation or policy, or improperly computed the benefits, is invalid.

RECOUPING PROGRAM BENEFITS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), and CDC

If a hearing request is filed timely and program benefits are restored, recoup overissuances if:

- The request is later withdrawn.
- The hearing official denies the request.
- The authorized hearing representative or, if none, the client and/or the authorized representative, fails to appear for the hearing **and** the hearing official gives you written instructions to proceed.

  Note: If instructions have not arrived within two weeks, call the hearing coordinator.

- The local evidentiary hearing decision upholds the department's action.

Calculate the overissuance from the date the negative action would have taken effect until the date the negative action is subsequently implemented.

If an administrative recoupment is processed to recover an overissuance due to a hearing, send a timely notice of case action. In this situation, the client is entitled to a hearing solely on the issue of the recoupment amount.

If a **cash** repayment is sought to recover an overissuance, requests for a hearing will **not** be granted **except** in FAP cases. Complete a DHS-3050 describing the current facts. Forward the hearing request and the summary to the hearing coordinator. hearing official will inform the authorized hearing representative or, if none, the client and/or the authorized representative, that a hearing will **not** be granted.

WITHDRAWALS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When any issue is still in dispute, do **not**:

- Suggest that the authorized hearing representative or, if none, the client and/or the authorized representative, withdraw the request; **or**
- Mail a withdrawal form to the authorized hearing representative or, if none the client and/or the authorized representative, unless it is requested.

When correcting a case action, follow procedures in the Corrected Case Action section of this policy. Do **not** ask for a withdrawal based on an action that will be taken in the future.

When the client's authorized hearing representative requests a hearing on behalf of the client, the client **may not withdraw** the hearing request without first providing the department with a written, signed notice stating he/she wishes to revoke the authorized hearing representative's authorization to represent the client. The authorization to represent must be revoked by the client before the client signs the DHS-18A, Hearing Request Withdrawal.

The hearing official will **not** accept a withdrawal if it fails to adequately address and dispose of all concerns in the hearing request. The hearing official will notify the hearings coordinator, the authorized hearing representative, the client and the authorized representative if a withdrawal is **not** accepted.

Prior to Scheduling a Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When all issues are resolved and the authorized hearing representative or, if none, the client and/or the authorized representative, wishes to withdraw the request, **ask for a signed, written withdrawal**. The DHS-18A, Hearing Request Withdrawal, may be used for this purpose. The withdrawal must clearly state why the client, authorized representative or authorized hearing representative wishes to withdraw the request. Enter all identifying case information on the withdrawal, attach the original copy to the request and forward them to the hearing official. File a copy of the withdrawal in the legal packet of the case record. Update Bridges as necessary.

After Scheduling a Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When all issues are resolved and the authorized hearing representative or, if none, the client and/or the authorized representative wishes to withdraw the request, do the following:

- **Client requests withdrawal while in the local office.** Ask for a signed, written withdrawal. The DHS-18A, Hearing Request Withdrawal, should be used. Remove the local evidentiary hearing from the schedule and notify the hearing official of the schedule change. The original request form must be placed in the case file at the local office.

- **Client requests withdrawal via telephone.** Ask the caller to promptly send a signed, written request for withdrawal to the local office. The client may obtain and complete a DHS-18A at the local office or online at: www.michigan.gov/dhs-forms in the Other category.

  When the request for withdrawal is received, remove the local evidentiary hearing from the schedule and notify the hearing official of the change in schedule. File the original request in the case record.

At The Time of Hearing

When a client comes to the local office for a local evidentiary hearing and while at the local office decides to withdraw the request, allow the assigned hearing official the opportunity to discuss the withdrawal with the authorized hearings representative, or if none, the client and/or the authorized representative.

STATE SSI PAYMENT (SSP)

SSPs are made for only those months the recipient received a regular monthly federal benefit. This is shown on the single online query (SOLQ) as a recurring payment dated the first of the month. **SSPs are not issued for retroactive or supplemental federal benefits.**

The authorized hearing representative or, if none, the client and/or the authorized representative, may request a hearing when the client receives a DHS-430, Benefit Reduction Notice, stating that the SSP is being reduced or terminated; see BEM 660.

Handle these hearing requests in the same manner as all other benefit hearing requests.

When a hearing request (usually a DHS-430) is received, do all of the following:

- Log the receipt of the hearing request on Bridges. A timely hearing request will delete the negative action and issue a warrant equal to the previous quarterly payment.

  Note: The cutoff date for entering the receipt of a timely hearing request for the State SSI Payment program is the payroll run date for case digit ending in 9; see RFS 106. If a hearing request was received timely but was not entered on Bridges by this date, fax a

copy of the hearing request to the State SSI Payment Unit at (517) 335-7771, or email: SSI-Bridges-Coord@michigan.gov. The State SSI Payment Unit will issue a supplemental payment.

- Request a SOLQ.
- Prepare a Hearing Summary, DHS-3050.
- Introduce the SSI DATA page as evidence at the hearing to verify the action taken; see Exhibit I and Exhibit II in BEM 660.

  Note: Contact the State SSI Payment Unit at (517) 335-3627 or email at SSI-Bridges-Coord@michigan.gov for assistance if the SOLQ fails to explain the action taken.
- Represent the department at the hearing.
- If the local evidentiary hearing decision reverses the action taken by the department, issue a supplemental payment.

Prepare for the hearing under the guidance of the SSI Payments Unit staff, as needed. SSI Payments Unit staff will **not** participate in the hearing but are available for consultation regarding:

- Preparation of the hearing summary.
- Presentation of the case at hearing.

If the SSI Payments Unit determines the disputed case action should be reversed, it will take all actions required. Inform the hearing coordinator of the reversal in writing. The hearing official will then dismiss the hearing request.

CLIENT ACCESS TO THE CASE RECORD

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Clients, authorized representatives and their authorized hearing representatives have the right to review the case record and obtain copies of needed documents and materials relevant to the hearing. Send a copy of the DHS-3050 and all documents and records to be used by the department at the hearing to the authorized hearing representative or, if none, the client and/or the authorized representative. DHS-4772, Hearing Summary Letter, **must** be used for this purpose.

Exception #1: Do **not** disclose the identity of any person who reported information relating to an alleged program violation.

Exception #2: DHS **cannot** provide access to case records restricted by law or specific orders of a court; see BAM 310.

Exception #3: Access to certain mental health records is restricted; see BAM 310.

NOTICE OF LOCAL EVIDENTIARY HEARING

If the case action involved actions taken by the Office of Child Support/ prosecuting attorney, fax a copy of the Notice of Hearing to the Office of Child Support/prosecuting attorney within 24 hours of receipt.

Fax number for the Office of Child Support: (517) 241-0844

If the action was taken by a prosecuting attorney, use the internet address below to obtain contact information:

http://mi-support.cses.state.mi.us/partneractivities/maps/PA_Contact_List.asp

THE LOCAL EVIDENTIARY HEARING

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A hearing will take place if the local office and the authorized hearing representative or, if none, the client and/or the authorized representative were unable to resolve the issue(s) which prompted the hearing request.

The hearing coordinator must give advance written notice of the time, date, and place of the hearing. For **FAP only**, advance notice is specifically defined as the 10 day period preceding the date of the hearing. However, the authorized hearing representative or, if none the client and/or the authorized representative, may request less advance notice to expedite the hearing.

Clients have the right to all of the following:

- Representation by legal counsel, or other person of choice, at the client's expense.
- Barrier-free access to the hearing site.
- Interpreters: see BAM 105.
- Child care and transportation costs, including parking fees as necessary to ensure that full participation in the hearing process is possible.

Subpoenas

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Request a subpoena if the specialist, the authorized hearing representative or, if none, the client and/or the authorized representative, requires either:

- A person outside DHS to come to a hearing to testify.
- A document from outside DHS to be offered as evidence at the local evidentiary hearing.

Send a memo requesting the subpoena to the hearing official. Attach a copy of the notice of hearing (or other indication of date, time and place of hearing) if available. Allow adequate time to mail or hand-deliver the subpoena. The memo must include all of the following:

- Name and address of the person whose testimony is required.
- What document is to be subpoenaed.
- Why the person's presence and/or the document is needed at the hearing.
- How the person's testimony or the document relates to the hearing issue.

The requester is responsible for serving the subpoena and must pay the attending witness $12 per day or $6 per half-day plus the state travel rate per mile to and from the person's residence in Michigan; see Employee Handbook policy, EHP 400 Subpoenas Issued in Administrative Matters.

DHS employees are expected to participate in hearings **without** a subpoena when their testimony is required; see Employee Handbook policy, EHP 400, Subpoenas Issued in Administrative Matters.

If the specialist, the authorized hearing representative or, if none, the client and/or the authorized representative, requests that a DHS employee (for example, from another county or central office) participate in the hearing and that participation cannot be arranged, send a memo to the Office of Legal Service giving all of the following:

- The name and location of the employee.
- Why the employee's participation is needed.
- How the employee's testimony relates to the hearing issue.

The hearing official will decide whether to require the employee's participation.

Reimbursement for Transportation and Child Care

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Clients may request reimbursement of transportation and child care costs at the local evidentiary hearing. Clients must make the request on the hearing record and provide the hearing official the following information:

- Their name and address.

- For transportation expense reimbursement, the number of miles traveled round-trip for the hearing and/or receipts of any parking costs incurred.
- For child care expense reimbursement, the provider type (for example, child care center) and a signed and dated receipt from the provider showing the full names and ages of all children for whom care was provided.

The hearing official will issue the reimbursements when the total combined cost exceeds $3.

Note: Reimbursements are computed using the least costly travel rate in the EHP 400 and child care costs in RFT 270.

In-Person Local Evidentiary Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Hearing coordinators schedule in-person hearings. In-person hearings are conducted in the local office that serves the client.

Late Arrival for the Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Local evidentiary hearings will be held on the scheduled date if the authorized hearing representative or, if none, the client and/or the authorized representative, arrives within 30 minutes of the scheduled time.

If the authorized hearing representative or, if none, the client and/or the authorized representative, arrives **more** than 30 minutes late, do **not** send the person away. Immediately speak with the hearings coordinator for direction on how to proceed. Whenever possible, the local evidentiary hearing will be held on the scheduled date.

Failure to Appear for the Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Contact the hearing official if the authorized hearing representative or, if none, the client and/or the authorized representative, does **not** appear for the hearing within 30 minutes of the scheduled time. Do **not** take negative action until written authorization from the hearing official has been received. If the client, the authorized representative or authorized hearing representative later contacts DHS to have the hearing rescheduled, tell the person to write to the hearings coordinator.

Persons at the Local Evidentiary Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

An authorized hearing representative or the authorized representative may appear at the hearing with or without the client. Attendance of support person(s) is allowed, unless the hearing official determines that space limitations prohibit multiple persons in attendance.

The local office that initiated the case action that leads to the hearing request **must** present the case. If the client moved to another county, the county where the client resides must host the client, however, the office that took the action **must** present the case.

Interim Assistance Recovery

State-funded FIP and SDA Only

For **Interim Assistance Recovery disputes**, the local office IAR liaison must arrange for central office payment reconciliation staff to participate in the hearing by telephone.

Presentation of the Case

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The local office and the authorized hearing representative or, if none, the client and/or the authorized representative will present their position to the hearing official, who will determine whether the actions taken by the local office are correct according to fact, law, policy and procedure. In most cases, the authorized hearing representative or, if none, the client, the authorized representative, and local office staff will be together in the hearing room with the hearing official.

Following opening statement(s), if any, the hearing official directs the DHS case presenter to explain the position of the local office. The hearing summary, or highlights of it, may be read into the record at this time. The hearing summary may be used as a guide in presenting the evidence, witnesses and exhibits that support the department's position. Always include the following in planning the case presentation:

- An explanation of the action(s) taken.
- A summary of the policy or laws used to determine that the action taken was correct.
- Any clarifications by central office staff of the policy or laws used.
- The facts which led to the conclusion that the policy is relevant to the disputed case action.
- The DHS procedures ensuring that the client received adequate or timely notice of the proposed action and was afforded all other rights.

Note: Both the local office, the authorized hearing representative or, if none, the client and/or the authorized representative, must be given adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, cross-examine adverse witnesses, and cross-examine the author of a document offered in evidence.

Admission of Evidence

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The hearing official will follow the same evidentiary rules used in circuit court to the extent these rules are practical in the case being heard. But, the hearing official may admit and give probative effect to evidence of a type of commonly relied on by reasonably prudent persons in the conduct of their affairs. The hearing official must ensure that the record is complete, and may do the following:

- Attempt to ensure all the necessary information is presented on the record.
- Be more lenient than a circuit judge in deciding what evidence may be presented.
- Refuse to accept evidence that the hearing official believes is:
  - Unduly repetitious.
  - Immaterial.
  - Irrelevant.
  - Incompetent.

Note: The hearing official may not act as an advocate for either party.

Either party may:

- State on the record its disagreement with the hearing official's decision to exclude evidence and the reason for the disagreement; **and**
- Object to evidence the party believes should **not** be part of the hearing record.

When refusing to admit evidence, the hearing official must state on the record the nature of the evidence and why it was **not** admitted. The hearing official may allow written documents to be admitted in place of oral testimony if the hearing official decides this is fair to both sides in the case being heard.

LOCAL EVIDENTIARY HEARING DECISIONS

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The hearing official determines the facts based only on the evidence introduced at the hearing, draws a conclusion of law, and determines whether DHS policy was appropriately applied. The hearing official issues a local evidentiary hearing decision which becomes final **unless** appealed to the Michigan Administrative Hearing System within **15**

days of the date the local evidentiary hearing decision notice was mailed.

The Local Evidentiary Hearing Notice will identify:

1. The right to request a rehearing/reconsideration. See Rehearing/ Reconsideration in this policy.
2. The right to request a state level review. See State Level Review in this policy.
3. The client's right to a judicial review. See Judicial Review in this policy.

The hearings coordinator mails the local evidentiary hearing decision to the authorized hearing representative, the client and/or the authorized representative and provides a copy to the case worker for the client's case file. The client or the authorized hearings representative have the right to appeal a final decision to the Michigan Administrative Hearing System within 15 days after the mail date on the local evidentiary hearing decision. Appeals to the Michigan Administrative Hearing System must be made directly to MAHS by:

Fax: (517) 335-6088

U.S. mail:
Michigan Administrative Hearing System
PO Box 30639
Lansing, MI 48909

Implementing the Local Evidentiary Hearing Decision

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

All hearing decisions **must** be recorded in Bridges, on the Hearing Restore Benefits screen.

Some hearing decisions require implementation by the local office. Implement a local evidentiary hearing decision within **10** calendar days of the mailing date on the local evidentiary hearing decision and/or the decision and order.

Note: When the department is upheld, do not provide a notice of case action. The local evidentiary hearing decision and/or the decision and order serves as notice of the action.

If unable to determine what action is required, contact the policy clarification mailbox. See; BEM 100 Introductions. DHS policy staff will clarify the situation with the hearing coordinator.

If a hearing decision or a local office review results in Medicaid eligibility, send or give the client a DHS-334, Reimbursement Notice. This notice explains the procedure for a client to follow to request reimbursement of paid medical bills from the Department of Community Health (DCH).

Send a DHS-45, DHS to DCH/MIChild/FTW, transmittal and a copy of the DHS-334, Reimbursement Notice, that was sent to the client to:

Department of Community Health
Medical Services Administration
Eligibility Quality Assurance Section /Reimbursement
400 S. Pine St., 5th floor
Lansing, MI 48913

The following hearing decision is **not** implemented by the local office; decisions about Interim Assistance Recovery disputes are implemented by central office payments reconciliation staff.

Note: See BEM 660 for instructions on implementing decisions about State SSI Payments.

Certifying Implementation of the Local Evidentiary Hearing Decision

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When a decision requires a case action different from the one originally proposed, a DHS-1843, Administrative Hearing Order Certification, is sent with the local evidentiary hearing decision.

Complete the necessary case actions within **10** calendar days of the mailing date noted on the local evidentiary hearing decision. Complete and send the DHS-1843 to the hearing coordinator to certify implementation and place a copy of the form in the case file.

If it is impossible to implement the local evidentiary hearing decision as written within **10** calendar days, a local office manager or hearings coordinator should contact the hearing official who issued the decision. The hearing official will offer advice on how to proceed. A local office manager or hearings coordinator is responsible to follow up to ensure implementation of the local evidentiary hearing decision is completed.

Additional Low-Income Medicare Beneficiaries (ALMB)

MA Only

The hearing official cannot order prior months of ALMB eligibility when the prior month(s) is before January of the current calendar year.

Example: A client applies in December 2012 and the specialist determines eligibility in January 2013. The MA begin date is January 2005. There is no eligibility for December 2012 because it is before January of the current year.

Notifying Partners

If the Office of Child Support/prosecuting attorney or the Office of Inspector was involved in the hearing, a copy of the decision and order **must** be faxed to the Office of Child Support/prosecuting attorney within **24** hours of receipt. See; Notice of Hearing, in this policy.

STATE LEVEL REVIEW

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The department, attorney general, client and/or the authorized representative, or authorized hearing representative may file a written request for a state level review. The request must:

- Be made within **15** days of the mail date on the Local Evidentiary Hearing Decision.
- Be in writing.
- Include a copy of the Local Evidentiary Decision.

Be made directly with the Michigan Administrative Hearing System by fax or U.S. mail.

Fax to: (517) 335-6088

U.S. Mail: Michigan Administrative Hearing System
PO Box 30639
Lansing, MI 48909

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Requests for a state level review will be scheduled for an administrative review of the record unless a *de novo* hearing is specifically requested.

FAP Only

Requests for a state level review will be scheduled for a *de novo* hearing unless an administrative review of the record of the local evidentiary hearing is specifically requested.

Administrative Review of the Record: Means a review of the local evidentiary hearing digital recording, the facts of the case, the applicable law, and evidence presented at the local evidentiary hearing.

***De novo* Hearing:** Means a new hearing**.**

If the Michigan Administrative Hearing System holds in favor of the client eligibility will be determined or benefits will be restored as directed by the state level review decision and order.

The Michigan Administrative Hearing System has 45 days from the date the Request for Hearing was received to schedule and conduct the state level hearing or administrative review and issue the decision and order.

THE STATE LEVEL HEARING

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Michigan Administrative Hearing System must give advance written notice of the time, date and place of the hearing. For **FAP only**, advance notice is specifically defined as the 10 day period preceding the date of the hearing. However, the client or authorized hearing representative may request less advance notice to expedite the hearing.

Clients have the right to all of the following:

- Representation by legal counsel, or other person of choice, at the client's expense.
- Barrier-free access to the hearing site.
- Interpreters: see BAM 105.

Child care and transportation costs as necessary to ensure that full participation in the hearing process is possible.

State Level Telephone Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Michigan Administrative Hearing System schedules a telephone hearing for most cases. However, at the request of the authorized hearing representative or, if none, the client and/or authorized representative, Michigan Administrative Hearing System must schedule an in-person hearing.

Telephone hearings are conducted from the assigned ALJ's office. Speaker phones are used to communicate with participants at the local office.

Late Arrival for the State Level Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

State level hearings will be held on the scheduled date if the client or authorized hearing representative arrives within 30 minutes of the scheduled time.

If the client or authorized hearing representative arrives **more** than 30 minutes late, do **not** send the person away. Immediately call Michigan

Administrative Hearing System for direction on how to proceed. Whenever possible, the hearing will be held on the scheduled date.

Failure to Appear for the State Level Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

Contact Michigan Administrative Hearing System if the client or authorized hearing representative does **not** appear for the hearing within 30 minutes of the scheduled time. Do **not** take negative action until written authorization from Michigan Administrative Hearing System has been received. If the client or authorized hearing representative later contacts DHS to have the hearing rescheduled, tell the person to:

- Write the Michigan Administrative Hearing System at P.O. Box 30639, Lansing, MI, 48909-8139; **or**
- Call the Michigan Administrative Hearing System at the toll-free number included on the DHS-26A.

Persons at the State Level Hearing

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

An authorized hearing representative may appear at the hearing with or without the client. A support person may be present **if** the client states on the record that the person's presence is requested.

Presentation of the Case in State Level Hearings

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The local office and client or authorized hearing representative will each present their position to the ALJ, who will determine whether the actions taken by the local office are correct according to fact, law, policy and procedure. In most cases, the client or authorized hearing representative and local office staff will be together in the hearing room and will speak into a speaker telephone. The ALJ will be on the other end of the phone line.

Following the opening statement(s), if any, the ALJ directs the DHS case presenter to explain the position of the local office. The hearing summary, or highlights of it, may be read into the record at this time. The hearing summary may be used as a guide in presenting the evidence, witnesses and exhibits that support the department's position. Always include the following in planning the case presentation:

- An explanation of the action(s) taken.
- A summary of the policy or laws used to determine that the action taken was correct.
- Any clarifications by central office staff of the policy or laws used.
- The facts which led to the conclusion that the policy is relevant to the disputed case action.

- The DHS procedures ensuring that the client received adequate or timely notice of the proposed action and affording all other rights.
- The local evidentiary hearing decision.

Both the local office and the client or authorized hearing representative must have adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, cross-examine adverse witnesses, and cross-examine the author of a document offered in evidence.

Admission of Evidence

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The ALJ will follow the same rules used in circuit court to the extent these rules are practical in the case being heard. The ALJ must ensure that the record is complete.

STATE LEVEL DECISION AND ORDERS (D&O)

State Level Administrative Review

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A Michigan Administrative Hearing System administrative law judge will review the entire record established at the local evidentiary hearing. The administrative law judge will consider the admitted evidence, the digital recording of the local evidentiary hearing, and the applicable law and policy, and will reach an independent decision.

The ALJ determines the facts based only on evidence introduced at the state level hearing, draws a conclusion of law, and determines whether DHS policy was appropriately applied.

State Level Administrative Review Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The ALJ determines the facts based on the recorded testimony and the evidence admitted at the local evidentiary hearing, draws a conclusion of law, and determines whether the DHS policy was appropriately applied.

Michigan Administrative Hearing System mails the final hearing decision to the client, the authorized hearing representative and the local office. In most cases, the client has the right to appeal a final decision to circuit court within 30 days after that decision is received.

Implementing the State level Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

All state level hearing decisions **must** be recorded in Bridges, on the Hearing Restore Benefits screen.

Some hearing decisions require implementation by the local office. Implement a decision and order within 10 calendar days of the mailing date on the hearing decision. **Do not provide a notice of case action. The D&O serves as notice of the action.**

Certifying Implementation of the State Level Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

When a state level decision requires a case action different from the one originally proposed, a DHS-1843, Administrative Hearing Order Certification, is sent with the D&O.

Complete the necessary case actions within 10 calendar days of the mailing date noted on the state level hearing decision. Complete and send the DHS-1843 to MAHS to certify implementation and place a copy of the form in the case file.

If it is impossible to implement the D&O as written within 10 calendar days, a local office manager or hearings coordinator should call Michigan Administrative Hearing System at (517) 373-0722 and speak with the supervisor of the ALJ who issued the D&O. The supervisor will offer advice on how to proceed. A local office manager or hearings coordinator is responsible to follow up to ensure implementation of the D&O is completed.

Rehearing/ Reconsideration of State Level Review Decision and Order

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

A **rehearing** is a full hearing which is granted when:

- The original state level hearing record is inadequate for purposes of judicial review.
- Misapplication of manual policy or law in the state level hearing decision, which led to a wrong conclusion.
- Typographical, mathematical or other obvious error in the state level hearing decision that affects the rights of the client.
- There is newly discovered evidence that existed at the time of the state level hearing or administrative review that could affect the outcome of the state level hearing decision.

A **reconsideration** is a paper review of the facts, law and any new evidence or legal arguments. It is granted when the state level review record is adequate for purposes of judicial review and a rehearing is **not** necessary, but one of the parties believes the hearing official failed to accurately address all the relevant issues raised in the hearing request.

Rehearing/ Reconsideration Request

The department, attorney general, authorized hearing representative or client and/or the authorized representative may file a written request for rehearing/reconsideration.

The department, attorney general, authorized hearing representative, or the client and/or the authorized representative must specify all reasons for the request.

Local Office Requests for Rehearing/ Reconsideration of State Level Decision and Order

A written request from the local office for a rehearing/reconsideration must be sent to the Division of Family Program Policy (DFPP) in central office or to the Michigan Department of Education/CDC Policy for a recommendation. The written request must include all of the following:

- A copy of the local evidentiary hearing decision.
- A copy of the state level decision and order.
- A copy of the hearing summary and all evidence presented at the state level hearing.
- Explanation of why a rehearing/reconsideration is appropriate.

Send requests to:

Division of Family Program Policy
Grand Tower Building, Suite 1307
PO Box 30037
Lansing MI 48909

Fax to: (517) 335-7771

Or email the appropriate policy email box per, BEM 100.

CDC Only

Send requests to:

Michigan Department of Education
Child Development and Care
PO Box 30008
Lansing, MI 48909

Fax to: 517-241-8679
Or email Policy-CDC Policy-CDC@michigan.gov.

If the Division of Family Program Policy or CDC Policy supports the local office request, the request shall be made a part of the record. Division of Family Program Policy will forward the request to all parties including: Michigan Administrative Hearing System, the client, autho-

rized representative, authorized hearing representative, and the requesting local office.

Authorized Hearing Representative or Client Requests for State Level Decision and Order Rehearing/ Reconsideration

A written request made by the authorized hearing representative or, if none, by the client and/or the authorized representative, must be faxed to:

(517) 335-6088- Attention: Michigan Administrative Hearing System Client Requested Rehearing/Reconsideration of state level decision and order rehearing/reconsideration.

A request must be received in Michigan Administrative Hearing System within 30 days of the date the hearing decision is mailed.

Granting A Rehearing/ Reconsideration for State Level Decision and Order Rehearing/ Reconsideration

FIP, SDA (Eligibility), RCA, FAP, MA (Eligibility), CDC and SER

The Michigan Administrative Hearing System will either grant or deny a rehearing/reconsideration request and will send written notice of the decision to all parties involved.

Michigan Administrative Hearing System grants a rehearing/reconsideration request if:

- The information in the request justifies it; and
- There is time to rehear/reconsider the case and implement the resulting decision within the standard of promptness; see STANDARDS OF PROMPTNESS in this policy.

If the client and or the authorized representative or authorized hearing representative made the request and it is impossible to meet the standard of promptness, the client and/or the authorized representative or authorized hearing representative may waive the timeliness requirement in writing to allow the rehearing/reconsideration.

If Michigan Administrative Hearing System grants a reconsideration, the state level hearing decision may be modified without another hearing unless there is need for further testimony.

If a rehearing is granted, or if the need for further testimony changes a reconsideration to a rehearing, the Michigan Administrative Hearing System will schedule and conduct the hearing.

JUDICIAL REVIEW

The client or the authorized representative has the right to appeal a Michigan Administrative Hearing System state level decision to the circuit court.

LEGAL AUTHORITY

7 CFR 273.15
42 CFR 431.201 et. seq.
45 CFR 205.10

45 CFR 400.54

MCL 400.9
MCL 400.37
MCL 24.271 through 24.287

Michigan Administrative Code 400.901 et. seq.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

EFFECTIVE January 9, 2013.

Subject **FIP Federal Time Limit**

BEM 210 & 234

The federal 60 month time limit policy is reinstated in part.

To be eligible for FIP, the FIP group cannot include an adult who has accumulated more than 60 TANF funded months, beginning October 1, 1996.

Exception: The federal 60 month time limit policy does not apply to individuals who met the following criteria **on January 9, 2013**:

- An approved/active ongoing FIP EDG **and**
- Who was exempt from participation in the P.A.T.H. program for:
  - Domestic Violence
  - Establishing Incapacity
  - Incapacitated more than 90 days
  - Aged 65 or older
  - Care of a spouse with disabilities
  - Care of a child with disabilities

The exception continues as long as:

- the individual's ongoing FIP EDG reaches 60 TANF federal months and the individual remains one of the above employment deferral reasons. In these instances, the FIP EDG will become state funded after the 60th month.

- the individual, at application, is approved as **any** of the above employment deferral reasons. In these instances, the FIP EDG will be state funded.

The exception ends once one of the above individuals no longer qualifies for one of the above employment deferral criteria, as well as other standard eligibility criteria. The FIP EDG will close or the application will be denied.

Bridges will identify the above clients on the *Michigan/Federal Time Limits Search Summary* screen.

Reason: New Legislation

LEGAL BASE **FIP**

2011 P.A. 131 and 2011 P.A. 132, amending MCL 400.57 - 57u., MCL 400.6(3) and (4)

2012 P.A. 607

**MANUAL
MAINTENANCE
INSTRUCTIONS**

EFFECTIVE March 1, 2013.

BEM 704

Unlicensed child care providers who do not submit all required verifications with their application will be notified and required to return missing verifications within 5 business days. Providers may request an extension by calling the Michigan Department of Education at 1-866-990-3227.

Reason: Program integrity.

Communication: None needed.

BEM 705

Only the following pending charges will prevent a Child Development and Care provider from being denied enrollment or closed:

- Homicide
- Kidnapping
- Sexual Assault
- Assault Excluding Sexual
- Dangerous Drugs
- Sex Offense Excluding Assault and Commercializing
- Weapons Offense

Reason: Program integrity.

Communication: None needed.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

BEM 704
BEM 705

EFFECTIVE March 1, 2013.

Subject

1. Striker Benefit Calculation.
2. DDS Contacts.
3. The case record.
4. Miscellaneous.

1.) Striker Benefit Calculation

BEM 227

FAP

Removal of reference to FAP worksheet to calculate striker benefits.

Reason: Worksheet is obsolete.

2) DDS Contacts

BAM 815

Disability Determination Services contacts have been updated.

Reason: Contact update.

3) Case Records

BAM 300

It is not necessary to put a copy of a consolidated inquiry or single online query (SOLQ) in the Bridges case record.

Reason: Policy clarification.

4) Miscellaneous.

BEM 222 and BEM 630

Changed RAPC to RCA and RAPM to RMA.

BEM 220

The legal citation for Food Assistance was updated.

BAM 105

Equal Opportunity

The DHS Office of Equal Opportunity and Diversity Programs is responsible for all agency equal opportunity and diversity efforts. For more information visit their website at Michigan.gov >Inside DHS>Legal & Policy>Equal Opportunity.

Information regarding bilingual interpreter Services and qualified interpreters for people who are deaf can be found in the Employee Handbook located on the DHS-Net>Human Resources and on the DHS Equal Opportunity website.

Reason: Policy update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

BAM 105
BAM 300
BAM 815
BEM 150
BEM 220
BEM 222
BEM 227
BEM 630

EFFECTIVE February 1, 2013.

Subject(s)

1. Lottery match.
2. Fugitive Felon Match.
3. Internal Revenue Service (IRS) data exchanges.
4. Increase in Overissuance Threshold.
5. Claims Discovery Date.
6. Determining value of FAP Trafficked benefits.
7. Miscellaneous.

1) Lottery Match

BAM 809,

FIP, SDA, MA, AMP and FAP

The Lottery Match is a new item and identifies clients who won $1,000 or more in the previous week.

Depending on the program and amount of winnings appropriate action is needed.

Reason: New match.

BAM 800, Data Exchanges

FIP, SDA, MA, AMP and FAP

Adding the Lottery Match from Michigan Lottery to the data exchanges.

Reason: New match.

2) Fugitive Felon Match

BAM 811

FIP, SDA, CDC and FAP

A new automated match with the Michigan State Police to identify those clients who are fugitive felons on a monthly basis. This match also identifies when the client is no longer a fugitive felon on a daily basis.

Reason: New match.

BAM 800, Data Exchanges

FIP, SDA, CDC and FAP

Adding the Fugitive Felon Match to the data exchanges.

Reason: New match.

3) IRS

BAM 803, IRS Data Match

FIP, MA and FAP

A federal audit requires we inform specialists the IRS tape match information is always confidential whether or not the client has signed the release of information and should never be distributed by any means including email or fax for any reason.

If the client cannot verify the notice information, have the client enter the name and address of the institution from the match on any document, such as the DHS-20, so it can be filed in the case record. If the specialist fills out name and/or address from the match on any documents then it must be sent to the DSP to be logged and destroyed.

Reason: IRS audit.

4) Overissuance Threshold

BAM 700, 705, 715 and 720

All Programs

The agency and client error threshold has been raised to $250 from $125 starting December 1, 2012. All errors under $250 will automatically be set to close by Bridges.

Reason: FNS waiver.

5) Discovery Date

BAM 700, 705, 715 and 720

FIP, SDA, CDC and FAP

Bridges automatically inserts the date when there is an overissuance and a referral is made to the recoupment specialist. The recoupment specialist determines the discovery date for manual claims and it is the date the OI is known to exist and there is evidence available to determine the OI type.

Reason: Federal mandate.

6) FAP Trafficking

BAM 720

FAP Only

Added examples for determining the value of trafficked FAP benefits.

Reason: Policy clarification.

7) Miscellaneous

BAM 600

The title for DCH Administrative Tribunal has been changed to Michigan Administrative Hearings System for the Department of Community Health (MAHS) and the fax number has been updated

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

BAM 809
BAM 811

Changed Items (content changes) ...

BAM 600
BAM 700
BAM 705
BAM 715
BAM 720
BAM 800
BAM 803

EFFECTIVE **January 1, 2013.**

BAM 300

Effective January 1, 2013, local offices will scan and send any unlicensed provider applications or verifications to the Michigan Department of Education (MDE). Local offices should retain scanned information for 90 days from the date it was sent to MDE.

Reason: Unlicensed provider enrollments are now processed by MDE.

BEM 270

CDC Only

Applicants for income eligible CDC should be made aware of other DHS programs and services they may be potentially eligible for and provided the DHS-1171, Assistance Application, if interested. The applicant is not however, required to apply for other DHS programs in order to receive CDC benefits.

Reason: Clarification

BEM 704

This item has been revised to reflect the new process of the enrollment of unlicensed child care providers by MDE.

Reason: Unlicensed providers were previously enrolled by the local DHS offices.

BEM 706, 707

Child Development and Care Unlicensed Provider Application name has been changed.

Reason: The unlicensed provider application has been removed from Bridges and is no longer a DHS form.

Communication Plan: Office of Workforce Development and Training.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

BAM 300
BEM 270
BEM 704
BEM 706
BEM 707

EFFECTIVE January 1, 2013.

Subject(s)

1. Jobs, Education and Training (JET).
2. New Standard of Promptness.
3. FIP/FAP waiver for Employment & Training Activities
4. 21 day Application Eligibility Period (AEP).
5. Good cause reasons for cases active FIP and FAP.
6. Supplemental Security Income (SSI) payment rate increase.
7. Medicaid (MA) updates.
8. Miscellaneous.

1) Jobs, Education and Training (JET)

FIP, FAP

BAM 110, 300 and 600; BEM 100, 201, 218, 228, 229, 230A, 230B, 232, 233A, 233B, 234, 245, 519, and 800

The work participation program name has been changed from Jobs, Education and Training (JET) to Partnership. Accountability. Training. Hope. (PATH).

All references to JET should be considered as PATH as the successor program, as allowed per the Social Welfare Act.

Reason: Program name change.

2) New Standard of Promptness

FIP
BAM 115

Upon receipt of the FIP application, the specialist must run the FIP Eligibility Determination Group (EDG) in Bridges to timely generate an automated DHS- 4785, PATH Appointment Notice, to the client as well as interfacing a referral to OSMIS. While the specialist should run the FIP EDG immediately, this must be completed within five days of the application date. Certify FIP program approval or denial within 45 days.

Reason: Programming change.

3) FIP/FAP Waiver for Employment & Training Activities

FIP

BEM 228

In order to meet federal Fair Labor Standards Act (FLSA) requirements, a participant must engage in other core activities if the maximum unpaid work hours are not enough to meet the minimum federal participation requirements. With the combined FIP/FAP waiver for federally funded FIP cases, the FIP and FAP benefit amounts are combined and divided by the state minimum wage, in most cases allowing the participant increased hours in which they can participate in community services and/or unpaid work experience to meet the federal work participation requirements. Futhermore, if a participant is assigned the maximum

hours allowed by the FLSA calculation, but this maximum is not enough to meet the core hour requirement, the remaining core hours may be deemed. Deeming is the act of giving the participant credit for the completing **core** (for community service or unpaid work experience **only**) hours when they have not actually met their required hours, due to the FLSA restriction. By deeming, the participant meets their required hours for the month.

Bridges interfaces to OSMIS the combined FIP/FAP grant amount on a monthly basis.

A participant with a 30 hour requirement must complete 20 of their required hours in core activities and may complete the additional 10 required hours in non-core activities. If the participant is able to be deem their 20 hour requirement based on the combined FIP/FAP waiver. but does not meet their additional 10 hour non-core requirement, that participant will not meet their required hours for the month.

Reason: Programming change.

4) 21 Day Application Eligibility Period (AEP)

FIP

BEM 229

Completion of the 21 day Application Eligibility Period (AEP) orientation is an eligibility requirement for approval of the FIP application. PATH participants must complete all of the following in order for their FIP application to be approved:

- Begin the AEP by the last date to attend as indicated on the DHS-4785, PATH Appointment Notice.
- Complete PATH AEP requirements.
- Continue to participate in PATH after the completion of the AEP.

Deny the FIP application if an applicant does not complete all of the above components of AEP.

BEM 230A

The last date to attend the AEP is changed from 20 to 15 days, the mailing time frame is changed from 10 to 6 days.

5) Good cause reasons for cases active FIP and FAP

If a participant is active FIP and FAP at the time of FIP noncompliance, determination of good cause is based on the FIP good cause reasons. For the FAP determination, if the participant does not meet one of the FIP good cause reasons, determine the FAP disqualification based on FIP deferral criteria, unless the participant meets the FAP deferral rea-

son of Care of a Child under age 6 or Education. No other deferral reasons apply for participants active FIP and FAP.

Reason: Programming change.

Communication: What's New, OWTD training materials.

6) SSI Payment Rate Increase

Supplemental Security Income (SSI) payment rates for independent living, household of another, eligible child, domiciliary care, personal care and home for the aged will be increased from the 2012 amounts. Rates in effect January 1, 2013 are given in part C - Payments of the Social Security Manual. Treatment of this income is described in the Bridges Eligibility Manual (BEM).

7)MA Mass Updates

MA

BEM 400, 402, 405, 546, Reference Table 248

There is an increase in federal benefits paid to recipients of SSI and RSDI as of January 1, 2013 causing an increase in the equity limit for a homestead, as well as increases to the protected spousal amounts for a community spouse. There are also increases in the private pay rate for nursing homes.

8) Miscellaneous

FAP

BAM 116

The legal citation is updated to align with the federal regulations.

All Programs

BAM 600

The DHS-3050, Hearing Summary, is required for all hearings.

Reason: Policy clarification.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

BAM 110
BAM 115
BAM 116
BAM 600
BEM 100
BEM 201
BEM 210
BEM 218
BEM 228
BEM 229
BEM 230A
BEM 230B
BEM 232
BEM 233A
BEM 233B
BEM 234
BEM 245
BEM 400
BEM 402
BEM 405
BEM 500
BEM 519
BEM 546
BEM 800

EFFECTIVE

December 1, 2013.

Subject(s)

1. Food Assistance Simplified Reporting.
2. Wage Match and Unemployment Compensation Benefit (UCB), IRS Data Exchanges and Lottery Match.
3. Fugitive Felon Match.

1) Food Assistance Simplified Reporting

Food Assistance Program (FAP)

BAM 200

Simplified Reporting (SR) policy is changing. The Department will act on any changes in the households circumstances regardless of whether or not the change(s) results in an increase or decrease in benefits.

SR groups are still required to report only when the group's actual gross monthly income (not converted) exceeds the SR income limit for their group size. They are not required to report any other changes.

Timely action (within 10 days or other time frame specified in policy) must be taken on all reported changes such as applying for another program, regardless of whether the client is required to report the change.

Reason: Rescinded the SR waivers.

Communication Plan: Office of Workforce Training and Development.

2) Wage Match and UCB, IRS Data Exchanges and Lottery Match

FAP

BAM 802, 803 and 809

Special actions required for simplified reporting cases are removed due to recinding of the SR waivers.

Reason: Rescinded the SR waivers.

Communication Plan: Office of Workforce Training and Development.

3) Fugitive Felon Match

All Programs

BAM 811

The title of this item has been changed from Fugitive Felon to Fugitive Felon Match.

Reason: Clarification of item.

Communication Plan: None.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

BAM 200
BAM 802
BAM 803
BAM 809
BAM 811

EFFECTIVE

November 1, 2013.

Subject(s)

Contract Policy Manual (CPM) Section 100 revision

Information about DHS entering into agreements with County DHS Boards was deleted.

Reason: Policy update.

Communication Plan: Publication announcement on DHS-Net What's New.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CPM 100

EFFECTIVE

November 1, 2013.

Subject

The following Contract Policy Manual (CPM) Sections have been revised:

CPM 107

The title was changed from Formal Bidding Process to Bidding because CPM 108 (formerly about the informal bid process) has been deleted and 107 now describes all bidding.

Incorrect information about bidding processes was removed from the introduction and replaced with current information.

The Policy section was deleted.

The Bid/Proposal Requests section was deleted and replaced with two new sections that describe the three bidding processes.

The Planning section was deleted.

The ITB and RFP Templates, Bid Qualifying Requirements, Rating Criteria, Pre-Proposal Conference, and Questions and Answers sections were deleted. The information in them was revised and is part of the new Total Contract Amount Over $10,000 section.

Bidder Response Section, Budget Completion Instructions, and Price Negotiation sections were deleted.

CPM 109

The title was changed from Rating Committee to Evaluation and Contract Award Process.

The introduction was revised to better define the function of a rating committee, and to provide options for when no bids score high enough for raters to recommend an award.

In the Rater Requirements section, the requirement that at least one rater must be a DHS employee was added.

The following duties in the rating process shifted from the contract administrator to the Office of Contracts and Purchasing (OCP):

- Bid disqualification, including maintaining disqualified bids and notifying disqualified bidders.
- Confirming all raters have read and scored each bid with comments and page numbers noted.
- Providing the budget and supporting documentation for each quailfied bid to the fiscal reviewer.
- Sending award recommendation letter.
- Keeping all necessary rating material.

The following sections were deleted:

- Rating Meeting Discussion
- Scoring
- Method for Determining a Recommended Award
- Multiple Services
- Formula
- Award Recommendation Process
- Documents to Keep in File for FOIA Purposes
- Documents to Shred or Discard
- Award and Non-Award Letters

The following sections were added:

- Appeal Process
- Debarment Check
- Criminal Background Check
- Contract Award

CPM 201

A clarification that it is the contract administrator who assigns the contract number was added.

The Program Code heading was replaced with Contract Series.

In the County Code section, the fact that the CA will select the county code if services are provided in multiple counties was added.

The Amendments heading was deleted.

CPM 202

The introduction and urban county exception were deleted.

The DCRS heading was changed to OCP Contract Analyst, and tasks not performed by an analyst were deleted (e.g., performs debarment check on contractor).

OCP now sends contracts directly to contractors.

The Signature section was deleted.

CPM 204

The Review Requirements section was deleted.

Multi-county contracts/grants shall be submitted to the County DHS Board in each county where the service is provided, not in the county where the contractor resides.

The two paragraphs about the CA preparing a response to the County Board chair for the director's signature were deleted.

The urban county exception was deleted.

CPM 205

Updated threshold amounts at which State Administrative Board (SAB) approval is required.

The Bid Tab/SAB-812 Requirements heading was deleted.

The examples of what the SAB will not approve were deleted.

The Retroactive Dates and Process sections were deleted.

CPM 207

Incorrect information about changing a unit rate during the term of a contract, and the Allocating Costs section that contains details about budget line items were deleted.

The amount above which subcontractors must submit a budget was increased to $25,000.

CPM 209

The title was changed from Specific Assistance/Flexible Funds Policy to Specific Assistance.

The section was revised to better explain the topic.

CPM 300

The title was changed from Contract Amendments to Amendments.

The following were deleted:

- Change of Federal ID Number section.
- The explanation of what a contract administrator must do for a change of address.
- The urban county exception.

The description of an amendment's effective date was revised.

The threshold amounts at which State Administrative Board approval is required were updated.

OCP now sends amendments directly to contractors.

CPM 301

The introduction was revised to include a definition of a line item transfer.

Contract administrators now submit denied line item transfer requests to OCP, rather than return them to the contractor.

The Allowable and Unallowable Line Item Transfers sections were deleted.

CPM 305

The introduction was revised to clarify that the DHS chief deputy director is the only person authorized to terminate a contract.

The reasons for termination were revised to match those on the CM-0005, Agreement Termination Request.

The Termination by Mutual Consent and Termination Without Contractor Consent sections were deleted.

CPM 400

Most of the section was deleted and the reader is now referred to the accounting manual.

The Initial Payments section was revised to clarify the DHS chief deputy director approves initial payment language.

CPM 401

Most of the section was deleted; the contract administrator should contact a property analyst within the DHS Bureau of Organizational Services, Division of Occupancy, Lease Management and On-Boarding Services for further instructions.

CPM 500

The following defintions were deleted:

- Accounts Payable
- Audit
- Closeout
- Comprehensive Local Office Purchase Plan (CLPP)
- Consensus
- Contract Monitoring
- Cumulative
- Delegated Services
- Discretionary Fund
- Equipment
- Flexible Funds
- Formal Bid
- Grant

- Informal Bid
- Local Office (see Outstate)
- Non-Delegated Services
- Non-Discretionary Award
- Non-Posted Contract
- Off-Site Monitoring
- On-Site Monitoring
- Outstate (see Local Office)
- Preauthorized Services
- Pre-Award Monitoring
- Purchase Splitting
- Request for Proposal
- Sole Source
- Urban Counties

The following defintions were added:

- Competitive bidding
- Program standards

The following changes were made:

- Bid4Michigan is now Buy4Michigan.
- County Board is now County DHS Board
- Pre-Proposal Conference is now Pre-Bid Conference

The following CPM Sections have been deleted:

104
108
200
203
206
208
210
303
402
501

Reason: Policy update.

Communication Plan: Publication announcement on DHS-Net What's New.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CPM 107
CPM 109
CPM 201
CPM 202
CPM 204
CPM 205
CPM 207
CPM 209
CPM 300
CPM 301
CPM 305
CPM 400
CPM 401
CPM 500

Deleted Items ...

CPM 104
CPM 108
CPM 200
CPM 203
CPM 206
CPM 208
CPM 210
CPM 303
CPM 402
CPM 501

EFFECTIVE

June 1, 2013.

Subject(s)

Contract Administrator/Monitor was changed to Contract Administrator, Office of Logistics and Rate Setting was changed to Office of Contracts and Purchasing, and Bid4Michigan was changed to Buy4Michigan in the following Contract Policy Manual (CPM) sections:

CPM 100
CPM 101
CPM 103
CPM 106

Communication Plan: Publication announcement on DHS-Net What's New.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CPM 100
CPM 101
CPM 103
CPM 106

EFFECTIVE

June 1, 2013.

Subject

The title was changed from Human Services CS-138 Process to Personal Service Request Process (CS-138) to more clearly define the item as a process for requesting civil service permission to enter into a contract for personal services.

The Department of Civil Service was changed to the Michigan Civil Service Commission and CS was used throughout the document wherever civil service had been cited previously. The CS-138 section was retitled the Personal Service Request Process. CA was changed to Contract Administrator. Multi-year period was defined as the entire period of the agreement. Cumulative dollar amount was defined as the total contract value.

The text for preauthorized services was not changed however the text was moved to the second paragraph.

All references to the Administrative Handbook were removed with new instructions written on where to access current additional information needed to complete the CS-138 request.

The address for the civil service website and directions on how to retrieve a DHS form and complete it was removed. The language for preauthorized services was simplified.

The text for amendments did not change.

The location for the CS-138 crosswalk was updated, the contract office name was updated and a summary of the crosswalk was removed.

The address for civil service website was removed.

Reason: CPM 102 has been revised and reorganized.

Communication Plan: Publication announcement on DHS-Net What's New.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CPM 102

EFFECTIVE

April 1, 2013.

Subject

The following items have been revised and reorganized.

- CPM-100, General Information.
- CPM-101, Roles and Responsibilities.
- CPM-103, Contract Program Policy Exception Request.
- CPM-104, Overview of Competitive Bidding.
- CPM-106, Fair Market Value.

CPM-105 has been deleted. Relevant information from CPM 105 was moved to CPM 104.

Reason: Policy update.

Communication Plan: Publication announcement on DHS-Net under What's New.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CPM 100
CPM 101
CPM 103
CPM 104
CPM 106

Deleted Items ...

CPM 105

EFFECTIVE

December 1, 2013.

Subject(s)

Contract Policy Manual (CPM) Section 101 revisions

In the fourth item on the first page, the name of the DHS-138-CPS form was changed to Request for Approval to Contract for Personal Services.

The reference to CM-BPS, Bid Process Synopsis, in item 13 on page two was deleted and replaced with CM-3837, Bid Selection Documentation.

Reason: Policy update.

Communication Plan: Publication announcement on DHS-Net What's New.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CPM 101

EFFECTIVE

June 1, 2013.

Subject

All items in the Community Resource Manual (CRM) have been updated to reflect changes in policies, web-based tools and in terminology such as L-letter to FOA memo.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

CRM 100
CRM 101
CRM 102
CRM 103
CRM 105
CRM 106
CRM 107
CRM 200
CRM 300
CRM 400

EFFECTIVE

April 1, 2013.

Subject

The procedure for obtaining *Early On*© brochures has changed.

Early On© is voluntary to families therefore, CPS workers **must** notify the family that a referral is being made to *Early On* and provide the family with the *Early On* brochure. Brochures can be ordered online at http://www.1800earlyon.org/.

Reason: Policy update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

EOM 100

EFFECTIVE

October 1, 2013.

Subject(s)

1. Income update.
2. Contact update.
3. Application processing.
4. Exception requests.
5. Income expense.
6. Energy services.
7. Utility services.
8. Relocation.
9. Home Ownership.
10. Burials.
11. Payments.
12. Reference Guide.

1) Income Update

ERM 100, ERM 208

Policy has been updated to reflect the updated Federal Poverty limit.

Reason: Annual update.

2) Contact Update

ERM 102

SER applicants have the right to request a hearing regarding any action, failure to act, or undue delay in processing by the department. Hearing requests must be in writing. Forward general complaints to the Customer Service Unit at 1.855.275.6424.

Reason: Contact update.

3) Application Processing

ERM 103

No additional applications are required to process the DHS 1514, Application for State Emergency Relief; the DHS 1514 is a stand-alone application.

In-person interviews are required for persons who are applying for SER services and are not active for another DHS program. The in-person interview is waived for applicants who are active for another

DHS program or have applied online through MIBridges. The Individual Interview screen must be completed.

For energy services, the DHS payment is not reduced when another agency is paying the client's current balance or arrearages, in addition to the copay, as long as the additional payment results in a zero account balance. Verify the payments and account balance with the energy provider. The example has been updated.

Reason: Legislative change.

4) Exception Requests

ERM 104

Copay verification date and amount verified was added to the list of required information for requesting a policy exception.

Reason: Policy clarification.

5) Income

ERM 206

Payments for health insurance are an allowable income expense.

Reason: Spelling correction.

6) Energy Services

ERM 301

For energy related emergencies, the SER crisis season runs from November 1 through May 31. Requests for those services will be denied June 1 through October 31.

When the group's heat or electric service for their current residence is in past due status, in threat of shutoff or is already shut off and must be restored, payment may be authorized to the enrolled provider.

Payment may be made on a prepayment account for natural gas or electric services when the balance remaining in the account does not exceed $100. The SER need amount must not exceed the average billing amount for the past six months.

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). Payment for deliverable fuel will not be made if the deliverable fuel tank

contains more than 25% of its heating fuel capacity. If, upon delivery, the existing supply is greater than 25 percent of the heating fuel capacity, the SER payment shall not be made.

The client must complete the DHS-1514, Application for State Emergency Relief or submit an application electronically through MIBridges, no additional application is needed.

Beginning October 1, 2013, the maximum yearly payment limits for the energy-related services are as follows:

- Natural gas, wood and all other fuel types - $450.
- Electricity - $450.
- All-electric household - $450.
- Deliverable fuel (propane, fuel oil and coal) - $850.

The only time we do not reduce the DHS payment is when another agency is paying the client's current balance (the amount NOT subject to shut off) so the client's account will have a $0 balance. If you are unsure if the additional agency commitment results in $0 owed on the account, please confirm the information with the energy provider.

Reason: Public Act 615

7) Utility Services

ERM 302

Payments to residential landlords, residential management companies, billing service agencies, or collection agencies are not eligible to receive emergency service (ES) or SER funds, as they are not the actual service provider. Examples of third party billing companies are:

- Universal Utilities.
- D & B Billing Services.
- Electrical Inspection Company.

Reason: Policy Clarification.

8) Relocation

ERM 303

Update the Living Arrangement screen in Bridges to reflect the appropriate homeless assistance program.

The following verification source was added: Obtain a statement from the rental or moving company to verify the cost of moving the household belongings.

Reason: Policy Clarification.

9) Home Ownership

ERM 304

Approve electrical, plumbing and furnace repairs or replacements only if the contractor holds a valid license issued by the Bureau of Commercial Services at the Department of Energy, Labor and Economic Growth. Verification of a license or registration may be obtained at the following Web site: http://www7.dleg.state.mi.us/bcclicense/.

Reason: Correct URL added.

10) Burials

ERM 306

If no county official is available to apply for SER, contact Energy & Emergency Services at (517) 241-5502 to request a policy exception.

For unclaimed bodies, the county medical examiner or public administrator may apply for burial assistance.

Reason: Policy Clarification.

11) Payments

ERM 401

Providers must register in the Contract & Payment Express (C&PE) in order to receive an SER payment. Please refer providers to the C&PE system, http:www.michigan,gov/cpexpress, prior to enrollment.

Examples of third party billing companies are:

- Universal Utilities.
- D & B Billing Services.
- Electrical Inspection Company.

Reason: Policy clarification.

12) Reference Guide

ERM 402

This item has been removed from the Emergency Relief Manuals since it was outdated and no longer being maintained.

Reason: Policy update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

ERM 100
ERM 102
ERM 103
ERM 104
ERM 206
ERM 301
ERM 302
ERM 303
ERM 304
ERM 306
ERM 401

Deleted Items ...

ERM 402

EFFECTIVE

July 1, 2013.

Subject(s)

State Emergency Relief Payments

ERM 401

Providers should return overpayments to:

Department of Human Services
Cashiers Unit
P.O. Box 30802
Lansing, MI 48909

Information regarding signature requirments has been moved from RFF 849 into this item.

Reason: Policy update.

Communication Plan: Policy bulletin announcement.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

ERM 401

EFFECTIVE

June 1, 2013.

Subject(s)

The legal base has been updated for the following:

- ERM 202, Residence, Age and Citizenship.
- ERM 203, Potential Resources.

A specific reference to MAC R400.7021 has been added.

Reason: Policy update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

ERM 202
ERM 203

EFFECTIVE

March 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The State Emergency Relief manuals have been converted and will have a March 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

ERG GLOSSARY
ERM 100
ERM 101
ERM 102
ERM 103
ERM 104
ERM 201
ERM 202
ERM 203
ERM 204
ERM 205
ERM 206
ERM 207
ERM 208
ERM 209
ERM 210
ERM 301
ERM 302
ERM 303
ERM 304
ERM 306
ERM 307
ERM 401
ERM 402
ERM 403
ERM 404
ERM 405

EFFECTIVE February 1, 2013.

Subject Increase in fiscal year caps for energy-related services.

ERM 301

Energy Services

Beginning February 1, 2013, 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, wood and coal) - $1200.

Note: Caps will revert to their previous values effective 7/1/2013.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

ERM 301

EFFECTIVE

October 1, 2013.

Subject(s)

ERM 208, Budget Procedures

Policy has been updated to reflect the updated Federal Poverty limit. ERM 208 was inadvertently excluded from BPB 2013-005.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

ERM 208

EFFECTIVE July 1, 2013.

Subject **FOM-802, Mental Health, Behavioral and Developmental Needs in Foster Care**

FOM 802 establishes policy regarding mental health, behavioral and developmental health services for children and youth in foster care, including:

- Mental health screenings.
- Accessing mental and behavioral health services provided by:
  - Medicaid Health Plans (MHP).
  - Community Mental Health Service Providers (CMHSP).
  - DHS fair market contractors.
- Serious Emotional Disturbance Waiver (SEDW).
- Psychiatric hospitalization.
- Developmental disabilities.

The following existing foster care policies are removed from FOM 722-6 and incorporated into FOM 802:

- Fetal Alcohol Spectrum Disorder (FASD).
- Psychological evaluations for MCI wards.

Reason: Modified settlement agreement; program office clarification.

Communication Plan: Weekly News.

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

FOM 802

EFFECTIVE June 1, 2013.

Subjects

1. Case service plan approval.
2. Foster care supervisory guide & tool.

1) CASE SERVICE PLAN APPROVAL

FOM 722-6, Developing the Service Plan; Supervisor/Foster Care Worker Monthly Case Consultation

The caseworker must meet with his/her supervisor at least monthly for case consultation on every active case.

Supervisors must review and approve each case service plan. Case service plans must not be approved until the supervisor has a face-to-face meeting with the caseworker, which may occur during the monthly case consultation.

Supervisory approval indicates agreement with the:

- Thoroughness, completeness and accuracy of the report.
- Assessment/reassessment of risk and safety of the child.
- Identified needs and strengths of the child and family.
- Rate of progress identified, including barrier reduction and parenting time.
- Appropriateness of current placement.
- Current treatment plan for the child and parent(s).
- Permanency planning goal.
- Caseworker's court recommendations.
- Appropriateness of continued provision of services or case closure.

2) FOSTER CARE SUPERVISORY GUIDE & TOOL

FOM 722-6, Developing the Service Plan; Supervisor/Foster Care Worker Monthly Case Consultation

The DHS-1154, Foster Care Supervisory Guide, and DHS-1155, Foster Care Supervisory Tool, are available to assist supervisors, during monthly case consultations, in gathering information and assessing whether a child's needs of safety, permanency and well-being are met.

The DHS-1154, Foster Care Supervisory Guide, contains the information that **must** be addressed during case consultations, but is not

intended for recording notes. The items in the guide are listed as prompts to guide discussion and should be supported by case documentation.

The DHS-1155, Foster Care Supervisory Tool, **may** be used to take notes on items for follow-up.

Note: The guides and tools are not to be included in the case file.

Reason: CFSR Program Improvement Plan (PIP) and Foster Care Program Office recommendation.

MANUAL MAINTENANCE INSTRUCTIONS

EFFECTIVE June 1, 2013.

Subjects

1. Psychotropic medication and restraint.
2. Law Enforcement Information Network (LEIN) document disposal.
3. Family Team Meeting (FTM).
4. Supervisory review of eligibility forms.

1) PSYCHOTROPIC MEDICATION AND RESTRAINT

FOM-722-2A, CORPORAL PUNISHMENT AND SECLUSION/ISOLATION.

Policy updates for psychotropic medication and peer-on-peer restraint.

Reason: Dwayne B. v Snyder, et al. settlement agreement.

2) LEIN DOCUMENT DISPOSAL

FOM 722-6A, Criminal Record Check - Law Enforcement Information Network (LEIN).

LEIN documents must be cross-cut shredded or incinerated after review, verification of pertinent data, and incorporation of this verified information in narratives, safety plans, and/or petitions.

Reason: Updated for consistency with the LEIN Operations Manual.

3) FAMILY TEAM MEETING (FTM)

FOM 722-6B, Family Team Meeting.

FOM 722-15, Case Closing.

FOM 722-16, Young Adult Voluntary Foster Care (YAVFC).

FOM 722-6B, Family Team Meeting, is a new item detailing the FTM types and time-frames policy.

Annual Transition Meeting and 90-Day Discharge Meeting was removed from FOM 722-15, Case Closing, as it is now included in FOM 722-6B, FTM.

Terminology was updated in FOM 722-16, Young Adult Voluntary Foster Care (YAVFC), to include FTMs.

Reason: Dwayne B. v Snyder, et al. settlement agreement.

Communication Plan: Family Team Meeting Protocol.

4) SUPERVISORY REVIEW OF ELIGIBILITY FORMS

FOM 722-16, Young Adult Voluntary Foster Care.

Ongoing verification of eligibility is required at least quarterly, to coincide with the case service plan due date. The appropriate eligibility forms must accompany the updated case service plan. The supervisor must review the forms and verify the youth's eligibility.

Reason: Foster Care Program Office recommendation.

MANUAL MAINTENANCE INSTRUCTIONS

Added Items ...

FOM 722-6B

Changed Items (content changes) ...

FOM 722-2A
FOM 722-6A
FOM 722-15
FOM 722-16

EFFECTIVE April 1, 2013.

Subject **FOM 902-10, SSI Benefits Application and Determination**

This policy item has been updated for clarity and ease of use.

For questions on the SSI application process or what should be included with the SSI application contact Lana Karadsheh, SSI Advocate, via email at Karadshehl@michigan.gov.

Reason: Federal Compliance Division clarifications.

Communication Plan: SSI job aids.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

FOM 902-10

Changed Items (link changes only) ...

FOM 722-3

EFFECTIVE February 1, 2013.

Subject **FOM 903-1, Introduction to Payments Authorizations**

This policy item was updated with minor language changes.

FOM 902-21, Young Adult Voluntary Foster Care (YAVFC) Funding and Payments.

The link to Contract and Payment Express was updated. Some clarifying language was added to the MAIN enrollment information.

Reason: Policy update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

FOM 902-21
FOM 903-1

EFFECTIVE December 1, 2013.

Subject **Changes and clarification to Education and Training Voucher (ETV) policy.**

- Youth award amounts are based on available federal and state funds.

- A student may receive ETV funds as long as he or she is in good standing and making progress towards completing his or her program or graduating. A student must earn no less than a cumulative 2.0 Grade Point Average (GPA). If the GPA goes below a cumulative 2.0 the youth will not be awarded ETV funds again until it is brought to a 2.0 or above.

  If a youth is attending a technical/vocational program that does not provide a GPA the youth must have passing marks by the program's standards. If it goes below passing marks in a technical/vocational program, the youth will not be awarded ETV funds again until they are passing.

- A youth must not drop or have an incomplete from more than one class in a semester. If he/she does, the youth will not be awarded ETV funds again until a semester is completed without a dropping a class or having an incomplete from more than one class.

Reason: Policy clarification.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

FOM 960

Deleted Items ...

FOM 902-17
FOM 902-20
FOM 903-5

EFFECTIVE

February 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file.

As manuals are converted they will be listed on the Policy News & Tips page. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Interstate Compact manuals have been converted and will have a February 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

ICM 100
ICM 110
ICM 120
ICM 130
ICM 140
ICM 150
ICM 160
ICM 170
ICM 180

EFFECTIVE

October 1, 2013.

Subject(s)

JJ4 430

Community Placement and Reentry

JJ4 430 is updated to provide additional guidance on community placement and reentry service eligibility, referral timeframes and coordination of services such as the Michigan Youth Reentry Initiative (MYRI), Michigan Rehabilitation Services (MRS), State Disability Assistance (SDA), and Supplemental Security Income (SSI). Also included in this update is policy on the requirement to establish a treatment and transition team and the responsibilities of the team. The requirements of the juvenile justice specialist are outlined regarding assisting a youth with applying to set aside an adjudication based on changes in the eligibility to set aside an adjudication in 2012 PA 527.

Reason: Public Act 527 of 2012 and Policy Clarification

Communication Plan: Powerpoint presentation and job aids.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

JJ4 430

EFFECTIVE

September 1, 2013.

Subject(s)

JJ2 280, Law Enforcement Information Network (LEIN) Checks.

This policy is revised to achieve the following:

- Emphasize that LEIN disclosure violations can result in employee disciplinary sanctions and criminal prosecution/penalties.
- Include DHS Office of Inspector General (OIG)/Michigan State Police requirements that require destruction of LEIN documents using a crosscut shredder and that LEIN documents never be exposed to persons without LEIN access.
- Clarify how verified information is developed from LEIN checks by verification with credible secondary sources. Emphasize the difference in handling requirements between LEIN documents/information and verified information.
- Include guidance on when verified information may be used in service plans, court reports, home studies/evaluations, safety plans, and petitions.
- Provide disclosure and documentation guidance on secondary dissemination of LEIN information when LEIN information is provided in special limited cases outside the original requesting agency to an appropriately LEIN-authorized person.
- Add requirements for the initial and recurring security awareness training of staff who have LEIN duties.

Training Element: Job Aid.

Reason: Policy clarification.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

JJ2 280

EFFECTIVE

June 1, 2013.

Subject

JJ4 470, Detention Alternatives, Detention and Jail

Detention and jail are the most restrictive placements available and do not provide rehabilitative treatment for juvenile offenders. The assigned case manager must ensure that alternatives to placement in detention or jail are considered and that when it is necessary to place a youth in detention or jail, the restrictions on placement in detention or jail are followed.

Reason: Policy clarification and update to accompany the new DHS-2012, Detention/Jail Placement Exception Request. See concurrent foster care payment policy release FOM 903-2, Payment for Detention Care.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

JJ4 470

EFFECTIVE

February 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file.

As manuals are converted they will be listed on the Policy News & Tips page. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Juvenile Justice Field Services manuals have been converted and will have a February 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

JJ1 100
JJ1 110
JJ1 120
JJ2 200
JJ2 210
JJ2 220
JJ2 221
JJ2 222
JJ2 225
JJ2 230
JJ2 240
JJ2 250
JJ2 255
JJ2 260
JJ2 263
JJ2 265
JJ2 270
JJ2 275
JJ2 280
JJ2 285
JJ2 290
JJ3 300
JJ4 400
JJ4 410
JJ4 430
JJ4 440
JJ4 460
JJ4 470
JJ4 480
JJ5 500
JJ6 600
JJ6 640
JJ6 650
JJ7 700
JJ8 800
JJA 100
JJG GLOSSARY

EFFECTIVE

October 1, 2013.

Subject(s)

JJ4 430

Community Placement and Reentry

JJ4 430 is updated to provide additional guidance on community placement and reentry service eligibility, referral timeframes and coordination of services such as the Michigan Youth Reentry Initiative (MYRI), Michigan Rehabilitation Services (MRS), State Disability Assistance (SDA), and Supplemental Security Income (SSI). Also included in this update is policy on the requirement to establish a treatment and transition team and the responsibilities of the team. The requirements of the juvenile justice specialist are outlined regarding assisting a youth with applying to set aside an adjudication based on changes in the eligibility to set aside an adjudication in 2012 PA 527.

Reason: Public Act 527 of 2012 and Policy Clarification

Communication Plan: Powerpoint presentation and job aids.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

JJ4 430

EFFECTIVE

May 1, 2013.

Subject(s)

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file.

As manuals are converted they will be listed on the Policy News & Tips page. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Juvenile Justice Residential manuals have been converted and will have a May 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

JR0 010
JR0 030
JR1 100
JR1 101
JR1 102
JR1 103
JR1 110
JR1 111
JR1 112
JR1 114
JR1 115
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JR5 542
JR5 543
JR5 544
JR5 560

JR6 600
JR6 601
JR6 602
JR6 610
JR6 620
JR6 630
JR6 631
JR6 640
JRG GLOSSARY

EFFECTIVE

April 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Native American manuals have been converted and will have a April 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

IOS 100
IOS 110
IOS 115
IOS 200
IOS 205
IOS 210
IOS 215
IOS 220
IOS 300
IOS 305
IOS 310
IOS 315
IOS 320
IOS 325
IOS 330
IOS 335
IOS 340
IOS 365
NAA 100
NAA 105
NAA 200
NAA 205
NAA 210
NAA 215
NAA 220
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NAA 255
NAA 300
NAA 305
NAA 310
NAA 400
NAA 405
NAA 410

NAA 415
NAA 420
NAA 500
NAA 610
NAG GLOSSARY
TAM 110
TAM 115
TAM 120
TAM 125
TAM 130
TAM 210
TAM 215
TAM 220
TAM 225
TAM 230
TAM 235

EFFECTIVE September 1, 2013

Subject(s)

1. Assessing safety.
2. Safe sleep.

1) Assessing Safety

PSM 713-1

Workers are expected to continually assess safety, even if a situation doesn't rise to the level of one of the Key Decision Points that would require a formal DHS-1016, Safety Assessment, to be completed (DHS-1222 in MiSACWIS). Workers must, throughout every intervention with a child and/or family, always be observant, ask questions, and be aware of **any** possible safety concerns.

2) Safe Sleep

The following policy from interim bulletin 2013-001 is added to PSM 713-1 and 714-1.

During a CPS investigation and an ongoing CPS case involving a child 12-months of age or younger living in the home, CPS must:

- Conduct a home visit to observe the infant's sleep environment and record the observation in the narrative of the CPS Investigative Report, DHS-154. The documentation should address whether:
  - The infant is sleeping alone.
  - If the infant has a bed, bassinet or portable crib.
  - If there is anything in the infant's bed.
  - If the mattress is firm with tight fitting sheets.
- Inform the parents of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with the parents, the worker should:
  - Utilize established safe sleep educational materials.
  - Educate the family about how to provide a safe-sleep environment for their child.

If the infant is not provided with a safe sleeping environment, the worker will make attempts to assist the family in obtaining one and document the attempts. DHS may utilize the following to help secure the safe sleep environment:

- Friends/family members.
- Community resources.
- Local office funds.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

PSM 713-1
PSM 714-1

EFFECTIVE August 1, 2013.

Subjects Protect MiFamily

FEW 100 **Project Description**

Protect MiFamily is Michigan's federally approved title IV-E waiver child welfare demonstration project. The project is expected to run for five years, beginning August 1, 2013 and will serve approximately 300 families per year in select counties by providing direct engagement and community services. The goals are to reduce the risk of future maltreatment, preserve the family unit while preventing out of home placement, increase safety, build parental strengths and capacity and improve child well-being.

FEW 110 **Target Population Defined**

The local DHS office will adhere to the following policy for determining waiver program eligibility.

Eligibility must be determined and Random Assignment performed on each family that meets the outlined criteria.

DHS shall not perform Random Assignment or designate any family to the waiver project that does not meet the following criteria. Questions about family eligibility should be directed to central office waiver staff at MDHS-FEW@michigan.gov

FEW 120 **Eligibility Qualification**

Each of the following circumstances must exist for families to be determined eligible for the waiver experimental or control group:

1. A Child Protective Services (CPS) investigation resulted in a Category II complaint disposition or a Category IV complaint disposition with high or intensive risk level as determined by the DHS Structured Decision Making (SDM) Risk Assessment tool.

2. At least one household child is 0 through 5 years of age.

3. The family resides in a geographical area designated as a waiver demonstration site: Macomb, Muskegon, or Kalamazoo County.

FEW 130 **Eligibility Disqualification**

DHS shall not perform Random Assignment or designate a family to the waiver project when any of the following circumstances exists:

1. The child(ren) would be living in the same household with a parent or other adult who has been convicted of criminal sexual conduct against a child(ren).

2. The child(ren) would be living in the same household with a parent or other adult who has been substantiated by CPS for sexual abuse against a child(ren).

Note: If the above circumstances were not present at the time of random assignment, but subsequently occur (such as a perpetrator has moved in with the family after waiver services commence), central office waiver staff should be consulted.

3. The case was investigated by the Maltreatment in Care (MIC) unit due to the perpetrator(s) being a licensed foster care provider or employee of a child caring institution.

FEW 140 **Family Moves**

If a family randomly assigned to the waiver experimental group subsequently moves less than 10 miles beyond Macomb, Muskegon, or Kalamazoo County, the waiver contractor must continue to provide waiver services to the family.

If a family moves more than 10 miles beyond Macomb, Muskegon, or Kalamazoo County, the following may occur:

1. The waiver private agency will close the case and notify CPS immediately if the case remains open to CPS, or

2. The waiver private agency will continue to provide waiver services to the family if prior approval was obtained from central office waiver staff.

FEW 150 **Unusual Circumstances**

The following guidelines govern cases in which Random Assignment was performed, the family was designated to the experimental group, and subsequently, a petition for court jurisdiction was filed prior to 15-month waiver case closure. As a general rule, the waiver private agency will continue to service the family so long as children remain in the home and foster care has not assumed full family responsibility.

- Court declines to take jurisdiction, child(ren) remains in the household.
  Waiver experimental case remains open and the family continues to receive waiver services provided by the waiver private agency.

- Court takes jurisdiction, but at least one child remains in the household.
  If CPS retains case responsibility, the waiver experimental case remains open and the family continues to receive waiver services provided by the waiver private agency. If foster care assumes

responsibility for servicing the case, the waiver private agency will close its case.

Exception: Exceptions may be granted. Please contact central office waiver staff at MDHS-FEW@michigan.gov

- The court orders the return of one or more household child(ren) within 21 days of the filing of the court petition.

- If CPS retains case responsibility, the waiver experimental case remains open and the family continues to receive waiver services provided by the waiver private agency.

  After the children are removed, the waiver agency should maintain an open case, but pend service provision to the family. If the child(ren) is returned within 21 days, waiver service intervention by the waiver private agency will resume. If the children are not returned within 21 days or if foster care assumes responsibility for servicing the case, the waiver private agency will close its case. ** Exceptions may be granted. Please contact central office waiver staff at MDHS-FEW@michigan.gov

- Court ordered out-of-home placement of the child(ren) exceeds 21 days from the filing of the court petition.
  Waiver experimental case is closed by the waiver private agency.

Note: Unless mitigated by the following FEW policies and guidelines, all CPS policies as outlined in PSM remain effective and must be followed, when applicable.

FEW 200 **Waiver Experimental (X) Group**

Designated child welfare program managers and supervisors in each demonstration site will perform random assignment to determine which families from the eligible target population will be referred to the waiver experimental (X) group. Families randomly assigned to the experimental (X) group will receive waiver services and supports for 15 months. The waiver private agency under contract with DHS is responsible for direct engagement and intervention with the family, case management, and collaboration with CPS and community service providers.

FEW 205 **Referral to Waiver Private Agency**

Upon determining via random assignment that a family has been designated to the waiver experimental (X) group, the CPS specialist will notify the family and complete the DHS-892-FEW. Within 24 hours, the CPS specialist will forward to the waiver private agency the documents bulleted below regarding the current investigation. Documents must be reviewed and approved by the CPS supervisor before sending. If it is not feasible to meet the 24 hour timeframe, documents should be for-

warded as soon as possible. All documents shall be sent electronically, unless infeasible:

- Waiver Project Referral and Designation - DHS-892-FEW.
- Investigation Report – DHS-154.
- CPS Safety Assessment/re-assessments.
- CPS Risk Assessment/re-assessments.
- FANS and CANS, if applicable.

CPS must follow SRM-131 and make the necessary redactions, including reference to the CPS reporting source, on the DHS-154 report before sending it to the waiver private agency.

The CPS specialist shall notify the waiver private agency of immediate threats to child safety and any known threats to worker/provider safety.

FEW 210 **Family Notification and Engagement**

For families assigned to the experimental group, CPS shall meet with the family to communicate referral to the waiver project and provide:

- A description of the waiver services and supports that will be provided.
- The name of the waiver private agency.
- An explanation of how participation will benefit the family and potential consequences of nonparticipation.
- Westat Parent Consent Form provided and signed by the family. Scan and send signed form to MDHS-FEW@michigan.gov

Within 24 hours of receiving notification that a Category II case has been assigned to the waiver, CPS will convene a family team meeting. When the 24 hour timeframe is not feasible, CPS will attempt to convene the meeting as soon as possible. It is the responsibility of the CPS specialist to contact the family and waiver private agency to coordinate a time and place for the meeting. Families assigned to the waiver who have an open Category II CPS case should be informed that participation is necessary to reduce risk and ensure child safety. It should further be emphasized that successful participation and progress will likely result in closure of the CPS case (after risk is reduced) and may avert the need to file a court petition.

Families referred to the waiver project whose case will be closed Category IV should be informed that the risk of future maltreatment is high and that participation in waiver services has the potential to greatly benefit the family and may reduce the likelihood of future contact with CPS.

FEW 215 **Informed Consent**

As soon as possible following random assignment and designation to the experimental group, CPS will provide the parent(s) with the Westat Parent Consent Form and request the Form be signed. After completion, the following must occur:

- Make two copies of the signed Form: Give one to the family and retain one in the file.
- Forward the original hard copy signed Form to the person in your office designated to collect the Forms and store them in a secure location.
- Send the Forms (original signed Forms, not copies) on a monthly basis to:

  Westat Inc. c/o Raquel Ellis
  1600 Research Blvd.
  Rockville, MD 20850

FEW 220 **Communication and Information Sharing**

Open CPS cases Consistent with policy outlined in PSM, CPS will have ongoing case oversight responsibility for open Category II cases assigned to the waiver. As long as the CPS case remains open, CPS will maintain communication with the waiver private agency, share pertinent information, participate in team meetings, and receive updated reports and information.

CPS will notify waiver central office staff as soon as possible when a court petition has been filed involving a family assigned to the waiver.

Closed CPS cases Consistent with CPS policy, after risk is reduced, CPS may decide to close a Category II case, even though the family's participation in the waiver continues. After the Category II CPS case is closed, and in all Category IV cases referred to the waiver, CPS will not maintain communication, oversight or information sharing with the waiver private agency. Likewise, in closed CPS cases, the waiver private agency will not maintain communication with CPS or provide updates or reports. If the CPS case is closed, the waiver private agency must file waiver reports in the family's waiver file and retain the file at the waiver private agency.

FEW 225 **Contact Standards for Open CPS Cases**

For Category II cases assigned to the waiver experimental (X) group, face-to-face (F2F) contacts with the client by the waiver private agency may be counted as a F2F contact to replace a CPS specialist's contact, in the same way as outlined in PSM 714-1 for Families First and Fami-

lies Together Building Solutions. To be clear, the CPS specialist must still maintain a minimum of one face to face contact with the family per month, which must include contact with the child victim(s.) Minimum contact standards to be completed by the waiver private agency are:

Phase 1 Engagement & Case Planning	Phase 2 Engagement & Collaborative Monitoring	Phase 3 Support & Reduced Engagement
Verbal communication with the family withn 24 hours of referral.	One F2F with the family every 7 days.	Monthly F2F contact with the family.
F2F within 72 hours of referral	Verify the safety of each child at least 1 time every 7 days.	Collateral contacts as needed.
2 F2F contacts with the family every 7 days.	Frequent and regular collateral contacts are expected.	
Verify safety of each child at least 1 time per week.	Consistent communication with CPS specialist for open CPS cases.	
Several collateral contacts per week.		
Consistent communication with CPS specialist for open CPS cases.		
Note: The family may only advance to Phase 3 after the score on the CPS Risk Re-Assessment has reduced to low or moderate.		

FEW 230 **Service Agreement/Case Plan**

The waiver private agency will complete a Waiver Case Plan - DHS-1091-FEW within 45 days of referral of the family to the experimental group. In situations in which there is an open Category II case, the waiver private agency will forward a copy of the completed Case Plan to the CPS specialist. This Case Plan fulfills the CPS requirement for completing a Services Agreement (a separate CPS Services Agreement is not required).

FEW 235 **Post-Investigative Services**

For families referred to the waiver experimental (X) group, post-investigative services, including goal identification, resource identification, etc. will be completed by the waiver private agency.

FEW 240 **Family Team Meeting**

Families referred to the waiver experimental (X) group will participate in family team meetings convened and facilitated by the waiver private agency. In all waiver cases, the waiver private agency will convene a

family team meeting between 21-45 days after the family was referred to the waiver.

A family team meeting may be convened at other times during waiver intervention and is required when there is a proposal to advance the family from waiver phase 2 to phase 3 and at 15-month case closure. The waiver private agency must provide CPS no less than seven days-notice to attend each family team meeting held concerning an open Category II case. When not feasible to provide 7 days-notice, the waiver private agency will notify CPS as early as possible.

After a case has been referred to the waiver experimental group and so long as the family maintains participation in the waiver, CPS is not required to convene separate family team meetings. However, CPS is not precluded from convening such meetings, if CPS determines it is necessary, including situations identified in PSM 715-2 (emergency removal or considered removal). If CPS convenes a family team meeting (also known as PPC, MiTeam, FTM), CPS must notify and seek participation of the waiver private agency, whenever feasible.

FEW 245 **CPS Updated Service Plans**

DHS-1239-FEW, Waiver Progress Reports,DHS-152, CPS USPs . Completion of waiver Progress Reports by the waiver private agency follows the same timetable as CPS USPs. The initial waiver Progress Report will be completed 60 days after the family is referred to the waiver, and every 90 days thereafter. In all cases in which there is an open Category II case, the waiver private agency will forward a copy of the completed Waiver Progress Report to the CPS specialist.

FEW 250 **Problem Resolution**

When local DHS staff identifies a problem with decision-making or actions taken by the contracted waiver private agency, the following steps may be taken towards resolution.

- Meet with the waiver private agency supervisor, program manager, or agency administration, and
- Inform DHS waiver central office staff of the issue and its resolution at MDHS-FEW@michigan.gov

Note: In no way does FEW policy prevent or limit CPS from taking whatever steps it determines necessary to investigate suspected abuse or neglect, address safety concerns, and/or take action to protect a child being serviced in the waiver.

FEW 300 **Waiver Control (C) Group**

Designated child welfare program managers and supervisors in each demonstration site will perform random assignment to determine which families from the eligible target population will be referred to the waiver control (C) group. Families randomly assigned to the control (C) group will receive services as usual and will not be referred to the waiver private agency. CPS will be responsible for tracking and reporting expenditures related to services and interventions applied to control (C) group families using the DHS-1229-FEW, Control Group Expenditure Data Collection.

Note: Waiver private agency staff, including supervisors and workers, may not be assigned or have responsibility for servicing families in the control group AND families in the experimental groups. To achieve required separation, agency staff personnel assigned to the waiver may not also be responsible for or provide services to families referred to the agency for Families First, FTBS, Wraparound, or other family prevention/preservation service.

FEW 310 **Informed Consent**

As soon as possible following random assignment and designation to the control group, CPS will provide the parent(s) with the Westat Parent Consent Form and request the Form be signed. After completion, the following must occur:

- Make two copies of the signed Form: Give one to the family and retain one in the file.
- Forward the “original” hard copy signed Form to the person in your office designated to collect the Forms and store them in a secure location.
- Send the Forms (original signed Forms, not copies) on a monthly basis to:

  Westat Inc. c/o Raquel Ellis
  1600 Research Blvd.
  Rockville, MD 20850

FEW 320 **Tracking and Reporting Expenditures**

For financial and accounting purposes as well as for the cost-analysis portion of the waiver evaluation, DHS must track services and expenditures applied to families in the control (C) group. This includes DHS and non-DHS services and expenditures. The Control Group Expenditure Data Collection, DHS-1229-FEW, must be completed and forwarded to the waiver central office staff upon case closure or as soon as possible

following CPS closure of a case assigned to the control (C) group. Send to MDHS-FEW@michigan.gov

MANUAL MAINTENANCE INSTRUCTIONS

EFFECTIVE June 1, 2013.

Subjects

1. Case service agreement approval.
2. Child protective services (CPS) supervisory guides & tools.

1) CASE SERVICE PLAN APPROVAL

PSM 713-1, CPS Investigation - General Instructions and Checklist; Monthly Case Consultation During CPS Investigations

PSM 714-1, Post-Investigative Services; Monthly Case Consultation

The caseworker must meet with his/her supervisor at least monthly for case consultation on every active case.

Supervisors must review and approve each case service agreement. Case service agreements must not be approved until the supervisor has a face-to-face meeting with the caseworker, which may occur during the monthly case consultation.

Supervisory approval indicates agreement with the:

- Thoroughness, completeness and accuracy of the report.
- Assessment/reassessment of risk and safety of the child.
- Assessment of child/family safety and safety planning.
- Identified needs and strengths of the child and family.
- Rate of progress identified.
- Caseworker's court recommendations (if applicable).
- Appropriateness of continued provision of services or case closure.

Reason: CPS Program Office recommendation.

2) CHILD PROTECTIVE SERVICES SUPERVISORY GUIDES & TOOLS

PSM 713-1, CPS Investigation - General Instructions and Checklist; Monthly Case Consultation During CPS Investigations

PSM 714-1, Post-Investigative Services; Monthly Case Consultation

The DHS-1156, CPS Investigation Supervisory Guide, DHS-1157, CPS Investigation Supervisory Tool, DHS-1158, CPS Ongoing Supervisory Tool, and DHS-1159, CPS Ongoing Supervisory Guide, are available to assist supervisors, during monthly case consultations, in gathering information and assessing whether a child's needs of safety, permanency and well-being are met.

The DHS-1156, CPS Investigation Supervisory Guide, and DHS-1159, CPS Ongoing Supervisory Guide, contain the information that **must** be addressed during case consultations, but arenot intended for recording notes. The items in the guides are listed as prompts to guide discussion and should be supported by case documentation.

The DHS-1157, CPS Investigation Supervisory Tool, and DHS-1158, CPS Ongoing Supervisory Tool, **may** be used to take notes on items for follow-up.

Note: The guides and tools are not to be included in the case file.

Reason: CFSR Program Improvement Plan (PIP) and CPS Program Office recommendation.

MANUAL MAINTENANCE INSTRUCTIONS

EFFECTIVE May 1, 2013

Subjects

1. Placement With Unlicensed Relatives.
2. Caseworker Interview Notes.

1) PLACEMENT WITH UNLICENSED RELATIVES (PSM)

PSM 715-2

Basic Safety Assessment

Assessments of child safety and appropriate background checks must occur for all non-licensed relative homes prior to any out-of-home placement. If an out-of-home placement occurs during normal working hours, local offices are responsible for these checks. For any placement occurring after hours, workers must make verification through their local county resources or contact centralized intake at 855-444-3911 and request completion of a central registry and criminal history check for all members of the household. If a household member is listed on the central registry, placement is prohibited.

Placement is Prohibited

Placement is **PROHIBITED** if:

- Any member of the household (adult or juvenile) has a felony conviction for any of the following:
  - Child abuse/neglect.
  - Spousal abuse.
  - A crime against a child or children (including pornography).
  - A crime involving violence, including rape, sexual assault or homicide.
  - Physical assault or battery for which there is a felony conviction in the last five years.
  - A drug-related offense for which there is a felony conviction in the last five years.
- An adjudicated sex offender (adult or juvenile) resides in the home.
- An adult member of the household is listed as a perpetrator of abuse or neglect on central registry.
- Any adult member of the household is convicted of a good moral character offense as outlined in Exhibit 1 in FOM 722-3; see attached.

If a member of the household has a felony conviction for physical assault, battery or a drug-related offense from more than five years ago or any other conviction that requires further assessment, evaluate this information to determine whether there are current safety issues that must be addressed. Document the rationale and obtain signature approval from a county director or district manager **before** allowing a

child to be placed in the relative's home. This documentation must describe and support the basis for the approval, and why the child is safe in the relative's home.

2) SOCIAL WORK CONTACTS

PSM 713-10

All contacts, either attempted or successful, must be entered into SWSS CPS. This includes the required case consultation between the CPS worker and supervisor as outlined in PSM 713-1. When entering social work contacts on a case, the date and time of the contact must be included. When a social work contact with the client/family includes engaging the client/family in services, the Engagement of Services box must be checked on the CPS Contact Details screen of that contact. Document in the social work contact narrative how the family/client was engaged in services.

The social work narrative must include statements, evidence and actions taken by the worker that address the safety of the child.

Notes, taken by the caseworker, of statements made by the child, respondent(s) or other witnesses must be destroyed at the point those notes are entered into the social work narrative. If the department receives a request for discovery prior to the destruction of these notes, they are discoverable by right in accordance with MCR 3.922(A)(1)(a).

All social work contacts with accompanying narratives will pre-fill onto the DHS-154 in the Investigative Findings Comments section.

EXHIBIT, OFFENSES

The offenses in Exhibit I are from the BCAL administrative rules concerning the good moral character requirements (R 400.1152). The automated monthly criminal history process matches named caregivers who have been convicted of the offenses each month.

Abduction, Abortion, Adult Foster Care Facility, Attempt To

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.12	Abduction - taking a woman with intent to marry.
750.14	Abortion.
400.7311	Adult foster care facility - general violations.
400.71313-A	Adult foster care facility - operating without a license.
333.7407A	Attempt to violate to knowingly or intentionally solicit, induce, to intimidate another person to violate part.

Alcohol

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
436.19132-B	Alcohol - allowing consumption in unlicensed commercial establishment.
436.19131	Alcohol - furnishing place for consideration.
436.1901	Alcohol - manufacture, sale or traffic in without license.
436.1203	Alcohol - sale/delivery/importing without a license.
436.17012	Alcohol - selling/furnishing to minor causing death.

Arson

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.72-A	Arson - dwelling house.
750.72-B	Arson - dwelling house curtilage.
750.75	Arson - insured property.
750.80	Arson - mines.
750.741C1	Arson - personal property - $1,000.00 or more but less than $20,000/00.
750.741D2	Arson - personal property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.741D1	Arson - personal property - $20,000.00 or more.
750.741C2	Arson - personal property - $200/00 or more but less than $1,000.00 - second or subsequent offense.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.771C1	Arson - preparation to burn property - $1,000.00 or more but less than $20,000.00.
750.771D2	Arson - preparation to burn property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.771D1	Arson - preparation to burn property - $20,000.00 or more.
750.771C2	Arson - preparation to burn property - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.73	Arson - real property.
750.78	Arson - woods and prairies.

Assault

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.90BB	Assault - pregnant individual - causing great bodily harm to embryo/fetus.
750.90BA	Assault - pregnant individual - causing miscarriage/stillbirth.
750.90BD	Assault - pregnant individual - causing physical injury to embryo/fetus.
750.90BC	Assault - pregnant individual - causing serious injury to embryo/fetus.
750.90A	Assault - pregnant individual - intentionally causing miscarriage/stillbirth.
750.81	Assault or assault and battery.
750.82	Assault with a dangerous weapon (felonious assault).
750.87	Assault with intent to commit a felony.
750.84	Assault with intent to do great bodily harm less than murder.
750.86	Assault with intent to maim.
750.83	Assault with intent to murder.
750.89	Assault with intent to rob while armed.
750.88	Assault with intent to rob while unarmed

Bank Robbery, Blue Sky Laws, Breaking and Entering, Bribery, Burglary

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.531A	Bank robbery.
451.501	Blue sky laws - fraudulent schemes/statements.
451.502A	Blue sky laws - investment advisor fraud.
451.804	Blue sky laws - willful false statements.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.110	Breaking and entering - a building with intent.
750.111	Breaking and entering. - entering without breaking with intent.
750.124	Bribery - athletes.
750.119	Bribery - jurors/others.
750.120	Bribery - jurors/others accepting.
750.121	Bribery - public officers to influence contract.
750.112	Burglary with explosives.

Carjacking, Child Abuse, Child Care, Child Sexually Abusive, Children

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.529A	Carjacking.
750.136B2	Child abuse - 1st degree.
750.136B3	Child abuse - 2nd degree.
750.136B4	Child abuse 3rd degree.
750.136B5	Child abuse - 4th degree.
722.119A	Child care - family dare care home/too many children.
722.1251A	Child care organizations - smoking violations.
722.1251B	Child Care Organizations - Violations.
750.145C2	Child sexually abusive commercial activity.
750.145C3	Child sexually abusive activity - distributing or promoting.
750.135	Children - abandonment.
722.6332	Children - abuse - failure to report.
722.6333	Children - abuse - dissemination of confidential information.
722.6334	Children - abuse - maintaining a report that should be expunged.
722.6335A	Children - abuse - intentional false report - misdemeanor.
750.145B	Children - accosting for immoral purposes 2nd offense.
750.150	Children - concealing death of infant child.
750.145	Children - contributing to delinquency.
722.677	Children - displaying obscene matter to.
722.675	Children - distributing obscene matter to.
409.114A	Children - employing in child abusive activity.
750.143	Children - exhibiting obscenity to.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.140	Children - exhibition.
750.142	Children - furnishing obscenity to.
722.151B	Children - harboring runaways.
750.138	Children - interference with juvenile court custody.
750.144	Children - unlicensed boarding homes.

Civil Rights, Computers, Contractor

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.147A	Civil rights - credit discrimination.
750.147	Civil rights - denial of accommodations.
750.145D2A	Computers - internet - communicating with another to commit crime - maximum imprisonment less than 1 year.
570.1110B	Contractor - false sworn statements over $100.00.
570.152	Contractor - fraudulent use of building contract fund.

Controlled Substance

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.74131	Controlled substance - 2nd offense notice - life.
333.74132	Controlled substance - 2nd offense notice double penalty.
333.7407A1-A	Controlled substance - attempt - felony.
333.74022A	Controlled substance - creation/delivery of a counterfeit substance (narcotic).
333.74022B	Controlled substance - creation/delivery of a counterfeit substance (non-narcotic).
333.74022C	Controlled substance - creation/delivery of a counterfeit substance (schedule 4).
333.74022D	Controlled substance - creation/delivery of a counterfeit substance (schedule 5).
333.74022E	Controlled substance - creation/delivery of an analogue.
333.74102-A	Controlled substance - delivery on school property (narcotics or cocaine) less than 50 grams.
333.7401A	Controlled substance - delivery to commit criminal sexual conduct.
333.74101-E	Controlled substance - delivery to minor (added to schedule 4 by board rule).
333.74101-A	Controlled substance - delivery to minor (narcotic or cocaine) less than 50 grams.
333.74101-B	Controlled substance - delivery to minor (non-narcotic) (schedules 1, 2, and 3 except marijuana and cocaine).

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.74101-C	Controlled substance - delivery to minor (non-narcotic) (substance added to schedules 1, 2, & 4 by rule).
333.74101-D	Controlled substance - delivery to minor (schedule 4 and marijuana).
333.74101-F	Controlled substance - delivery to minor (schedule 5).
333.74012C-B	Controlled substance - delivery/manufacture (added to schedule 4 by board rule).
333.74012A2	Controlled substance - delivery/manufacture (narcotic or cocaine) 225 to 649 grams.
333.74012A3	Controlled substance - delivery/manufacture (narcotic or cocaine) 50 to 224 grams.
333.74012A1	Controlled substance - delivery/manufacture (narcotic or cocaine) 650 or more grams.
333.74012A4	Controlled substance - delivery/manufacture (narcotic or cocaine) less than 50 grams.
333.74012B-A	Controlled substance - delivery/manufacture (non-narcotic) (schedules 1, 2, and 3 except mari-anna and cocaine).
333.74012B-B	Controlled substance - delivery/manufacture (non-narcotic) substance added to schedules 1, 2, & 3 by rule).
333.74012C-A	Controlled substance - delivery/manufacture (schedule 4).
333.74012D	Controlled substance - delivery/manufacture (schedule 5).
333.74012D1	Controlled substance - delivery/manufacture 45 kilograms of marijuana.
333.74012D11	Controlled substance - delivery/manufacture 5-45 kilograms of marijuana.
333.74012D3	Controlled substance - delivery/manufacture of marijuana.
333.74133	Controlled substance - delivery/possession with intent to deliver on school property (narcotic or cocaine) less than 50 grams - 2nd offense notice.
333.73413	Controlled substance - imitation manufacture or distribution.
333.7416	Controlled substance - inducing a minor to commit a felony.
333.74032A1	Controlled substance - possession (narcotic or cocaine) 650 or more grams.
333.74032A2	Controlled substance - possession (narcotic or cocaine) 225 to 649 grams.
333.74032A3	Controlled substance - possession (narcotic or cocaine) 50 to 224 grams.
333.74032A4	Controlled substance - possession (narcotic or cocaine) 25 to 50 grams.
333.74032A5	Controlled substance - possession (narcotic or cocaine) less than 25 grams.
333.74032B-B	Controlled substance - possession (non-narcotic /substance added to schedules 1, 2, 3, or 4 by rule).
333.74104-A	Controlled substance - possession on school property (narcotic or cocaine) less than 25 grams.
333.74104-B	Controlled substance - possession on school property schedules 1, 2, 3, 4.
333.74103	Controlled substance - possession with intent to deliver on school property (narcotic or cocaine) less than 50 grams.
333.74032B-A	Controlled substance - possession/analogues.
333.74071G	Controlled substances - counterfeit prescription form.
333.17766A4	Controlled substances - counterfeit steroids - delivery.
333.74071E	Controlled substances - counterfeiting implements.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.74071F	Controlled substances - disclosing prescription information.
333.74072	Controlled substances - failure to keep records.
333.74071D	Controlled substances - false reporting.
333.74071A	Controlled substances - licensee/distribute without order form.
33374071C	Controlled substances - obtaining by fraud.
333.17766A2-A	Controlled substances - steroids possession - 2nd offense.
333.74071B	Controlled substances - use a fictitious license number.
333.17766A3	Controlled substances - steroids - delivery.

Crime Victim Services, Criminal Sexual Conduct

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
18.3661B1	Crime victim services - false claim award - $200.00 or more but less than $1,000.00.
18.3661B2	Crime victim services - false claim award - less than $200.00 - second or subsequent offense notice.
750.520G1	Criminal sexual conduct - assault with intent to commit sexual penetration.
750.520B1D	Criminal sexual conduct - first degree (accomplices).
750.520B1C	Criminal sexual conduct - first degree (during felony).
750.520B1G	Criminal sexual conduct - first degree (injury to incapacitated victim).
750.520B1H	Criminal sexual conduct - first degree (mentally disabled - relationship).
750.520B	Criminal sexual conduct - first degree (multiple variables).
750.520B1A	Criminal sexual conduct - first degree (person under thirteen).
750.520B1F	Criminal sexual conduct - first degree (personal injury).
750.520B1B	Criminal sexual conduct - first degree (relationship).
750.520B1E	Criminal sexual conduct - first degree (weapon used).
750.520E1A-A	Criminal sexual conduct - fourth degree - victim between 13-16.
750.520E1A	Criminal sexual conduct - fourth degree (force or coercion).
750.520E1B	Criminal sexual conduct - fourth degree (incapacitated victim).
750.520E1G	Criminal sexual conduct - fourth degree (incest).
750.520E1E-A	Criminal sexual conduct - fourth degree (mental health professional).
750.520E	Criminal sexual conduct - fourth degree (multiple variables).
750.520E1F-A	Criminal sexual conduct - fourth degree (student).
750.520C1D	Criminal sexual conduct - second degree (accomplices).
750.520C1C	Criminal sexual conduct - second degree (during felony).

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.520C1G	Criminal sexual conduct - second degree (injury to incapacitated victim).
750.520C1H	Criminal sexual conduct - second degree (mentally disabled - relationship).
750.520C	Criminal sexual conduct - second degree (multiple variables).
750.520C1A	Criminal sexual conduct - second degree (person under thirteen).
750.520C1F	Criminal sexual conduct - second degree (personal injury).
750.520C1B	Criminal sexual conduct - second degree (relationship).
750.520C1E	Criminal sexual conduct - second degree (weapon used).
750.520G2	Criminal sexual conduct - second degree assault.
750.520D1B	Criminal sexual conduct - third degree (force or coercion).
750.520D1C	Criminal sexual conduct - third degree (incapacitated victim).
750.520D1D	Criminal sexual conduct - third degree (incest).
750.520D	Criminal sexual conduct - third degree (multiple variables).
750.520D1A	Criminal sexual conduct - third degree (person thirteen through fifteen).

Disorderly Person, Domestic Violence, Drugs

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.1671B	Disorderly person - common prostitute.
750.1671C	Disorderly person - window peeper.
750.812	Domestic violence.
750.81A2	Domestic violence - aggravated.
750.81A3	Domestic violence - aggravated - second offense notice.
750.813	Domestic violence - second offense.
750.814	Domestic violence - third offense notice.
750.16	Drugs or medicine/adulterating to injure.
750.141A5	Drugs/alcohol consumption by minors - allowing on premises - 2nd offense notice.
750.141A2	Drugs/alcohol consumption by minors - allowing on premises.

Embezzlement,
Enticing,
Ephedrine,
Extortion

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.176	Embezzlement - administrator, executor, or guardian.
750.1744A	Embezzlement - agent or trustee $1,000.00 or more but less than $20,000.00.
750.1745B	Embezzlement - agent or trustee $1,000.00 or more but less than$20,000.00 - third or subsequent offense notice.
750.1745A	Embezzlement - agent or trustee $20,000.00 or more.
750.1743A	Embezzlement - agent or trustee $200.00 or more but less than $1,000.00.
750.1744B	Embezzlement - agent or trustee $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.1742	Embezzlement - agent or trustee less than $200.00.
750.1743B	Embezzlement - agent or trustee less than $200.00 second or subsequent offense notice.
750.1773A	Embezzlement - by chattel mortgagor - $1,000.00 or more but less than $20,000.00.
750.1772B	Embezzlement - by chattel mortgagor - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.1772A	Embezzlement - by chattel mortgagor - $20,000.00 or more.
750.180	Embezzlement - financial institutions.
750.1814A	Embezzlement - jointly held property - $1,000.00 or more but less than $20,000.00.
750.1815B	Embezzlement - jointly held property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.1815A	Embezzlement - jointly held property - $20,000.00 or more.
750.1814B	Embezzlement - jointly held property - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.1783A	Embezzlement - mortgaged/leased property - $1,000.00 or more but less than $20,000.00.
750.1782B	Embezzlement - mortgaged/leased property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense.
750.1782A	Embezzlement - mortgaged/leased property - $20,000.00 or more.
750.1783B	Embezzlement - mortgaged/leased property - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.174A3A	Embezzlement - person in relationship of trust with vulnerable adult - $200.00 or more but less than $1,000.00.
750.174A2	Embezzlement - person in relationship of trust with vulnerable adult - less than $200.00.
750.174A3B	Embezzlement - person in relationship of trust with vulnerable adult - less than $200.00 - second or subsequent offense notice.
750.175	Embezzlement - public official over $50.00.
750.179	Embezzlement - railroad tickets.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.182	Embezzlement - warehouses.
750.13	Enticing female under thirteen for immoral purposes.
333.17766C1	Ephedrine - possession/more than 10 grams.
750.213	Extortion.
750.214	Extortion - by public officers.

False Pretenses, Financial Transaction Device, Food, Food Stamps

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.2184A	False pretenses - $1,000.00 or more but less than $20,000.00.
750.2185B	False pretenses - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.2185A	False pretenses - $20,000.00 or more.
750.2183A	False pretenses - $200.00 or more but less than $1,000.00.
750.2184B	False pretenses - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.2182	False pretenses - less than $200.00.
750.2183B	False pretenses - less than $200.00 - second or subsequent offense notice.
750.157S1B1	Financial transaction device - use of revoked or cancelled to obtain goods $100.00 or more but less than $500.00.
750.157S1A2	Financial transaction device - use of revoked or cancelled to obtain goods less than $100.00 second or subsequent offense notice.
750.157W1A	Financial transaction device - fraudulent withdrawals/transfers - less than $200.00.
750.157W1B1	Financial transaction device - fraudulent withdrawals/transfers $200.00 or more but less than $1,000.00.
750.157W1B2	Financial transaction device - fraudulent withdrawals/transfers less than $200.00 - second or subsequent offense notice.
750.157S1A1	Financial transaction devise - use of revoked or cancelled to obtain goods less than $100.00.
750.397A	Food - placing harmful objects in.
750.300A1A	Food stamps - fraud $250.00 or less.
750.300A1B	Food stamps - fraud $250.00 - $1000.00.
750.300A1B-A	Food stamps - fraud $250.00 - $1000.00 - 2nd offense notice.
750.300A1A-A	Food stamps - fraud $250.00 or less - 2nd offense notice.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.300A1A-B	Food stamps - fraud $250.00 or less - 3rd offense notice.
750.300A1C	Food stamps - fraud over $1000.00.

Franchise Investment Law, Fraud

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
445.1521	Franchise investment law - false representation.
445.1523	Franchise investment law - false statements of material fact.
445.1505	Franchise investment law - fraudulent filing/offers.
750.280	Fraud - common law.
750.279	Fraud - disposition of exhausted property.
750.271	Fraud - issue/sell of domestic securities.
750.300	Fraud - killing/injuring animals to defraud insurer.
750.273	Fraud - obtaining signature to financial document.
750.274	Fraud - purchasing/collecting on fraudulent financial document.
750.272	Fraud - sale of fraudulent stock - foreign corporations.
750.278	Fraud - warehouse receipts.
400.602-B	Fraud - welfare (failure to inform) $500.00 or more.
400.602-A	Fraud - welfare (failure to inform) less than $500.00.
400.601-A	Fraud - welfare, $500.00 or less.
400.601-B	Fraud - welfare, over $500.00.

Health Care Fraud, Home Invasion

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
752.10034	Health care fraud - concealing information.
752.1005	Health care fraud - conspiracy.
752.10031	Health care fraud - false claim.
752.10033	Health care fraud - false statement.
752.1004-A	Health care fraud - kickbacks.
752.10032	Health care fraud - medically unnecessary.
752.1004-B	Health care fraud - referral fees.
752.1006	Health care fraud - second offense notice.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.110A2	Home invasion - 1st degree.
750.110A3	Home invasion - 2nd degree.

Homicide

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.321-B	Homicide - abortion - death resulting.
750.91	Homicide - attempted murder.
750.328	Homicide - by explosives in or near building.
750.319	Homicide - death by duels.
750.327	Homicide - death by explosives/common carrier.
750.323	Homicide - death of mother or unborn quick child by abortion.
750.316-B	Homicide - felony murder.
750.329	Homicide - manslaughter - death by weapon aimed with intent but without malice.
750.321-C	Homicide - manslaughter - involuntary.
750.321-A	Homicide - manslaughter - statutory short form.
750.321-E	Homicide - manslaughter with motor vehicle.
750.316-A	Homicide - murder first degree - premeditated.
750.317	Homicide - murder second degree.
750.324	Homicide - negligent homicide.
750.316-C	Homicide - open murder - statutory short form.
750.322	Homicide - willful killing of unborn quick child.
750.236-B	Homicide by setting spring gun.

Indecent Exposure, Kidnapping, Larceny, Lewd and Lascivious Conduct

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.335A	Indecent exposure.
750.349	Kidnapping.
750.350	Kidnapping - child enticement.
750.350A1	Kidnapping - custodial interference.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.362-A	Larceny by conversion over $100.00.
750.363-A	Larceny by false personation over $100.00.
750.335	Lewd and lascivious conduct.

Mayhem, Medicaid Fraud, Money Laundering, Motor Vehicles

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.397	Mayhem.
400.6033	Medicaid fraud - concealing information.
400.606	Medicaid fraud - conspiracy.
400.6071	Medicaid fraud - false claim.
400.6031	Medicaid fraud - false statement in benefit application.
400.605	Medicaid fraud - false statement regarding institutions.
400.6032	Medicaid fraud - false statement to determine benefit rights.
400.609	Medicaid fraud - fourth offense.
400.604	Medicaid fraud - kickback/referral fees.
400.6072	Medicaid fraud - medically unnecessary.
750.411L	Money laundering - 4th degree.
750.535A2	Motor vehicles - operating a chop shop.
750.535A3	Motor vehicles - operating a chop shop - second offense notice.

Nursing Homes, Operating

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.217711	Nursing homes - abuse of a patient.
333.217716	Nursing homes - retaliation for reporting abuse.
257.6256D	Operating - OUIL/per se - 3rd offense notice - felony.
257.6254	Operating - under the influence causing death.
257.6255-A	Operating - under the influence causing incapacitating injury.
257.6256	Operating - under the influence third or subsequent offense.
462.3535	Operating a locomotive - under the influence - third or subsequent offense.
324.811346	ORV - OUIL - 3rd or subsequent offense notice.

Physicians, Poison, Pregnant Individual, Prescription Forms

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.430	Physicians - prescribing while intoxicated.
750.437	Poison - exposing where liable to be eaten by beasts of another.
750.4362A	Poison - food/drink/medicine/water supply.
750.4362C	Poison - food/drink/medicine/water supply- causing physical injury.
750.90CD	Pregnant individual - grossly negligent act - causing physical injury to embryo/fetus.
750.90CC	Pregnant individual - grossly negligent act - causing serious injury to embryo/fetus.
333.74012F	Prescription forms - manufacture/delivery.
333.74012E	Prescription forms/official - manufacture/delivery.
333.74032E	Prescription forms/official - possession.

Prisoner, Prostitution, Public Health/Officer/ Utility, Pyramid/ Chain Promotions

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.349A	Prisoner - taking a hostage.
750.451D	Prostitution - 3rd offense.
750.457	Prostitution - accepting earnings.
750.452	Prostitution - keeping house of.
750.455	Prostitution - pandering.
750.456	Prostitution - placing wife.
750.458	Prostitution/detaining female for debt.
750.459	Prostitution/transporting female.
333.20198	Public health - facility or agency - entering to engage in stalking.
750.118	Public officer - accepting bribe.
750.117	Public officer - bribery
750.282-B	Public utility - fraudulent use over $500.00.
445.1528	Pyramid/chain promotions - offer or sell.

Rape, Real Property, Retail Fraud, Robbery

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.520	Rape.
565.371	Real property - recording fraudulent conveyance.
750.356D	Retail fraud - second degree.
750.356D4	Retail fraud - third degree.
750.529	Robbery - armed.
750.530	Robbery - unarmed.

Sex Offenders, Snowmobiles, Stalking, Stolen Property, Suicide

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
28.7292	Sex offenders - failure to comply with reporting duties.
28.7293	Sex offenders - failure to sign registration.
324.821274	Snowmobiles - operating under the influence causing death.
324.821275	Snowmobiles - operating under the influence causing incapacitating injury.
324.821281C	Snowmobiles - OUIL/UBAL - 3rd offense notice.
750.411H	Stalking.
750.5352A	Stolen property - receiving and concealing - $20,000.00 or more.
750.5353B	Stolen property - receiving and concealing - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.5353A	Stolen property - receiving and concealing $1,000.00 or more but less than $20,000.00.
750.5352B	Stolen property - receiving and concealing $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.329A	Suicide - assisting.

Threatening DHS Employee, Unemployment Compensation Fraud

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.81C1	Threatening DHS employee with physical harm.
421.54BBI	Unemployment compensation fraud - conspiracy - $25,000 or less.
421.54BBII	Unemployment compensation fraud - conspiracy - loss over $25,000.
421.54BBIII	Unemployment compensation fraud - conspiracy - no actual loss.
421.54CBII	Unemployment compensation fraud - embezzlement - $25,000 - $100,000.
421.54CBIV	Unemployment compensation fraud - embezzlement - no actual loss.
421.54AIIB	Unemployment compensation fraud - failure to comply with act/rules - $25,000 - $100,000.
421.54AIIC	Unemployment compensation fraud - failure to comply with act/rules - over $100,000.
421.54A	Unemployment compensation fraud - false statement as condition of employment.
421.54BIIB	Unemployment compensation fraud - false statement/misrepresentation - $25,000 or more.
421.54BIIC	Unemployment compensation fraud - false statement/misrepresentation - no actual loss.
421.54AIVB	Unemployment compensation fraud - willful violation of act/rules- over $100,000.

Vulnerable Adult, Weapons

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.145N1	Vulnerable adult abuse - 1st degree.
750.145N2	Vulnerable adult abuse - 2nd degree.
750.145N3	Vulnerable adult abuse - 3rd degree.
750.145N4	Vulnerable adult abuse - 4th degree.
750.145O	Vulnerable adult abuse - death caused by unlicensed caretaker.
750.145P1	Vulnerable adults - caregiver commingling funds/obstructing investigations.
750.145P2	Vulnerable adults - retaliation/discrimination by caregiver.
750.145P3	Vulnerable adults - retaliation/discrimination against employee.
750.145P5	Vulnerable adults - caregiver violations - 2nd offense notice.
750.822	Weapon-fee schools - assault with a dangerous weapon.
750.535B	Weapons - firearms - receiving & concealing.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

PSM 713-10
PSM 715-2

EFFECTIVE February 1, 2013.

Subject Safe Sleep.

GENERAL INSTRUCTIONS

Policy in PSM 713-1 and PSM 714-1 will be updated to reflect this policy change.

During a CPS investigation and an ongoing CPS case involving a child 12-months of age or younger living in the home, CPS must:

- Conduct a home visit to observe the infant's sleep environment and record the observation in the narrative of the CPS Investigative Report, DHS-154. The documentation should address whether:
  - The infant is sleeping alone.
  - If the infant has a bed, bassinet or portable crib.
  - If there is anything in the infant's bed.
  - If the mattress is firm with tight fitting sheets.
- Inform the parents of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with the parents, the worker should:
  - Utilize established safe sleep educational materials.
  - Educate the family about how to provide a safe-sleep environment for their child.

If the infant is not provided with a safe sleeping environment, the worker will make attempts to assist the family in obtaining one and document the attempts. DHS may utilize the following to help secure the safe sleep environment:

- Friends/family members.
- Community resources.
- Local office funds.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

EFFECTIVE

November 1, 2013.

Subject(s)

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Children's Protective Services manuals have been converted and will have a November 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

PSM 300
PSM 301
PSM 302
PSM 303
PSM 304
PSM 305
PSM 711-1
PSM 711-2
PSM 711-3
PSM 711-4
PSM 711-5
PSM 711-6
PSM 712-1
PSM 712-3
PSM 712-4
PSM 712-5
PSM 712-6
PSM 712-7
PSM 712-8
PSM 712-9
PSM 713-01
PSM 713-02
PSM 713-03
PSM 713-04
PSM 713-05
PSM 713-06
PSM 713-07
PSM 713-08
PSM 713-09
PSM 713-10
PSM 713-11
PSM 713-12
PSM 713-13
PSM 714-1
PSM 714-2
PSM 714-3
PSM 714-4
PSM 715-1
PSM 715-2

PSM 715-3
PSM 715-4
PSM 716-1
PSM 716-2
PSM 716-3
PSM 716-4
PSM 716-5
PSM 716-7
PSM 716-8
PSM 716-9
PSM 717-2
PSM 717-3
PSM 717-4
PSM 717-5
PSM 717-6
PSM 718-5
PSM 718-8
PSM 718-9

EFFECTIVE September 1, 2013

Subject(s)

1. Assessing safety.
2. Safe sleep.

1) Assessing Safety

PSM 713-1

Workers are expected to continually assess safety, even if a situation doesn't rise to the level of one of the Key Decision Points that would require a formal DHS-1016, Safety Assessment, to be completed (DHS-1222 in MiSACWIS). Workers must, throughout every intervention with a child and/or family, always be observant, ask questions, and be aware of **any** possible safety concerns.

2) Safe Sleep

The following policy from interim bulletin 2013-001 is added to PSM 713-1 and 714-1.

During a CPS investigation and an ongoing CPS case involving a child 12-months of age or younger living in the home, CPS must:

- Conduct a home visit to observe the infant's sleep environment and record the observation in the narrative of the CPS Investigative Report, DHS-154. The documentation should address whether:
  - The infant is sleeping alone.
  - If the infant has a bed, bassinet or portable crib.
  - If there is anything in the infant's bed.
  - If the mattress is firm with tight fitting sheets.
- Inform the parents of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with the parents, the worker should:
  - Utilize established safe sleep educational materials.
  - Educate the family about how to provide a safe-sleep environment for their child.

If the infant is not provided with a safe sleeping environment, the worker will make attempts to assist the family in obtaining one and document the attempts. DHS may utilize the following to help secure the safe sleep environment:

- Friends/family members.
- Community resources.
- Local office funds.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

PSM 713-1
PSM 714-1

EFFECTIVE August 1, 2013.

Subjects Protect MiFamily

FEW 100 **Project Description**

Protect MiFamily is Michigan's federally approved title IV-E waiver child welfare demonstration project. The project is expected to run for five years, beginning August 1, 2013 and will serve approximately 300 families per year in select counties by providing direct engagement and community services. The goals are to reduce the risk of future maltreatment, preserve the family unit while preventing out of home placement, increase safety, build parental strengths and capacity and improve child well-being.

FEW 110 **Target Population Defined**

The local DHS office will adhere to the following policy for determining waiver program eligibility.

Eligibility must be determined and Random Assignment performed on each family that meets the outlined criteria.

DHS shall not perform Random Assignment or designate any family to the waiver project that does not meet the following criteria. Questions about family eligibility should be directed to central office waiver staff at MDHS-FEW@michigan.gov

FEW 120 **Eligibility Qualification**

Each of the following circumstances must exist for families to be determined eligible for the waiver experimental or control group:

1. A Child Protective Services (CPS) investigation resulted in a Category II complaint disposition or a Category IV complaint disposition with high or intensive risk level as determined by the DHS Structured Decision Making (SDM) Risk Assessment tool.

2. At least one household child is 0 through 5 years of age.

3. The family resides in a geographical area designated as a waiver demonstration site: Macomb, Muskegon, or Kalamazoo County.

FEW 130 **Eligibility Disqualification**

DHS shall not perform Random Assignment or designate a family to the waiver project when any of the following circumstances exists:

1. The child(ren) would be living in the same household with a parent or other adult who has been convicted of criminal sexual conduct against a child(ren).

2. The child(ren) would be living in the same household with a parent or other adult who has been substantiated by CPS for sexual abuse against a child(ren).

Note: If the above circumstances were not present at the time of random assignment, but subsequently occur (such as a perpetrator has moved in with the family after waiver services commence), central office waiver staff should be consulted.

3. The case was investigated by the Maltreatment in Care (MIC) unit due to the perpetrator(s) being a licensed foster care provider or employee of a child caring institution.

FEW 140 **Family Moves**

If a family randomly assigned to the waiver experimental group subsequently moves less than 10 miles beyond Macomb, Muskegon, or Kalamazoo County, the waiver contractor must continue to provide waiver services to the family.

If a family moves more than 10 miles beyond Macomb, Muskegon, or Kalamazoo County, the following may occur:

1. The waiver private agency will close the case and notify CPS immediately if the case remains open to CPS, or

2. The waiver private agency will continue to provide waiver services to the family if prior approval was obtained from central office waiver staff.

FEW 150 **Unusual Circumstances**

The following guidelines govern cases in which Random Assignment was performed, the family was designated to the experimental group, and subsequently, a petition for court jurisdiction was filed prior to 15-month waiver case closure. As a general rule, the waiver private agency will continue to service the family so long as children remain in the home and foster care has not assumed full family responsibility.

- Court declines to take jurisdiction, child(ren) remains in the household.
  Waiver experimental case remains open and the family continues to receive waiver services provided by the waiver private agency.

- Court takes jurisdiction, but at least one child remains in the household.
  If CPS retains case responsibility, the waiver experimental case remains open and the family continues to receive waiver services provided by the waiver private agency. If foster care assumes

responsibility for servicing the case, the waiver private agency will close its case.

Exception: Exceptions may be granted. Please contact central office waiver staff at MDHS-FEW@michigan.gov

- The court orders the return of one or more household child(ren) within 21 days of the filing of the court petition.

- If CPS retains case responsibility, the waiver experimental case remains open and the family continues to receive waiver services provided by the waiver private agency.

  After the children are removed, the waiver agency should maintain an open case, but pend service provision to the family. If the child(ren) is returned within 21 days, waiver service intervention by the waiver private agency will resume. If the children are not returned within 21 days or if foster care assumes responsibility for servicing the case, the waiver private agency will close its case. ** Exceptions may be granted. Please contact central office waiver staff at MDHS-FEW@michigan.gov

- Court ordered out-of-home placement of the child(ren) exceeds 21 days from the filing of the court petition.
  Waiver experimental case is closed by the waiver private agency.

Note: Unless mitigated by the following FEW policies and guidelines, all CPS policies as outlined in PSM remain effective and must be followed, when applicable.

FEW 200 **Waiver Experimental (X) Group**

Designated child welfare program managers and supervisors in each demonstration site will perform random assignment to determine which families from the eligible target population will be referred to the waiver experimental (X) group. Families randomly assigned to the experimental (X) group will receive waiver services and supports for 15 months. The waiver private agency under contract with DHS is responsible for direct engagement and intervention with the family, case management, and collaboration with CPS and community service providers.

FEW 205 **Referral to Waiver Private Agency**

Upon determining via random assignment that a family has been designated to the waiver experimental (X) group, the CPS specialist will notify the family and complete the DHS-892-FEW. Within 24 hours, the CPS specialist will forward to the waiver private agency the documents bulleted below regarding the current investigation. Documents must be reviewed and approved by the CPS supervisor before sending. If it is not feasible to meet the 24 hour timeframe, documents should be for-

warded as soon as possible. All documents shall be sent electronically, unless infeasible:

- Waiver Project Referral and Designation - DHS-892-FEW.
- Investigation Report – DHS-154.
- CPS Safety Assessment/re-assessments.
- CPS Risk Assessment/re-assessments.
- FANS and CANS, if applicable.

CPS must follow SRM-131 and make the necessary redactions, including reference to the CPS reporting source, on the DHS-154 report before sending it to the waiver private agency.

The CPS specialist shall notify the waiver private agency of immediate threats to child safety and any known threats to worker/provider safety.

FEW 210 **Family Notification and Engagement**

For families assigned to the experimental group, CPS shall meet with the family to communicate referral to the waiver project and provide:

- A description of the waiver services and supports that will be provided.
- The name of the waiver private agency.
- An explanation of how participation will benefit the family and potential consequences of nonparticipation.
- Westat Parent Consent Form provided and signed by the family. Scan and send signed form to MDHS-FEW@michigan.gov

Within 24 hours of receiving notification that a Category II case has been assigned to the waiver, CPS will convene a family team meeting. When the 24 hour timeframe is not feasible, CPS will attempt to convene the meeting as soon as possible. It is the responsibility of the CPS specialist to contact the family and waiver private agency to coordinate a time and place for the meeting. Families assigned to the waiver who have an open Category II CPS case should be informed that participation is necessary to reduce risk and ensure child safety. It should further be emphasized that successful participation and progress will likely result in closure of the CPS case (after risk is reduced) and may avert the need to file a court petition.

Families referred to the waiver project whose case will be closed Category IV should be informed that the risk of future maltreatment is high and that participation in waiver services has the potential to greatly benefit the family and may reduce the likelihood of future contact with CPS.

FEW 215 **Informed Consent**

As soon as possible following random assignment and designation to the experimental group, CPS will provide the parent(s) with the Westat Parent Consent Form and request the Form be signed. After completion, the following must occur:

- Make two copies of the signed Form: Give one to the family and retain one in the file.
- Forward the original hard copy signed Form to the person in your office designated to collect the Forms and store them in a secure location.
- Send the Forms (original signed Forms, not copies) on a monthly basis to:

  Westat Inc. c/o Raquel Ellis
  1600 Research Blvd.
  Rockville, MD 20850

FEW 220 **Communication and Information Sharing**

Open CPS cases Consistent with policy outlined in PSM, CPS will have ongoing case oversight responsibility for open Category II cases assigned to the waiver. As long as the CPS case remains open, CPS will maintain communication with the waiver private agency, share pertinent information, participate in team meetings, and receive updated reports and information.

CPS will notify waiver central office staff as soon as possible when a court petition has been filed involving a family assigned to the waiver.

Closed CPS cases Consistent with CPS policy, after risk is reduced, CPS may decide to close a Category II case, even though the family's participation in the waiver continues. After the Category II CPS case is closed, and in all Category IV cases referred to the waiver, CPS will not maintain communication, oversight or information sharing with the waiver private agency. Likewise, in closed CPS cases, the waiver private agency will not maintain communication with CPS or provide updates or reports. If the CPS case is closed, the waiver private agency must file waiver reports in the family's waiver file and retain the file at the waiver private agency.

FEW 225 **Contact Standards for Open CPS Cases**

For Category II cases assigned to the waiver experimental (X) group, face-to-face (F2F) contacts with the client by the waiver private agency may be counted as a F2F contact to replace a CPS specialist's contact, in the same way as outlined in PSM 714-1 for Families First and Fami-

lies Together Building Solutions. To be clear, the CPS specialist must still maintain a minimum of one face to face contact with the family per month, which must include contact with the child victim(s.) Minimum contact standards to be completed by the waiver private agency are:

Phase 1 Engagement & Case Planning	Phase 2 Engagement & Collaborative Monitoring	Phase 3 Support & Reduced Engagement
Verbal communication with the family withn 24 hours of referral.	One F2F with the family every 7 days.	Monthly F2F contact with the family.
F2F within 72 hours of referral	Verify the safety of each child at least 1 time every 7 days.	Collateral contacts as needed.
2 F2F contacts with the family every 7 days.	Frequent and regular collateral contacts are expected.	
Verify safety of each child at least 1 time per week.	Consistent communication with CPS specialist for open CPS cases.	
Several collateral contacts per week.		
Consistent communication with CPS specialist for open CPS cases.		
Note: The family may only advance to Phase 3 after the score on the CPS Risk Re-Assessment has reduced to low or moderate.		

FEW 230 **Service Agreement/Case Plan**

The waiver private agency will complete a Waiver Case Plan - DHS-1091-FEW within 45 days of referral of the family to the experimental group. In situations in which there is an open Category II case, the waiver private agency will forward a copy of the completed Case Plan to the CPS specialist. This Case Plan fulfills the CPS requirement for completing a Services Agreement (a separate CPS Services Agreement is not required).

FEW 235 **Post-Investigative Services**

For families referred to the waiver experimental (X) group, post-investigative services, including goal identification, resource identification, etc. will be completed by the waiver private agency.

FEW 240 **Family Team Meeting**

Families referred to the waiver experimental (X) group will participate in family team meetings convened and facilitated by the waiver private agency. In all waiver cases, the waiver private agency will convene a

family team meeting between 21-45 days after the family was referred to the waiver.

A family team meeting may be convened at other times during waiver intervention and is required when there is a proposal to advance the family from waiver phase 2 to phase 3 and at 15-month case closure. The waiver private agency must provide CPS no less than seven days-notice to attend each family team meeting held concerning an open Category II case. When not feasible to provide 7 days-notice, the waiver private agency will notify CPS as early as possible.

After a case has been referred to the waiver experimental group and so long as the family maintains participation in the waiver, CPS is not required to convene separate family team meetings. However, CPS is not precluded from convening such meetings, if CPS determines it is necessary, including situations identified in PSM 715-2 (emergency removal or considered removal). If CPS convenes a family team meeting (also known as PPC, MiTeam, FTM), CPS must notify and seek participation of the waiver private agency, whenever feasible.

FEW 245 **CPS Updated Service Plans**

DHS-1239-FEW, Waiver Progress Reports,DHS-152, CPS USPs . Completion of waiver Progress Reports by the waiver private agency follows the same timetable as CPS USPs. The initial waiver Progress Report will be completed 60 days after the family is referred to the waiver, and every 90 days thereafter. In all cases in which there is an open Category II case, the waiver private agency will forward a copy of the completed Waiver Progress Report to the CPS specialist.

FEW 250 **Problem Resolution**

When local DHS staff identifies a problem with decision-making or actions taken by the contracted waiver private agency, the following steps may be taken towards resolution.

- Meet with the waiver private agency supervisor, program manager, or agency administration, and
- Inform DHS waiver central office staff of the issue and its resolution at MDHS-FEW@michigan.gov

Note: In no way does FEW policy prevent or limit CPS from taking whatever steps it determines necessary to investigate suspected abuse or neglect, address safety concerns, and/or take action to protect a child being serviced in the waiver.

FEW 300 **Waiver Control (C) Group**

Designated child welfare program managers and supervisors in each demonstration site will perform random assignment to determine which families from the eligible target population will be referred to the waiver control (C) group. Families randomly assigned to the control (C) group will receive services as usual and will not be referred to the waiver private agency. CPS will be responsible for tracking and reporting expenditures related to services and interventions applied to control (C) group families using the DHS-1229-FEW, Control Group Expenditure Data Collection.

Note: Waiver private agency staff, including supervisors and workers, may not be assigned or have responsibility for servicing families in the control group AND families in the experimental groups. To achieve required separation, agency staff personnel assigned to the waiver may not also be responsible for or provide services to families referred to the agency for Families First, FTBS, Wraparound, or other family prevention/preservation service.

FEW 310 **Informed Consent**

As soon as possible following random assignment and designation to the control group, CPS will provide the parent(s) with the Westat Parent Consent Form and request the Form be signed. After completion, the following must occur:

- Make two copies of the signed Form: Give one to the family and retain one in the file.
- Forward the “original” hard copy signed Form to the person in your office designated to collect the Forms and store them in a secure location.
- Send the Forms (original signed Forms, not copies) on a monthly basis to:

  Westat Inc. c/o Raquel Ellis
  1600 Research Blvd.
  Rockville, MD 20850

FEW 320 **Tracking and Reporting Expenditures**

For financial and accounting purposes as well as for the cost-analysis portion of the waiver evaluation, DHS must track services and expenditures applied to families in the control (C) group. This includes DHS and non-DHS services and expenditures. The Control Group Expenditure Data Collection, DHS-1229-FEW, must be completed and forwarded to the waiver central office staff upon case closure or as soon as possible

following CPS closure of a case assigned to the control (C) group. Send to MDHS-FEW@michigan.gov

MANUAL MAINTENANCE INSTRUCTIONS

EFFECTIVE June 1, 2013.

Subjects

1. Case service agreement approval.
2. Child protective services (CPS) supervisory guides & tools.

1) CASE SERVICE PLAN APPROVAL

PSM 713-1, CPS Investigation - General Instructions and Checklist; Monthly Case Consultation During CPS Investigations

PSM 714-1, Post-Investigative Services; Monthly Case Consultation

The caseworker must meet with his/her supervisor at least monthly for case consultation on every active case.

Supervisors must review and approve each case service agreement. Case service agreements must not be approved until the supervisor has a face-to-face meeting with the caseworker, which may occur during the monthly case consultation.

Supervisory approval indicates agreement with the:

- Thoroughness, completeness and accuracy of the report.
- Assessment/reassessment of risk and safety of the child.
- Assessment of child/family safety and safety planning.
- Identified needs and strengths of the child and family.
- Rate of progress identified.
- Caseworker's court recommendations (if applicable).
- Appropriateness of continued provision of services or case closure.

Reason: CPS Program Office recommendation.

2) CHILD PROTECTIVE SERVICES SUPERVISORY GUIDES & TOOLS

PSM 713-1, CPS Investigation - General Instructions and Checklist; Monthly Case Consultation During CPS Investigations

PSM 714-1, Post-Investigative Services; Monthly Case Consultation

The DHS-1156, CPS Investigation Supervisory Guide, DHS-1157, CPS Investigation Supervisory Tool, DHS-1158, CPS Ongoing Supervisory Tool, and DHS-1159, CPS Ongoing Supervisory Guide, are available to assist supervisors, during monthly case consultations, in gathering information and assessing whether a child's needs of safety, permanency and well-being are met.

The DHS-1156, CPS Investigation Supervisory Guide, and DHS-1159, CPS Ongoing Supervisory Guide, contain the information that **must** be addressed during case consultations, but arenot intended for recording notes. The items in the guides are listed as prompts to guide discussion and should be supported by case documentation.

The DHS-1157, CPS Investigation Supervisory Tool, and DHS-1158, CPS Ongoing Supervisory Tool, **may** be used to take notes on items for follow-up.

Note: The guides and tools are not to be included in the case file.

Reason: CFSR Program Improvement Plan (PIP) and CPS Program Office recommendation.

MANUAL MAINTENANCE INSTRUCTIONS

EFFECTIVE May 1, 2013

Subjects

1. Placement With Unlicensed Relatives.
2. Caseworker Interview Notes.

1) PLACEMENT WITH UNLICENSED RELATIVES (PSM)

PSM 715-2

Basic Safety Assessment

Assessments of child safety and appropriate background checks must occur for all non-licensed relative homes prior to any out-of-home placement. If an out-of-home placement occurs during normal working hours, local offices are responsible for these checks. For any placement occurring after hours, workers must make verification through their local county resources or contact centralized intake at 855-444-3911 and request completion of a central registry and criminal history check for all members of the household. If a household member is listed on the central registry, placement is prohibited.

Placement is Prohibited

Placement is **PROHIBITED** if:

- Any member of the household (adult or juvenile) has a felony conviction for any of the following:
  - Child abuse/neglect.
  - Spousal abuse.
  - A crime against a child or children (including pornography).
  - A crime involving violence, including rape, sexual assault or homicide.
  - Physical assault or battery for which there is a felony conviction in the last five years.
  - A drug-related offense for which there is a felony conviction in the last five years.
- An adjudicated sex offender (adult or juvenile) resides in the home.
- An adult member of the household is listed as a perpetrator of abuse or neglect on central registry.
- Any adult member of the household is convicted of a good moral character offense as outlined in Exhibit 1 in FOM 722-3; see attached.

If a member of the household has a felony conviction for physical assault, battery or a drug-related offense from more than five years ago or any other conviction that requires further assessment, evaluate this information to determine whether there are current safety issues that must be addressed. Document the rationale and obtain signature approval from a county director or district manager **before** allowing a

child to be placed in the relative's home. This documentation must describe and support the basis for the approval, and why the child is safe in the relative's home.

2) SOCIAL WORK CONTACTS

PSM 713-10

All contacts, either attempted or successful, must be entered into SWSS CPS. This includes the required case consultation between the CPS worker and supervisor as outlined in PSM 713-1. When entering social work contacts on a case, the date and time of the contact must be included. When a social work contact with the client/family includes engaging the client/family in services, the Engagement of Services box must be checked on the CPS Contact Details screen of that contact. Document in the social work contact narrative how the family/client was engaged in services.

The social work narrative must include statements, evidence and actions taken by the worker that address the safety of the child.

Notes, taken by the caseworker, of statements made by the child, respondent(s) or other witnesses must be destroyed at the point those notes are entered into the social work narrative. If the department receives a request for discovery prior to the destruction of these notes, they are discoverable by right in accordance with MCR 3.922(A)(1)(a).

All social work contacts with accompanying narratives will pre-fill onto the DHS-154 in the Investigative Findings Comments section.

EXHIBIT, OFFENSES

The offenses in Exhibit I are from the BCAL administrative rules concerning the good moral character requirements (R 400.1152). The automated monthly criminal history process matches named caregivers who have been convicted of the offenses each month.

Abduction, Abortion, Adult Foster Care Facility, Attempt To

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.12	Abduction - taking a woman with intent to marry.
750.14	Abortion.
400.7311	Adult foster care facility - general violations.
400.71313-A	Adult foster care facility - operating without a license.
333.7407A	Attempt to violate to knowingly or intentionally solicit, induce, to intimidate another person to violate part.

Alcohol

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
436.19132-B	Alcohol - allowing consumption in unlicensed commercial establishment.
436.19131	Alcohol - furnishing place for consideration.
436.1901	Alcohol - manufacture, sale or traffic in without license.
436.1203	Alcohol - sale/delivery/importing without a license.
436.17012	Alcohol - selling/furnishing to minor causing death.

Arson

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.72-A	Arson - dwelling house.
750.72-B	Arson - dwelling house curtilage.
750.75	Arson - insured property.
750.80	Arson - mines.
750.741C1	Arson - personal property - $1,000.00 or more but less than $20,000/00.
750.741D2	Arson - personal property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.741D1	Arson - personal property - $20,000.00 or more.
750.741C2	Arson - personal property - $200/00 or more but less than $1,000.00 - second or subsequent offense.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.771C1	Arson - preparation to burn property - $1,000.00 or more but less than $20,000.00.
750.771D2	Arson - preparation to burn property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.771D1	Arson - preparation to burn property - $20,000.00 or more.
750.771C2	Arson - preparation to burn property - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.73	Arson - real property.
750.78	Arson - woods and prairies.

Assault

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.90BB	Assault - pregnant individual - causing great bodily harm to embryo/fetus.
750.90BA	Assault - pregnant individual - causing miscarriage/stillbirth.
750.90BD	Assault - pregnant individual - causing physical injury to embryo/fetus.
750.90BC	Assault - pregnant individual - causing serious injury to embryo/fetus.
750.90A	Assault - pregnant individual - intentionally causing miscarriage/stillbirth.
750.81	Assault or assault and battery.
750.82	Assault with a dangerous weapon (felonious assault).
750.87	Assault with intent to commit a felony.
750.84	Assault with intent to do great bodily harm less than murder.
750.86	Assault with intent to maim.
750.83	Assault with intent to murder.
750.89	Assault with intent to rob while armed.
750.88	Assault with intent to rob while unarmed

Bank Robbery, Blue Sky Laws, Breaking and Entering, Bribery, Burglary

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.531A	Bank robbery.
451.501	Blue sky laws - fraudulent schemes/statements.
451.502A	Blue sky laws - investment advisor fraud.
451.804	Blue sky laws - willful false statements.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.110	Breaking and entering - a building with intent.
750.111	Breaking and entering. - entering without breaking with intent.
750.124	Bribery - athletes.
750.119	Bribery - jurors/others.
750.120	Bribery - jurors/others accepting.
750.121	Bribery - public officers to influence contract.
750.112	Burglary with explosives.

Carjacking, Child Abuse, Child Care, Child Sexually Abusive, Children

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.529A	Carjacking.
750.136B2	Child abuse - 1st degree.
750.136B3	Child abuse - 2nd degree.
750.136B4	Child abuse 3rd degree.
750.136B5	Child abuse - 4th degree.
722.119A	Child care - family dare care home/too many children.
722.1251A	Child care organizations - smoking violations.
722.1251B	Child Care Organizations - Violations.
750.145C2	Child sexually abusive commercial activity.
750.145C3	Child sexually abusive activity - distributing or promoting.
750.135	Children - abandonment.
722.6332	Children - abuse - failure to report.
722.6333	Children - abuse - dissemination of confidential information.
722.6334	Children - abuse - maintaining a report that should be expunged.
722.6335A	Children - abuse - intentional false report - misdemeanor.
750.145B	Children - accosting for immoral purposes 2nd offense.
750.150	Children - concealing death of infant child.
750.145	Children - contributing to delinquency.
722.677	Children - displaying obscene matter to.
722.675	Children - distributing obscene matter to.
409.114A	Children - employing in child abusive activity.
750.143	Children - exhibiting obscenity to.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.140	Children - exhibition.
750.142	Children - furnishing obscenity to.
722.151B	Children - harboring runaways.
750.138	Children - interference with juvenile court custody.
750.144	Children - unlicensed boarding homes.

Civil Rights, Computers, Contractor

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.147A	Civil rights - credit discrimination.
750.147	Civil rights - denial of accommodations.
750.145D2A	Computers - internet - communicating with another to commit crime - maximum imprisonment less than 1 year.
570.1110B	Contractor - false sworn statements over $100.00.
570.152	Contractor - fraudulent use of building contract fund.

Controlled Substance

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.74131	Controlled substance - 2nd offense notice - life.
333.74132	Controlled substance - 2nd offense notice double penalty.
333.7407A1-A	Controlled substance - attempt - felony.
333.74022A	Controlled substance - creation/delivery of a counterfeit substance (narcotic).
333.74022B	Controlled substance - creation/delivery of a counterfeit substance (non-narcotic).
333.74022C	Controlled substance - creation/delivery of a counterfeit substance (schedule 4).
333.74022D	Controlled substance - creation/delivery of a counterfeit substance (schedule 5).
333.74022E	Controlled substance - creation/delivery of an analogue.
333.74102-A	Controlled substance - delivery on school property (narcotics or cocaine) less than 50 grams.
333.7401A	Controlled substance - delivery to commit criminal sexual conduct.
333.74101-E	Controlled substance - delivery to minor (added to schedule 4 by board rule).
333.74101-A	Controlled substance - delivery to minor (narcotic or cocaine) less than 50 grams.
333.74101-B	Controlled substance - delivery to minor (non-narcotic) (schedules 1, 2, and 3 except marijuana and cocaine).

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.74101-C	Controlled substance - delivery to minor (non-narcotic) (substance added to schedules 1, 2, & 4 by rule).
333.74101-D	Controlled substance - delivery to minor (schedule 4 and marijuana).
333.74101-F	Controlled substance - delivery to minor (schedule 5).
333.74012C-B	Controlled substance - delivery/manufacture (added to schedule 4 by board rule).
333.74012A2	Controlled substance - delivery/manufacture (narcotic or cocaine) 225 to 649 grams.
333.74012A3	Controlled substance - delivery/manufacture (narcotic or cocaine) 50 to 224 grams.
333.74012A1	Controlled substance - delivery/manufacture (narcotic or cocaine) 650 or more grams.
333.74012A4	Controlled substance - delivery/manufacture (narcotic or cocaine) less than 50 grams.
333.74012B-A	Controlled substance - delivery/manufacture (non-narcotic) (schedules 1, 2, and 3 except mari-anna and cocaine).
333.74012B-B	Controlled substance - delivery/manufacture (non-narcotic) substance added to schedules 1, 2, & 3 by rule).
333.74012C-A	Controlled substance - delivery/manufacture (schedule 4).
333.74012D	Controlled substance - delivery/manufacture (schedule 5).
333.74012D1	Controlled substance - delivery/manufacture 45 kilograms of marijuana.
333.74012D11	Controlled substance - delivery/manufacture 5-45 kilograms of marijuana.
333.74012D3	Controlled substance - delivery/manufacture of marijuana.
333.74133	Controlled substance - delivery/possession with intent to deliver on school property (narcotic or cocaine) less than 50 grams - 2nd offense notice.
333.73413	Controlled substance - imitation manufacture or distribution.
333.7416	Controlled substance - inducing a minor to commit a felony.
333.74032A1	Controlled substance - possession (narcotic or cocaine) 650 or more grams.
333.74032A2	Controlled substance - possession (narcotic or cocaine) 225 to 649 grams.
333.74032A3	Controlled substance - possession (narcotic or cocaine) 50 to 224 grams.
333.74032A4	Controlled substance - possession (narcotic or cocaine) 25 to 50 grams.
333.74032A5	Controlled substance - possession (narcotic or cocaine) less than 25 grams.
333.74032B-B	Controlled substance - possession (non-narcotic /substance added to schedules 1, 2, 3, or 4 by rule).
333.74104-A	Controlled substance - possession on school property (narcotic or cocaine) less than 25 grams.
333.74104-B	Controlled substance - possession on school property schedules 1, 2, 3, 4.
333.74103	Controlled substance - possession with intent to deliver on school property (narcotic or cocaine) less than 50 grams.
333.74032B-A	Controlled substance - possession/analogues.
333.74071G	Controlled substances - counterfeit prescription form.
333.17766A4	Controlled substances - counterfeit steroids - delivery.
333.74071E	Controlled substances - counterfeiting implements.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.74071F	Controlled substances - disclosing prescription information.
333.74072	Controlled substances - failure to keep records.
333.74071D	Controlled substances - false reporting.
333.74071A	Controlled substances - licensee/distribute without order form.
33374071C	Controlled substances - obtaining by fraud.
333.17766A2-A	Controlled substances - steroids possession - 2nd offense.
333.74071B	Controlled substances - use a fictitious license number.
333.17766A3	Controlled substances - steroids - delivery.

Crime Victim Services, Criminal Sexual Conduct

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
18.3661B1	Crime victim services - false claim award - $200.00 or more but less than $1,000.00.
18.3661B2	Crime victim services - false claim award - less than $200.00 - second or subsequent offense notice.
750.520G1	Criminal sexual conduct - assault with intent to commit sexual penetration.
750.520B1D	Criminal sexual conduct - first degree (accomplices).
750.520B1C	Criminal sexual conduct - first degree (during felony).
750.520B1G	Criminal sexual conduct - first degree (injury to incapacitated victim).
750.520B1H	Criminal sexual conduct - first degree (mentally disabled - relationship).
750.520B	Criminal sexual conduct - first degree (multiple variables).
750.520B1A	Criminal sexual conduct - first degree (person under thirteen).
750.520B1F	Criminal sexual conduct - first degree (personal injury).
750.520B1B	Criminal sexual conduct - first degree (relationship).
750.520B1E	Criminal sexual conduct - first degree (weapon used).
750.520E1A-A	Criminal sexual conduct - fourth degree - victim between 13-16.
750.520E1A	Criminal sexual conduct - fourth degree (force or coercion).
750.520E1B	Criminal sexual conduct - fourth degree (incapacitated victim).
750.520E1G	Criminal sexual conduct - fourth degree (incest).
750.520E1E-A	Criminal sexual conduct - fourth degree (mental health professional).
750.520E	Criminal sexual conduct - fourth degree (multiple variables).
750.520E1F-A	Criminal sexual conduct - fourth degree (student).
750.520C1D	Criminal sexual conduct - second degree (accomplices).
750.520C1C	Criminal sexual conduct - second degree (during felony).

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.520C1G	Criminal sexual conduct - second degree (injury to incapacitated victim).
750.520C1H	Criminal sexual conduct - second degree (mentally disabled - relationship).
750.520C	Criminal sexual conduct - second degree (multiple variables).
750.520C1A	Criminal sexual conduct - second degree (person under thirteen).
750.520C1F	Criminal sexual conduct - second degree (personal injury).
750.520C1B	Criminal sexual conduct - second degree (relationship).
750.520C1E	Criminal sexual conduct - second degree (weapon used).
750.520G2	Criminal sexual conduct - second degree assault.
750.520D1B	Criminal sexual conduct - third degree (force or coercion).
750.520D1C	Criminal sexual conduct - third degree (incapacitated victim).
750.520D1D	Criminal sexual conduct - third degree (incest).
750.520D	Criminal sexual conduct - third degree (multiple variables).
750.520D1A	Criminal sexual conduct - third degree (person thirteen through fifteen).

Disorderly Person, Domestic Violence, Drugs

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.1671B	Disorderly person - common prostitute.
750.1671C	Disorderly person - window peeper.
750.812	Domestic violence.
750.81A2	Domestic violence - aggravated.
750.81A3	Domestic violence - aggravated - second offense notice.
750.813	Domestic violence - second offense.
750.814	Domestic violence - third offense notice.
750.16	Drugs or medicine/adulterating to injure.
750.141A5	Drugs/alcohol consumption by minors - allowing on premises - 2nd offense notice.
750.141A2	Drugs/alcohol consumption by minors - allowing on premises.

Embezzlement,
Enticing,
Ephedrine,
Extortion

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.176	Embezzlement - administrator, executor, or guardian.
750.1744A	Embezzlement - agent or trustee $1,000.00 or more but less than $20,000.00.
750.1745B	Embezzlement - agent or trustee $1,000.00 or more but less than$20,000.00 - third or subsequent offense notice.
750.1745A	Embezzlement - agent or trustee $20,000.00 or more.
750.1743A	Embezzlement - agent or trustee $200.00 or more but less than $1,000.00.
750.1744B	Embezzlement - agent or trustee $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.1742	Embezzlement - agent or trustee less than $200.00.
750.1743B	Embezzlement - agent or trustee less than $200.00 second or subsequent offense notice.
750.1773A	Embezzlement - by chattel mortgagor - $1,000.00 or more but less than $20,000.00.
750.1772B	Embezzlement - by chattel mortgagor - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.1772A	Embezzlement - by chattel mortgagor - $20,000.00 or more.
750.180	Embezzlement - financial institutions.
750.1814A	Embezzlement - jointly held property - $1,000.00 or more but less than $20,000.00.
750.1815B	Embezzlement - jointly held property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.1815A	Embezzlement - jointly held property - $20,000.00 or more.
750.1814B	Embezzlement - jointly held property - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.1783A	Embezzlement - mortgaged/leased property - $1,000.00 or more but less than $20,000.00.
750.1782B	Embezzlement - mortgaged/leased property - $1,000.00 or more but less than $20,000.00 - third or subsequent offense.
750.1782A	Embezzlement - mortgaged/leased property - $20,000.00 or more.
750.1783B	Embezzlement - mortgaged/leased property - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.174A3A	Embezzlement - person in relationship of trust with vulnerable adult - $200.00 or more but less than $1,000.00.
750.174A2	Embezzlement - person in relationship of trust with vulnerable adult - less than $200.00.
750.174A3B	Embezzlement - person in relationship of trust with vulnerable adult - less than $200.00 - second or subsequent offense notice.
750.175	Embezzlement - public official over $50.00.
750.179	Embezzlement - railroad tickets.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.182	Embezzlement - warehouses.
750.13	Enticing female under thirteen for immoral purposes.
333.17766C1	Ephedrine - possession/more than 10 grams.
750.213	Extortion.
750.214	Extortion - by public officers.

False Pretenses, Financial Transaction Device, Food, Food Stamps

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.2184A	False pretenses - $1,000.00 or more but less than $20,000.00.
750.2185B	False pretenses - $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.2185A	False pretenses - $20,000.00 or more.
750.2183A	False pretenses - $200.00 or more but less than $1,000.00.
750.2184B	False pretenses - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.2182	False pretenses - less than $200.00.
750.2183B	False pretenses - less than $200.00 - second or subsequent offense notice.
750.157S1B1	Financial transaction device - use of revoked or cancelled to obtain goods $100.00 or more but less than $500.00.
750.157S1A2	Financial transaction device - use of revoked or cancelled to obtain goods less than $100.00 second or subsequent offense notice.
750.157W1A	Financial transaction device - fraudulent withdrawals/transfers - less than $200.00.
750.157W1B1	Financial transaction device - fraudulent withdrawals/transfers $200.00 or more but less than $1,000.00.
750.157W1B2	Financial transaction device - fraudulent withdrawals/transfers less than $200.00 - second or subsequent offense notice.
750.157S1A1	Financial transaction devise - use of revoked or cancelled to obtain goods less than $100.00.
750.397A	Food - placing harmful objects in.
750.300A1A	Food stamps - fraud $250.00 or less.
750.300A1B	Food stamps - fraud $250.00 - $1000.00.
750.300A1B-A	Food stamps - fraud $250.00 - $1000.00 - 2nd offense notice.
750.300A1A-A	Food stamps - fraud $250.00 or less - 2nd offense notice.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.300A1A-B	Food stamps - fraud $250.00 or less - 3rd offense notice.
750.300A1C	Food stamps - fraud over $1000.00.

Franchise Investment Law, Fraud

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
445.1521	Franchise investment law - false representation.
445.1523	Franchise investment law - false statements of material fact.
445.1505	Franchise investment law - fraudulent filing/offers.
750.280	Fraud - common law.
750.279	Fraud - disposition of exhausted property.
750.271	Fraud - issue/sell of domestic securities.
750.300	Fraud - killing/injuring animals to defraud insurer.
750.273	Fraud - obtaining signature to financial document.
750.274	Fraud - purchasing/collecting on fraudulent financial document.
750.272	Fraud - sale of fraudulent stock - foreign corporations.
750.278	Fraud - warehouse receipts.
400.602-B	Fraud - welfare (failure to inform) $500.00 or more.
400.602-A	Fraud - welfare (failure to inform) less than $500.00.
400.601-A	Fraud - welfare, $500.00 or less.
400.601-B	Fraud - welfare, over $500.00.

Health Care Fraud, Home Invasion

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
752.10034	Health care fraud - concealing information.
752.1005	Health care fraud - conspiracy.
752.10031	Health care fraud - false claim.
752.10033	Health care fraud - false statement.
752.1004-A	Health care fraud - kickbacks.
752.10032	Health care fraud - medically unnecessary.
752.1004-B	Health care fraud - referral fees.
752.1006	Health care fraud - second offense notice.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.110A2	Home invasion - 1st degree.
750.110A3	Home invasion - 2nd degree.

Homicide

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.321-B	Homicide - abortion - death resulting.
750.91	Homicide - attempted murder.
750.328	Homicide - by explosives in or near building.
750.319	Homicide - death by duels.
750.327	Homicide - death by explosives/common carrier.
750.323	Homicide - death of mother or unborn quick child by abortion.
750.316-B	Homicide - felony murder.
750.329	Homicide - manslaughter - death by weapon aimed with intent but without malice.
750.321-C	Homicide - manslaughter - involuntary.
750.321-A	Homicide - manslaughter - statutory short form.
750.321-E	Homicide - manslaughter with motor vehicle.
750.316-A	Homicide - murder first degree - premeditated.
750.317	Homicide - murder second degree.
750.324	Homicide - negligent homicide.
750.316-C	Homicide - open murder - statutory short form.
750.322	Homicide - willful killing of unborn quick child.
750.236-B	Homicide by setting spring gun.

Indecent Exposure, Kidnapping, Larceny, Lewd and Lascivious Conduct

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.335A	Indecent exposure.
750.349	Kidnapping.
750.350	Kidnapping - child enticement.
750.350A1	Kidnapping - custodial interference.

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.362-A	Larceny by conversion over $100.00.
750.363-A	Larceny by false personation over $100.00.
750.335	Lewd and lascivious conduct.

Mayhem, Medicaid Fraud, Money Laundering, Motor Vehicles

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.397	Mayhem.
400.6033	Medicaid fraud - concealing information.
400.606	Medicaid fraud - conspiracy.
400.6071	Medicaid fraud - false claim.
400.6031	Medicaid fraud - false statement in benefit application.
400.605	Medicaid fraud - false statement regarding institutions.
400.6032	Medicaid fraud - false statement to determine benefit rights.
400.609	Medicaid fraud - fourth offense.
400.604	Medicaid fraud - kickback/referral fees.
400.6072	Medicaid fraud - medically unnecessary.
750.411L	Money laundering - 4th degree.
750.535A2	Motor vehicles - operating a chop shop.
750.535A3	Motor vehicles - operating a chop shop - second offense notice.

Nursing Homes, Operating

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
333.217711	Nursing homes - abuse of a patient.
333.217716	Nursing homes - retaliation for reporting abuse.
257.6256D	Operating - OUIL/per se - 3rd offense notice - felony.
257.6254	Operating - under the influence causing death.
257.6255-A	Operating - under the influence causing incapacitating injury.
257.6256	Operating - under the influence third or subsequent offense.
462.3535	Operating a locomotive - under the influence - third or subsequent offense.
324.811346	ORV - OUIL - 3rd or subsequent offense notice.

Physicians, Poison, Pregnant Individual, Prescription Forms

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.430	Physicians - prescribing while intoxicated.
750.437	Poison - exposing where liable to be eaten by beasts of another.
750.4362A	Poison - food/drink/medicine/water supply.
750.4362C	Poison - food/drink/medicine/water supply- causing physical injury.
750.90CD	Pregnant individual - grossly negligent act - causing physical injury to embryo/fetus.
750.90CC	Pregnant individual - grossly negligent act - causing serious injury to embryo/fetus.
333.74012F	Prescription forms - manufacture/delivery.
333.74012E	Prescription forms/official - manufacture/delivery.
333.74032E	Prescription forms/official - possession.

Prisoner, Prostitution, Public Health/Officer/ Utility, Pyramid/ Chain Promotions

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.349A	Prisoner - taking a hostage.
750.451D	Prostitution - 3rd offense.
750.457	Prostitution - accepting earnings.
750.452	Prostitution - keeping house of.
750.455	Prostitution - pandering.
750.456	Prostitution - placing wife.
750.458	Prostitution/detaining female for debt.
750.459	Prostitution/transporting female.
333.20198	Public health - facility or agency - entering to engage in stalking.
750.118	Public officer - accepting bribe.
750.117	Public officer - bribery
750.282-B	Public utility - fraudulent use over $500.00.
445.1528	Pyramid/chain promotions - offer or sell.

Rape, Real Property, Retail Fraud, Robbery

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.520	Rape.
565.371	Real property - recording fraudulent conveyance.
750.356D	Retail fraud - second degree.
750.356D4	Retail fraud - third degree.
750.529	Robbery - armed.
750.530	Robbery - unarmed.

Sex Offenders, Snowmobiles, Stalking, Stolen Property, Suicide

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
28.7292	Sex offenders - failure to comply with reporting duties.
28.7293	Sex offenders - failure to sign registration.
324.821274	Snowmobiles - operating under the influence causing death.
324.821275	Snowmobiles - operating under the influence causing incapacitating injury.
324.821281C	Snowmobiles - OUIL/UBAL - 3rd offense notice.
750.411H	Stalking.
750.5352A	Stolen property - receiving and concealing - $20,000.00 or more.
750.5353B	Stolen property - receiving and concealing - $200.00 or more but less than $1,000.00 - second or subsequent offense notice.
750.5353A	Stolen property - receiving and concealing $1,000.00 or more but less than $20,000.00.
750.5352B	Stolen property - receiving and concealing $1,000.00 or more but less than $20,000.00 - third or subsequent offense notice.
750.329A	Suicide - assisting.

Threatening DHS Employee, Unemployment Compensation Fraud

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.81C1	Threatening DHS employee with physical harm.
421.54BBI	Unemployment compensation fraud - conspiracy - $25,000 or less.
421.54BBII	Unemployment compensation fraud - conspiracy - loss over $25,000.
421.54BBIII	Unemployment compensation fraud - conspiracy - no actual loss.
421.54CBII	Unemployment compensation fraud - embezzlement - $25,000 - $100,000.
421.54CBIV	Unemployment compensation fraud - embezzlement - no actual loss.
421.54AIIB	Unemployment compensation fraud - failure to comply with act/rules - $25,000 - $100,000.
421.54AIIC	Unemployment compensation fraud - failure to comply with act/rules - over $100,000.
421.54A	Unemployment compensation fraud - false statement as condition of employment.
421.54BIIB	Unemployment compensation fraud - false statement/misrepresentation - $25,000 or more.
421.54BIIC	Unemployment compensation fraud - false statement/misrepresentation - no actual loss.
421.54AIVB	Unemployment compensation fraud - willful violation of act/rules- over $100,000.

Vulnerable Adult, Weapons

Good Moral Character Offenses	
Criminal Code	**Criminal Code Description**
750.145N1	Vulnerable adult abuse - 1st degree.
750.145N2	Vulnerable adult abuse - 2nd degree.
750.145N3	Vulnerable adult abuse - 3rd degree.
750.145N4	Vulnerable adult abuse - 4th degree.
750.145O	Vulnerable adult abuse - death caused by unlicensed caretaker.
750.145P1	Vulnerable adults - caregiver commingling funds/obstructing investigations.
750.145P2	Vulnerable adults - retaliation/discrimination by caregiver.
750.145P3	Vulnerable adults - retaliation/discrimination against employee.
750.145P5	Vulnerable adults - caregiver violations - 2nd offense notice.
750.822	Weapon-fee schools - assault with a dangerous weapon.
750.535B	Weapons - firearms - receiving & concealing.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

PSM 713-10
PSM 715-2

EFFECTIVE February 1, 2013.

Subject Safe Sleep.

GENERAL INSTRUCTIONS

Policy in PSM 713-1 and PSM 714-1 will be updated to reflect this policy change.

During a CPS investigation and an ongoing CPS case involving a child 12-months of age or younger living in the home, CPS must:

- Conduct a home visit to observe the infant's sleep environment and record the observation in the narrative of the CPS Investigative Report, DHS-154. The documentation should address whether:
  - The infant is sleeping alone.
  - If the infant has a bed, bassinet or portable crib.
  - If there is anything in the infant's bed.
  - If the mattress is firm with tight fitting sheets.
- Inform the parents of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with the parents, the worker should:
  - Utilize established safe sleep educational materials.
  - Educate the family about how to provide a safe-sleep environment for their child.

If the infant is not provided with a safe sleeping environment, the worker will make attempts to assist the family in obtaining one and document the attempts. DHS may utilize the following to help secure the safe sleep environment:

- Friends/family members.
- Community resources.
- Local office funds.

**MANUAL
MAINTENANCE
INSTRUCTIONS**

EFFECTIVE

November 1, 2013.

Subject(s)

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Children's Protective Services manuals have been converted and will have a November 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

PSM 300
PSM 301
PSM 302
PSM 303
PSM 304
PSM 305
PSM 711-1
PSM 711-2
PSM 711-3
PSM 711-4
PSM 711-5
PSM 711-6
PSM 712-1
PSM 712-3
PSM 712-4
PSM 712-5
PSM 712-6
PSM 712-7
PSM 712-8
PSM 712-9
PSM 713-01
PSM 713-02
PSM 713-03
PSM 713-04
PSM 713-05
PSM 713-06
PSM 713-07
PSM 713-08
PSM 713-09
PSM 713-10
PSM 713-11
PSM 713-12
PSM 713-13
PSM 714-1
PSM 714-2
PSM 714-3
PSM 714-4
PSM 715-1
PSM 715-2

PSM 715-3
PSM 715-4
PSM 716-1
PSM 716-2
PSM 716-3
PSM 716-4
PSM 716-5
PSM 716-7
PSM 716-8
PSM 716-9
PSM 717-2
PSM 717-3
PSM 717-4
PSM 717-5
PSM 717-6
PSM 718-5
PSM 718-8
PSM 718-9

EFFECTIVE November 1, 2013.

Subject(s) 1. Food Assistance Program (FAP) benefit reduction.

FAP

RFT 260

Effective November 1, 2013, monthly maximum FAP issuances are automatically decreasing. Additionally, the minimum issuance amount for one and two-person categorically eligible households is decreased from $16 to $15.

Reason: Elimination of the American Recovery and Reinvestment Act (ARRA) of 2009.

Communication Plan: Weekly Staff News and ARRA fact sheet will be sent to the field.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFT 260

EFFECTIVE October 1, 2013.

Subject(s) 1. Annual federal cost-of-living changes.

1) Annual Federal Cost-of-Living Changes

FAP

RFT 250, 255, 260

Bridges is updated to support the annual cost-of-living update for Food Assistance Program (FAP) standards. The update will appear in budgets with an effective date of October 1, 2013.

The Food and Nutrition Service (FNS) has determined the maximum monthly net income limit for one and two member households is decreased from last year. Additionally, FNS determined the heat and utility standard used in calculating FAP benefits is decreased from $575 to $553 per month and non-heat electric standard is decreased from $128 per month to $127 per month. The other standards have a minimal increase, decrease or remain the same.

Reason: Annual standards update.

Communication Plan: Weekly Staff News.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFT 250
RFT 255
RFT 260

EFFECTIVE August 1, 2013.

Subject Food Assistance Program (FAP) benefits use in restaurants.

FAP

RFT 262

Eligible FAP clients are no longer able to purchase prepared foods in authorized restaurants. Therefore, RFT 262, Restaurants Authorized to Accept Food Assistance Benefits, has been removed from the Reference Tables Manual.

Reason: Michigan's program to authorize restaurants to accept FAP benefits is ending July 31, 2013.

Old Policy: Individuals 60 years of age and over and their spouses, blind and disabled SSI individuals and their spouses and homeless individuals were able to use their FAP benefits in authorized restaurants.

Communication Plan: Weekly Staff News.

MANUAL MAINTENANCE INSTRUCTIONS

Deleted Items ...

RFT 262

EFFECTIVE July 1, 2013.

Subject(s)

1. Revised forms.
2. Obsolete forms.

1) Revised forms

DHS-431, Self-Employment Income and Expense Statement, is revised to require clients to provide receipts for verification of their self-employment income.

Reason: Supports new self-employment policy.

Communication Tip: Office of Workforce Development and Training.

2) Obsolete forms

All Programs

The following forms and publications are obsolete from the reference manual for forms and publications (RFF):

- BFS-30, Guide to Requesting Driver Records.
- MDCH Publication 213, TMA-Plus, Extending Your Health Care Coverage.
- DHS-14, MiChild/Freedom to Work Referral.
- FIA-32, UCB Claims Information Request.
- DHS-48, Verification of Imprisonment.
- DHS-49-C, Deferral Monitor.
- DHS-59B, Acknowledgement of Case Transfer.
- FIA-71, Good Cause Determination.
- DHS-194, Child Abuse/neglect Central Registry (CA/NR).
- DHS-220/DHS-220SP, Child Development and Care Unlicensed Provider Application.
- DHS-508, Child Development and Care Provider Termination Notice.
- DHS-640, Employer Or Volunteer Agency Central Registry Clearance.
- DHS-641, Child Development and Care Parent Record.
- DHS-1286, Out-of-state Central Registry Clearance.

  Note: They are being replaced with the DHS-1929, Central Registry Clearance Request.

- DHS-2032-A, Application For Provider ID Number For Child Care Centers And Homes Located On Federal Land.
- DHS-2032-B, Application For Provider ID Number For Child Care Facilities With Parents On Site And Available.
- DHS-4640, Child Development and Care Applicant Instructions.
- DHS-4661-P, Child Care (CDC) Request For Criminal History And Central Registry Clearance.
- DHS Pub 230, Provider Handbook And Reporting Instructions.
- MDCH Pub 141, Medicaid Health Coverage.

Reason: Obsolete forms.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFF 431

Deleted Items ...

RFF 14
RFF 32
RFF 48
RFF 49C
RFF 59B
RFF 71
RFF 141M
RFF 194
RFF 220
RFF 230
RFF 508
RFF 640
RFF 641
RFF 1286
RFF 2032A
RFF 2032B
RFF 4640
RFF 4661P

EFFECTIVE June 1, 2013.

Subject **Adult Medical Program (AMP) income updates.**

AMP

RFT 236

The AMP Income Limits for an individual or individual and spouse have been updated.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFT 236

EFFECTIVE April 1, 2013.

Subject **Medicaid Update**

RFT 242, 246

The federal poverty levels have increased effective April 1, 2013.

Reason: Increase in the cost of living for 2013.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFT 242
RFT 246

EFFECTIVE January 1, 2013.

Subject RFS 107, Payroll Schedule Home Help Payment, has been updated with dates for 2013.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFS 107

EFFECTIVE January 1, 2013.

Subject(s) **SSI and SDA Payment Rate Increase**

Supplemental Security Income (SSI) payment rates for independent living, household of another, eligible child, domiciliary care, personal care and home for the aged will be increased from the 2012 amounts. Rates in effect January 1, 2013 are given in part C - Payments of the Social Security Manual. Treatment of this income is described in the Bridges Eligibility Manual (BEM).

RFT 235 - SDA Payment Rates For Special Living Arrangements (SLA)

SDA SLA payment rates for domiciliary care and personal care were increased to match the Social Security Income (SSI) rates for calendar year 2013.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

RFS 106
RFT 235
RFT 245
RFT 247
RFT 248

EFFECTIVE

December 1, 2013.

Subject(s)

1. Conversion.
2. Forms.

1) CONVERSION

RFS and RFT

The software used to write the Reference Schedules and Reference Tables Manuals has changed. As each manual is converted from our old system which was Adobe FrameMaker to our new Microsoft system, it is listed on the Policy News & Tips page. As converted manuals are updated in the Microsoft system they become obsolete in Adobe FrameMaker. Until they are updated they are available in both locations. Historical policy is also available in both locations.

To view the converted policy manuals open them from DHS-Net/Policy News & Tips/Converted Policy Manuals. Job aids to help navigate the new system and to compare features from the old to the new system are also available on the Policy News & Tips page.

2) FORMS

RFF

The Reference Manual for Forms is obsolete. Form instructions are now included on the form as hidden text. A job aid to view and print documents with hidden text is available on the Policy News & Tips page. Bridges form instructions will be an instructional document only.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

RFS 106
RFS 107
RFS 108
RFS 111
RFS 120
RFS 205
RFS 206
RFS 305
RFT 100
RFT 101
RFT 200
RFT 210
RFT 225
RFT 235
RFT 236
RFT 240
RFT 241
RFT 242
RFT 243
RFT 244
RFT 245
RFT 246
RFT 247
RFT 248
RFT 250
RFT 255
RFT 260
RFT 261
RFT 270
RFT 285
RFT 295

EFFECTIVE

July 1, 2013.

Subject

Obsolete Items.

The following items will be obsoleted from the Services General Requirements policy manuals.

- SRM 121, Special Education for the Handicapped.
- SRM 142, MEPA Complaint Procedures.
- SRM 173, Adult Death Reporting. Information from SRM 173 will be moved to the Adult Protective Services (APS) policy manual.

The DHS Centralized Intake for Abuse and Neglect Unit (CI) is the statewide intake unit that receives all abuse, neglect and exploitation referrals regarding children and vulnerable adults.

The CI unit is available for APS referrals 24 hours a day, seven days a week, 365 days a year (including after-hours, weekends and holidays).

The Centralized Intake toll free number is 1-855-444-3911.

The DHS 324-C, APS Service Plan form, has been created for use by Adult Protective Services staff when developing initial service plans with APS clients. The DHS 324-C is a stand-alone form that can be printed through ASCAP forms for each APS client. The DHS 324-C will provide supporting documentation of the date the initial service plan was developed.

Note: Historical policy for DHS staff is available through the policy manuals by changing the Effective Date.

MANUAL MAINTENANCE INSTRUCTIONS

Deleted Items ...

SRM 121
SRM 142
SRM 173

EFFECTIVE

February 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file.

As manuals are converted they will be listed on the Policy News & Tips page. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Services General Requirements manuals have been converted and will have a February 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

SRG GLOSSARY
SRM 101
SRM 102
SRM 111
SRM 121
SRM 131
SRM 132
SRM 133
SRM 142
SRM 172
SRM 173

EFFECTIVE

December 1, 2013.

Subject(s)

Information Sharing with Law Enforcement

When a DHS-1555-CS, Authorization to Release Confidential Information is signed by the client, client's guardian with authority to consent, parent with legal custody of a child, court-appointed personal representative or executor of the estate of a deceased client AND the checkbox in Section 2 is selected, DHS and the parties listed in Section 2 may release information regarding the youth's care, supervision and treatment to law enforcement when law enforcement is responding to a call involving the child and/or his or her family that could impact the court-ordered case service plan.

Exception: Under no circumstances can this release be used to disclose confidential protective services information or records.

Reason: Recommendation from Crossover Youth Practice Model with Permission from Legal Affairs

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items ...

SRM 131

EFFECTIVE January 1, 2013.

Subject **SSI Payment Rate Increase**

Supplemental Security Income (SSI) payment rates for independent living, household of another, eligible child, domiciliary care, personal care and home for the aged will be increased from the 2012 amounts. Rates in effect January 1, 2013 are given in part C - Payments of the Social Security Manual. Treatment of this income is described in the Bridges Eligibility Manual (BEM).

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) ...

SSM C

EFFECTIVE

April 1, 2013.

Subject

The software we use to write policy manuals is changing. We are converting manuals one at time from our old system which was Adobe FrameMaker to our new Microsoft system. Historical policy will be viewable as a PDF file for internal DHS users.

As manuals are converted they will be listed on the Policy News & Tips page for internal DHS users. Unless the bulletin states otherwise, no policy content will be changed although the policy effective date will change due to conversion.

The Supplemental Security Income manuals have been converted and will have a April 1, 2013 effective date. No policy content has been changed.

Tips for using the new manual software for internal DHS users are located on the Policy News & Tips page.

Reason: Policy software update.

MANUAL MAINTENANCE INSTRUCTIONS

Changed Items (content changes) …

SSM C

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

IV-D MEMORANDUM 2013-001

UPDATE(S):

☐ Manual

☐ Form(s)

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: January 8, 2013

SUBJECT: Self-Assessment (SASS) Audit – Establishment of Paternity and Support Order (Establishment) Program Compliance Criteria Corrective Action Plan (CAP)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum provides:

- A brief overview of the SASS audit process;
- An explanation of the SASS audit findings;
- The Establishment program compliance criteria findings;
- The Establishment program compliance criteria regulations and rules; and
- An overview of the Establishment program compliance CAP.

DISCUSSION:

A. SASS Audit

Federal regulations require the Michigan child support program to perform a yearly SASS audit to ensure its compliance with eight program compliance criteria:

- Case closure;
- Disbursement of collections (Disbursements);
- Expedited processes;
- Establishment of paternity and support order (Establishment);

- Review and adjustment of orders (Review and adjustment);
- Enforcement of orders (Enforcement);
- Securing and enforcing medical support orders (Medical); and
- Intergovernmental services (Intergovernmental).[1]

OCS compiles the audit results in a SASS report, which the Program Leadership Group (PLG) may use to identify the program's strengths, weaknesses and best practices. The PLG's review can also provide insight regarding potential impacts resulting from changes to business processes and the Michigan Child Support Enforcement System (MiCSES).

B. Overall SASS Audit Findings

The Michigan child support program must meet the federal benchmark for each program compliance criterion to satisfy federal regulations. To determine whether the criteria meet the federal benchmarks, OCS forms a SASS team to review case samples.

In fiscal year (FY) 2011, Michigan met or exceeded each federal benchmark with the exception of Establishment. The table below shows Michigan's compliance percentages (with margin of error) compared to the federal benchmarks.

Program Compliance Criteria	Sample Size	Compliance Rate	Federal Benchmark	*Margin of Error
Case closure	425	96%	90%	+/-1.69%
Disbursements	814	100%	75%	+/-0.14%
Expedited processes – 6 or 12 months	277	83% / 98%	75% / 90%	+/-3.72% / +/-1.47%
Establishment	277	69%	75%	+/-4.57%
Review and adjustment	297	94%	75%	+/-2.39%
Enforcement	342	93%	75%	+/-2.27%
Medical	288	95%	75%	+/-2.16%
Intergovernmental	333	91%	75%	+/-2.65%

*Note: The SASS audit review process requires the analysis of a random selection of a limited number of cases. Due to the small number of selected cases relative to the total number of open IV-D cases, the sampling must meet a statistical margin of error. For the sample size to be considered statistically relevant, the margin of error must be less than +/-5 percent.

C. Establishment Criteria – FY 2011 Findings

[1] Ref: Subsection 454(15) of the Social Security Act and 45 Code of Federal Regulations (CFR) 308.2.

To determine whether Michigan met the federal regulations and timeframes for the Establishment criteria, the SASS team reviewed 277 statewide sample cases with court orders established in FY 2011. Michigan's compliance rate was 69 percent for the 277 Establishment sample cases, with a +/-4.57 percent margin of error, based on a 90 percent confidence level.

OCS identified the following factors that may have contributed to the Establishment criteria non-compliance:

1. In November 2010, an automated interface (the Department of Human Services [DHS] Bridges system) began providing MiCSES with public assistance case eligibility information. The volume of direct child support referrals increased because Child Development and Care (CDC) and Food Assistance Program (FAP) cases were included in the public assistance eligibility information from Bridges. The significant increase in new IV-D cases and potential court action referrals (CARs) contributed to the delays in case processing; and

2. Staffing resource reductions further contributed to delays. The State of Michigan offered eligible state employees a retirement opportunity, and many experienced child support employees retired at the end of 2010. County and vendor child support staffing faced similar reductions, resulting in a total full-time employee reduction of 2 percent from FY 2010 to 2011.

D. Establishment Criteria – Federal Regulations and Timeframes

There are three federal Establishment criteria regulations that must be met: the 20-day case open timeframe, the 75/90-day locate timeframe, and the 90-day service of process (SOP) timeframe.[2] These rules are described below.

1. **20-day case open timeframe**: IV-D staff must open a IV-D case within 20 calendar days of receiving either a request for IV-D services (application) such as the *IV-D Child Support Services Application/Referral* (DHS-1201) or a comparable document developed by the FOC, or a public assistance referral.[3]

   Note: An application is not required if there is a public assistance referral. MiCSES automatically opens a IV-D case when a public assistance referral is received through the Bridges/MiCSES interface.

   IV-D staff must open the IV-D case within 20 calendar days of receipt of the application. The date the application was received must be entered in the *App Returned Date* field on the *Case Member Details* (CASE) screen. Analysis of the

[2] The three Establishment timeframes, along with MiCSES screens and fields used in the SASS Establishment case review process, are detailed in Exhibit 2013-001E1: Self-Assessment Audit – Establishment Criteria.

[3] For information related to applying for IV-D services, refer to Section 2.05, "Referrals and Applications" of the *Michigan IV-D Child Support Manual*.

FY 2011 SASS data determined that 36 percent of Michigan's failed Establishment criteria were due to staff errors in the MiCSES *App Returned Date* field or because the case open date did not meet the required 20-day timeframe. To prevent future errors related to the use of the MiCSES *App Returned Date* field, IV-D staff must take the following actions:

a. Enter the date an application is received in the *App Returned Date* field on the CASE screen and open a IV-D case within 20 days of that date. When a IV-D application has been received, IV-D staff must not delay opening a IV-D case until a court order is obtained and entered on MiCSES.

b. Open a case as a non-IV-D case on MiCSES when:

   - No IV-D application has been received; or
   - There is no public assistance case.

c. Enter the date a new MiCSES case was **opened** in the *App Returned Date* field instead of entering the date an application was received if:

   - The payee and payer on an order are listed as a custodial party (CP) and non-custodial parent (NCP) on a pre-existing IV-D case; and
   - The payee and the payer (CP and NCP) switch roles pursuant to a change in the order; and
   - The children remain the same.

   In this situation, staff must enter a note on the *Notes Processor* (NOTE) screen explaining the *App Returned Date* entry. Staff must not:

   - Use the IV-D application return date from the pre-existing IV-D case; or
   - Request a new IV-D application.

   MiCSES does not permit payee and payer role reversals on a pre-existing MiCSES case. So, staff must create a new MiCSES case if these roles reverse. By opening the new MiCSES case as a IV-D case, staff will ensure that services will continue based on the previous IV-D application received.[4]

d. Leave the *App Returned Date* field blank when any child on a IV-D case received public assistance per the *Member Assistance History* (MAHI) screen.

e. Do not change an existing date in the *App Returned Date* field when:

   - A new IV-D application is received; or

[4] Section 2.05 of the *Michigan IV-D Child Support Manual* will be updated with this policy directive in its next revision.

- The MAHI screen indicates any child on the IV-D case was receiving public assistance at the time the IV-D case was opened.

2. **75/90-day locate timeframe**:

   IV-D staff must ensure that:

   - Locate activities for the NCP begin within 75 days of the case open date or the locate status of the NCP changes; and
   - Locate activities must continue every 90 days thereafter until the NCP is located or there is a change in case conditions, such as case closure.[5]

   During the SASS audit, reviewers determined that Michigan IV-D staff failed the locate rule in 17 percent of the sample cases. Most of the locate errors occurred because repeated locate services were not completed on a quarterly basis after the initial locate attempt, and/or the automated locate process was disrupted in MiCSES. Generally, cases that failed were found to be held aside for further review (also referred to as "parked") and/or no locate services occurred for a long period of time following the IV-D case opening date.

3. **90-day SOP timeframe**: IV-D staff must establish a support order or complete SOP within 90 calendar days of locating an NCP, or they must document on the NOTE screen a minimum of three unsuccessful SOP attempts if SOP is not completed within 90 days.[6] The federal requirement of 90 days from location of the NCP is in conflict with Michigan Court Rules that specify 90 days from the **complaint filed date**. IV-D staff must track timeframes according to the **federal regulation**. IV-D staff must record all SOP attempts and successful service dates on the *Service of Process* (LSOP) screen. IV-D staff must provide additional notes about SOP on the NOTE screen.

   To track the SOP timeframe, IV-D staff must use one of the following as the location date of the NCP:

   - The *CAR Compliance Date* on the *Legal Case* (LCSE) screen;
   - The *CAR Referral Date* on the *Legal Processor* (LPRO) screen; or
   - The NCP *Verified Locate Date* on the *Member Address History* (AHIS) screen.

   When using the CAR Compliance Date[7] as the location date of the NCP, IV-D staff will refer to the LCSE screen. On that screen, the *CAR Compliance Date* field automatically populates the most recent date on which one of the following four events occurred:

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[5] Ref: *Combined IV-D Policy Manual,* 4DM 200, *Regulatory and Statutory Location Requirements*.
[6] Ref: Section 2.20, "Court Action Referrals (CARs)" of the *Michigan IV-D Child Support Manual*.
[7] The August 29, 2008 MiCSES release notes provide the technical details related to the CAR Compliance Date.

- The locate date of the NCP;
- The IV-D case open date;
- The date the last child was added to the IV-D case; or
- The date the NCP was added to the IV-D case.

Location dates on MiCSES may be different from screen to screen for many reasons, including CAR rejection by IV-D staff. When subsequent MiCSES NCP locate dates are entered into MiCSES, the **latest** MiCSES locate date will mark the beginning of the SOP timeframe. The locate date used to determine the beginning of the SOP timeframe will be selected from one of the following fields with the latest recorded date:

- *CAR Referral Date* on the LCSE screen;
- *CAR Compliance Date* on the LCSE screen; or
- *Verified Locate Date* of the NCP on the AHIS screen.

Using the location dates identified above and NOTE screen entries regarding SOP attempts, SASS reviewers determined SOP was not completed timely for 46 percent of the Establishment case reads in FY 2011. Some of the Establishment case reads for SOP indicated IV-D staff made SOP attempts a few days beyond the 90-day requirement, while other Establishment case reads indicated IV-D staff made SOP attempts well beyond the 90-day timeframe. The review also showed that not all IV-D staff used the LSOP screen and/or the NOTE screen to enter the SOP attempt dates and successful service dates.

E. Michigan's Establishment Corrective Action Plan (CAP)

OCS must submit a CAP to the federal Office of Child Support Enforcement (OCSE) on a quarterly basis due to non-compliance with the Establishment criteria. The CAP will continue until Michigan has increased the Establishment criteria compliance to 75 percent or better.

OCS staff developed a CAP to address deficiencies in case/CAR processing and system procedures. The CAP targets outreach, changes in MiCSES, IV-D policy and procedures, training, reports, and monitoring. The issuance of this IV-D Memorandum will serve as part of the CAP, and IV-D staff must ensure state and local office practices comply with this memorandum. Many outreach efforts to share information about the audit findings and CAP have already been completed, including:

- Presentations at:
    - The Friend of the Court Association conference;
    - The Prosecuting Attorneys Association of Michigan conference;
    - OCS staff meetings; and
    - The Michigan Family Support Council (MFSC) spring conferences.

- Meeting with Work Improvement Teams (WITs) and the Performance Management Workgroup; and
- Revising training materials to include information about the federal regulations and timeframes for the Establishment criteria.

Other CAP activities include the following:

1. CAP for the 20-day case open timeframe

    a. County FOC, PA and state directors must ensure IV-D staff complete the following within the required timeframes as outlined in IV-D policy and within this memorandum:

        - Accurately enter an application when there is no public assistance referral;
        - Open a non-IV-D case in MiCSES when there is no application or public assistance referral; and
        - Convert the non-IV-D case to a IV-D case when an application is received.

    b. OCS staff implemented a new screening process to reduce applications from customers who already have a IV-D case;
    c. OCS staff improved processing timeframes for applications; and
    d. OCS Planning and Evaluation (P&E) staff entered Help Desk tickets requesting MiCSES enhancements.

2. CAP for the 75/90-day locate timeframe

    a. County FOC, PA and state directors must ensure IV-D staff complete locate activities within the required timeframes, as outlined in IV-D policy and within this memorandum;
    b. OCS Case Management (CM) managers developed a locate process detailing the appropriate and required use of support specialists' locate sources currently available to staff;
    c. An internal OCS workgroup reviewed tools and sources for OCS staff to use in locating NCPs;
    d. OCS P&E staff revised the SASS case read process to develop a uniform MiCSES Establishment case review procedure;
    e. OCS CM managers developed performance measures related to each of the support specialist Establishment performance measures;
    f. OCS P&E staff worked with the Data Warehouse team and OCS CM managers to enhance an existing report and to create a new report monitoring the support specialists' Establishment performance measures;
    g. A mandatory support specialist training symposium held in September 2012 included locate training and CASE screen training;
    h. OCS P&E staff entered Help Desk tickets requesting MiCSES enhancements;
    i. OCS staff presented locate training at the MFSC conferences; and
    j. OCS training staff developed web-based training for all IV-D staff.

3. CAP for the 90-day SOP timeframe

    a. PA directors must ensure PA staff complete SOP attempts within the required timeframes and must use the MiCSES LSOP screen to enter SOP attempts, as outlined in IV-D policy and within this memorandum;
    b. OCS training staff will prepare PA refresher training to include information on the federal regulations regarding the Establishment criteria; and
    c. OCS P&E staff entered Help Desk tickets requesting MiCSES enhancements.

Much progress has been made on the FY 2011 Establishment CAP. OCS will continue to implement the actions in the CAP and will monitor the Establishment progress. OCS will continue these activities until the Michigan child support program meets and/or exceeds the federal benchmark for the Establishment criteria.

REVIEW PARTICIPANTS:

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None

SUPPORTING REFERENCES:

Federal
Subsection 454(15) of the Social Security Act
45 CFR 308.2

State
None

ATTACHMENTS:

2013-001E1: Self-Assessment Audit – Establishment Criteria

EPF/EBH

IV-D MEMORANDUM 2013-002

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: March 22, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: Expansion of the State Services Portal (SSP), Modification of Security Forms, and Sources for Obtaining Federal Employer Identification Numbers (FEINs)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum explains the expansion of the SSP[8] Employer Search Application and implementation of the SSP Insurance Match (IM) application. It also introduces revisions to the following security forms:

- *IV-D Program Request to Delete Computer Access* (DHS-392);
- *IV-D Program Request for Computer Access* (DHS-393);
- *IV-D Program Request for Changing Computer Access* (DHS-395); and
- *Michigan Child Support Enforcement System (MiCSES) Child Support Case Disclosure Form* (DHS-428).

The forms have been updated with information on the SSP IM application. In addition, the DHS-392, DHS-393, and DHS-395 have been updated with information regarding the new Central Paternity Registry and Birth Registry System Combined Search Tool (CPR/BRS).

This memorandum also announces the publication of the *MiCSES CPR/BRS Interface Security Agreement* (DCH-1419) on mi-support. This security agreement has been revised with CPR/BRS information, and a form number has been added.

Lastly, this memorandum describes sources for obtaining FEINs. An employer's FEIN is frequently used as an identifier in the IV-D program.

[8] Ref: IV-D Memorandum 2012-007, *Introduction of the State Services Portal (SSP)* for more information about the SSP.

DISCUSSION:

1. eEmployer Search on the SSP[9]

In January 2013, the federal Office of Child Support Enforcement (OCSE) expanded the employer information available to IV-D staff through the SSP's eEmployer application (formerly called the Employer Search or e-IWO Employer Search).[10] Prior to this expansion, the Employer Search only provided information on SOIs participating in the federal e-IWO portal. Michigan IV-D staff were initially provided access to the Employer Search application in June 2012.[11] All IV-D staff who have access to the Employer Search will automatically receive the expanded access on April 1, 2013 and do not need to submit a request for it.

The eEmployer application has two search functions:[12]

- e-IWO Employer Search, which provides information on SOIs participating in the e-IWO portal; and
- NDNH Employer Search, which provides SOI information that any state or federal agency has reported to the National Directory of New Hires (NDNH).

2. IM Application in the SSP

On January 19, 2013, the federal OCSE implemented the SSP IM application for states that participate in the Insurance Claims Data Match (ICDM)[13] program. The IM application allows states to receive, through the SSP, the insurance matches for lien and levy from the ICDM program. Before the introduction of the IM application, some states including Michigan received the insurance matches through an encrypted email that OCSE sent to each state three times a week. OCSE will discontinue the encrypted emails on April 30, 2013.

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[9] Ref: Introduction and Guide to Navigating the FPLS State Services Portal.
[10] Ref: State Services Portal: Applications Overview, OCSE Release 13-01 Major Manifest, and OCSE e-IWO Release 13-01 Minor Specifications.
[11] Ref: IV-D Memorandum 2012-007 for details regarding Michigan's initial implementation of the SSP and the SSP applications accessible to Michigan IV-D staff.
[12] Ref: Section D, "Sources for Obtaining FEINs" of this memorandum for more information regarding the eEmployer application.
[13] Ref: Action Transmittal (AT) 2008-047, *Insurance Claims Data Match (ICDM) and Intercept Process* for more information regarding the ICDM process.

1. Access to the IM Application

   The IM application will be available only to OCS Central Operations staff assigned to the ICDM program. OCSE made the application available to the states on January 19, 2013; however, the application will not be implemented for OCS Central Operations users until April 1, 2013. For the initial rollout on April 1, 2013, MiCSES Help Desk staff will provide the IM role to OCS Central Operations staff who are currently assigned to the ICDM program.

   After the initial rollout, OCS Central Operations staff who have a business need for the IM role but do not already have SSP access must complete a DHS-393 to request SSP access **and** the IM role. However, OCS Central Operations staff who have SSP access but do not have the IM role must complete and submit a DHS-395 to obtain the IM role.

   When OCS Central Operations staff are no longer assigned to tasks requiring use of the IM application, they must submit a DHS-392 to delete access to the application.

2. Downloading Insurance Matches From the IM Application[14]

   OCSE loads new insurance matches daily to the IM application. OCS Central Operations staff will receive an email notification from OCSE via the insurance email address (DHS-OCS-Insurance@michigan.gov) when the new matches are loaded.

   To download insurance matches from the IM application, OCS Central Operations staff will:

   a. Log into SSP;
   b. Click the “Insurance Match” link on the left side of the screen;
   c. From the “Welcome” screen that appears, click the “Response Download” option on the left side of the screen; and
   d. Download the matches by clicking the “Download” button at the bottom of the screen.

   Once OCS Central Operations staff have downloaded the insurance matches from the SSP IM application, they will follow the current ICDM policy for lien and levy.[15] This process includes, but is not limited to, forwarding the matches to the ICDM coordinators at the FOC offices.

   While the method of obtaining the insurance matches from OCSE has changed, the ICDM process will remain the same.

[14] Ref: *MiCSES Customer Information Guide: State Services Portal* for more information.
[15] Ref: AT 2008-047.

3. Revised User Access Security Forms

The DHS-392, DHS-393, and DHS-395, and DHS-428 have been updated with formatting and wording changes and new fields related to the IM application. In addition, the fax number for the MiCSES Help Desk has been added to these forms. Completed forms must be faxed to (517) 241-9703 or emailed to DIT-MiCSES-HelpDesk@michigan.gov. A note regarding the CPR/BRS has been added to the DHS-392, DHS-393, and DHS-395, and the DCH-1419 has been updated with CPR/BRS information.[16]

All significant revisions to each form are listed below.

Note: **Effective immediately**, IV-D staff **must** complete the "Request to restrict user access to case(s)" Yes/No fields on the DHS-393 and the DHS-395. MiCSES Help Desk staff will reject user access security forms on which any required fields are left blank.

1. DHS-392

   a. A required field for a supervisor's phone number has been added;
   b. The "Work Location" field has been changed to "Employee Work Location";
   c. The example "worker left employment" was added to the "Reason for deleting access" field;
   d. A checkbox has been added to the "Access to be removed" section to leave a worker's RESM record open so user assignments may be transferred to other staff;
   e. A field has been added so an end date for a RESM record may be specified;
   f. "(Tier 1 counties only)" has been added to the "State of Michigan Email Username" field;[17]
   g. "Username" has been added to the "Web Resource Center InfoTrac" field;
   h. "Username" has been added to the "e-OSCAR" field;
   i. The option to circle items under "State Services Portal" has been removed; and
   j. A note has been added that instructs users deleting access to the CPR/BRS to complete a DCH-1419 and submit it to the MiCSES Help Desk.

2. DHS-393

   a. A required field for a supervisor's phone number has been added;
   b. The "Work Location" field has been changed to "Employee Work Location";
   c. An "LGNet Active Directory (LGAD)" checkbox has been added to request LGAD access to be reinstated after access has been deleted due to inactivity;
   d. "(Tier 1 counties only)" has been added to the "State of Michigan Email" field;

[16] Ref: Section C(5), "DCH-1419" in this memorandum for more information on the CPR/BRS.
[17] "Tier 1" county offices are local IV-D offices that have computer workstations and networks managed by the State of Michigan. IV-D staff in Tier 1 county offices receive michigan.gov email accounts.

e. Checkboxes for “Standard View” and “Correspondence Search” roles[18] have been added to the “Web Resource Center InfoTrac” section;
f. An “Insurance Match” checkbox has been added under “State Services Portal” to request access to the SSP IM application;
g. A note has been added that instructs users requesting access to the CPR/BRS to complete a DCH-1419 and submit it to the MiCSES Help Desk; and
h. The “Request to restrict user access to case(s)” field is now a required field.

3. DHS-395

a. The form has been reorganized;
b. A required field for a supervisor’s phone number has been added;
c. The “Work Location” field has been changed to “Employee Work Location”;
d. The word “current” has been added to all username fields;
e. Spaces to designate the employee’s new team (“Team Change”), new user role (“Role Change”), and a current employee’s user profile to use as a model for the new employee (“New Model User”) have been moved under the “Michigan Child Support Enforcement System (MiCSES)” field;
f. The “State of Michigan Network” field has been changed to “State of Michigan Network / LGAD”;
g. “(Tier 1 counties only)” has been added to the “State of Michigan Email Username” field;
h. Checkboxes for “Standard View” and “Correspondence Search” roles have been added to the “Web Resource Center InfoTrac” section;
i. A “Current Username” field has been added to the “e-OSCAR” section;
j. “Insurance Match” checkboxes have been added to indicate current access and requested access to the SSP IM application;
k. A note has been added that instructs users requesting a change in their CPR/BRS account information to complete a DCH-1419 and submit it to the MiCSES Help Desk; and
l. The “Request to restrict user access to case(s)” field is now a required field.

4. DHS-428

a. A required field for a supervisor’s phone number has been added; and
b. The “Work Location” field has been changed to “Employee Work Location.”

[18] The Standard View role allows FOC users to view Michigan State Disbursement Unit (MiSDU) payments and disbursement images, and generate the *Request for Central Receipt Adjustment/Suspense Work Form* (DHS-307). The Correspondence Search role provides FOC users with the ability to view electronic images of county correspondence scanned at the MiSDU. Ref: Subsection 6.11 of the *MiSDU Web Research Center User Guide* for more information on Web Resource Center InfoTrac.

5. DCH-1419

   This security agreement was revised to include information on the new CPR/BRS. The CPR/BRS is a web-based system that provides IV-D staff access to paternity establishment and birth record information from the Michigan Department of Community Health's (MDCH's) CPR and BRS databases. MDCH will make the CPR/BRS available to approved IV-D staff in the spring of 2013.

   IV-D staff will use the DCH-1419 to establish, change, or delete access to the CPR/BRS. Both the IV-D worker and his/her office's Authorized Requester must sign the DCH-1419. IV-D staff must fax or email completed forms to the MiCSES Help Desk.

   A IV-D Memorandum introducing the CPR/BRS will be published in April 2013.

4. Sources for Obtaining FEINs

A source of income's (SOI's) FEIN is a key identifier used throughout the IV-D program and is a required element for new hire and quarterly wage reporting.[19] An SOI's FEIN is used in locating an individual's income for child and medical support order establishment or modification as well as for enforcement activities such as income withholding and health care coverage enrollment. Sources that IV-D staff can use to obtain an FEIN or other information pertaining to an SOI are listed below. OCS recommends IV-D staff use the sources in the order shown; however, the order is only provided as general guidance.

1. MiCSES

   An SOI's FEIN may already be available in MiCSES through the *Other Party Cross Reference* (OTHX), *Other Party* (OTHP), and *Receipt Status History* (RHIS) screens.

   a. OTHX and OTHP Screens

      Current policy requires OCS Central Operations staff to enter an FEIN when manually adding or updating an employer SOI (OTHP E-Type) or an insurer (OTHP I-Type) in MiCSES.[20] IV-D staff may find a MiCSES SOI record entered in the past without an FEIN. Also, an SOI in MiCSES may already have an FEIN, but the SOI is entered under multiple records that have not been merged or may be entered under different names. IV-D staff may need to search using more than one search method (e.g., partial name, alternate

[19] Ref: Social Security Act sections 303, 453, 453A; 45 Code of Federal Regulations (CFR) 303.108; and Michigan Compiled Law (MCL) 421.13(2).
[20] Ref: AT 2007-015, ***REVISED:*** *Centralized Maintenance of the Other Party Information (OTHP) Screen in the Michigan Child Support Enforcement System (MiCSES)*.

name, and/or a ZIP code) to obtain an FEIN.[21]

IV-D staff must use as many of the available sources as feasible to obtain an FEIN before submitting a *Request for New Entry, Merge, or Modification of Other Party Information (OTHP)* (DHS-2011) to OCS. If the SOI is uncooperative and IV-D staff have been unsuccessful in using the available sources for obtaining an FEIN, IV-D staff may submit a DHS-2011 to OCS without an FEIN but must identify the sources attempted in the "Additional Information" section(s) of the DHS-2011.

b. RHIS Screen

An SOI is required to provide an FEIN when remitting payments.[22] If the SOI remitted a payment to the MiSDU and the payment was posted in MiCSES, the SOI's FEIN may be available on the RHIS screen in the *SDU Receipt Detail* pop-up window.[23] Although the RHIS screen cannot be searched by employer or FEIN, IV-D staff may find an FEIN by conducting a search using other identifying information such as the name or case number of an individual who may be associated with the SOI.

2. Data Warehouse

IV-D staff may be able to obtain an SOI's FEIN or other SOI information from the Data Warehouse if the Data Warehouse has previously received a new hire or quarterly wage report for any individual associated with that SOI. The Data Warehouse also receives employer information from other sources such as the Michigan Department of Treasury.

a. IV-D staff can search by an SOI name through the following Business Objects queries:[24]

- QN-307 Locate Employment & Income – FEIN Lookup; and
- QN-401 Friend of the Court – FOC New Hires – County Name Query.

b. IV-D staff can search by the name or other identifying information of an individual who is associated with the SOI through the following Business Objects queries:

- QN-301 Locate Employment & Income – All Income Sources;
- QN-302 Locate Employment & Income – CSES;
- QN-303 Locate Employment & Income – Directory of New Hires;
- QN-304 Locate Employment & Income – Other Agencies;

[21] Ref: *MiCSES Quick Reference Guide: OTHP – View Other Party Information*.
[22] MCL 552.611a
[23] Ref: RHIS Screen Documentation on mi-support.
[24] Ref: Data Warehouse Documentation on mi-support.

- QN-306 Locate Employment & Income – Other Agencies (Income-Quarterly Wage);
- QN-401 Friend of the Court – FOC New Hires – County Name Query;
- QN-704 Standard – New Hires;
- QN-708 Standard – Workers Comp (WC03); and

  Note: Unlike the other listed queries, the QN-708 does not return an FEIN. However, it returns the name and address of the employer associated with a workers' compensation claim, and the returned name could be helpful for searching other sources using an alternate or partial name for the SOI.

- QN-709 Standard NH02 – NDNH Match.

3. eEmployer Search on the SSP

   IV-D staff may be able to obtain an FEIN and other SOI information through the eEmployer application even if the information is not available through MiCSES or the Data Warehouse.

4. Individual and/or Case File

   IV-D staff may be able to obtain an SOI's FEIN from a case party or a case file. An individual may be able to provide or may have already provided proof of income and/or employment documentation that identifies the SOI's FEIN; this documentation may include pay stub details or a W-2.[25]

5. Federal Parent Locator Service (FPLS) Locate Request

   IV-D staff can obtain an SOI's FEIN and other information by submitting an FPLS locate request for an individual who is associated with (i.e., is employed by or has received income from) the SOI.[26] Whether an SOI's FEIN or other information is included in the FPLS locate response depends on the source from which the FPLS receives the information, or whether the state has elected to receive information from certain FPLS sources.

6. SOI

   IV-D staff may be able to obtain an FEIN from the SOI through direct contact, the SOI's website, a general SOI information request letter, or a verification of employment or health care coverage letter. Employment or health care coverage verification letters available in MiCSES include the FOC22/FEN305, FOC22A/FEN306, FOC22B/FEN307, RNMFOC22, 2030, and 2031.

[25] Ref: MCL 552.603 and MCL 552.605a.
[26] Ref: *Locate Request* (LREQ) Screen Documentation on mi-support.

An SOI may provide the name and address of an individual's subsequent SOI when reporting an individual's termination of income.[27] An SOI may provide this information in the "NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS" section of the *Income Withholding for Support* notice or the "Employer Response" section of the *National Medical Support Notice*.

7. Other State's IV-D Program

   For an intergovernmental case, IV-D staff may be able to obtain an FEIN from the other state's child support agency by requesting information or assistance through an intergovernmental transmittal or other method of contact. The Query Interstate Cases for Kids (QUICK)[28] application also provides a look-up for intergovernmental case information. In non-intergovernmental cases, IV-D staff may be able to obtain an FEIN by contacting a child support staff member in the jurisdiction in which the SOI is located or the individual is working. Child support staff in the other jurisdiction may have other resources available and may be willing to assist.[29]

8. External Online Resources

   If an SOI does not provide its FEIN on its company website, there are other online resources that IV-D staff may access to obtain an FEIN and other SOI information. Michigan and some other state government agencies provide online business entity look-up services. Other online resources offer services that are free to the public, free on a limited basis/limited terms, or available through a paid subscription. For more information, refer to Exhibit 2013-002E1, External Resources for Obtaining an FEIN or Other Source of Income (SOI) Information.

9. Additional Resources or Techniques for Obtaining an FEIN

   If there are resources or techniques for obtaining an FEIN that are not listed in this IV-D Memorandum, OCS encourages IV-D staff to share them with Chris Townsend at Townsendc2@michigan.gov.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. Discard previous versions of the DHS-392, DHS-393, DHS-395, and DHS-428.

[27] Ref: MCL 552.614
[28] Ref: IV-D Memorandum 2012-007 for more information.
[29] Ref: *Intergovernmental Send Correspondence* (ISND) Screen Documentation on mi-support.

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MiCSES Help Desk

SUPPORTING REFERENCES:

Federal
45 CFR 303.108
Social Security Act section 303
Social Security Act section 453
Social Security Act section 453A

A Guide to the National Directory of New Hires
Federal Case Registry Interface Guidance Document
NDNH Guide for Data Submission
Overview of National Directory of New Hires

State
MCL 421.13(2)
MCL 552.518
MCL 552.603

MCL 552.605a
MCL 552.611a
MCL 552.614

ATTACHMENTS:

2013-002E1:	External Resources for Obtaining an FEIN or Other Source of Income (SOI) Information
DCH-1419:	*MiCSES CPR/BRS Interface Security Agreement*
DHS-392:	*IV-D Program Request to Delete Computer Access*
DHS-393:	*IV-D Program Request for Computer Access*
DHS-395:	*IV-D Program Request for Changing Computer Access*
DHS-428:	*Michigan Child Support Enforcement System (MiCSES) Child Support Case Disclosure Form*

EPF/AER/CT/KZM

IV-D MEMORANDUM 2013-003

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff[30]

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: March 5, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: New Legislation Regarding Fee for Income Withholding

RESPONSE DUE: None

POLICY EFFECTIVE DATE: March 28, 2013

PURPOSE:

This IV-D Memorandum announces an amendment to Michigan law. The amended law permits employers and other sources of income (SOIs) to charge and collect a fee from a support payer to offset the cost of complying with a notice(s) of income withholding. This memorandum discusses provisions of the amended law, corresponding Michigan IV-D policy, and changes to the *Income Withholding for Support* form (FEN058, FEN58A, FEN58D, FEN58X, FEN58Y).

OCS is planning to update the following materials to reflect changes in the withholding fee policy as soon as feasible:[31]

- Section 6.03, "Income Withholding" of the *Michigan IV-D Child Support Manual*;
- Exhibit 2011-018E1, *Michigan Child Support Employer Job Aid (MiCSEJA)*;
- *Understanding Child Support: A Handbook for Parents* (DHS-Pub 748)*;*
- Federal Office of Child Support Enforcement (OCSE) website: State Income Withholding Contact & Program Information; and
- OCSE *Intergovernmental Referral Guide*.

DISCUSSION:

Federal law and regulation permit states to establish laws that allow SOIs to deduct a fee to offset the administrative cost of complying with a notice of income withholding for support.[32]

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[30] All OCS staff includes Michigan State Disbursement Unit (MiSDU) staff.
[31] This list is tentative and subject to change.
[32] Social Security Act (SSA), section 466(b)(1); SSA, section 466(b)(6); and Code of Federal Regulations (CFR) Title 45, Section 303.100(e)

Effective March 28, 2013, Michigan Public Act 357 of 2012 (2012 PA 357) amended Michigan Compiled Law (MCL) 552.623 to expressly permit SOIs to charge and collect a fee from a payer in response to receiving an income withholding notice (also known as an IWN).[33] Although the law permits the SOI to charge and collect the fee from the payer, it does not require the SOI to do so.

Federal and state child support programs use terms such as "administrative fee," "processing fee," or "employer fee" to describe this fee. The Michigan statute does not define a term for the fee; however, Michigan's IV-D child support program will refer to the fee as the "withholding fee."

Questions From SOIs and Individuals

OCS expects SOIs and individuals will contact IV-D staff with questions regarding the withholding fee. OCS recommends IV-D staff refer SOIs and individuals to their own attorney/legal staff, refer to MCL 552.623, and/or restate the policy in this IV-D Memorandum.

Withholding Fee and Intergovernmental Law

Regardless of where an SOI is located or the location from which the IWN was issued, intergovernmental income withholding laws and regulations require an SOI to follow the fee withholding law(s) of the jurisdiction of the employee's/obligor's principal place of employment.[34]

- If the SOI receives an IWN for an employee/obligor who works in Michigan, the SOI must follow Michigan's law regarding the withholding fee; or
- If the SOI receives an IWN for an employee/obligor who works in a jurisdiction other than Michigan, the SOI must follow the fee withholding law of the other jurisdiction.

Charging and Collecting the Withholding Fee From the Payer

An SOI may charge the payer the withholding fee each time the SOI withholds support.[35] The Michigan IV-D child support program will not collect the withholding fee for an SOI from the payer and will not pay the withholding fee to an SOI. An SOI must not send (remit) the withholding fee to the MiSDU.

The amended MCL 552.623 partially prescribes how an SOI must collect the withholding fee from the payer – it must be collected "separately and apart from the

[33] The term "SOI" includes but is not limited to the Social Security agency, an unemployment insurance agency, a workers' compensation agency, and an insurance company (insurance claim settlement).
[34] SSA, section 466(b)(6)(A)(i)(I); 45 CFR 303.100(f)(2)(i); and MCL 552.1501(3)(a)
[35] MCL 552.623(3)(A) and MCL 552.623(3)(B)

income withheld for child support."[36] However, the statute does not define the meaning of "separately and apart."

OCS does not have the authority to define the meaning of "separately and apart" but anticipates most SOIs will collect the withholding fee from the payer through a payroll deduction at the time the income is withheld for support. For more information, refer to the support and health care coverage withholding limitations below.

Withholding Fee Limitations[37]

If an SOI remits support payments electronically, the SOI may charge the payer $1 for each withholding but may not exceed $2 per month. If the SOI remits support payments through non-electronic means, the SOI may charge the payer $2 for each withholding but may not exceed $4 per month.

MCL 552.623, as amended, does not expressly provide directions to SOIs regarding fee withholding limits for payers with multiple cases/orders for which multiple IWNs have been issued. In these situations, OCS anticipates that an SOI might interpret "the payer" and "each withholding" in one of the following ways:

- The fee and monthly fee limit are applicable to all of the payer's cases/IWNs combined, regardless of how many IWNs have been issued for the payer (e.g., a payer with five cases/IWNs can be charged only a maximum of $2 or $4 per month); or
- The fee and monthly fee limit are applicable to each of the payer's cases/IWNs (e.g., a payer with five cases/IWNs can be charged a maximum of $10 or $20 per month).

Support and Health Care Coverage Withholding Limitations

Although the amended MCL 552.623 defines limits for the withholding fee and requires the fee to be withheld "separately and apart" from child support, federal and state laws specifically address overall limits for support and dependent health care coverage withholding, how disposable income is determined, and withholding priorities – particularly where payers with multiple cases/orders and corresponding IWNs are concerned.[38]

If an SOI chooses to collect the withholding fee through a payroll deduction at the same time it withholds support and/or health care coverage:

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[36] MCL 552.623(4)
[37] MCL 552.623(3)(A) and MCL 552.623(3)(B)
[38] Further details regarding withholding limits, disposable income, and priorities are provided in *Michigan IV-D Child Support Manual* Section 6.03, "Income Withholding," the *Michigan Child Support Employer Job Aid (MiCSEJA)*, and OCSE's *Income Withholding for Support (IWO) for Private Employers*.

1. The SOI must include the amount of the withholding fee in disposable income/earnings for the purpose of determining withholding limits. Per the Consumer Credit Protection Act (CCPA) definition of disposable earnings, the withholding fee must be included in disposable earnings because it is not a mandatory deduction;[39]
2. The withholding fee plus the support and dependent health care coverage withholding must not exceed the federal CCPA limit or the limit set by the state/jurisdiction of the payer's principal place of employment;[40] and
3. The withholding fee has priority over support and dependent health care coverage withholdings. After the SOI has determined the payer's disposable earnings and whether the withholding limit has been reached, the SOI may deduct and retain the withholding fee before allocating (if necessary), withholding, and remitting the support and dependent health care coverage amounts.[41]

Payer Responsibility for Unpaid Support Resulting From an SOI Collecting the Withholding Fee

A support payer is responsible for any unpaid support that results from an SOI charging and collecting the withholding fee. IV-D staff may enforce the support that is unpaid because of the SOI withholding the fee.[42]

SOI Non-Liability for Withholding the Fee

The SOI is permitted to charge and collect the withholding fee, and the withholding fee is not considered a penalty that an SOI imposes against the support obligor.[43]

Form Changes

Effective March 28, 2013, the *Income Withholding for Support* form (FEN058, FEN58A, FEN58D, FEN58X, FEN58Y) will be updated with information on the withholding fee. In the **Additional Information** section, the text: "Michigan does not allow employers to deduct fees for admin costs. Michigan withholding limitations are pursuant to MCL 552.608 and MCL 552.611a" will be changed to: "MI permits income withholders to charge support payers a fee up to $2 or $4/month for withholding: MCL 552.623. MI withholding limits: MCL 552.608, 552.611a."

NECESSARY ACTION:

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[39] CCPA, section 302; CCPA, section 303; MCL 552.623(3)
[40] SSA, section 466(b)(1); SSA, section 466(b)(6)(A)(i); SSA, section 466(b)(6)(A)(i)(I); SSA, section 466(b)(6)(A)(i)(II); 45 CFR 303.100(a)(3); 45 CFR 303.100(a)(5); 45 CFR 303.100(f)(2)(i); CCPA, section 303(b); MCL 552.608; MCL 552.611a; MCL 552.626b(2); and MCL 552.1501(3)(a)
[41] SSA, section 466(b)(6)(A)(i)
[42] MCL 552.511 and MCL 400.233
[43] Ref: MCL 552.612 and MCL 552.623(5)

Retain this IV-D Memorandum as a supplement to Section 6.03, “Income Withholding” of the *Michigan IV-D Child Support Manual* and other materials that discuss income withholding. This IV-D Memorandum replaces any part of prior materials that indicate SOIs are not allowed to charge a fee for complying with income withholding.

REVIEW PARTICIPANTS:

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SUPPORTING REFERENCES:

Federal
SSA, section 466(b)

CCPA, section 302
CCPA, section 303

45 CFR 303.100

State
MCL 408.477(1)
MCL 400.233
MCL 552.511
MCL 552.608
MCL 552.611a
MCL 552.612
MCL 552.623
MCL 552.626b(2)
MCL 552.1501(3)(a)

ATTACHMENTS:

FEN058: *Income Withholding for Support*

FEN58A: *Income Withholding for Support – One-Time Order/Notice for Lump Sum Payment*

FEN58D: *Income Withholding for Support – Termination of IWO*

EPF/CT

IV-D MEMORANDUM 2013-004

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: April 15, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Fair Credit Reporting Act (FCRA) Requirements and Requests to Third-Party Verification of Employment (VOE) Providers

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum discusses the guidance provided in the federal Office of Child Support Enforcement (OCSE) Dear Colleague Letter (DCL)-12-12, *Third-Party Verification of Employment Providers and the Fair Credit Reporting Act Requirements* (Ref: Exhibit 2013-004E1). DCL-12-12 explains how the FCRA[44] requirements apply to requests for information made by IV-D agencies to third-party VOE providers. Some employers contract with third-party VOE providers to respond when the employers receive requests for their employees' employment and income information. Some third-party VOE providers are considered credit reporting agencies (CRAs) and are subject to the FCRA requirements.

IV-D workers sometimes request employment and income information from employers for establishing child support orders, reviewing and modifying child support orders, creating income withholding notices (IWNs), and locating parents. Michigan law requires employers to respond to requests from FOCs and OCS for employment and income information.[45] Employers must also respond to these requests from PA staff since OCS has delegated some of its functions to the PA per contractual agreements between the Department of Human Services and the offices of the PA.[46]

However, when IV-D workers request employment and income information directly from a CRA[47] or directly from a third-party VOE provider that is considered a CRA, the IV-D

[44] 15 United States Code (USC) 1681 et seq.
[45] Michigan Compiled Law (MCL) 400.234; MCL 552.518
[46] 45 Code of Federal Regulations (CFR) 302.12
[47] OCSE and the FCRA use the terms "consumer reporting agencies" and "consumer credit reporting agencies" to refer to CRAs such as Equifax, Experian, and TransUnion. Unless directly quoting another source, the term "credit reporting agency" will be used in this memorandum.

worker must comply with the FCRA requirements for submitting these requests. There are penalties, including fines and imprisonment, for failing to comply with the FCRA requirements or for obtaining information under false pretenses.[48]

This memorandum describes:

- The types of information requests IV-D workers may make under the FCRA to third-party VOE providers that are considered CRAs;
- When IV-D workers are required to give notice to the non-custodial parent (NCP) prior to making an information request;
- Options to consider before submitting an information request for enforcement purposes;
- Identification and certification requirements; and
- Penalties for failing to comply with the FCRA or for obtaining information from CRAs under false pretenses.

DISCUSSION:

When a IV-D worker submits a VOE request directly to an employer or to an employer who forwards the request to a third-party VOE provider, the employer is required to respond to the request.[49] The FCRA requirements do not apply to these requests. However, when a IV-D worker submits a VOE request directly to a CRA or to a third-party VOE that is considered a CRA, the request is subject to FCRA requirements. The IV-D worker must follow these requirements, which will differ depending on the type of information request.

Note: To avoid inadvertent violations of the FCRA, IV-D workers are advised to comply with the FCRA provisions when making a request to any VOE provider.

For example, some IV-D workers submit VOE requests to the TALX Corporation via The Work Number, an employment and income verification service, to obtain or confirm employment and income information for the purpose of locate and establishment. TALX is a subsidiary of Equifax, a CRA, and is subject to the FCRA. Therefore, the IV-D worker must follow the FCRA requirements when submitting a request directly to this third-party VOE provider. The FCRA governs CRAs and imposes restrictions on a CRA's distribution of consumer reports.[50]

The FCRA defines a CRA as any "person" who assembles or evaluates "consumer credit information … for the purpose of furnishing consumer reports to third parties." Consumer reports are defined as "any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness,

[48] Ref: Section D of this memorandum.
[49] MCL 400.234; MCL 552.518
[50] When the terms "consumer" or "consumer report" are used in this memorandum, they refer to the NCP or custodial party (CP) or a report about the NCP or CP.

credit standing, credit capacity, character or general reputation, personal characteristics, or mode of living…."[51]

OCSE instructs IV-D agencies to consider the purpose for which they are requesting consumer reports from third-party VOE providers that are considered CRAs and to "ensure that they are adhering to the requirements"[52] of the FCRA.

A. Types of Information Requests

OCSE has determined that the FCRA allows for three types of information requests from the IV-D agency to third-party VOE providers that are considered CRAs:

- Information requests for enforcement of a child support order;
- Information requests for establishment or modification of a child support order; and
- Limited information requests.

1. Information Requests for Enforcement of a Child Support Order

A IV-D worker may submit an information request directly to a third-party VOE provider that is considered a CRA "for the purpose of establishing an individual's capacity to make child support payments or determining the appropriate level of such payments."[53] OCSE has described this type of request as a "request for enforcement purposes."

a. Notice to the NCP

Prior to making this type of request, the IV-D worker is required to provide at least 10 days' notice to the NCP whose report is being requested.[54] The notice must be sent by certified or registered mail to the NCP's last-known address. When sending certified or registered mail, the sender is notified when the mail has been delivered. This requirement implies that the 10-day period does not begin until after the notice has been delivered. Therefore, the IV-D worker must not submit an information request for enforcement purposes until 10 days after the notice has been delivered.

Although the IV-D worker is required to provide notice to the NCP, there is no provision requiring that the NCP respond to the notice before the CRA can release the consumer report. Nor is there a provision allowing the NCP to object to the request. If an NCP does object to a IV-D worker obtaining his/her consumer report, the IV-D worker will inform the NCP that the IV-D agency is

[51] 15 USC 1681a
[52] DCL-12-12, *Third-Party Verification of Employment Providers and the Fair Credit Reporting Act Requirements*
[53] 15 USC 1681b(a)(4)
[54] The FCRA does not specify whether to calculate the 10 days using business days or calendar days.

authorized by federal law to obtain the consumer report, and the NCP does not have the right to object.

Some IV-D agencies are concerned that providing advance notice to an NCP may result in the NCP terminating employment and may increase costs because the notice must be sent by certified or registered mail. If the request is for the purpose of enforcing a child support order, the IV-D worker should first consider whether the information can be obtained through other enforcement actions or another type of request (Ref: Section B of this memorandum). However, if the IV-D worker determines that the required information can only be obtained by contacting a third-party VOE that is considered a CRA, the IV-D worker must provide the NCP with the advance 10-day notice described in this section.

b. Additional Required Certifications

In addition to certifying that the NCP was provided at least 10 days' notice that a report would be requested, the IV-D worker must also certify all of the following:

- That "the consumer report is needed for the purpose of establishing an individual's capacity to make child support payments or determining the appropriate level of such payments";

- That the requested report is for an NCP for whom paternity has been established or acknowledged for the obligation being enforced; and

- That the report will be kept confidential and not used for any purpose other than "the purpose of establishing an individual's capacity to make child support payments or determining the appropriate level of such payments."[55]

The FCRA does not specify how to make the required certifications. OCS suggests making the certifications in the same manner that the request is made. For example, if the request is made and accepted verbally, IV-D staff may provide the certifications verbally.[56] For the 10-day notice certification, IV-D staff could make the following written or verbal statement to the CRA or third-party VOE provider that is considered a CRA: "The person for whom this request is submitted was provided a 10-day notice stating that a request for information would be sent to a CRA."

Identification and certification requirements also apply when submitting this type of information request. These requirements apply to all types of

[55] 15 USC 1681b(a)(4)
[56] The State Court Administrative Office recommends that FOCs provide *written* certifications in all instances.

information requests submitted to a CRA (Ref: Section C of this memorandum for more information).

2. Information Requests for Establishment or Modification of a Child Support Order

The FCRA allows CRAs to provide consumer reports to child support agencies "for use to set an initial or modified child support award."[57] When information is needed for these purposes, the IV-D worker may submit an information request to a third-party VOE provider that is considered a CRA without providing advance notice to the NCP or CP. The notice and certifications described in Section A(1) of this memorandum are not required. However, the identification and certification requirements described in Section C of this memorandum apply.

3. Limited Information Requests

The FCRA allows a IV-D worker to obtain limited information about an NCP or CP from a CRA without giving notice to the NCP or CP or restricting how the IV-D worker uses the information. The information is limited to the name, address, former addresses, places of employment, and former places of employment of the NCP or CP.[58] OCS staff use this type of request when they request the data elements listed above via the TALX website for locate purposes.

B. Options to Consider Before Requesting Information for Enforcement Purposes[59]

When deciding whether to submit an information request for the enforcement of a child support order to a third-party VOE that is considered a CRA (including TALX), the IV-D worker must first consider whether the required information can be obtained with a limited information request (Ref: Section A[3]). With a limited information request, information can be obtained from a CRA or from a third-party VOE provider that is considered a CRA without providing advance notice to the NCP. However, the information is limited to the data provided in Section A(3) above.

The IV-D worker must then consider whether the requested information is needed for the purpose of establishing or modifying a child support order (Ref: Section A[2]). If the information will be used for this purpose, the requirement to notify the NCP does not apply.

If a limited information request will not provide the necessary information, and the requested information is not for the purpose of establishing or modifying a child support order, OCSE advises IV-D agencies to submit the information request

[57] 15 USC 1681b(a)(5)
[58] 15 USC 1681f
[59] Ref: Section A(1) of this memorandum for an explanation of a "request for enforcement purposes."

directly to the employer rather than to the third-party VOE provider. IV-D workers are not required to obtain employment and income information from third-party VOE providers.

States are required to enforce their authority to require employers to respond to requests for employment and income information for any employee.[60] If an employer refuses to provide the required information, other action may be taken.[61]

C. Identification and Certification Requirements

Under the FCRA, CRA procedures must require IV-D workers to "identify themselves, certify the purposes for which the information is sought, and certify that the information will be used for no other purpose."[62] The identification and certification requirements are intended, in part, to ensure that information obtained from the CRA is being used for the purposes allowed under the FCRA. These requirements are different from the requirements described in Section A(1) which apply only to information requests for the enforcement of a child support order.

The identification and certification requirements described in this section apply to information requests for the establishment or modification of a child support order and to information requests for the enforcement of a child support order. Requests for information submitted to CRAs should incorporate these identification and certification requirements since they eliminate the need for the CRA to contact the IV-D worker to confirm the certification requirements for every request and will prevent delays in obtaining information from the CRA.

As for limited information requests, only governmental agencies can submit these requests to CRAs or third-party VOEs that are considered CRAs. Therefore, when a IV-D worker makes a limited information request, (s)he must certify that it is being made on behalf of a governmental agency. However, the IV-D worker is not required to certify the purpose of obtaining the limited information.[63]

The following forms generated in the Michigan Child Support Enforcement System (MiCSES) are used to verify employment and income information. Current language on these forms satisfies the identification and certification requirements described in this section:

- *Employer's Verification of Income* (2030);
- *Employer's Verification of Income and Health Insurance Information* (2031);
- *Employer's Disclosure of Income and Health Insurance Information* (FEN305);
- *Employer's Disclosure of Health Insurance Information* (FEN306);
- *Employment Status Disclosure* (FEN307);

[60] 42 USC 666(c)(1)(C)
[61] MCL 400.234; MCL 552.518
[62] 15 USC 1681e(a)
[63] 15 USC 1681f

- *Employer Information Request* (LOC_Employer); and
- *Employment Status Disclosure* (RNMFOC22).

When the information request is for enforcement purposes, the language in the above MiCSES-generated VOE forms does not satisfy the requirements that:

- The IV-D worker must also certify that the requested report is for an NCP for whom paternity has been established or acknowledged for the obligation being enforced; or
- The NCP received at least 10 days' notice that a request would be submitted to a CRA.[64]

Therefore, IV-D workers must include this additional information in the request sent to the CRA.

D. Penalties for Failing to Comply with the FCRA or Obtaining Information Under False Pretenses

A IV-D worker who intentionally does not comply with the requirements of the FCRA or obtains a consumer report under false pretenses is responsible for paying for damages suffered either by the consumer or the CRA.[65] Additionally, a IV-D worker who intentionally obtains information on a consumer from a CRA under false pretenses may be fined or imprisoned or both.[66]

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

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[64] Help Desk ticket 426792 was entered to refer the issue of complying with the FCRA notification and certification requirements to the appropriate forms committee to review and add any appropriate language to the VOE forms generated in MiCSES.
[65] 15 USC 1681n
[66] 15 USC 1681q

CC:

None

SUPPORTING REFERENCES:

Federal
15 USC 1681 et seq.
15 USC 1681a
15 USC 1681a(j)(2)
15 USC 1681b(a)(4)
15 USC 1681b(a)(5)
15 USC 1681e(a)
15 USC 1681f
15 USC 1681n
15 USC 1681q
42 USC 666(c)(1)(C)
45 CFR 302.12

DCL-12-12, *Third-Party Verification of Employment Providers and the Fair Credit Reporting Act Requirements*

State
MCL 400.234
MCL 552.518

ATTACHMENT:

2013-004E1:	DCL-12-12, *Third-Party Verification of Employment Providers and the Fair Credit Reporting Act Requirements*

EPF/VPW

IV-D MEMORANDUM 2013-006

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: April 12, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: New Central Paternity Registry and Birth Registry System (CPR/BRS) Combined Search Tool for the IV-D Child Support Program

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum provides information regarding the new CPR/BRS combined search tool. This information includes:

- An overview of CPR/BRS;
- CPR/BRS confidentiality and security requirements;
- CPR/BRS user roles, job functions and privileges for IV-D staff;
- Required actions for accessing CPR/BRS;
- Technical assistance for passwords, CPR/BRS, and the biometric device; and
- The statewide implementation schedule for CPR/BRS.

DISCUSSION:

IV-D staff access to paternity establishment and birth record data is critical to the child support program for locate, order establishment, enforcement, case closure, and data clean-up efforts. The Michigan Department of Community Health (MDCH) and the Department of Technology, Management & Budget (DTMB) have developed the CPR/BRS, a web-based search tool for IV-D staff seeking paternity establishment and birth record information from the MDCH CPR and BRS databases. The CPR/BRS will replace the existing CPR search tool and the support specialists' Business Objects QN-11A report that contains a hyperlink to the BRS.

Statewide implementation of the CPR/BRS will occur in four phases.[67] When staff are granted access to the new CPR/BRS tool, they will still have access to the existing CPR and BRS tools for a short period of time. DTMB will eventually discontinue the support and

[67] Ref: Section F of this memorandum for the implementation schedule.

maintenance of the existing CPR tool and the QN-11A report with the BRS hyperlink, and the discontinuance date will be determined during the final roll-out phase.

The CPR/BRS will be available to approved Michigan IV-D staff, including contracted Michigan IV-D agencies, through the MDCH Single Sign-On (SSO) web portal.[68]

Note: MDCH CPR/BRS data is **not** public record data and must be used for IV-D child support activities only. These activities include OCS Central Operations staff's retrieval of paternity information from the CPR/BRS upon request from Children's Protective Services and foster care program (IV-B and IV-E) staff.[69]

F. CPR/BRS Overview

1. The CPR Database and the BRS Database

The CPR/BRS consists of the CPR database and the BRS database. A description of each database is below.

a. CPR Database

MDCH created the CPR to maintain a central database for the information derived from the *Affidavit of Parentage* (AOP) (DCH-0682w) forms, the *Notice of Order of Filiation* (DCH-839) forms, and other paternity acknowledgment forms filed in Michigan. MDCH established the CPR in 1997 to satisfy the state requirement to maintain a central registry of paternity establishments.[70] In addition, this data had to be made available to IV-D agencies to enhance their ability to document paternity and facilitate efforts to obtain and enforce child support orders.[71]

MDCH Vital Record (VR) staff must register all paternity acknowledgment forms, court orders or DCH-839 forms submitted to the CPR; however, MDCH staff do not determine record validity. It may take up to two months for records to appear in the CPR. The CPR database may contain multiple AOP or Order of Filiation records registered for the same child, including filed, revoked, voided or pending stored record types.[72] In Michigan, there is no administrative method to revoke an AOP. A court order must determine the revocation. The CPR may contain multiple CPR records for the same child from different alleged fathers until MDCH receives and registers a court order revoking an AOP or an Order of Filiation.

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[68] Ref: Section D of this memorandum for details on accessing the CPR/BRS.
[69] 45 Code of Federal Regulations (CFR) 303.21(d)
[70] Michigan Compiled Law (MCL) 333.1106, 42 United States Code (USC) 666(a)(5)(M), and 45 CFR 303.5(g) and (h)
[71] MCL 333.2640
[72] Ref: Exhibit 2013-006E1 for a list of stored record types.

To determine whether any CPR record establishes paternity for a child, it is important that IV-D staff examine all available information regarding the child's paternity, including:

- The CPR stored record types and signing dates;
- Michigan Child Support Enforcement System (MiCSES) case information; and
- Information received from the parents.

b. BRS Database

The BRS contains all Michigan birth records, including children who were:

- Born out of wedlock;
- Born within a marriage; or
- Born outside of a hospital.

The BRS database has records of births that occurred in Michigan and were registered with the state as early as 1867; however, not all counties have birth records dating back to 1867.

2. CPR/BRS Functions

The CPR/BRS will provide approved IV-D staff with the ability to:

a. Search paternity and birth records using the MiCSES IV-D case number. (The Search function is discussed in more detail below.)

Note: IV-D staff cannot search, view or print CPR or BRS **adoption** records. These records are sealed.

b. Print the following CPR and BRS documents:

- Order of Filiation (paternity judgment) abstracts;
- AOP and other paternity acknowledgment abstracts;
- Certified AOP copies; and
- Birth record abstract or administrative-use birth record copies.

c. Request MDCH staff assistance in locating a paternity record or birth record.

3. Searching the CPR/BRS

Enhanced security and audit requirements mandate most CPR/BRS users (those with the IV-D staff role) to use the MiCSES IV-D case number when conducting

CPR/BRS searches.[73] However, IV-D staff may conduct modified searches using full or partial names or Social Security numbers.

a. CPR Search

IV-D staff will enter (or copy and paste) the MiCSES case number into the CPR/BRS on the *MiCSES Search* screen and click the *Search MiCSES* button, and a list of the MiCSES IV-D case members will display. IV-D staff can then click the linked name of a child on a IV-D case, and the CPR/BRS will present any existing paternity records for that child.

b. BRS Search

Once the CPR search is complete, IV-D staff can conduct a BRS search regardless of whether a CPR record exists. On the *Paternity Information* screen, IV-D staff will click the *Search BRS* button to search for a birth record for the IV-D case member. If only one Michigan birth record exists for that IV-D case member, it will display. If multiple records exist, they will not display. MDCH gives permissions to certain user roles to allow searches for multiple records. OCS lead workers and a few OCS administrative staff users have the designated roles to allow them to search multiple birth records. Appropriate user roles for IV-D staff are based on job responsibilities and duties.

Although IV-D staff may view multiple possible CPR records, they may not view multiple BRS records. If more than one BRS record exists (e.g., the name on the record[s] is a common name), IV-D staff must narrow the search parameters. On the *BRS Search Results* screen, IV-D staff will click the *Modify Search* button to enter additional case member information (place of birth, mother's and/or father's name) and click the *Search* button to continue the BRS search. Clicking the *Close* button on any of the screens will return the user to the previous screen.

c. Modifying Searches

IV-D staff may modify either the CPR search or the BRS search by altering the spelling of the child's name or the mother's or father's names, or by changing the Social Security number; however, MDCH will not allow users with the IV-D staff role to change the *IV-D Case Number* or the child's *Date of Birth* fields in the modified search.[74]

<u>Note</u>: A trailing wildcard (%) can be used to help with modified searches. For example, a user may enter the first initial of the first name or a partial

[73] Ref: Section C of this memorandum for the CPR/BRS user roles and their assigned job functions/privileges.
[74] Ref: Section C of this memorandum for more information on CPR/BRS user roles and search modification abilities.

last name and then enter the % sign behind these letters. This type of search is helpful when there is an unusually spelled name, a hyphenated name, or a suffix (Jr., Sr., I, II, etc.) involved in the search.

Example 1:

A IV-D worker is conducting a modified search for a case member. He knows the first name is "Jane" but he knows only part of the last name, which is hyphenated beginning with "Smith." The IV-D worker enters "Jane Smith%" to bring up all CPR/BRS member names with the first name "Jane" and the last name starting with "Smith." In the search results that appear, the IV-D worker finds the name he is looking for: Jane Smith-Wilson.

Example 2:

A IV-D worker is unsure of the spelling of a child's first name but believes that the name sounds like "Janelle" and the last name is "Johnson." The IV-D worker enters "J% Johnson" to bring up all CPR/BRS names that begin with "J" with the last name of "Johnson." In the search results that appear, the IV-D worker finds the name he is looking for: "J'annelle Johnson."

d. Requesting MDCH Assistance in Locating a Record

If IV-D staff perform a modified search and no record is returned, but they believe a Michigan record exists, they may contact MDCH VR staff via the CPR/BRS to request help in locating a record. IV-D staff will click the *VR Request* button within the CPR/BRS to contact MDCH. In the request, IV-D staff will include additional member information to assist MDCH staff in locating a record. MDCH staff will respond to these requests within 48 hours.

G. CPR/BRS Confidentiality and Security Requirements

IV-D staff must complete and sign the *MiCSES CPR/BRS Interface Security Agreement* (DCH-1419)[75] to request access to the CPR/BRS.[76] The DCH-1419 will be used to establish access, change a user's information, or discontinue access to the CPR/BRS.

[75] The DCH-1419, a form developed and published by MDCH, is available as an attachment to IV-D Memorandum 2013-002, *Expansion of the State Services Portal (SSP), Modification of Security Forms, and Sources for Obtaining Federal Employer Identification Numbers (FEINs)*.
[76] Additional procedures for accessing the CPR/BRS are discussed in Section D of this memorandum.

The IV-D Authorized Requester[77] in the county office or at OCS must sign the DCH-1419.

By signing the DCH-1419, the user agrees to comply with all VR laws and Michigan Computer Crime Laws that apply to CPR/BRS use. These are listed on the second page of the DCH-1419. Users must also comply with VR confidentiality rules and regulations. VR data use is restricted;[78] IV-D staff may release CPR/BRS copies or share data only for authorized IV-D activities such as locate, order establishment, enforcement, case closure, or IV-D data clean-up efforts.[79]

Any CPR/BRS user violating VR confidentiality requirements is subject to consequences such as discontinued access, possible termination of employment, and/or criminal prosecution. A violation of VR laws is a misdemeanor punishable by imprisonment for not more than one year, or a fine of not more than $1,000, or both. Penalties range from a misdemeanor to a felony with fines up to $20,000 and imprisonment of 10 years.[80]

H. CPR/BRS User Roles, Job Functions, and Privileges for IV-D Staff

After receiving and approving an applicant's DCH-1419,[81] the MiCSES Help Desk and MDCH staff will assign the applicant a user role based on the applicant's IV-D job designation. Each role has different job functions/privileges. County staff will be allowed only the IV-D staff role, as described below.

1. User Roles and Job Functions/Privileges for IV-D Staff

   a. IV-D Staff Role – This role will be assigned to OCS support specialists, PA staff and FOC staff. Staff with this role will be able to:

      - Search CPR/BRS using the MiCSES IV-D case number;
      - Modify CPR/BRS searches (except for the IV-D case number or child's date of birth);
      - View and print CPR abstracts and certified copies; and
      - View and print BRS abstracts and administrative-use BRS copies.

   b. OCS Lead Worker Role – This role will be assigned to OCS lead workers and OCS locate technicians. Staff with this role will be able to:

      - Search CPR/BRS with or without using the MiCSES IV-D case number;

[77] Ref: Section 1.10, "Confidentiality/Security" of the *Michigan IV-D Child Support Manual* for information about Authorized Requesters.
[78] MCL 333.2883
[79] MCL 333.2888
[80] MCL 752.794 – 752.797
[81] The DCH-1419 is sent to the MiCSES Help Desk as described in Section D of this memorandum.

- Modify CPR/BRS searches (including the child's date of birth but not the IV-D case number);
- View and print CPR abstracts and certified copies; and
- View and print BRS abstracts and administrative-use BRS copies.

c. OCS Administrative User Role – This role will be assigned to a few designated administrative OCS staff. Staff with this role will be able to:

- Search CPR/BRS with or without using the MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child's date of birth);
- View and print CPR abstracts and certified copies;
- View and print BRS abstracts and administrative-use BRS copies;
- Request audit and data reports; and
- Edit CPR/BRS user profile information and reset the biometric enrollment process.[82]

d. MDCH Administrative User Role – This role will be assigned to MDCH staff. Staff with this role will be able to:

- Enter, modify and delete CPR/BRS records;
- Search CPR/BRS without using a MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child's date of birth);
- View and print CPR/BRS abstracts, administrative-use copies and certified copies;
- Request audit and data reports; and
- Assign/edit CPR/BRS roles and privileges.

Note: Applicants may not request the OCS or MDCH Administrative user roles. All staff will be assigned their user roles according to their specific job responsibilities and duties; therefore, only a few specified staff assigned by OCS or MDCH will have an administrative role.

2. View/Print Privileges for Documents

The CPR/BRS provides IV-D staff with view/print privileges for AOP and Order of Filiation abstracts, birth record abstracts, BRS administrative-use copies and CPR certified abstracts. The abstracts are exact replicas of data within the CPR/BRS. CPR/BRS abstracts and administrative-use copies include a statement indicating CPR/BRS documents must be used for authorized IV-D activities only.

[82] Ref: Subsection D of this memorandum for information on the biometric device.

CPR/BRS users may view/print and/or request VR document copies based on their assigned user roles. Exhibit 2013-006E2 explains the types of CPR/BRS documents that can be viewed and/or printed.

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I. Required Actions to Access the CPR/BRS

1. Overview of Access

To obtain access to the CPR/BRS, IV-D staff must do the following:

a. Attend a training webinar (for the initial roll-out only).[83]
b. Complete a web-based training (WBT), correctly answer 75 percent of the questions at the end of the WBT, and save a copy of the certificate of completion.
c. Complete the DCH-1419 and send the DCH-1419 and WBT certificate to the MiCSES Help Desk.

Note: After the roll-out, webinars will **not** be available for new users, but the WBT, WBT certificate, and DCH-1419 will still be required.

d. Enter the SSO web portal.

1) New users will register for SSO, complete requested information, and obtain their SSO user ID and temporary password from an email sent by the MDCH SSO Administrator.
2) Existing CPR users will already have an SSO user ID and password, so they may go to Step e (Subscribe to CPR/BRS) below. If existing CPR users have forgotten their SSO password, they may click the *Need Password* button within SSO and follow the steps to receive a new password.

e. Subscribe to CPR/BRS, receive email approval from MDCH, and then access CPR/BRS.
f. Initialize and use a biometric device.

These steps are detailed below.

2. Step-by-Step Access

a. Attend a Training Webinar (for the Initial Roll-Out Only).

[83] Staff who are unable to attend a webinar for the roll-out may still access CPR/BRS by following the remaining steps; however, the webinars provide valuable information about CPR/BRS.

Prior to implementation, OCS, the Michigan Public Health Institute (MPHI)[84] and MDCH will offer CPR/BRS training webinars on the following dates and times:

- April 8 and April 10 at 10 a.m. for OCS staff;
- May 6 and May 8 at 10 a.m. for Eaton, Genesee, Ingham, Ionia and Kalamazoo county PA and FOC staff; and
- May 20 and May 23 at 10 a.m. for other county PA and FOC staff.

The Adobe Connect link for the webinars is: http://connectpro14871085.adobeconnect.com/cprbrs/. To enter the site, users will select *Enter as a Guest* if it is not already selected, type their name in the *Name* field, and click the *Enter Room* button.

Note: For the initial roll-out, OCS has assigned the maximum number of users that each county office may have.[85] After the initial roll-out, a hotline message will be sent to all offices to assess their needs for additional CPR/BRS users beyond the maximum number of users allowed. The need for future webinars will be assessed at that time.

b. Successfully Complete a WBT and Save the WBT Certificate.

The WBT is available within the MDCH Learning Management System at the following link: https://courses.mihealth.org/PUBLIC/cm0670/home.html. IV-D staff must click the *Create New User* button, then enter their work email address, name, and other information into the system to access the training.

IV-D staff must complete the WBT and correctly answer 75 percent of the questions at the end of the training to receive the certificate of completion via their email address. Staff can also return to the MDCH Learning Management System at a later time to retrieve an electronic copy of the certificate. Staff must save the electronic copy of the certificate on their computer.

The WBT was created by MPHI staff and contains information about:

- Appropriate and inappropriate system uses and penalties;
- User roles and privileges;
- Password maintenance;
- Searches and modified searches;
- CPR stored record types;
- CPR and BRS document printing types; and
- Requests for MDCH VR staff assistance in obtaining CPR/BRS records.
-

[84] MPHI is a private agency contracted by MDCH to provide training products and educational services.
[85] The maximum county office user totals are shown in Exhibit 2013-006E3.

Note: After IV-D staff are granted access to the CPR/BRS, they may refer to the WBT within the CPR/BRS by clicking the *Help* button in the upper-right corner of the home page. The link to this IV-D Memorandum will also be available by clicking the *Help* button within CPR/BRS.

c. Complete the DCH-1419 and Send the DCH-1419 and WBT Certificate to the MiCSES Help Desk.

IV-D staff must complete the DCH-1419 security agreement (including the **applicant and IV-D Authorized Requester signatures**) and either scan and email, fax, or mail both the WBT certificate and the DCH-1419 to the MiCSES Help Desk:

- Email: DIT-MiCSES-Helpdesk@michigan.gov
- Fax: (517) 241-9703

MiCSES Help Desk – 12th Floor
111 S. Capitol Ave.
Lansing, MI 48913

Note: Documents emailed to the MiCSES Help Desk are preferred; however, IV-D staff **must not** email an electronic copy and then mail a hard copy because only one method must be used to send these materials to the Help Desk.

After MDCH processes the DCH-1419, MDCH will notify users via email when their CPR/BRS account has been activated and is ready for use. Users may enter the SSO web portal, register for SSO, and subscribe to CPR/BRS prior to receiving this approval, but they may not access the CPR/BRS until their account is activated.

d. Enter the SSO Web Portal.

1) All users will enter the SSO web portal: https://sso.state.mi.us

2) New users will need to register for SSO, complete requested information, and obtain their SSO user ID and temporary password. To do this, they will:

   a) Click the *Register* button; and
   b) Complete the requested information on several screens and click *Enter* on the last screen.

New users will receive an email from the MDCH SSO Administrator with their SSO user ID and temporary password. Users will then re-enter the SSO site and

enter their user ID and temporary password. Next, users must change the temporary password by clicking on the *Account Maintenance* tab within SSO and clicking the *Change My Password* button.

3) Existing CPR users will enter their current SSO user ID and password to log in, and then they will subscribe to the CPR/BRS (see Step e).

   Note: If users forget their SSO password, they may click the *Need Password* button within SSO and follow the steps to receive a new password. Users may also change their password as discussed above.

e. Subscribe to CPR/BRS, Receive MDCH Approval, and Access the *CPR/BRS for Child Support* Application.

   Note: Staff may subscribe to the CPR/BRS while waiting for approval of their submitted DCH-1419; however, they will not be able to access the CPR/BRS until their DCH-1419 is approved by MDCH.[86]

   1) To subscribe to CPR/BRS, IV-D staff will:

      a) Select *Department of Community Health* from the left drop-down menu and then select *CPR/BRS for Child Support* from the right drop-down menu; and
      b) Complete the *User and Agency Information* screens, including the challenge questions.

   2) The *CPR/BRS for Child Support* link will be inactive until IV-D staff receive an email from MDCH indicating approval of their DCH-1419. When IV-D staff receive this approval, the link will become active. To access CPR/BRS, IV-D staff will:

      a) Log into the SSO web portal;
      b) Click the *CPR/BRS for Child Support* link; and
      c) Read the MDCH Use Notification statement and indicate agreement by clicking the *Acknowledge/Agree* button.

   Note: The SSO web portal contains numerous applications. However, IV-D staff must only subscribe to the *CPR/BRS for Child Support* application.

f. Initialize and Use a Biometric Device.

[86] MDCH will review the DCH-1419, compare it to the user's information that was entered during the steps to subscribe to the *CPR/BRS for Child Support,* and then activate the user role/privileges. This process usually takes about three days. Once a user's account is activated, (s)he may return to the SSO and use the *CPR/BRS for Child Support*.

After IV-D staff have subscribed to *CPR/BRS for Child Support* within the SSO web portal and their account is activated for use by MDCH, they must initialize and use a biometric device to access the *CPR/BRS for Child Support*. MDCH requires the use of a biometric device for fingerprint scanning authentication for all persons accessing confidential CPR/BRS data.

The biometric device is a small fingerprint scanner that IV-D staff will plug into the computer USB port.

1) Biometric Devices for the Initial Roll-Out

   There is a limited amount of biometric devices, and OCS, PA and FOC staff have been allotted a certain number of devices per office.[87] The devices and loading instructions will be sent to the FOC Local Project Coordinator or the PA Child Support Contact listed on mi-support for the user's local county office. OCS staff will receive the devices from their managers.

2) Initializing the Biometric Device

   To initialize the biometric device, IV-D staff will follow these steps:

   a) After entering the *CPR/BRS for Child Support* for the first time, a pop-up window for the biometric module will appear with the question "Do you want to run the application?" Click the box that states *Always trust content from this publisher,* and then click the *Run* button. (This button will not appear for subsequent attempts to access CPR/BRS.)
   b) Complete the biometric enrollment by capturing five fingerprint images of the same finger using the biometric device. Some fingers provide better images than others. If a fingerprint does not present clearly, click the *Reset Biometric Capture* button on the screen to clear it and try again. The following are suggestions for creating fingerprints:

      - Press the finger firmly on the biometric device.
      - The complete pad of the finger should be used and not just the fingertip. The side of the finger can also be used.
      - If users have difficulty scanning a fingerprint, a finger on the non-dominant hand should be used and pressed more firmly on the device.
      - Hand lotion on dry hands will help with fingerprint scanning.

   c) Once five satisfactory fingerprint captures are provided, the *Save Biometric Enrollment* button will become active. Click this button, and then the *CPR/BRS for Child Support* can be used.

[87] Ref: Exhibit 2013-006E3.

- The five fingerprint captures will be converted to algorithmic templates that will be used to authenticate the user during subsequent login attempts. Actual fingerprint images are never stored within CPR/BRS or within the device.

3) Using the Biometric Device

On subsequent log-ins to the *CPR/BRS for Child Support*, a slightly different biometric authentication screen will appear.

The user will:

- Provide one fingerprint capture of the same finger used to initialize the biometric device by firmly pressing that same finger on the fingerprint scanner one time;
- Be able to access CPR/BRS if a suitable fingerprint match is made; or
- Make another attempt, if a suitable match is not made. The user will see a message at the bottom of the screen if this occurs.

  Note: After 10 unsuccessful attempts, the account will be inactivated. If this occurs, the user will need to contact the MiCSES Help Desk (see Section E) to reset the biometric enrollment process so the user can initialize it with five fingerprint captures again.

The CPR/BRS application times out after 30 minutes of inactivity. After it times out, the user must log back into CPR/BRS using the biometric device. Once installed and used, the device can be unplugged, and as long as the CPR/BRS application hasn't timed out, the CPR/BRS can continue to be used.

When a IV-D staff person leaves employment, the office manager may assign the biometric device to a new IV-D staff person **after** that staff person is approved to access CPR/BRS. The office manager will contact the MiCSES Help Desk to reset the biometric enrollment process for the device, and the new CPR/BRS user may initialize and use it.

J. Technical Assistance for Passwords, CPR/BRS, and the Biometric Device

1. Expired/Forgotten SSO Password or Changing the SSO Password

The SSO password will automatically expire due to user inactivity after 90 days. If this occurs, the user must enter the SSO portal and click the *I forgot my password* button. This link may also be used if users forget their password. The user must answer the security challenge questions and then change his/her password.

Users may change their SSO password at any time by clicking the *account maintenance* link in the SSO. If users cannot reset their password using the above methods, they may contact the MiCSES Help Desk by emailing DIT-MiCSES-Helpdesk@michigan.gov or by calling 1 (800) 968-2644.

2. Technical Issues With CPR/BRS or the Biometric Device

   CPR/BRS users will contact the MiCSES Help Desk at the email address or phone number above for technical assistance with CPR/BRS or the biometric device. The MiCSES Help Desk will:

   a. Log a Help Desk ticket to allow for tracking of the issue;
   b. Direct CPR/BRS hardware and biometric device inquiries to appropriate DTMB or MDCH staff;
   c. Direct questions about CPR data, BRS data or the paternity establishment process to the appropriate training sources or to MDCH or OCS staff; and
   d. Respond to the user when the issue is resolved.

K. Statewide Implementation Schedule for CPR/BRS

The CPR/BRS implementation will occur in four phases and will coincide with the webinar schedules. In the first three phases, OCS staff and a limited number of FOC and PA users per county will be allowed access to the CPR/BRS. For Phase 4, FOC and PA directors will be contacted to determine additional county FOC and PA staff who may need access to the CPR/BRS. This phased approach will allow time to evaluate the technical and operational capacity for an expanded number of users. The phases are as follows:

1. Phase 1 will begin April 8, 2013 for OCS and MDCH staff;
2. Phase 2 will begin May 6, 2013 for Eaton, Genesee, Ingham, Ionia and Kalamazoo county FOC and PA staff;
3. Phase 3 will begin May 20, 2013 for all other county FOC and PA staff; and
4. Phase 4 will be determined after the assessment of the initial phases. A hotline message with more information will be sent to FOC and PA offices once this assessment is complete.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

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SUPPORTING REFERENCES:

Federal
42 USC 652
42 USC 666
42 USC 666(a)(5)(M)
42 USC 668
45 CFR 303.5(g) and (h)
45 CFR 303.21(d)

State
Public Act 268 of 1939
Public Act 205 of 1956
Public Act 368 of 1978
Public Act 307 of 1996
MCL 333.1106
MCL 333.2640
MCL 333.2882(1)(a)
MCL 333.2813
MCL 333.2883
MCL 333.2888
MCL 710.33
MCL 722.711 – 722.730
MCL 722.1437
MCL 752.794 – 752.797
Michigan Court Rule 3.218

ATTACHMENTS:

2013-006E1:	Central Paternity Registry (CPR) Record Types
2013-006E2:	Central Paternity Registry (CPR) and Birth Registry System (BRS) Printed Document Types
2013-006E3:	Biometric Device Allotment for CPR/BRS Roll-Out

EPF/AG/ED

IV-D MEMORANDUM 2013-007

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: August 27, 2013

SUBJECT: Birth Expenses Reimbursement

UPDATE(S):

☐ Manual

☐ Form(s)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

The Department of Human Services (DHS) and the Michigan Department of Community Health (MDCH) have agreed to re-initiate the establishment of Medicaid-paid birth expense repayment obligations in child support orders when established on IV-D cases. This IV-D Memorandum explains policies and procedures regarding the repayment of Medicaid-paid birth expenses in child support orders.

This memorandum also introduces a revised Poverty Level Comparison Chart (Exhibit 4.25E3) and a revised Birth Expense Obligation Formula spreadsheet, both updated for 2013 poverty levels. The Birth Expense Obligation Formula spreadsheet is posted to mi-support for staff to use in calculating the birth expense obligation. This memorandum includes an example of a completed Birth Expense Obligation Formula spreadsheet (Exhibit 4.25E4).

All policies and procedures found in Section 4.25, "Birth Expenses" of the *Michigan IV-D Child Support Manual* apply, except where specifically revised in this memorandum.

DISCUSSION:

On October 21, 2011, OCS issued a hotline message directing that all IV-D staff discontinue efforts to include Medicaid-paid birth expense reimbursement in child support orders. This action was the result of concerns regarding the reliability of expense amounts provided by MDCH. The discontinuation of IV-D activity surrounding birth expenses was reaffirmed in a hotline message dated January 31, 2012.

After collaborating with MDCH staff this year, OCS staff and program partner representatives have concluded that new procedures and policies implemented by

MDCH's Third Party Liability Division (TPL) will help ensure that the amounts provided by MDCH will be **timely, accurate, understandable and defendable.**

The federal Office of Child Support Enforcement (OCSE) indicates that the IV-D program's primary objective is family self-sufficiency – not state debt recovery. However, Michigan law encourages the recovery of this debt by the child support program. In the era of fiscal responsibility and closely monitored government spending, a key objective is to ensure parents reimburse the government – at least in part – for costs associated to the birth of their children when the parent can make such payments. The IV-D program is in the best position to help ensure that happens while also striving to accomplish its primary goal – helping families gain self-sufficiency.

TPL and OCS have agreed to a new process that will report birth expenses only after TPL has identified and verified an actual Medicaid payment of birth expenses, either with a maternity case rate (MCR) or through fee-for-service payments. TPL will run a nightly process that will query the Community Health Automated Medicaid Processing System (CHAMPS) data warehouse for evidence of a payment of an MCR when the mother is on managed care, or payment of the doctor and hospital claims on a fee-for-service case.

A. Birth Expense Policy in the *Michigan IV-D Child Support Manual*

Policy for the reimbursement of Medicaid-paid birth expenses in Section 4.25, "Birth Expenses" of the *Michigan IV-D Child Support Manual* remains in effect. IV-D staff, including support specialists, PA staff, and FOC staff, should review the current policy and procedures in Section 4.25. Special attention must be given to the following topics/subsections:

- Procedures for requesting the *Confinement Expenses Request*[88] (CER) form (Subsection 2.2).
- Time frames for MDCH to respond to requests for birth expenses (Subsection 2.2).
- Use of the Birth Expense Decision Table (Subsection 2.1).
- Use of the automated Birth Expense Obligation Formula (Subsections 2.3 and 4).
- Prohibition from requesting that the father reimburse 100 percent of the costs unless results from the formula require it (Subsection 1.1).
- Policies regarding proposals issued to the court (Subsection 6).
- Policies regarding birth expenses not paid by Medicaid (Subsection 3).
- Debts established by the court *after* the establishment of the Birth Expense Obligation Formula in 2008 are enforceable using all IV-D enforcement tools, including federal tax refund offset (Subsection 16).[89]
- Debts established by the court *before* the establishment of the Birth Expense Obligation Formula in 2008[90] remain enforceable but:

[88] The Michigan Child Support Enforcement System (MiCSES) form number is OCS0076 or 6070.
[89] Debts established using the Birth Expense Obligation Formula are identified in MiCSES by debt type codes CM (Medicaid-paid birth expenses) and CF (non-Medicaid-paid birth expenses).

- Remain low in the allocation and distribution priorities identified in Exhibit 5.35E1 of the manual; and
- Are exempt from federal tax refund offset (Subsection 16).

The policy in this IV-D Memorandum supplements the content in Section 4.25 of the manual.

B. Support Orders Entered During the Suspension Period

The policy and instructions provided in this IV-D Memorandum and in Section 4.25 of the *Michigan IV-D Child Support Manual* apply only to IV-D cases in which children are born out of wedlock and a child support order is **not yet established**. IV-D staff will not reconsider or review any child support orders entered during the suspension period from October 21, 2011 to July 15, 2013 until further notice.

C. Avoiding Duplicate CERs

To allow MDCH to provide timely and accurate service, MDCH asks that IV-D staff request birth expense verification only once per child. Before generating a CER, IV-D staff must search the MiCSES forms history records for a previously generated CER for the child to ensure that the IV-D program sends **only one** CER per child.

If a CER has already been generated, OCS support specialists will prevent MiCSES from sending a duplicate by:

- Changing the *Birth Expenses?* field on the *Member Demographics* (DEMO) screen for the child to "No" before sending a court action referral;
- Sending the court action referral to the PA;
- Entering a IV-D case note indicating that the child's record was amended to eliminate duplicate CERs; and
- Changing the *Birth Expenses?* field back to "Yes" after sending the court action referral to the PA.

D. Maternity Case Rate (MCR)

The MCR is explained in Section 4.25, Subsection 2.2.1(A). The MCR is an actuarially based case rate, as directed by Michigan law.[91] MDCH pays this rate to managed care organizations[92] under contract with the state for most Michigan birth events covered by Medicaid. In exchange for payment, the managed care

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[90] Debts established before the introduction of the Birth Expense Obligation Formula are identified in MiCSES by debt type codes MD (Medicaid-paid birth expenses) and PC (non-Medicaid-paid birth expenses).
[91] Michigan Compiled Law (MCL) 722.712(2)(3)(a)
[92] In Section 4.25 of the *Michigan IV-D Child Support Manual*, this term is referred to as "managed care health insurance provider." This IV-D Memorandum uses the term "managed care organization."

organization agrees to provide most benefits to Medicaid recipients through its own direct relationship with providers.

The MCR is not comprised of individual charges for distinct medical services. Instead, the MCR is set for a region and birth event date independently of payments made by a managed care organization to a hospital or physician for distinct medical services. In cases involving managed care organizations, Medicaid and the provider do not interact, and MDCH does not receive a bill from the provider.

As noted in Section 4.25, Subsection 2.2, MDCH will **not** provide detailed reports on birth expenses incurred by the mother in cases involving the MCR. It is MDCH's position, and DHS leadership has agreed, that MCL 722.712 does not require bills or other paid invoices detailing expenses of births in the case of managed care. In fact, documentation detailing individual costs and expenses for prenatal care and delivery services does not exist for cases in which MDCH paid the MCR.[93]

MDCH pays the MCR only after it receives billing from the managed care organization.

1. MDCH Response Time Frames

   Upon receiving a CER from IV-D staff, if the birth event is covered by the MCR, MDCH will:

   a. Within 28 days, respond using the *Birth Expenses Request* (BER) (DCH-0491)[94] indicating that the birth is covered by the MCR; and
   b. When MDCH makes the MCR payment, generate a BER with the MCR payment amount and send it to IV-D staff. This BER can be sent soon after the child is born, or up to 24 months after the birth of the child.

2. Change to the BER for MCR Cases

   In response to a CER, if the MCR is applicable, MDCH will include the following new language in the certification statement at the bottom of the BER:

   > In compliance with MCL 722.712(3)(a), the Medical Services Administration certifies that this amount constitutes the reasonable and necessary expense for the mother in connection with her pregnancy and the birth of the child, which was paid by the State of Michigan utilizing the actuarially based case rate. This rate has been developed by an actuary who is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. The Medical

[93] MCL 722.712(3)(a)
[94] The DCH-0491 will include an alphabetical character at the end of the form number indicating different possible responses on the BER. For example, a IV-D worker may receive a BER that has a form number of DCH-0491A. For the purposes of this policy, the form number referenced is DCH-0491.

Services Administration certifies that the maternity case rates are considered actuarially sound in accordance with generally accepted actuarial principles and practices, appropriate for the population to be covered and the services to be furnished.

DHS, IV-D program partner representatives, and MDCH agree that this expanded certification language reflects the additional steps MDCH staff have implemented to ensure accuracy in the MCR amounts they report.[95]

PA staff may wish to expand the support order language suggested in Subsection 6 of Section 4.25 of the manual to include the language provided by MDCH on the BER or a similar reference to the validity of MDCH's certified statement pursuant to MCL 722.712.

E. Fee-for-Service

MDCH has indicated that approximately 20 percent of Medicaid-paid birth expenses are covered by "fee-for-service." Fee-for-service cases are those in which specific services are billed by providers.[96] In these situations, an MCR is **not** used; MDCH makes a separate payment to providers for each medical service rendered.

Medical service providers have up to 12 months from the delivery date to submit such invoices to MDCH. Consequently, MDCH will be unable to meet the previously agreed-upon 28-day time frame for submitting expenses. MDCH will consider the report of medical expenses related to a birth event complete when, at a minimum:

- The delivering hospital submits its medical invoices; and
- The physician primarily responsible for the delivery submits his/her medical invoices.

Other medical service providers may also submit additional invoices. If MDCH receives a CER after it pays the hospital and primary physician, it will report all payments it makes on the BER. MDCH will not revise its BER for payments made after it sends a BER.

1. MDCH Response Time Frames

   Upon receiving a CER from IV-D staff, if the birth event is a fee-for-service case, MDCH will:

   a. Within 28 days, respond using the BER indicating that the birth is covered by fee-for-service; and

[95] The Medical Services Administration, noted in the certification language, is Michigan's Medicaid agency and is an entity within MDCH.
[96] Ref: *Michigan Child Support IV-D Manual,* Section 4.25, Subsection 2.2.1(B).

b. When MDCH makes payments to providers, generate a BER with the paid birth expense amount and send it to IV-D staff. This BER can be sent soon after the child is born, or up to 15 months after the birth of the child.

2. Change to the BER for Fee-for-Service Cases

MDCH will include the following new language in the certification statement at the bottom of the BER:

> In compliance with MCL 722.712(3)(a), the Medical Services Administration certifies that this amount constitutes the reasonable and necessary expense for the mother in connection with her pregnancy and the birth of the child, which was paid by the State of Michigan utilizing fee-for-service payments.

F. Challenges to the BER

If, during a hearing or other discussions, the non-custodial parent (NCP) (or alleged father) provides evidence that undermines or challenges the certified amount provided by MDCH, IV-D staff may use their discretion as to whether to pursue birth expense reimbursement in the child support order. IV-D staff may contact TPL for further information, explanation, or other assistance by using the following contact information:

- Telephone at 517-335-8760;
- Fax at 517-346-9875; or
- Email at MDCH-Paternity@michigan.gov.

MDCH requests that IV-D staff use this contact information only for escalating concerns about birth expense amounts. This contact information must not be given out to non-IV-D individuals.

PA staff must continue to follow the federally mandated time limitations for establishing child support orders in IV-D cases.[97]

OCS has asked that the State Court Administrative Office issue information to judges in an effort to help educate them regarding the validity of MDCH's certified expenses as identified and authorized under MCL 722.712.

G. MDCH Response When Medicaid Will Not Pay Birth Expenses

Upon receiving a request for birth expense amounts from IV-D staff, TPL may determine that the mother did not have Medicaid eligibility at the time of the birth or that, for other reasons, Medicaid did not and will not pay any expenses for the

[97] Ref: Subsection 1 of Section 2.20, "Court Action Referrals (CARs)" of the *Michigan IV-D Child Support Manual*.

pregnancy and birth. If so, MDCH will include the following new language in the certification statement at the bottom of the BER:

> Medicaid has not and will not pay expenses for this pregnancy and the birth of the child due to the beneficiary not being eligible for Medicaid, or the beneficiary was eligible for Medicaid and the provider can no longer bill for services.

IV-D staff will proceed to establish paternity and a child support order without birth expense obligations in these cases.

H. Procedures for Cases Where the BER Amount Is Pending

IV-D staff responsible for establishing paternity and child support must use different procedures from those described in Section 4.25 when handling cases where the child's birth is covered by Medicaid but MDCH indicates that a precise birth expense amount is pending. If MDCH does not have complete expense information when IV-D staff are ready to propose the order to the court, IV-D staff will include a clause reserving birth expenses for a later date. In an effort to reduce time and resources devoted to these tasks, and to ensure other pressing IV-D priorities and time frames are met, IV-D staff must use this approach only in cases in which MDCH certifies that birth expenses are covered by Medicaid, but that the amount is pending. IV-D staff will do all of the following:

1. Proceed with due diligence to establish paternity and child support with or without any expenses identified by MDCH pursuant to federal time frames.

2. If, by the time IV-D staff propose the order to the court, MDCH has not yet provided expense amounts, reserve the right to recover these expenses at a later date. PA staff will include the following paragraph, or one largely similar, in the proposed order:

   > <Name of Payer> will pay the reasonable and necessary expenses paid by Medicaid connected to the mother's pregnancy and the birth of the child. The State of Michigan reserves the right to petition the court when the reasonable and necessary expenses are known.[98]

3. Receive and keep in the IV-D case record BERs that identify expenses paid.[99]

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[98] The proposed language will **not** identify a monthly payment or a "capped" or "estimated" debt amount. The language must be identical or largely similar to this paragraph. Estimated debt amounts in support orders are not compliant with federal IV-D law and create unnecessary administrative work for IV-D and MDCH staff.

[99] If the IV-D case has been transferred or moved to another program partner, IV-D staff will forward the BER(s) to the appropriate office for maintenance. IV-D staff will also enter a case note on the *Notes Processor* (NOTE) screen in MiCSES documenting the receipt of the BER, the BER amount, and the office to which IV-D staff will forward the BER.

I. Order Establishment Notification to MDCH

IV-D staff must notify MDCH when they have successfully obtained a court order that includes the father's obligation to reimburse birth expenses to MDCH. This is necessary to ensure that MDCH staff record the father's new obligation and prepare to receive payments by updating MDCH's own records. MDCH staff must also document and defend to auditors and others the steps taken to establish third-party liability.

IV-D staff in the office that enters the birth expense obligation amount, either when the order is first entered or when a reserved amount is replaced, must do **one** of the following:

- Send an **unencrypted** email to TPL (at MDCH-Paternity@michigan.gov) indicating that a new birth expense amount was established, and provide the following information:[100]

  - IV-D Case Number;
  - Mother's Recipient ID;
  - Child's Recipient ID; and
  - Court Order Number.

  (MDCH staff will use this information to access MiCSES records and obtain further information about the court order); or

- Send an email to TPL (at MDCH-Paternity@michigan.gov) indicating that a new birth expense amount was established, and attach an encrypted copy of the scanned court order;[101] or

- Mail a copy of the court order to TPL at:

  Michigan Department of Community Health
  Third Party Liability Division
  PO Box 30479
  Lansing, MI 48909-7979

J. Replacing the Reserved Amount

To allow parties to introduce evidence, IV-D staff will not administratively enter the amounts in a BER when an amount was reserved in the original order.

Instead, at the **next regularly scheduled or requested** review and modification of the order, FOC IV-D staff will seek recovery of the birth expenses paid by MDCH in addition to any needed modifications to health insurance coverage and child support.

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[100] If the email is limited to the information provided, the email need not be encrypted.
[101] Ref: Section 1.10, "Confidentiality/Security" of the *Michigan IV-D Child Support Manual* for information on encryption.

FOC IV-D staff will **not** seek a modification or adjustment *solely* as a result of recently identified Medicaid-paid expenses on a BER. MDCH and DHS have agreed that valuable IV-D time and resources will be reserved until other case events warrant a review and modification.

K. Overcollections by MDCH

After the court establishes an order that includes the father's birth expense obligation, MDCH may determine that its expenses for the delivery of the child have been otherwise reimbursed, possibly through private insurance payments.[102] Consequently, MDCH staff may determine that MDCH has been overpaid and/or that additional payments from the father are no longer necessary.

DHS and MDCH have agreed that federal regulations do not permit the IV-D program to process such "refunds" or handle such overpayments. This is MDCH's responsibility pursuant to federal regulations at 45 Code of Federal Regulations (CFR) 302.51(c)(1) and 42 CFR 433.154 and reinforced several times in the federal OCSE's Action Transmittal 08-08[103] and the attached final rule and comments.

Therefore, IV-D staff will no longer process or accept refund payments or requests from MDCH. MDCH staff will handle such situations without IV-D involvement and will issue payments they've received to the appropriate recipient according to MDCH regulations and policies.

If MDCH determines that future (unpaid) payments are no longer desired or requested from the obligated father, MDCH staff will complete and sign a satisfaction of judgment or other credit affidavit required by the court. Such a document will allow FOC staff to reduce the birth expense debt amount recorded in MiCSES. Future OCS-released material will provide further policy about this process.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. This memorandum supplements the policy in Section 4.25 of the *Michigan IV-D Child Support Manual*.

REVIEW PARTICIPANTS:

Establishment Work Improvement Team
MDCH TPL
Program Leadership Group

CONTACT PERSON:

[102] MDCH's TPL is mandated to actively pursue all methods for reimbursing its expenses.
[103] *Final Rule: Child Support Enforcement Program Medical Support*

Michael Grisinger
Case Management / Establishment Policy Manager
(517) 335-5311
GrisingerM1@michigan.gov

CC:

None

SUPPORTING REFERENCES:

Federal
42 CFR 433.154
45 CFR 302.51(c)(1)

OCSE Action Transmittal 08-08

State
MCL 722.712
MCL 722.712(2)(3)(a)
MCL 722.712(3)(a)

ATTACHMENTS:

4.25E3: Poverty Level Comparison Chart 2013: hard copy representation

4.25E4: Birth Expense Obligation Formula 2013: hard copy representation

EPF/MBG

IV-D MEMORANDUM 2013-008

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: February 15, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Retooling Michigan Child Support Enforcement Program Grant (Retooling Grant) Pilot Programs[104]

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum provides a high-level overview of the Retooling Grant, introduces the Retooling Grant pilot programs, identifies the FOC offices participating in the pilot programs, and provides an anticipated timeframe for the Retooling Grant's major tasks.

Policies and forms used for the Retooling Grant pilots are provided as attachments to this memorandum. FOC offices participating in the Retooling Grant pilots are expected to read and follow the policies and use the forms.

DISCUSSION:

1. Overview of Retooling Grant and Pilots

The federal OCSE awarded OCS and the University of Michigan (U-M) School of Social Work (SSW) a *Partnering to Strengthen Families: Child Support Enforcement (CSE) & University Partnership* grant to study child support data in Michigan. The Retooling Grant began on September 1, 2011 and will end August 31, 2014.

The goals of the Retooling Grant are to:

- Increase the number of current support collections;

[104] This publication is supported by Grant Number 90FD018101 from the federal Office of Child Support Enforcement (OCSE). Its contents are solely the responsibility of the Michigan Office of Child Support and do not necessarily represent the views of OCSE. This project is financed solely by Grant Number 90FD018101.

- Increase the amount of current support collections;
- Decrease arrears; and
- Increase the knowledge of caseworkers and decision-makers.

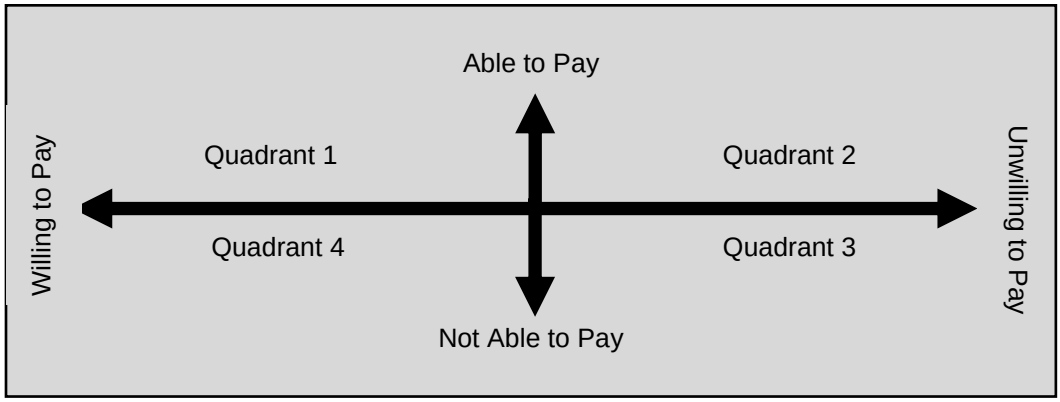
The grant consists of three phases, one for each year of the grant:

- Grant Year 1 consisted of research, data analysis, interviews with IV-D partners, and identifying and prioritizing research questions;
- Grant Year 2 involves designing, implementing, and testing two pilots targeted to address the grant's goals; and
- Grant Year 3 will involve analyzing the pilots to determine if statewide possibilities exist.

IV-D Memorandum 2012-032, *Invitation to Participate in Pilot: Retooling Michigan Child Support Enforcement Program Grant (Retooling Grant)* introduced and invited FOC participation in two pilots being implemented through the Retooling Grant effort: Compromise Arrears in Return for On-Time Support (CAROTS) and Predictive Modeling (PM).

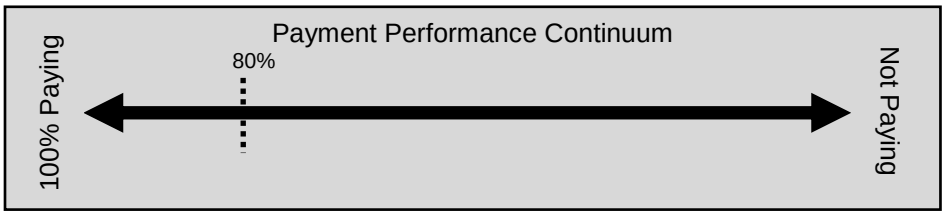
Both of these pilots will make use of Michigan Child Support Enforcement System (MiCSES) case analysis evaluations that U-M SSW will complete before starting the pilots. The high-level goal of this initial analysis is to identify a non-custodial parent's (NCP's) compliance with a given child support order and to identify data that may assist in predicting when an NCP will comply with that order.

Compliance with an order may be linked to an NCP's ability and willingness to comply with an order. The following diagram provides a method of placing NCPs into quadrants with regard to willingness and ability to comply with an order.



NCPs in Quadrant 1 represent NCPs with the ability and willingness to comply with the order; these NCPs would likely be paying their support order. NCPs in Quadrant 2 have the ability to pay, but are unwilling to do so; they may be paying, but are not fully complying with their order. Quadrant 3 NCPs have neither the desire to pay nor the ability to pay; these NCPs would most likely not be paying support at all. Quadrant 4 NCPs are willing to pay but lack the ability to pay; these NCPs may be paying some of the order they have, but arrears are growing.

Through initial data analysis, U-M SSW found MiCSES lacking in tracking key data that would assist in determining an NCP's willingness and ability to pay. However, MiCSES does provide a record of the NCP's payments. Using payment history and the NCP's monthly support order, U-M SSW will calculate a payment performance percentage. Then NCPs will be placed along a payment performance continuum, where "100 percent payment compliance" is on one end of the continuum, and "no payments received" is on the opposite end of the continuum. The pilots will target NCPs with a payment performance of 80 percent or less.



The CAROTS pilot intends to target NCPs who are in Quadrant 4: The NCP has the desire to pay, but limited ability to pay. NCPs in Quadrant 4 have ongoing support but face large state-owed arrears with little or no ability to pay the entire arrears amount. They may appear to be poorer performing NCPs.

The PM pilot intends to target NCPs who fall into Quadrant 2; they are not fully complying with their order. NCPs in Quadrant 2 have ample resources, but may lack the discipline or motivation to comply. These NCPs also appear to have poor performance. The PM pilot will collect data that may assist FOC staff in knowing what actions to take to help these NCPs become more compliant.

2. FOC Pilot Offices

Friends of the Court from the following FOC offices volunteered to participate in the Retooling Grant pilots. Based upon their office interests, they were selected to participate in the CAROTS pilot or PM pilot.

FOC offices selected for the CAROTS pilot are:

- Cass;
- Macomb;
- Marquette;
- Ottawa;
- Tuscola; and
- Wayne.

FOC offices selected for the PM pilot are:

- Cheboygan;
- Isabella;
- Kent;
- Monroe;
- Van Buren;
- Washtenaw; and
- Wayne.

Because of its size and number of cases/dockets, the Wayne FOC will be participating in both Retooling Grant pilots.

3. Retooling Grant Timeline and Oversight

Grant Year	Date	Task
Grant Year 1: September 2011 – August 2012	Complete	Literature review, preliminary data analysis
Grant Year 2: September 2012 – August 2013	September 2012 – January 2013	Complete policy, protocols, training and monitoring tools
	February 2013	Kick-off meeting and training, and begin pilots
	February 2013 – August 2013	Monitor CAROTS pilot using data and worker diaries
	February 2013 – August 2013	Monitor PM pilot using data and worker diaries
	August 2013	Provide mid-PM pilot status
Grant Year 3: September 2013 – August 2014	September 2013 – August 2014	Analyze PM pilot and statewide impacts
	September 2013 – August 2014	Monitor CAROTS pilot using data and worker diaries
	March 2014	Provide CAROTS mid-pilot status
Beyond Grant Time Frame[105]	August 2014 – January 2016	Monitor CAROTS pilot using data and worker diaries
	February 2016 – December 2016	Analyze CAROTS and statewide impacts

During the pilots, OCS and U-M SSW staff will monitor the pilot counties. OCS and U-M SSW anticipate having regular contact with FOC pilot staff on procedures and progress. OCS and U-M SSW expect to provide a mid-pilot and a post-pilot evaluation of each pilot.

If, after the pilots are completed, any tools used during the pilots are found suitable for statewide implementation, OCS staff will work with FOC pilot staff, Work

[105] The CAROTS pilot is expected to run beyond the Retooling Grant time frame. OCS anticipates it will request a grant extension or a new grant in partnership with U-M SSW to continue monitoring CAROTS and to analyze it for statewide impact.

Improvement Teams, the Program Leadership Group, subject matter experts, etc., to refine the tools for statewide use. Additionally, OCS and FOC pilot staff will identify changes in MiCSES that may be needed to allow for a realistic and manageable statewide implementation.

NECESSARY ACTION:

All IV-D staff will retain this IV-D Memorandum until further notice.

The attachments to this memorandum are intended for Retooling Grant FOC pilot staff **only.**

Pilot Friends of the Court, Pilot Leads, the U-M SSW Co-Principal Investigator and the OCS Retooling Grant Coordinator have already signed the *U-M School of Social Work Agreement,* which allows the study of the grant to be completed in the pilot FOC offices. Additionally, before the pilots begin, the OCS Retooling Grant Coordinator will work with the Pilot Friends of the Court and Pilot Leads to sign the appropriate pilot agreement that clarifies responsibilities between FOC pilot staff and OCS staff.

FOC pilot staff will follow the appropriate policies and procedures and will proactively seek policy clarifications as needed. OCS, in collaboration with U-M SSW and FOC pilot staff, will revise and refine policies as necessary. Because procedures and approaches for the pilots will be fluid, OCS will not publish these revisions in a IV-D Memorandum, but will provide them on the mi-support Retooling Grant page that houses documents for the Retooling Grant pilots. OCS will notify FOC pilot staff of these revisions and clarifications as they are posted.

OCS will publish other announcements, pilot progress and pilot results through IV-D Memorandums as the need arises.

REVIEW PARTICIPANTS:

FOC Pilot Leads
Program Leadership Group

CONTACT PERSON:

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CC:

Laura Lein, U-M SSW
Sue Ann Savas, U-M SSW

SUPPORTING REFERENCES:

2013 Michigan Child Support Formula 4.02(B)(3)
Michigan Compiled Law (MCL) 552.517(1)(f)
MCL 552.605c(2)

ATTACHMENTS:

2013-008E1:	Retooling Grant Policy for Pilot Friend of the Court Staff
2013-008E2:	Retooling Grant Pilot County Publication Review Process
2013-008E3:	*Retooling Grant Pilot Agreement for Compromise Arrears in Return for On-Time Support (CAROTS)*
2013-008E4:	*Retooling Grant Pilot Agreement for Predictive Modeling (PM)*
2013-008E5:	*U-M School of Social Work Agreement*
2013-008E6:	*CAROTS Payment Agreement*
2013-008E6ins:	*CAROTS Payment Agreement Instructions*

EPF/JEM

IV-D MEMORANDUM 2013-009

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff
Michigan State Disbursement Unit (MiSDU) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: June 3, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: Updates to the *Change in Personal Information* (FEN350) Form

RESPONSE DUE: None

POLICY EFFECTIVE DATE: June 7, 2013

PURPOSE:

This IV-D Memorandum explains formatting and wording changes to the FEN350 form in the Michigan Child Support Enforcement System (MiCSES). The FEN350 has been revised to incorporate changes made by the State Court Administrative Office (SCAO) forms committee.[106]

These changes will be implemented in the MiCSES 8.4 Release (June 7, 2013).

DISCUSSION:

Michigan Court Rule (MCR) 3.203 states that notices and court papers must be served to the address that a party provided in writing to the FOC office. The FEN350 allows custodial parties and non-custodial parents to report changes in their address, name, employer, driver's license, occupational license, Social Security number, or medical insurance to the FOC.

Changes to the FEN350

In addition to minor formatting, punctuation, and field name changes, the following changes were made:

A. At the end of the first paragraph, the phrase "and send it to the friend of the court" was added after "You must sign this form."

B. In Item 1, the following revisions were made:

[106] The FEN350 has been updated to match changes to a related SCAO form, the *Change in Personal Information* (FOC 108).

1. The option “mailing address only (where I receive mail)” was removed;
2. The option “legal address only (where I want legal notices to be sent)” was removed; and
3. The option “the single mailing address to which all notices and papers will be served” was added.

C. In Item 8, the three fields titled “Name,” “Type,” and “Contact Number” were replaced with four fields: “Provider name,” “Provider address and telephone number,” “Group number,” and “Policy number.”

D. The return agency address on the mailer page was changed to match the FOC address. Under certain conditions, the return address on the mailer page of the previous version of the FEN350 was blank or contained a non-FOC address.

E. The revision date in the footer was changed from 04/06 to 06/13.

Changes to MiCSES Generation of the FEN350

The generation of the FEN350 in MiCSES was updated to:

A. Remove family violence suppression for the mailing address on the mailer page. This will not change the suppression of the “plaintiff v defendant” names for cases with family violence.

B. Show only the middle initial instead of the full middle name on the mailer page.

C. Ensure that the FOC name and address displays at the top of the form (under the header) and no other name and address displays.

D. Display the correct docket type in the header and the footer. On the previous version of the FEN350, the docket type was occasionally missing from the form.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

Case Management Work Improvement Team
Program Leadership Group

CONTACT PERSON:

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CC:

All Prosecuting Attorney staff

SUPPORTING REFERENCES:

None

ATTACHMENTS:

FEN350: *Change in Personal Information*

EPF/JFH

IV-D MEMORANDUM 2013-010

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: June 3, 2013

UPDATE(S):

☒ Manual

☒ Form(s)

SUBJECT: Process Improvements Related to the Introduction of the Michigan Child Support Enforcement System (MiCSES) *Order Preparation and Entry* (OPRE) Screen

RESPONSE DUE: None

POLICY EFFECTIVE DATE: June 7, 2013

PURPOSE:

This IV-D Memorandum explains changes in policy and procedures regarding the order entry process. To reflect these changes, a new MiCSES screen, *Order Preparation and Entry* (OPRE), will be available June 7, 2013 as part of the MiCSES 8.4 Release. This memorandum also explains changes to reports on the *Legal Case List Selection* (LLST) screen and the *Legal/Establishment Management* (LRPT) screen.

The Program Leadership Group identified review and modification as one of the child support program's top priorities, requiring more efficient and effective business processes and more helpful automation. As a result, development of the OPRE screen is part of a larger effort to improve the review and modification process. Future improvements will include changes to the review and modification chain in MiCSES and improvements to the guideline calculation process.

With the introduction of the OPRE screen, IV-D workers must enter all child support orders into MiCSES, regardless of whether the order and/or the guideline calculations were prepared within the IV-D program or within MiCSES. The OPRE screen will serve as an accurate record of the order, which will be useful to IV-D workers reviewing the order in the future.
There are changes to sections of the *Michigan IV-D Child Support Manual* that pertain primarily to the order entry process. Most of these changes do not reflect new policy, but rather update existing policy to reference the new OPRE screen. OCS has updated the following sections of the manual to include new procedures and to provide clarifications of existing policy:

- Section 5.20, "Obligation – Entry, Modification and Adjustments"; and

- Section 6.06, “Medical Support.”

This memorandum introduces the following new sections of the manual. They incorporate content from an Action Transmittal (AT) and a IV-D Memorandum and include new policy related to the OPRE screen:

- Section 3.45, “Review and Modification”; and
- Section 4.20, “Support Recommendations and Order Entry.”

In all the manual sections, change bars in the right margin indicate significant changes since the previous publication of the material. OCS has reorganized some of the content to fit the manual format; however, change bars do not identify the reorganized subsections.

The table of contents for the *Michigan IV-D Child Support Manual* now includes asterisks at the end of section titles 3.45 and 4.20 to indicate that these new manual sections are available. OCS has removed sections 4.30 and 5.05 from the table of contents because OCS does not intend to introduce material corresponding to those sections. OCS has also changed the title of Section 4.20.

In addition to the manual materials, this memorandum includes the following forms:

- *Child Support Recommendation and Proposed Order* (GUIDLINE template);
- *Notice of Support Review* (RNMRVWNOT);
- *Review and Modification Eligibility Notification* (RNMELIGLTR); and
- *Support Review Request* (RNMSUPPRVWREQ).

OCS previously published these forms with other policy and is now reintroducing them. These forms have not changed since their last publication. In addition, this memorandum introduces the *Notice of Support Review – Second Request* (RNM2NDRVWNOT).

DISCUSSION:

The OPRE screen will be released on June 7, 2013. The OPRE screen replaces two screens that will be obsolete with the MiCSES 8.4 Release:

- *Legal Order Prep* (LPRP), used by PA staff; and
- *Review and Modification Order Preparation* (RPRE), used by FOC staff.

Order entry functionality formerly carried out on the LPRP and RPRE screens will now occur on the OPRE screen. Order entry that staff started on the LPRP screen or RPRE screen will not transfer to the OPRE screen with the release. LPRP and RPRE will be **unavailable for update or view** after June 7, 2013. IV-D workers must complete any orders started on the LPRP and RPRE screens prior to the release; otherwise, the

information entered on these screens must be re-entered on the OPRE screen after June 7, 2013.[107]

Orders printed prior to June 7 will remain available for reprinting from the *Historical Reprints* (FHST) screen.[108] Due to changes to the *Uniform Child Support Order* (FOC10) and the *Establishment Uniform Support Order* (5085) template that will occur with the MiCSES 8.4 Release, orders queued on the *Queue Processor* (FQPR) screen prior to the release will **not** generate after June 7.[109]

IV-D workers must now complete order entry entirely on the OPRE screen, and will no longer enter support orders on the *Support Order Entry* (SORD) and *Medical Order Provisions* (MORP) screens. Information entered on the OPRE screen will update the SORD and MORP screens.[110] Some fields on the SORD screen will no longer be editable by IV-D workers.[111] The OPRE screen contains some data fields, such as the zero support indicator, that did not previously appear on the LPRP screen or RPRE screen.

The OPRE screen will allow the IV-D worker to create and enter an order that encompasses up to four different combinations of IV-D cases and effective dates or effective events.[112] Some examples include situations where:

- The payer and the payee switch roles;
- The order includes a third party; or
- There is a different support amount based on an anticipated event on an uncertain future date (e.g., payer begins a new job, sale of the marital home, etc.).

The State Court Administrative Office's (SCAO's) Michigan Court Forms Committee Domestic Relations Workgroup determined in its March 2012 meeting that, when using MiCSES, IV-D workers should replicate multiple support grids in an order as necessary. This meets the requirement that the MiCSES *Uniform Child Support Order* (USO) forms mirror the SCAO-approved USO.

The OPRE screen will also serve as a historical record of the order within MiCSES, enhancing both the data reliability and understanding of factors leading to the final

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[107] For more information on this transition, see the May 13, 2013 hotline notification *Immediate Action Needed: MiCSES 8.4 Release Order Entry Changes* on mi-support.
[108] Ref: *MiCSES Quick Reference Guide: FHST – Reprint Original Documents*.
[109] The FOC10 and the 5085 are not drafted or published by OCS. Other groups within the IV-D program have responsibility for these forms.
[110] Ref: *MiCSES Screen Descriptions: SORD – Support Order Entry* and *MORP – Medical Order Provisions*.
[111] Ref: *MiCSES Screen Description: SORD – Support Order Entry*.
[112] These scenarios are called "tiered grids."

order. IV-D workers may refer to the OPRE screen to see the original order information.[113]

Creation of Reports on the LLST and LRPT Screens

The MiCSES 8.4 Release changes the creation of reports on the LLST screen and the LRPT screen. These reports will draw data from the OPRE screen rather than the LPRP screen. Reports generated after June 7, 2013 will not include data from the LPRP screen. OCS recommends that PA workers who use the reports on the LRPT and LLST screens run the reports prior to June 7, 2013 to capture the information that will be lost with the transition.[114]

Section 3.45, "Review and Modification"

This new manual section incorporates policy from AT 2007-001, ***REVISED:*** *Review and Modification of Child Support Orders – Statutory and System Changes*.

OCS has updated this manual section to explain:

- The impact of federal requirements on the review and modification process;
- How entry of a medical-support-only order affects the next support review date; and
- The IV-D worker's ability to obtain information from historical records on the OPRE screen.

Section 4.20, "Support Recommendations and Order Entry"

This new manual section, previously titled "Support Recommendations," incorporates policy from IV-D Memorandum 2012-029, *Updates to the Child Support Recommendation and Proposed Order (GUIDLINE Template) and Changes to the 2013 Michigan Child Support Formula (MCSF) Included in the Michigan Child Support Enforcement System (MiCSES) 8.2.3 Release.* Section 4.20 also includes information on:

- Requiring the use of the Michigan Child Support Formula (MCSF) for child support recommendations and orders;
- Entering orders for non-IV-D child support cases;
- Entering orders prepared outside the IV-D program;
- Recording deviations from the MCSF;
- Calculating base support amounts on the OPRE screen and using the MCSF;
- Establishing medical support (this information was formerly located in Section 6.06 of the manual);

[113] Orders entered prior to June 7, 2013 on the LPRP or RPRE screens will not be available as historical records. Information from orders entered prior to June 7, 2013 will be available on the MORP and SORD screens.
[114] IV-D workers first received notice of this suggestion through a hotline notification on May 13, 2013.

- Beginning preparation of a USO before a docket number has been assigned;
- Closing a court action referral not used in the creation of a USO;
- Entering order types;
- Ensuring only relevant individuals are included in the recommendation;
- Creating a new IV-D case to accommodate a switch between payer and payee in a single recommendation;
- Accommodating multiple tiered support amounts in a single USO;
- Tracking an order as a zero support order when none of the tiered grids on the USO has an effective date;
- Tracking parenting time overnights on the *Guidelines Recommendation* (GREC) screen[115] and the OPRE screen;
- Entering medical support provisions on a USO;
- Generating the USO and the *Judgment Information Form*; and
- Referring to the OPRE screen rather than the SORD screen for full details regarding a deviation from the MCSF.

In addition, manual section 4.20 discusses the GUIDLINE template.

Section 5.20, "Obligation – Entry, Modification and Adjustments"

Updates to this manual section include:

- Replacement of 2008 MCSF references and links to the 2013 MCSF;
- An explanation that obligation information is now updated on the OPRE screen rather than the LPRP and RPRE screens;
- Clarification of the use of zero support orders and recording zero support on the OPRE screen;
- An explanation that IV-D staff must record an order as a zero support order when a tiered grid is effective with a future event;
- An explanation of the maintenance of other provisions from the USO at the IV-D case/docket level; and
- Procedures for adjusting against the base support when the OBLG screen imports negative amounts in the tiered grids from the OPRE screen.

Section 6.06, "Medical Support"

Updates to this manual section include:

- Removal of policy related to the establishment of medical support (this policy has been placed in Section 4.20);
- Clarification of medical-enforcement-only orders;
- The addition of instructions for IV-D staff to prevent the generation of a *National Medical Support Notice* (NMSN) to the Social Security Administration; and

[115] Ref: *MiCSES Screen Description: GREC – Guideline Recommendations*.

- Updated MCSF references from 2008 to 2013.

NECESSARY ACTION:

FOC and PA workers must be aware that the changeover from the RPRE and LPRP screens to the OPRE screen may disrupt normal business practices, and they must plan accordingly. During the conversion period, the IV-D program must continue to meet all federal and state requirements[116] for completion of order establishment and order review and modification.

Review the updated policy information in sections, 3.45, 4.20, 5.20, and 6.06 of the *Michigan IV-D Child Support Manual*. For those maintaining a hard copy of the manual, print these sections and the updated table of contents and add them to the manual. Discard the previously published versions of:

- Section 5.20, dated June 4, 2012; and
- Section 6.06, dated April 2, 2012.

With the publication of this memorandum and its attachments, the following are obsolete:

- AT 2007-001; and
- IV-D Memorandum 2012-029.

The following forms introduced in AT 2007-001 are not being reintroduced with this memorandum since they are not drafted or published by OCS:

- *Motion to Modify Support Order and Notice of Settlement Conference;*
- *Notice of Hearing for Objections to Support Review;*
- *Out of State Modification Notice;*
- *Termination of Support Review Notice;* and
- *Notice of Support Review Results.*

REVIEW PARTICIPANTS:

Program Leadership Group
Enforcement Work Improvement Team (WIT)
Establishment WIT (Section 4.20)
Financial WIT (Section 5.20)

CONTACT PERSONS:

Sections 3.45 and 4.20

[116] Ref: Michigan Compiled Law (MCL) 552.517 and 552.517b, 45 Code of Federal Regulations (CFR) 303.8(e), and Section 2.05, "Referrals and Applications," of the *Michigan IV-D Child Support Manual*.

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ATTACHMENTS:

Section 3.45:	Review and Modification
Section 4.20:	Support Recommendations and Order Entry
Section 5.20:	Obligation – Entry, Modification and Adjustments
Section 6.06:	Medical Support
GUIDLINE Template:	*Child Support Recommendation and Proposed Order*
RNMELIGLTR:	*Review and Modification Eligibility Notification*
RNMRVWNOT:	*Notice of Support Review*
RNM2NDRVWNOT:	*Notice of Support Review – Second Request*
RNMSUPPRVWREQ:	*Support Review Request*

Michigan IV-D Child Support Manual Introduction and Table of Contents

EPF/JJV/VPW

IV-D MEMORANDUM 2013-011

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: September 12, 2013

SUBJECT: Status of the Michigan Child Support Enforcement System (MiCSES) / Michigan Statewide Automated Child Welfare Information System (MiSACWIS) Interface

UPDATE(S):

☐ Manual

☐ Form(s)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum discusses issues with the anticipated two-way interface between MiCSES and the new MiSACWIS.

Testing of the MiCSES/MiSACWIS interface is delayed, and automated processing could have undesired impacts on the IV-D case record. The quality and reliability of MiSACWIS data is unknown and untested. Automated processing of MiSACWIS referrals could result in MiCSES creating duplicate members and cases, generating inappropriate alerts, and incorrectly assigning child support payments. Therefore, OCS has decided not to automate the processing of MiSACWIS referrals and updates. When responding to child welfare referrals, IV-D staff will manually perform duties that would otherwise have been automated.

This memorandum identifies opportunities for IV-D staff to learn more about the MiCSES/MiSACWIS interface, and the necessary manual work, before the implementation date for MiSACWIS.

DISCUSSION:

The Department of Human Services (DHS) began working on a replacement for the Services Worker Support System Foster Care, Adoption, and Juvenile Justice (SWSS FAJ) in 2011 to improve service delivery for children. In October 2013, DHS will implement its new system, MiSACWIS, in accordance with the *Dwayne B. v Snyder* modified settlement agreement and consent order.

During the development of MiSACWIS, OCS conferred with DHS child welfare staff and MiSACWIS technical staff to design an interface between Michigan's child support and child welfare programs. Michigan's child support program provides the following critical benefits to taxpayers and children receiving child welfare services:

- **Recoupment of state expenditures** – Assignment of child support as required by law repays public expenditures and prevents inappropriate child support payments to custodial parties (CPs) who no longer have custody of children;
- **Information sharing** – Information collected in the course of child support action assists child welfare workers in case planning, case management, and permanency planning; and
- **Long-term stability** – IV-D workers locate parents or relatives, establish paternity for children, and establish child support orders that endure even after child welfare services end.

Additionally, prompt action on child welfare referrals increases Michigan's IV-D program incentives, improving the resources available to all IV-D staff to serve Michigan children.

Planned Two-Way Interface

OCS staff, MiCSES staff, and IV-D partners in PA and FOC offices jointly worked on MiCSES designs for a two-way interface that would:

- **Match MiSACWIS persons** – The member-matching method in place for matching Bridges members, which has a 98 percent success rate, would match referred children and parents to MiCSES members;
- **Match MiSACWIS cases** – MiCSES would find agency placement IV-D cases (cases in which the CP represents DHS)[117] corresponding to the referred family;
- **Automatically start IV-D cases** – MiCSES would create new IV-D cases as needed and initiate workflow activities for support specialists;
- **Apply assistance to relevant IV-D cases** – MiCSES would automatically record assistance applicable to relevant IV-D cases – both the agency placement IV-D case and the pre-placement IV-D case that existed prior to removal of the child from his/her living arrangement;

[117] Ref: Section 3.03, "Case Updates and Member Demographics" of the *Michigan IV-D Child Support Manual*.

- **Alert IV-D staff** – MiCSES would automatically alert IV-D staff in all offices when children enter agency placement, when their placement changes, and when they leave agency placement; and
- **Clarify child support assignment** – An array of living arrangements, legal statuses, and funding sources would be replaced by a single "pay-to" indicator that directs IV-D staff to assign support to the state or county or redirect support to an unlicensed provider.

The planned two-way interface, including both the IV-D policy and the MiCSES design supporting it, focuses on agency placement cases (when a court removes a child from his/her living arrangement and places that child in the care and custody of DHS) and does not address other aspects of foster care service or out-of-home placement.

MiSACWIS/MiCSES Data Processing Issues

OCS and the child welfare agency have not completed the testing process for the joint interface between MiCSES and MiSACWIS. Therefore, the quality and reliability of MiSACWIS data is unproven at this time.

As a result, OCS staff and MiCSES analysts met to discuss possible solutions for processing MiSACWIS/MiCSES data. The group identified system, policy and operational actions to mitigate the effect on IV-D staff and families served by the IV-D program.

The planned future interface is designed to automatically respond to MiSACWIS referrals and referral updates with actions ranging from case and member creation to financial reactions and federal reporting. However, the contingency planning group found that during the time MiSACWIS referrals are untested, it would be more efficient to manually take these steps than to rely on automatic processing.

Consequently, MiCSES will store MiSACWIS referral information on the *SACWIS Case Information* (SCWS) screen[118] and take no further action. MiCSES will not alert IV-D staff when new and updated MiSACWIS referral information arrives. Referral information and referral update information will remain on the SCWS screen for reference by IV-D workers.

Until the MiCSES/MiSACWIS interface is fully tested and functional, IV-D staff should prepare to manually perform all the actions that have been planned for the two-way interface. (Ref: the "Planned Two-Way Interface" section above.)

MiCSES will prepare a report identifying new and updated child welfare referrals as a working list for IV-D staff. OCS expects that a Business Objects report, derived from MiSACWIS data, will be ready at the same time MiSACWIS launches to assist IV-D staff

[118] MiCSES introduced this screen with the MiCSES 8.3 Release (February 2013).

in validating the referral information. In addition, a limited number of IV-D staff at OCS will receive direct access to MiSACWIS to help IV-D staff confirm critical data.

IV-D staff must use the MiCSES report in conjunction with the Business Objects report to perform case initiation, case management, order establishment and financial reactions in response to child welfare referrals.

Forthcoming Policy

On or around October 7, 2013, OCS will release a comprehensive IV-D Memorandum directing IV-D staff how to manage child welfare referrals. That IV-D Memorandum will supplement the existing *Michigan IV-D Child Support Manual* sections related to foster care and will provide policy during the completion of the MiCSES/MiSACWIS joint interface testing.

When joint interface testing is completed and when MiCSES is able to perform automated processing of MiSACWIS referrals and referral updates, OCS will publish revisions to the manual sections related to foster care. These sections will describe the interface and provide direction to IV-D staff on addressing child welfare cases.

Communication Plan

OCS plans many efforts to inform IV-D staff of the status of MiSACWIS development, the ongoing efforts to complete joint interface testing, and the necessary work IV-D staff must perform in the interim period. These efforts may include the following, which are subject to change:

- BERG call (September 24);
- FOC User Group (October 3);
- Webinars;
- Policy (October 7);
- Michigan Family Support Council Fall Conference Training (October 9-11);
- Web-based Training (anticipated publication on October 14); and
- Statewide Regional Instructor-led Training (November).

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. Participate in communication efforts mentioned above to learn more.

REVIEW PARTICIPANTS:

Case Management Work Improvement Team
Establishment Work Improvement Team
Financial Work Improvement Team
Program Leadership Group

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None

SUPPORTING REFERENCES:

None

ATTACHMENTS:

None

EPF/MBG

IV-D MEMORANDUM 2013-012

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: December 19, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Improving the Support Order Percentage (ISOP) – Generating the FR-002 Report and Closing or Coding Cases Appropriately

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

The support order percentage is one of the five performance factors for which the state and the counties receive federal incentive funding.[119] It is calculated by dividing the number of open IV-D cases with a countable support order recorded in the Michigan Child Support Enforcement System (MiCSES) (found on Line 2 of the OCSE-157[120] federal report) by the number of open IV-D cases (found on Line 1 of the OCSE-157 federal report).

Estimates for the fiscal year 2014[121] support order percentage show a significant decrease from the previous year's performance. As a result, the Program Leadership Group (PLG) has chartered an ISOP workgroup to develop methods for improving the support order percentage. The workgroup initiatives include ideas for closing cases both manually and automatically in MiCSES.

This IV-D Memorandum introduces methods in which local county offices and other operational units can influence the support order percentage and potentially increase incentive dollars. It also includes strategies for manual case closures and information on coding cases appropriately in MiCSES to improve the support order percentage.

In addition, automatic case closures for approximately 54,000 inactive cases will occur before the end of fiscal year 2014. These cases include parked, duplicate or inactive cases in MiCSES. Cases that are already pending closure are not included. The selected cases will close automatically with a new Automatic Closure for Inactive Cases

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[119] Program performance measures, standards, financial incentives, and penalties are explained in more detail in Code of Federal Regulations (CFR) Title 45, Part 305.
[120] *Child Support Enforcement Annual Data Report*
[121] Year ending September 30, 2014

(ACIC) MiCSES batch process. A future memorandum will announce more information about this process.

BACKGROUND:

Performance Measures and Incentives

The federal Office of Child Support Enforcement (OCSE) established an incentive system to measure states' performance levels in five measures. These measures are:

1. Paternity establishment percentage;
2. Support order percentage;
3. Current support percentage;
4. Arrears case collection percentage; and
5. Cost effectiveness.

Each fiscal year, the states earn five scores for the performance measures and compete against each other to share a fixed amount of money for federal incentive payments. Each state that meets performance and data reliability standards receives a portion of this fixed amount. Also, if one state substantially improves performance, it receives a larger portion of the federal incentives.

Each of the first four performance measures is a ratio with a numerator and a denominator. There are two ways to improve the ratio: either increase the numerator or decrease the denominator. Many states have experienced substantial success in reducing the denominator through case clean-up and case closure.

In Michigan, a portion of the federal incentives is shared with the counties. The incentives are paid to the counties based on each county's performance level for each of the federal performance measures. Therefore, IV-D staff can help improve both Michigan's overall federal incentives and county incentives through case clean-up and case closure.

Support Order Percentage and Incentives

The support order percentage indicates how well a state does in ensuring IV-D cases have support orders. IV-D staff can take steps to improve the support order percentage by reducing the number of cases in the IV-D caseload that do not have orders or by increasing the number of cases in the IV-D caseload that have support orders. Each fiscal year, Michigan earns approximately $6 million in federal incentives for the support order percentage. Since the support order percentage is expected to be lower for fiscal year 2014, the incentives will also be lower. Therefore, the ISOP workgroup recommends a case clean-up strategy. This strategy includes the use of the existing *Open Cases without an Order Established* (FR-002) report to identify cases for manual closure or coding to improve the support order percentage and incentives.

Although PLG and OCS are giving special attention to the fiscal year 2014 support order percentage, the strategies discussed in this IV-D Memorandum are applicable to every year; the child support program should maintain or improve its support order percentage each year.

DISCUSSION:

FR-002 Report and Closing or Coding Cases Appropriately

The FR-002 report,[122] which is generated from Business Objects, provides a list of open cases[123] that staff can review/work to close cases or to manage cases without orders. Through September 30, 2014 and on a quarterly basis, MiCSES staff will generate the FR-002 report for each functional area and county, separate the data into categories on a Microsoft Excel spreadsheet, and email the report to each local office contact. County offices will receive the first quarterly FR-002 report in December 2013.

County and OCS staff can also manually generate the report as needed. The FR-002 report is available on Business Objects under the *CSES Reports* folder in the *New Federal Reports* folder.

The New Federal Reports Desk Aid (Data Warehouse – Business Objects),[124] available on mi-support, shows the FR-002 report prompts and the possible data elements that are returned in the report. For this clean-up effort, the prompts for the FR-002 report include the *Functional Area* (SS-Support Specialist, ENF-Enforcement, EST-Establishment) and the *IV-D Case County.* The *Docket County* and *Worker ID* prompts are set to "All." IV-D staff may save the FR-002 report to Excel and sort it to identify cases to review. Then they may work, close, or code those cases appropriately to improve the support order percentage.

The Business Objects web-based training on mi-support[125] describes how to run a report and save it in Excel, and includes other information about Business Objects reports. In addition, the Generate the FR-002 Report on Business Objects – Job Aid (Ref: Exhibit 2013-012E1) provides instructions on how to run the FR-002 report on Business Objects and save it to Excel. Office 2010 Training on mi-support, which includes training for Excel, describes how to sort and filter data, and use formulas.

As of November 2013, each functional area had the following total open cases without court orders established on the FR-002 report:

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[122] The *Business Objects Report Description: Improving OCSE-157 Performance Indicators – Open Cases without an Order Established (FR-002)* describes this report in more detail.
[123] Open cases may be at various stages of work, such as locate status, serve process, establish or enforce an order, code an order, etc.
[124] This desk aid is available on mi-support under the Central Activities tab > Performance Management. It was introduced in the *MiCSES Customer Information Guide – Data Warehouse*.
[125] This web-based training is found on mi-support under the Training tab > Web-Based Training > Business Objects.

- Support Specialist: 157,656 cases;
- Enforcement: 56,782 cases; and
- Establishment: 73,797 cases.

For each case on the FR-002 report, 50 different data elements from MiCSES are displayed. The FR-002 report that IV-D staff can manually generate contains the same data as the quarterly FR-002 report sent by OCS, except that the quarterly report **excludes** cases that are slated for fiscal year 2014 automatic closures and cases that are already closed. In addition, the quarterly report sorts cases into different categories for review on MiCSES and potential closure or work. Cases may fit in more than one category but will be shown in only one category. The categories are organized into the following tabs in the quarterly report:

- Pending case closures – greater than 60 days;
- Open cases with activities preventing closure;
- Emancipated children;
- Duplicate cases;
- Unknown NCP;[126]
- Cases with a docket ID;
- Cases with a CAR[127] date greater than 3 years;
- Intergovernmental cases; and
- Cases open greater than 3 years.

The quarterly FR-002 report will also have a tab showing all cases listed on the FR-002 report and another tab showing cases slated for automatic closure.

The Improve the Support Order Percentage – Job Aid (Ref: Exhibit 2013-012E2) further explains the above categories. This job aid is divided into sections that include primary actions to close or code a case, special situations, a chart of categories for closing and coding cases, plus resources and links for additional information. The chart of categories for closing and coding cases, which starts on page 7 of the job aid, has a column titled "FR-002 Column and Sort Tips" that directs IV-D workers how to sort the Excel report when they manually generate it. The job aid also outlines MiCSES screens and actions for closing or coding cases for each category type.

Measuring Progress on the Support Order Percentage

The *County Performance Incentive Factors* (FR-004) report[128] and the statewide *Office of Child Support Enforcement Annual Data Report FR-157 OCSE-157* (FR-157)[129] measure either county or statewide progress on the performance factors and the federal

[126] NCP stands for "non-custodial parent."
[127] CAR stands for "court action referral."
[128] The *Business Objects Report Description: County Performance Incentive Factors (FR-004)* describes this report in more detail.
[129] The *Business Objects Report Description: Child Support Enforcement Annual Data Report FR-157 OCSE 157 (FR-157)* describes this report in more detail.

report line totals. The FR-004 and FR-157 reports are available on Business Objects under the *CSES Reports* folder in the *New Federal Reports* folder. IV-D staff can generate the FR-004 monthly, quarterly, year-to-date, or yearly to measure county progress on the support order percentage. The FR-157 measures statewide progress on the support order percentage and can be generated by designated OCS staff.

To aid local offices and jump-start monitoring efforts, OCS staff generated the FR-004 report and compiled the county support order percentage for fiscal year 2013 into the Support Order Percentage Report for Fiscal Year 2013 (Source: FR-004) (Ref: Exhibit 2013-012E3). To monitor the progress of the county support order percentage each quarter, OCS staff will generate an FR-004 report, compile the support order percentage results, and send the report via email, along with the FR-002 clean-up report, to the local office contact.

Adobe Connect Webinar and Other Training

OCS will conduct several webinars to discuss ISOP, the FR-002 report, and tips for generating and using the FR-002 report. Each webinar is limited to the first 100 staff who log into the site. County office staff are encouraged to participate in groups.

The Adobe Connect Webinar Link: https://miocs.adobeconnect.com/r2flcu8lgdz/

The Teleconference Information: 1-877-336-1828; Passcode: 7400455

The following webinar dates and times are being offered:

- PA staff: Tuesday, January 21, 2014 – 3 p.m. to 4 p.m.
- PA staff: Wednesday, January 29, 2014 – 10 a.m. to 11 a.m.
- FOC staff: Monday, January 27, 2014 – 11 a.m. to 12 p.m.
- FOC staff: Thursday, January 30, 2014 – 2 p.m. to 3 p.m.
- OCS Staff: Friday, January 24, 2014 – 11 a.m. to 12 p.m.
- OCS Staff: Tuesday, January 28, 2014 – 2 p.m. to 3 p.m.

OCS may offer additional training or tools for IV-D staff who are not yet familiar with the case closure process.

Future hotline messages or IV-D Memorandums will provide additional direction on methods to improve the support order percentage before the end of fiscal year 2014.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

Case Management Work Improvement Team
Performance Management Workgroup

Improve Support Order Percentage Workgroup
Program Leadership Group

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None

SUPPORTING REFERENCES:

Federal
45 CFR 303.11
45 CFR 303.7
45 CFR 305

State
Michigan Compiled Law (MCL) 552.605b(2)

State Court Administrative Office (SCAO) Administrative Memorandum (ADM) 2001-09

ATTACHMENTS:

2013-012E1:	Generate the FR-002 Report on Business Objects – Job Aid
2013-012E2:	Improve the Support Order Percentage – Job Aid
2013-012E3:	Support Order Percentage Report for Fiscal Year 2013 (Source: FR-004)

EPF/CS

IV-D MEMORANDUM 2013-014

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: October 4, 2013

UPDATE(S):

☒ Manual

☒ Form(s)

SUBJECT: MiCase Enhancements and Assisting MiCase Users

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum explains updates to Section 1.35, "MiCase" of the *Michigan IV-D Child Support Manual* regarding the new *Ask a Question* feature that allows users and IV-D workers to communicate through the MiCase website. It also discusses the new forms display feature in MiCase and clarifies the terminology of basic-level and full-level access.

In addition, this memorandum explains minor changes to formatting, wording and the revision date on the *MiCase Letter* (DHS-1151).[130]

Change bars in the right margin of the manual section identify new or updated MiCase policy since its last publication.

DISCUSSION:

***Ask a Question* Feature Pilot**

The Case Management Work Improvement Team, the Address Workgroup, and the MiCase Workgroup collaborated on developing recommendations to the Program Leadership Group (PLG) to improve customer service through technology in accordance with the PLG's Michigan Child Support Program Strategic Plan.

One of these efforts was the development of the *Ask a Question* feature in MiCase to allow customers to communicate with IV-D workers through the MiCase website. Otsego, Berrien and Oakland counties volunteered for a three-month pilot of the MiCase

[130] The DHS-1151 will be available after 5 p.m. on October 7, 2013.

Ask a Question feature between January 28, 2013 and April 30, 2013.[131] Representatives of the MiCase development team, the MiCase Workgroup, and the pilot counties held weekly conference calls to resolve problems, determine the logistics of accepting and responding to questions, and gather statistics.

The pilot gave participating MiCase users the option to ask a question from a pre-defined list of seven simple questions and one complex question:

- "Can I get a financial detail report so that I can fill out my housing verification form?"
- "What enforcement action is being taken on my case?"
- "Why did my payment amount change?"
- "Why did/didn't my income withholding order change?"
- "Can I get an End-of-Year statement?"
- "What do I need to do to get a motion to modify support?"
- "What do I need to do to get a motion to modify parenting time?"
- "What are the parenting time terms/dates and which parent has parenting time for (select options):"

  Note: For the question regarding parenting time terms, MiCase users may select one or more of the following options: "Christmas," "New Year's," "Thanksgiving," "Easter," "Hanukkah," "Yom Kippur," "Upcoming Holiday (Fill in the holiday)," "Upcoming Important Date/Event (Fill in the Date/Event)," "Upcoming School Break (Users may select one of the following: "Winter," "Spring," or "Summer")."

The goals for the pilot were to:

- Increase the use of MiCase;
- Reduce phone calls and in-person visits to local county offices; and
- Respond to all questions within 48 hours.

The MiCase workgroup gathered statistics during the pilot and conducted surveys of IV-D workers and of users at the conclusion of the pilot.

During the pilot period, 289 MiCase users submitted a total of 420 questions. The most popular question was "What enforcement action is being taken on my case?"

MiCase participation in the pilot counties increased between 130 percent and 210 percent while a control group from counties of a similar size increased MiCase participation between 14 percent and 53 percent.

IV-D workers related that responding to questions was "very convenient" for them because they could schedule time to respond rather than be interrupted by a phone call.

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[131] Ref: Help Desk Notification: MiCase Release January 25, 2013 – Two-Way Communication Pilot. Between May 1, 2013 and early October 2013, pilot counties continued to use the *Ask a Question* feature while statewide implementation was coordinated.

IV-D workers also noted that questions often came in at late hours, and each morning, the worker could respond to questions that came in after office hours. This allowed IV-D workers to reach people who were not available during the day.

The average turnaround time between question and response was 1.84 days (approximately 48 hours).

Customer satisfaction with this feature was high: 83 percent indicated they liked the feature, and 78 percent said they would continue to use it.

After reviewing the statistics and survey results, the PLG concluded that the *Ask a Question* feature is a valuable service and approved it for statewide release.

Opting In to the *Ask a Question* Feature

The local county FOC director or office manager must submit a Help Desk ticket to enable the *Ask a Question* feature for his/her county. The Michigan Child Support Enforcement System (MiCSES) Help Desk will route those tickets to designated MiCase staff.

Section 1.35, "MiCase," of the *Michigan IV-D Child Support Manual* explains the options the county has, the requirements to name liaisons, and suggested protocols to ensure that participation in this feature is successful. Close reading of this manual section is highly recommended prior to opting in to the *Ask a Question* feature.

Communication Plan

OCS presented the *Ask a Question* feature at regional Michigan Family Support Council (MFSC) regional conferences and the FOC User Group in May and June, 2013. Future communications include:

- Webinar conference call/presentation – October 2013; and
- Presentation at the MFSC fall conference – October 9 – 11, 2013.

Section 1.35 contains a discussion of how OCS will communicate improvements in MiCase to IV-D partners and MiCase users.

Displaying Forms on MiCase

The MiCase 5.1 Release on October 26, 2012 implemented new functionality to display MiCSES forms and letters.[132] Section 1.35 explains the criteria for introducing forms to MiCase and how OCS will notify IV-D staff when new forms and letters are available for display on MiCase.

Clarification of MiCase User Authentication Process and Access Levels

[132] Ref: MiCase Release Notes for details.

Originally, the user authentication process in MiCase used the terms “first-tier authentication” for users with basic access, and “second-tier authentication” for users who gain full access. Because this terminology is very similar to the use of “Tier I” and “Tier II” elsewhere in the child support program, policy in Section 1.35 was updated to change “first-tier” to “basic-level” and “second-tier” to “full-level.”

Changes to the DHS-1151

Because MiCase users often confuse the MiCase ID with the docket ID and IV-D case number, the MiCase workgroup requested that all references to “MiCase ID” be changed to “username” in MiCase. The instructions for the DHS-1151 were revised to reflect these and other changes to the MiCase login screen and home page. The following revisions were made to the DHS-1151:

A. In the “Confirm you opened the MiCase account” column:

    - In Step 2, “MiCase ID” was changed to “username,” and “Log in” was changed to “Login”; and
    - In Step 3, “Click the ‘Verify Me’ link on the left side of the screen” was changed to “Click on ‘Verify Me.’”

B. In the “Close the MiCase account” column, the instruction to “Click the ‘Contact Us’ link on the left side of the screen” in Step 2 was changed to “Click the ‘Contact Us’ link.”

C. The revision date in the footer was changed from 09/12 to 10/13.

Changes to MiCSES Generation of the DHS-1151

MiCSES staff updated the mailer page on the DHS-1151 to accept international addresses. This ensures that MiCSES will send the DHS-1151 to customers residing outside the United States.

NECESSARY ACTION:

Review the policy and procedures in Section 1.35, “MiCase” of the *Michigan IV-D Child Support Manual*. For those maintaining a hard copy of the manual, print this section and add it to the manual. Discard the previously published version of Section 1.35 (published September 12, 2012).

Counties wishing to participate in the *Ask a Question* feature in MiCase must follow the instructions in Section 1.35 to start the process.

REVIEW PARTICIPANTS:

MiCase Workgroup
Case Management Work Improvement Team
PLG

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ATTACHMENTS:

Section 1.35: MiCase

DHS-1151: *MiCase Letter*

EPF/JFH

IV-D MEMORANDUM 2013-015

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: August 6, 2013

UPDATE(S):

☒ Manual

☒ Form(s)

SUBJECT: Updates to *Michigan IV-D Child Support Manual* Section 6.27, "Liens – FIDM/MSFIDM" and Introduction of Financial Institution Data Match (FIDM) and Multistate Financial Institution Data Match (MSFIDM) Forms

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces revisions to *Michigan IV-D Child Support Manual* Section 6.27, "Liens – FIDM/MSFIDM." Section 6.27 includes updated information regarding:

- Background and legal summary;
- Eligibility for FIDM/MSFIDM;
- Bankruptcy exclusions from FIDM/MSFIDM submissions;
- Matching processes that financial institutions use for FIDM/MSFIDM;
- Eligibility for a lien, including an explanation of the assets that are not subject to lien;
- The lien and levy process;
- The procedure for challenging a lien;
- The release of liens and the levy of financial assets; and
- Coordination of FOC, Attorney General (AG), and OCS Central Operations activities.

Section 6.27 also discusses Title 31, Section 212 of the Code of Federal Regulations (CFR) relating to the garnishment limitations of federal benefits and its impact on child support enforcement.

In addition, this IV-D Memorandum introduces the following forms used by OCS Central Operations in the lien process:

- *Financial Institution Notice of Lien and Levy and Disclosure* (FEN321);

- *Cover Letter to Financial Institution* (FEN322);
- *Notice of Rights and Responsibilities of Obligor (Payer) and Financial Institution* (FEN323);
- *Letter to Financial Institution Inquiring About Levy Status* (FEN324);
- *Request for Administrative Review of Lien* (FEN325);
- *Result of Administrative Review* (FEN326);
- *Notice to Release Lien* (FEN327);
- *Notice of Conditional Release of Lien* (FEN335);
- *Letter to Obligor that Case Referred for Investigation* (FEN337);
- *Notice of Lien* federal form (FEN060);
- *Office of Child Support Attorney General Assistance Request* form (DHS-658); and
- *Letter to Financial Institution Regarding Out-of-State Lien* (DHS-660).

Note: A hotline message will announce the availability of these forms in the Michigan Child Support Enforcement System (MiCSES). The implementation of the forms is tentatively scheduled for September 2013.[133]

The forms used for liens resulting from FIDM previously had the same FEN numbers as the forms used in the Insurance Claims Data Match (ICDM) process. In an effort to prevent confusion, new FEN numbers have been assigned to the ICDM forms. The newly numbered forms are available to OCS Central Operations staff in SharePoint. IV-D staff can find more information regarding ICDM and the forms used for ICDM in Section 6.30, "Liens – Insurance" of the *Michigan IV-D Child Support Manual* and Michigan IV-D Memorandum 2013-016.

There are significant updates throughout manual section 6.27 since its last publication; therefore, because most of the manual section has been changed, no change bars appear in the right margin to identify specific changes.

DISCUSSION:

Revisions to Section 6.27, "Liens – FIDM/MSFIDM"

Background and Legal Summary

Section 6.27 has been updated to include the statutory laws relevant to the FIDM/MSFIDM program. Additionally, the statutory laws relevant to the role of OCS Central Operations have been provided as a historical reference.

Eligibility for Submission to FIDM/MSFIDM

Michigan Compiled Law (MCL) 400.240 and 552.625c set the arrears threshold for a docket to be submitted for FIDM/MSFIDM. The policy in Section 6.27 has been expanded to explain when a docket is eligible for submission to the FIDM/MSFIDM

[133] The DHS-658 and DHS-660 forms will not be implemented in MiCSES. These forms are for OCS Central Operations use only and will be available on SharePoint.

program, including a discussion of the debt types that are included in the eligibility determination. Additionally, the policy explains an issue with attorney fees and recovery account amounts being included with the eligibility determination performed in MiCSES, and the workaround that OCS Central Operations staff must complete before sending a lien to the financial institution.

Bankruptcy Exclusions

The Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 expanded IV-D staff's ability to enforce child support cases after the obligor has filed for bankruptcy protection. Section 6.27 provides further explanation to OCS Central Operations regarding the lien and levy process when bankruptcy is involved.

Matching Process Used by Financial Institutions

Section 6.27 outlines the two methods that financial institutions use to participate in FIDM/MSFIDM matching. In both methods, MiCSES sends a file with the names and Social Security numbers of obligors who meet the requirements for matching to the MiCSES Data Warehouse (DW). The OCS vendor[134] is then able to retrieve the file from the DW. Method 1 requires the financial institution to provide a master list of accounts directly to the OCS vendor to match against the DW file. Method 2 requires the OCS vendor to send the file from the DW to the financial institution to match against its account holders, and then the financial institution returns the matches to the OCS vendor.

Eligibility for Liens

MCL 552.602 specifically excludes certain types of accounts from eligibility for liens. These accounts include trusts, annuities, qualified individual retirement accounts (IRAs), Thrift Savings Plans (TSPs), accounts covered by the Employee Retirement Income Security Act, pension or retirement plans, and insurance policies.[135] In addition, federal law excludes certain veterans' benefits,[136] Social Security Income (SSI), and student assistance funds[137] from lien and levy. Explanations of these accounts have been added to Section 6.27. OCS Central Operations staff must not file a lien if they are aware that the funds in the financial account are from an excluded source of income. However, certain retirement accounts can be judicially levied by FOC staff. Section 6.27 provides information about what FOC staff may do in order to process a lien on these funds. Currently, the FIDM/MSFIDM matches do not provide information regarding the source of the funds in an account. Section 6.27 provides instructions for obligors and other account holders to challenge a lien when a lien is placed on an account that contains exempt funds.

Lien and Levy Process

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[134] OCS enters into agreements with vendors to perform the data matches. As of the publication of this IV-D Memorandum, the current vendor for OCS is Informatix. The vendor is subject to change after the current contract expires.

[135] Ref: Section 6.30 of the *Michigan IV-D Child Support Manual* and Michigan IV-D Memorandum 2013-016 for more information about completing liens for insurance claims.

[136] 5 CFR 581.104

[137] 20 United States Code (USC) 1095a(d)

Within Section 6.27, the lien process was reorganized and language was added to explain the enforcement actions more clearly and in a chronological manner. This language includes an explanation of each step that OCS Central Operations staff perform when sending a lien to an obligor's financial institution, as well as the forms that are used.

Additionally, the manual section was updated to include the steps that OCS Central Operations staff perform when working with a financial institution located in a state other than Michigan, or when assisting other states' IV-D programs.

Note: On May 1, 2011, OCS Central Operations implemented a new fax number for communications regarding FIDM/MSFIDM and resulting liens. The previous fax number has been eliminated. All faxed FIDM/MSFIDM and resulting lien communications for OCS Central Operations must be sent to 888-600-1585.

Challenging a Lien

The process for challenging a lien has been added to the manual section. The policy provides an overview of the process that an obligor, other account holder, and OCS Central Operations staff must follow to comply with MCL 552.625f. The forms that the obligor, other account holder, and OCS Central Operations use in the challenge process are discussed, as well as the acceptable reasons that an obligor may challenge a lien.

Release of Liens and the Levy of Financial Assets

Section 6.27 has been updated to explain when it is appropriate for OCS Central Operations to release a lien. It discusses the process that the obligor, other account holder, and OCS Central Operations must follow when:

- An obligor agrees to expedite the levy of the financial assets;
- The lien was not appropriate because there was a mistake of fact;
- The court ordered the release; or
- OCS Central Operations has made a determination that part of the lien should be released following an administrative review.

The policy also explains the forms that OCS Central Operations uses in the release of a lien.

Additionally, Section 6.27 includes information regarding the levy of financial assets. It provides the process that OCS Central Operations must follow to finalize the lien and levy process. The policy explains that a financial institution is required to liquidate assets if needed, and that lien funds must be sent to the Michigan State Disbursement Unit. The policy also explains how the funds are to be allocated in situations where the obligor has multiple dockets for which a lien was sent.

Coordination of FOC, AG, and OCS Central Operations Activities

To effectively administer the entire FIDM/MSFIDM and lien and levy process, the activities of the FOC, AG, and OCS Central Operations must be coordinated. Section

6.27 explains the roles of each partner in the process. In addition to completing the actual lien and levy process, OCS Central Operations acts as a liaison between the AG and FOC offices. The AG's office represents OCS in court actions that may result from lien activities. Section 6.27 explains the procedures that OCS Central Operations staff must follow when requesting assistance from the AG's office.

The FOC is responsible for exempting dockets from FIDM/MSFIDM enforcement, informing OCS Central Operations of any obligor information that may affect the lien process, and assisting with case audits when a lien is challenged. Each FOC office will designate at least one staff member as the office's FIDM coordinator. OCS Central Operations currently has a list of past FIDM contacts that will be posted to mi-support upon the publication of Section 6.27. The names and contact information for these FIDM contacts will be published under Partner Contact Information on mi-support.

Federal Benefit Payments

On May 1, 2011, Section 212 of Title 31 of the CFR became effective. The new regulation was drafted by five federal agencies (the Department of Treasury, the Social Security Administration, the Department of Veterans Affairs, the Railroad Retirement Board, and the Office of Personnel Management) to provide guidance on the lien and levy of accounts containing federal benefit payments. This regulation also clarifies that a state IV-D agency must not be prevented from sending a lien on financial accounts containing certain electronically deposited federal benefit payments.

As provided in 31 CFR 212, financial institutions are required to perform a "look back" over all accounts identified in a notice of lien when there are electronically deposited federal benefit payments in the account(s). The "look back" requires the financial institution to review the deposits that were placed in the account in the previous 60 days. If any of the deposits contained federal benefit payments, the financial institution must release the total amount of the federal benefit payment funds back to the account holder. Financial institutions are **not** required to perform a "look back" nor release the total amount of the federal benefit payment back to the account holder if the notice of lien or order contains specific wording that identifies the issuing agency as either the U.S. government **or a state IV-D agency**. The official wording from the federal *Notice of Right to Garnish Federal Benefits* was added to the FEN322 and cross-referenced on the FEN321. In addition, Section 6.27 explains that the obligor or account holder may file a challenge if specific funds in the account are exempt from lien.

Revised Forms[138]

The forms used for liens resulting from FIDM/MSFIDM matches have not been announced in previous publications of the FIDM/MSFIDM policy. However, forms used in the lien process were implemented in MiCSES, and OCS Central Operations staff

[138] The FEN321, FEN322, FEN323, FEN325 and FEN335 are included in the FEN320 packet generated by MiCSES. OCS Central Operations staff may select individual forms to generate and print from MiCSES, or they may select the FEN320 packet to print and generate all of the forms at once.

have been using the forms for several years. In order to make the forms more user-friendly and more efficient, new forms were created for the lien process. These forms are based on the previous unannounced forms, and on feedback from OCS Central Operations users. The major changes from the previous forms are listed below.

FEN321

- The header area allows OCS Central Operations staff to manually enter additional docket numbers, the county associated with the docket, and the arrears balance for each docket to create a lien for an obligor who has multiple qualifying dockets. In addition, the space allotted for the arrears total has been made editable to allow OCS Central Operations staff to enter the total amount of arrears in a multiple-docket situation;

- The text in the body of the form has been modified to include a reference to the *Notice of Right to Garnish Federal Benefits*;

- The field containing the date that the child support order was entered was not included in the new form in order to allow the form to be used in multiple-docket situations. In addition, the order entry date does not need to be provided to the financial institution; and

- A "Proof of Service" was added to comply with MCL 552.625a.

FEN322

- A reference to the *Notice of Right to Garnish Federal Benefits* has been included to notify financial institutions that OCS Central Operations has the authority to seize accounts that contain certain federal benefits;

- The term "account holder(s)/member(s)" has been changed to "obligor's and other account holder's" throughout the form to make it consistent with other FIDM forms; and

- References to the FEN335 have been removed because this form is not included in the FEN320 packet; OCS Central Operations sends the FEN335 to the obligor or account holder upon request.

FEN323

- The title of the form is the *Notice of Rights and Responsibilities of Obligor (Payer) and Financial Institution*;

- References to "the obligor" and to "other interested parties" have been changed to "obligor and other account holder" throughout the form to make it consistent with other FIDM forms; and

- Information has been included to notify obligors and other account holders that a valid challenge to a lien includes a claim that the funds in the financial account are exempt from lien and levy pursuant to a federal or state law.

FEN324

The form clarifies the instructions that are provided to the financial institution when a challenge to a lien has been received or when the financial institution has not remitted payment. Additionally, the form explains that financial institutions should be submitting the FEN321 with FIDM payments.

FEN325

- The FEN325 for FIDM contains similar language provided on the FEN344 used for ICDM.[139] Obligors must fill in the fields with information that supports their claim of a mistake of fact;

- The header area is the same as the header used on the FEN321 to allow OCS Central Operations staff to manually enter additional docket numbers, the county associated with the docket, and the arrears balance for each docket to create a lien for an obligor who has multiple qualifying dockets;

- The form instructs obligors and other account holders to complete the challenge reason sections that apply;

- The form instructs obligors and other account holders that if the obligor and other account holders disagree with the challenge determination made by OCS Central Operations, for each docket for which a lien is being challenged, a motion must be filed with the circuit court in the county where the docket is located;

- The form includes a reason to object to the lien due to the funds in the account being exempt according to federal or state law; and

- The option to request an in-person review has not been included since in-person reviews are not required by law. Previous forms used by OCS Central Operations staff permitted an in-person review.

FEN326

- The title of the form has been changed from *Determination on Arrearage* to *Result of Administrative Review.* This better describes when the form is used;

- The FEN326 incorporates the language and structure of the previously used

[139] Ref: Michigan IV-D Memorandum 2013-016 for more information on ICDM forms.

Notice of Invalid Objection (FEN336). It also includes the possible reasons that a challenge to a lien would be denied; and

- The form now states that if the obligor/account holder disagrees with the challenge determination made by OCS Central Operations, for each docket for which (s)he is challenging a lien, a motion must be filed with the circuit court in the county where the docket is located.

FEN327

- The header area is the same as the header used on the FEN321 to allow OCS Central Operations staff to manually enter additional docket numbers, the county associated with the docket, and the arrears balance for each docket to create a lien for an obligor who has multiple qualifying dockets; and

- A "Proof of Service" has been included to allow for verification that the form was either sent by first-class mail or faxed to the financial institution by OCS Central Operations.

FEN328

This form has been eliminated from MiCSES because it is no longer in use. Instead of using the FEN328, financial institutions are instructed to send a copy of the FEN321 with a payment.

FEN335

- The header area is the same as the header used on the FEN321 to allow OCS Central Operations staff to manually enter additional docket numbers, the county associated with the docket, and the arrears balance for each docket to create a lien for an obligor who has multiple qualifying dockets;

- The "Account Holder's Affidavit and Agreement To Release Funds" now includes a signature line for account holders to sign to release funds from a joint account; and

- A "Proof of Service" has been included to allow for verification that the form was either sent by first-class mail or faxed to the financial institution by OCS Central Operations.

FEN337

The form now indicates that multiple FOC offices may be contacted when multiple dockets are included on the FEN321.

FEN060

The FEN060, which was introduced as Exhibit 6.27E1 in the last publication of Section 6.27, is being introduced as a form with this IV-D Memorandum. The FEN060 contains the following updates mandated by the federal Office of Child Support Enforcement (OCSE):

- A revised form expiration date;
- Clarification that a lien arises by operation of law;
- Clarification of the entities that may release or withdraw a lien;
- Clarification that the expiration date regarding the Office of Management and Budget (OMB) number is not related to the lien itself; and
- Instructions for using the form in cases involving the same obligor with multiple dockets.

The FEN060 is generated on Michigan Department of Human Services letterhead, and includes a footer with the MiCSES form number and revision date. The federal version of the form does not include the letterhead or the footer.

DHS-658

This is a new form for OCS staff to use when requesting assistance from the AG's office. The form requires:

- IV-D case information;
- Indication of the type of assistance needed, such as representation at a motion hearing or a legal opinion;
- A detailed explanation of why assistance in needed; and
- Signatures of the OCS manager requesting assistance, the director of OCS, and a representative from DHS Legal Services.

DHS-660

This is a new form for OCS Central Operations staff to use when assisting another state with a lien for a Michigan financial institution. The form instructs the financial institution to comply with the lien and proceed as normal with its lien and levy procedures. The form also confirms that OCS Central Operations has verified that Michigan laws were complied with.

ICDM Form Numbers

Information about the forms used for liens resulting from ICDM and the new FEN numbers for these forms is included in Michigan IV-D Memorandum 2013-016 and in Section 6.30, "Insurance – Liens" of the *Michigan IV-D Child Support Manual*.

NECESSARY ACTION:

Review Section 6.27 of the *Michigan IV-D Child Support Manual* in its entirety; significant changes have been made since its last publication. For those maintaining a hard copy of the manual, print the manual section and add it to the manual. Discard the previously published version of Section 6.27 (published June 6, 2011) as well as Exhibit 6.27E1, which is obsolete with this publication.

REVIEW PARTICIPANTS:

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SUPPORTING REFERENCES:

Federal
20 USC 1095a(d)
5 CFR 581.104
31 CFR 212

State
MCL 400.240
MCL 400.234a
MCL 552.602
MCL 552.625a
MCL 552.625c
MCL 552.625f
MCL 552.625g

ATTACHMENTS:

Section 6.27:	Liens – FIDM/MSFIDM
DHS-658:	*Office of Child Support Attorney General Assistance Request* form
DHS-660:	*Letter to Financial Institution Regarding Out-of-State Lien*

FEN060:	*Notice of Lien* federal form
FEN321:	*Financial Institution Notice of Lien and Levy and Disclosure*
FEN322:	*Cover Letter to Financial Institution*
FEN323:	*Notice of Rights and Responsibilities of Obligor and Financial Institution*
FEN324:	*Letter to Financial Institution Inquiring About Levy Status*
FEN325:	*Request for Administrative Review of Lien*
FEN326:	*Result of Administrative Review*
FEN327:	*Notice to Release Lien*
FEN335:	*Notice of Conditional Release of Lien*
FEN337:	*Letter to Obligor that Case Referred for Investigation*

EPF/AER

IV-D MEMORANDUM 2013-016

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: August 6, 2013

UPDATE(S):

☒ Manual

☒ Form(s)

SUBJECT: Introduction of *Michigan IV-D Child Support Manual* Section 6.30, "Liens – Insurance" and Updates to the Insurance Claims Data Match (ICDM) Forms

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum introduces Section 6.30, "Liens – Insurance" of the *Michigan IV-D Child Support Manual*. In addition, this IV-D Memorandum announces form number changes and minor text changes to the forms used by OCS Central Operations in the ICDM and lien process.

Within manual section 6.30, there are no changes to current ICDM policy. A more thorough review and revision of ICDM policy will occur with a future publication of the manual section. The only changes to the content are minor revisions and additions that do not modify ICDM policy. These changes include:

- Updated OCS Central Operations contact information;
- Updated references to form numbers;
- Information pertaining to the addition of the Insurance Match (IM) application to the State Services Portal (SSP);[140] and
- Information regarding a new form to request assistance from the Attorney General's office.

These changes are identified with a change bar in the right margin of the manual section. Changes in formatting since the last publication of the content are not identified with change bars.

[140] Ref: IV-D Memorandum 2012-007, *Introduction of the State Services Portal (SSP)* for more information about the SSP.

Finally, the table of contents for the *Michigan IV-D Child Support Manual* has been updated. Asterisks have been added to the end of the section title 6.30, "Liens – Insurance" to indicate the availability of this new manual section.

DISCUSSION:

Section 6.30, "Liens – Insurance"

Manual section 6.30 incorporates policy from Action Transmittal (AT) 2008-047*, Insurance Claims Data Match (ICDM) and Intercept Process.* This content has been reformatted to fit the manual format and remains unchanged except for changes to ICDM form numbers and OCS Central Operations contact information.

Section 6.30 also incorporates information from IV-D Memorandum 2013-002, *Expansion of the State Services Portal (SSP), Modification of Security Forms, and Sources for Obtaining Federal Employer Identification Numbers (FEINs).* This information explains the addition of the IM application to the SSP. The IM application allows states to receive, through the SSP, the insurance matches for lien and levy from the ICDM program.

ICDM Form Numbers and Minor Form Changes

The forms used for ICDM are not currently available in the Michigan Child Support Enforcement System (MiCSES), but they are available in SharePoint for OCS Central Operations staff to use when manually completing the ICDM process.

Prior to the publication of this IV-D Memorandum, the ICDM forms were assigned the same FEN numbers as the forms used in the Financial Institution Data Match (FIDM) lien and levy process. This sometimes caused confusion when selecting the correct form to use for either FIDM or ICDM. To address this issue, the ICDM forms have been assigned the following new FEN numbers. These numbers will be used to identify the forms when they become available in MiCSES through a future release:

- *Notice of Lien and Levy* (**FEN340**) (formerly FEN321);
- *Addendum* (**FEN340a**) (formerly FEN321a);
- *Cover Letter to FI/Carrier* (**FEN341**) (formerly FEN322);
- *Notice of Rights and Responsibilities of Obligor (Payer) and Financial Institution, Insurer, or Carrier* (**FEN342**) (formerly FEN323);
- *Lien/Levy Action Required* (**FEN343**) (formerly FEN324);
- *Request for Administrative Review of Lien* (**FEN344**) (formerly FEN325);
- *Determination on Levy* (**FEN345**) (formerly FEN326);
- *Notice to Release Lien* (**FEN346**) (formerly FEN327);
- *Notice of Request for Administrative Review* (**FEN347**) (formerly FEN329);
- *Order Regarding Levy of Assets* (**FEN348**) (formerly FEN334); and
- *Request for Administrative Review – Referred to Friend of the Court (FOC) for Investigation* (**FEN349**) (formerly FEN337).

Additionally, the revision date for the forms and the fax number for ICDM correspondence have been updated. The correct fax number for ICDM correspondence is 517-455-7978. The content, format, and names of the ICDM forms will be reviewed at a later time, and any necessary modifications will be included with the next revision of Section 6.30.

NECESSARY ACTION:

For those maintaining a hard copy of the *Michigan IV-D Child Support Manual*, print manual section 6.30 and the updated table of contents and add them to the manual.

Replace all previous versions of the ICDM forms listed above.

Section 6.30 obsoletes AT 2008-047 and its attachments.

REVIEW PARTICIPANTS:

Enforcement Work Improvement Team
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None

ATTACHMENTS:

Section 6.30:	Liens – Insurance
6.30E1:	Support and Parenting Time Enforcement Act (Excerpt) (MCL 552.625a)
FEN340:	*Notice of Lien and Levy*
FEN340a:	*Addendum*
FEN341:	*Cover Letter to FI/Carrier*
FEN342:	*Notice of Rights and Responsibilities of Obligor (Payer) and Financial Institution, Insurer, or Carrier*

FEN343: *Lien/Levy Action Required*

FEN344: *Request for Administrative Review of Lien*

FEN345: *Determination on Levy*

FEN346: *Notice to Release Lien*

FEN347: *Notice of Request for Administrative Review*

FEN348: *Order Regarding Levy of Assets*

FEN349: *Request for Administrative Review – Referred to Friend of the Court (FOC) for Investigation*

Michigan IV-D Child Support Manual – Introduction and Table of Contents

EPF/AER

IV-D MEMORANDUM 2013-017

TO: All Friend of the Court (FOC) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: July 30, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Early Notification of Unemployment Income Withholding Improvements and Pre-Release Preparation Activities

RESPONSE DUE: September 30, 2013

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces upcoming improvements to the interface between the Michigan IV-D program and the Michigan Unemployment Insurance Agency (MUIA). The improvements will affect income withholding of unemployment benefits as well as IV-D staff workflows and responsibilities. This IV-D Memorandum identifies the impacts associated with the improvements and prepares IV-D staff for implementation of the changes.

The Office of Child Support (OCS) is planning additional interface-related communications, outreach, and policy updates for IV-D staff. These communication plans are outlined in this memorandum.

DISCUSSION:

Withholding unemployment benefit income is an important component of enforcing support obligations.[141] The Program Leadership Group (PLG) identified improvements to the interface between the Michigan Child Support Enforcement System (MiCSES) and MUIA's system as a program priority.[142] OCS, MiCSES, and MUIA staff have been working together to develop interface enhancements. In addition, MUIA's upcoming system replacement will provide an opportunity to implement changes in the interface. The improvements discussed in this memorandum will:

[141] Ref: income withholding documentation on mi-support.
[142] Ref: PLG Program Priority List on mi-support.

- Increase the accuracy and number of matches between unemployment claimants and IV-D members;
- Allow the IV-D program to enforce support against all unemployment claims;
- Allow the IV-D program to track more closely to actual unemployment benefit time frames instead of automatically ending income withholding activities one year after a claimant's benefit year begin date; and
- Significantly reduce manual intervention.

A. Interface Improvements

The upcoming IV-D and MUIA system releases will include the following improvements:

1. Member Matching – Enhanced Match Criteria and Additional Data

   The IV-D program will begin matching Michigan unemployment claimants using the same criteria that are used for matching Bridges referrals.[143] The IV-D program and MUIA will begin exchanging additional IV-D member and unemployment claimant demographic information. Specifically, the MUIA will provide a claimant's full name, date of birth, address, and MUIA's unique claimant identifier called a Michigan Identification Number (MIN). MUIA will use the MIN, Social Security number, and docket information to match income withholding notices (IWNs) to unemployment claimants.

2. Unemployment Claimant/IV-D Member Associations

   The MiCSES 8.5 Release (September 9, 2013) will add functionality to the *Resolve Referral* (RESR) screen and assign two new roles to all IV-D staff with the Enforcement Caseworker role. The UIA Resolver and UIA Matchmaker roles will allow IV-D staff to work unemployment claimant/IV-D member associations on the RESR screen.

   The new functionality on the RESR screen will give IV-D staff the ability to:

   - View MINs associated with IV-D members;
   - Maintain IV-D member/MIN associations; and
   - Manually review and work potential IV-D member/MIN matches (exceptions).[144]

3. Unemployment Claim Extensions – Additional Data and Automated Processing

   The IV-D program will begin receiving and automatically processing unemployment benefit extension information from MUIA. Specifically, the IV-D program will receive

[143] Ref: *Michigan IV-D Child Support Manual,* Section 2.05, "Referrals and Applications" for details regarding the member match process. MUIA unemployment claimant information will not create new IV-D members or cases.
[144] The IV-D members will include both non-custodial parents (NCPs) and custodial parties (CPs).

benefit claim types and additional claim dates associated with the various claim extensions.[145]

4. Enforcement Monitoring

   The IV-D program will monitor unemployment income withholding beyond one year from a claimant's benefit year begin date if MUIA notifies the IV-D program that a claimant is receiving a benefit extension.[146] The time frames for monitoring unemployment withholdings will change based on the additional dates MUIA will provide for the various types of claims and claim extensions.

B. MiCSES/MUIA Release and Implementation Dates

The MiCSES 8.5 Release (September 9, 2013) will implement new functions for the MiCSES/MUIA interface, and screen changes will be visible to IV-D staff.[147] However, IV-D staff will not see or be able to work on any IV-D member/MIN associations or member exceptions for unemployment claimants until MUIA implements its new system on September 30, 2013. MiCSES will activate the new functionality with the September 30, 2013 MUIA implementation when MUIA begins sending the additional claim information.[148]

C. Pre-Implementation Shut-Down

MUIA may have a shut-down period before implementing its new system. OCS does not currently know if this shut-down will occur, when it will occur, or the extent of the shut-down. A shut-down might entail MUIA not sending claims information to the IV-D program and/or MUIA not receiving or processing IWNs – possibly for a one-week period before MUIA's system implementation.

OCS will communicate further details regarding a shut-down period to IV-D staff as soon as the details are known. Refer to the "Communication Plan" subsection of this memorandum for the avenues through which the details might be communicated.

D. Initial IV-D/MUIA Unemployment Claim and IWN Synchronization

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[145] Benefit claim types include regular unemployment benefits, Disaster Unemployment Assistance, and the various extensions such as Extended Benefits and Emergency Unemployment Compensation, as well as Trade Adjustment Assistance and Trade Readjustment Allowances. Ref: Fact Sheets and UIA Publications on MUIA's public website for information regarding the different types of unemployment benefits.

[146] OCS and MUIA have identified notification of benefit exhaustion and IWN acknowledgments as potential interface enhancements, but these will not be included in the MiCSES/MUIA interface improvements or in MUIA's new system.

[147] The MiCSES/MUIA interface improvements and MUIA's new system will not include changes to MUIA's remittances to the Michigan State Disbursement Unit (MiSDU), although MUIA and the MiSDU are planning to test remittances from MUIA's new system.

[148] MUIA has indicated September 30 as the implementation date for its new system; however, there may be a short delay before MUIA resumes transmitting the claim information daily. OCS will communicate further details as soon as they are known.

On September 30, 2013, MiCSES will receive a synchronization file from MUIA.[149] The file will include all of MUIA's active claims and claim extensions.

Upon receipt of this data, the IV-D program will:

- Process the active claims through member matching;
- Associate MINs to the matched IV-D members;
- Record IV-D member/MIN associations and member match exceptions on the RESR screen;
- Initiate unemployment withholding (UNEM activity chains) for newly matched members who did not already have active unemployment withholding;[150]
- End all existing unemployment withholdings for which a MIN was not associated to a IV-D member through the synchronization; and
- Resend IWNs (as originals, not as amended IWNs) to MUIA for all unemployment withholdings remaining active with a MIN associated to the IV-D member.[151]

The last two steps will be unique to the synchronization. After synchronization, the IV-D program will continue to receive claim information from MUIA on a daily basis – the first four steps will be the same, but actions on existing unemployment withholding will be different.

As of preliminary synchronization testing in June and July 2013, OCS anticipates MUIA will send approximately 90,000 active claims for the synchronization, of which approximately 10 percent will result in potential matches (i.e., RESR exceptions for manual review), 45 percent will match to an existing IV-D member without a need for manual intervention, and 45 percent will not match to IV-D members (automated or manual action is unnecessary). OCS does not have an estimated breakdown of the anticipated numbers or percentages of MUIA claim extensions, new member matches, or potential NCP vs. CP or dependent member matches.

E. IV-D Staff Actions and Policy

MiCSES will require a MIN to be associated with a IV-D member to help ensure that an IWN is issued to MUIA for the correct claimant. However, MiCSES will allow IV-D staff to manually issue a termination IWN to MUIA without a MIN associated to a IV-D member. This requirement will have a direct impact on IV-D staff who work with unemployment withholding

[149] This date is subject to change. MUIA might send the synchronization file and MiCSES might process it the weekend before September 30, 2013. OCS will communicate further details as soon as they are known.

[150] The IV-D program will calculate the IWN withholding amount(s) for these new UNEM activity chains in the same manner as withholding amounts were calculated before the interface improvements, and the IV-D program will send a copy of the IWN to the NCP.

[151] When the synchronization reissues existing IWNs to MUIA, the IV-D program will not recalculate withholding amounts or send a copy of a reissued IWN to the NCP. OCS estimates approximately 55,000 UNEM activity chains will exist at the time of the synchronization.

because the MIN will be an integral component of the new member matching, exception handling, IWN issuance, synchronization, and ongoing MUIA interface processes. IV-D staff will need to take the following actions to prepare for and respond to these processes:

1. Actions Before September 30, 2013

   a. Review Member Match Process, Criteria, and Guidelines

      OCS will not require staff certification and authorization for either of the new UIA roles.[152]

      However, all IV-D staff working on unemployment income withholding will need to be familiar with the member match process, match criteria, and guidelines for manually associating unemployment claimants' MINs with IV-D members. IV-D staff should review Section 2.05 of the *Michigan IV-D Child Support Manual* and Exhibit 2.05E1, Member Match Matrix. This is particularly important for IV-D staff who are assigned the RESR Resolver and/or Referral Matchmaker roles and will have these roles along with the UIA Resolver and/or UIA Matchmaker roles.

   b. Assign/Unassign UIA Matchmaker and UIA Resolver Roles

      Local Options Administrators (LOAs) will have the ability to assign/unassign the UIA Matchmaker and UIA Resolver roles to/from IV-D staff any time after the MiCSES 8.5 Release. OCS recommends LOAs review role assignments and assign or unassign roles before the September 30 MUIA system release as appropriate for their FOC office's workflow.

   c. Change IWN Print Option

      OCS anticipates the synchronization will initiate approximately 5,000 to 10,000 unemployment IWNs statewide for newly matched members. OCS will not change any FOC offices' print options before, during, or after the MiCSES release.

      FOC offices that choose to continue on-demand (local) printing will need to manually generate a larger than normal volume of unemployment IWNs resulting from the initial exchange/synchronization.[153] If an on-demand print FOC office does not manually generate the IWNs from the synchronization, new IWNs resulting from newly matched members will not be automatically transmitted to MUIA.

      Therefore, OCS recommends FOC offices that currently use on-demand (local) printing for IWNs consider switching temporarily (or permanently) to the central print option. FOC offices choosing to temporarily use central printing will switch to central print either during the shut-down period or prior to the initial

[152] Ref: Subsection A(2) in this memorandum and Section 3.03, "Case Updates and Member Demographics" in the *Michigan IV-D Child Support Manual*.
[153] Ref: Section 6.03, "Income Withholding" of the *Michigan IV-D Child Support Manual* and question 3.C. in IV-D Memorandum 2010-009, *Income Withholding for Michigan Unemployment Benefits*.

exchange/synchronization. After the initial exchange/synchronization, the FOC office may switch back to on-demand (local) printing.

Note: The print option an FOC office chooses for IWNs applies to unemployment IWNs as well as IWNs for other sources of income.

2. Resolve Exceptions On and After September 30, 2013

The initial synchronization will result in a higher volume of MUIA claimant exceptions than will normally occur on a daily basis after synchronization. IV-D staff will review MUIA claimant exceptions and, if confirmed and appropriate, will associate or disassociate MINs to the appropriate IV-D members.

IV-D staff will review and resolve these exceptions as soon as feasible following the synchronization and thereafter. If IV-D staff do not promptly resolve exceptions and associate a MIN to the NCP where appropriate, MiCSES will not issue an IWN to MUIA for the NCP. Consequently, the NCP's unemployment benefit will not be withheld for his/her support obligation, and the NCP will receive his/her full benefit amount. The due date for exceptions will not identify the earliest time by which IV-D staff must resolve an exception. Instead, it will identify the maximum amount of time for the claim to be active and for the exception to remain available for IV-D staff to resolve.

IV-D staff must be diligent and exercise caution when manually associating a MIN to a IV-D member to ensure an IWN is not sent to MUIA for the wrong person. Likewise, manually disassociating the correct MIN from a IV-D member will cause a termination IWN to be sent to MUIA.

F. Communication Plan

OCS is planning to communicate further details regarding the interface improvements and gather feedback from IV-D staff through the following:

- Work Improvement Team (WIT) meetings – July 9, 2013;[154]
- MiCSES BERG – July 30, 2013;
- FOC User Group – August 1, 2013;
- Help Desk Notification(s) – August 8, 2013 (or as necessary);
- Webinar conference call/presentation – August 16, 2013;
- MiCSES System Documentation (mi-support) – August 30, 2013;
- *Michigan IV-D Child Support Manual* updates – September 16, 2013;
- Training, web-based training, simulations, etc. – to be determined;
- Michigan Family Support Council Fall Conference – October 9-11, 2013; and
- Post-Release webinar conference call/presentation – October 25, 2013.

This plan and the dates are tentative and subject to change.

NECESSARY ACTION:

[154] OCS presented information on the MiCSES/MUIA interface improvements at the July 9, 2013 Case Management and Financials WIT meetings.

Retain this IV-D Memorandum until further notice.

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SUPPORTING REFERENCES:

Federal
Social Security Act, Section 303
Social Security Act, Section 454
Social Security Act, Section 466

45 Code of Federal Regulations (CFR) 302.65
45 CFR 303.100

State
Michigan Compiled Law (MCL) 421.11
MCL 421.27
MCL 552.602
MCL 552.609

ATTACHMENT(S):

None

EPF/CT

IV-D MEMORANDUM 2013-018

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff[155]

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: September 16, 2013

UPDATE(S):

☒ Manual

☒ Form(s)

SUBJECT: Unemployment Income Withholding Improvements, Withholding Fee, and Other Party (OTHP) Maintenance

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces updates to *Michigan IV-D Child Support Manual* Section 6.03, "Income Withholding" and introduces a new section of the manual: Section 3.16, "Other Parties."

Section 6.03 has been updated to reflect improvements to the interface between the Michigan IV-D program and the Michigan Unemployment Insurance Agency (MUIA) in the September 2013 system releases.[156] Section 6.03 has also been revised to include information from IV-D Memorandum 2013-003, *New Legislation Regarding Fee for Income Withholding.* It explains the withholding fee that sources of income (SOIs) are permitted to charge and collect in response to an income withholding notice (IWN).

Section 3.16 discusses new and updated policy regarding maintenance of OTHP information. The IV-D program must maintain information relevant to the case for the purpose of establishment, modification, or enforcement of a child support order.[157] This relevant information, referred to as OTHP information, contains the names, addresses, and contact information for individuals (other than case members), entities, or organizations (including employers, attorneys, insurance carriers, banks, and court locations). Existing OTHP maintenance-related policy and procedures that were in Section 6.03 have been moved to Section 3.16. However, Section 6.03 still includes policy and procedures regarding income withholding for specific entities such as the State of Michigan, the Social Security Administration, federal agencies, etc. This IV-D Memorandum identifies the information that was transferred from Section 6.03 to

[155] All OCS staff includes Michigan State Disbursement Unit (MiSDU) staff.
[156] The Michigan Child Support Enforcement System (MiCSES) 8.5 Release and the release of MUIA's new system
[157] 45 Code of Federal Regulations (CFR) 303.2(b)(1) and (c)

Section 3.16, and it explains revisions to exhibits in both manual sections as a result of those changes. Section 3.16 has also been revised to include information regarding Federal Employer Identification Numbers (FEINs) from IV-D Memorandum 2013-002, *Expansion of the State Services Portal (SSP), Modification of Security Forms, and Sources for Obtaining Federal Employer Identification Numbers (FEINs)*. OCS is planning to publish *Michigan IV-D Child Support Manual* Section 3.05 with the locate information from IV-D Memorandum 2013-002 when time permits.

This IV-D Memorandum also includes the following IWN forms. These forms have not been updated since they were last published with IV-D Memorandum 2013-003 – they are only being reintroduced with this IV-D Memorandum:

- *Income Withholding for Support* (FEN058);
- *Income Withholding for Support – One-Time Order/Notice for Lump-Sum Payment (*FEN58A); and
- *Income Withholding for Support – Termination of IWO* (FEN58D).

In Sections 6.03 and 3.16 and their corresponding exhibits, significant changes in content since the last publication of these materials are indicated by a change bar in the right margin. Some of the content has been reorganized; however, reorganized subsections are not identified with change bars. New subsections incorporated from prior IV-D Memorandums or Action Transmittals (ATs) are not identified with change bars unless they have policy changes.

Finally, this memorandum announces changes to the table of contents for the *Michigan IV-D Child Support Manual,* which is located on mi-support. Section 3.16, “Other Parties” has been added to the table of contents, and asterisks have been added to the end of section title 3.16 to indicate the availability of this new manual section. Section 9.50, “Other Party Information (OTHP)” has been deleted from the manual.

DISCUSSION:

A. Improvements in the Interface Between MUIA and the Michigan IV-D Program

Withholding unemployment benefit income is an important component of enforcing support obligations. The Michigan IV-D program and the MUIA exchange information through an electronic interface for the purpose of withholding unemployment income from individuals with support obligations. Interface improvements in September 2013 include:

- Receipt of additional claim information from MUIA (including claim extensions and additional dates associated with claims);
- Receipt of MUIA’s unique unemployment claimant identifier called a Michigan Identification Number (MIN), which will be integral to IV-D/MUIA member matching as well as IWN issuance and MUIA’s implementation of IWNs;
- Member matching enhancements;

- New functionality and roles for associating IV-D members with unemployment claimants; and
- Changes to the time frames for monitoring unemployment withholding.

The improvements will:

- Increase the accuracy and number of matches between unemployment claimants and IV-D members;
- Allow the IV-D program to enforce against all unemployment claims;
- Allow the IV-D program to track more closely to actual unemployment benefit time frames instead of automatically ending income withholding activities one year after a claimant's benefit year begin date; and
- Significantly reduce manual intervention.

IV-D Memorandum 2013-017, *Early Notification of Unemployment Income Withholding Improvements and Pre-Release Preparation Activities* provided IV-D staff with introductory policy and a summary of the improvements to the interface between the Michigan IV-D program and the MUIA to prepare IV-D staff for the changes. Information from IV-D Memorandum 2013-017 has been incorporated into manual section 6.03 along with the following additional information.

1. Unemployment Claim Information

   Prior to the interface improvements, the IV-D program only received information regarding regular unemployment claims and regular claim redeterminations.[158] After the interface improvements, the IV-D program will begin receiving information regarding the following unemployment claim types from MUIA in addition to regular claims and regular claim redeterminations:

   - Disaster Unemployment Assistance (DUA);
   - Extended Benefits (EB);
   - Emergency Unemployment Compensation (EUC);
   - Trade Readjustment Assistance (TRA);
   - Trade Adjustment Assistance (TAA);
   - Alternative Trade Adjustment Assistance (ATAA); and
   - Reemployment Trade Adjustment Assistance (RTAA).[159]

   Information regarding regular claims, claim redeterminations, DUA claims, claim extensions (EB and EUC), and trade adjustment/readjustment assistance claims (TRA, TAA, ATAA, RTAA) was added and updated in manual section 6.03. The

[158] A "determination" is MUIA's initial acceptance or denial of a claim, whereas a "redetermination" is MUIA's subsequent reevaluation and acceptance or denial of a claim upon a claimant's or employer's protest or appeal.
[159] Ref: Fact Sheets and UIA Publications on MUIA's public website for information regarding the different types of unemployment benefits.

IV-D program does not administer unemployment claims, but claim information was added as a general reference for IV-D staff.

The IV-D program will also begin receiving additional dates for claims and will use those dates to determine when to end unemployment withholding for a particular claim type. MUIA sends claim information only when:

- The claimant has filed a new claim;
- The claim has a redetermination; or
- The claimant has received one of the claim extension or trade assistance benefits.

The IV-D program began receiving and processing redetermination information from MUIA in June 2011. This caused issues in a very low number of cases where MUIA provided multiple records for a single claimant in the same file. OCS and MiCSES staff expect this issue to be resolved with the interface improvements.

2. Member Matching Process

Effective September 30, 2013, the IV-D program will match Michigan unemployment claimants to IV-D members through the same criteria used for matching Bridges referrals to IV-D members.[160] The matching process will automatically associate a MIN to a IV-D member upon a positive match regardless of the IV-D member's role on the case. In other words, non-custodial parents (NCPs), custodial parties (CPs), and dependents will be automatically associated to a MIN upon a positive match. Association of a MIN to a IV-D member affects member matching accuracy, withholding accuracy, and synchronization between the IV-D and MUIA systems. Only one MIN should be associated to a IV-D member. The matching process will also include matching of full middle names to middle initials with or without periods. OCS anticipates the enhancement to middle name and initial matching will increase the accuracy and number of matches between IV-D members and MUIA claimants as well as between IV-D members and Bridges referral members.

The matching process will also identify potential matches that IV-D staff must review and resolve. Before September 30, 2013, potential matches were not identified for IV-D staff. In some cases, unemployment benefits were not withheld, withholding was delayed, and/or manual intervention was necessary.

Unlike Bridges referrals, unemployment claimant information will not create new IV-D members or cases. A "create new" match result for a IV-D member who is already associated to a MIN will create an exception that IV-D staff must manually review and resolve.

[160] Ref: *Michigan IV-D Child Support Manual* Section 2.05, "Referrals and Applications" for details regarding the member match process.

MUIA provides claimant name, address, and Social Security number (SSN) information to the IV-D program but does not specifically notify the IV-D program about new or updated demographic information.

MUIA verifies a claimant's SSN with the Social Security Administration similarly to how the IV-D program verifies SSNs with the Social Security Administration. However, MUIA does not have the authority to wait for SSN verification before processing a regular claim (monetary determination). Further, MUIA does not notify the IV-D program whether MUIA has verified the SSN provided with the claim. The IV-D program may receive an unverified SSN with an original claim, which may result in the claimant not automatically matching to a IV-D member. The new matching criteria do not rely solely on a matching SSN for positive matches. Therefore, exceptions due to unmatched SSNs on regular claims could require manual intervention by IV-D staff.

MUIA normally completes the SSN verification almost immediately after the claim determination. Therefore, OCS expects member matching on subsequent claims for the same individual to occur with fewer or no exceptions and less manual intervention needed.

3. IWN Issuance

Once a positive MUIA claimant/IV-D member match has been made, the process of initiating and issuing an IWN to MUIA is nearly fully automated. With the new improvements, the IV-D program will match members, then initiate and issue IWNs to MUIA automatically for NCPs with support obligations regardless of whether the claim includes a positive benefit amount. Before September 30, 2013, the IV-D program only initiated income withholding when the claim had a positive amount. Consequently, IWN issuance was delayed, the first few unemployment payments were missed, and/or manual intervention was necessary. Issuing an IWN regardless of a positive benefit amount will avoid missed or delayed withholding, but it could also result in the issuance of IWNs for claims that MUIA does not approve or remit any withholding payments.

MiCSES requires a MIN to be associated with a IV-D member to help ensure that an IWN is issued to MUIA for the correct claimant. However, MiCSES will allow IV-D staff to manually issue a termination IWN to MUIA without a MIN associated to a IV-D member.

4. Resolving Potential Matches (Exceptions)

The automated matching process will assign exceptions to IV-D staff who have the Enforcement Caseworker role and are assigned to the potentially matched NCP's or CP's cases(s). The matching process will assign the exception to the Default FOC Worker for the NCP's or CP's case(s) if the NCP or CP does not

have an open docket/order for his/her case(s). The matching process will not assign an exception when:

- The IV-D member has the dependent role on his/her case(s) and is not an active NCP or active CP on any IV-D case; or
- The case county is 000 (ICR/Central/SS).[161]

IV-D staff must review MUIA claimant potential matches (exceptions) on the *Resolve Referral* (RESR) screen and, if confirmed and appropriate, associate or disassociate a MIN to the appropriate IV-D member. IV-D staff must review and resolve potential NCP matches (exceptions) as soon as feasible after the exception occurs to ensure an IWN is sent to MUIA and the NCP in a timely manner. OCS recommends IV-D staff review and resolve the exceptions within two days of the exception occurring – this time frame coincides with the requirements for issuing IWNs to employers.[162] OCS recommends IV-D staff review potential CP matches for locate (address) information and associate/disassociate MINs for CPs, although this action is less critical than resolving exceptions for NCPs.

UIA Matchmaker and UIA Resolver roles are assigned to all Enforcement Caseworkers as of September 9, 2013. IV-D staff are not required to obtain certification or OCS authorization for either of these UIA roles. Only IV-D staff with the UIA Resolver role are authorized to resolve MUIA claimant matching exceptions. Only IV-D staff with the UIA Matchmaker role are authorized to associate or disassociate a MIN to/from a IV-D member in the absence of an exception.

User roles and their authorized tasks are outlined below.

User Roles	Authorized to Work UIA Claimant/IV-D Member Associations?	Authorized to Work Bridges Referrals?
Only UIA Role(s): • UIA Matchmaker and/or • UIA Resolver	Yes	No
Only Bridges Role(s): • Referral Matchmaker	No	Yes

[161] Interstate Central Registry / Central / Support Specialist

[162] Ref: 45 CFR 301.100(e)(2); 45 CFR 301.100(e)(3); Subsection 6.3, "Automated IWN Initiation" of *Michigan IV-D Child Support Manual* Section 6.03, "Income Withholding"; and Subsection 3.4, "Sending an *Income Withholding for Support* Notice to the Employer" in *Michigan IV-D Child Support Manual* Section 3.10, "New Hire."

and/or • RESR Resolver		
Combination of UIA and Bridges Roles	Yes	Yes

IV-D staff with a combination of UIA and Bridges roles must be diligent and exercise care when working on the RESR screen to ensure the appropriate type of record is being worked.[163]

Local Options Administrators (LOAs) are responsible for assigning/un-assigning these roles to/from IV-D staff in their office as needed. However, LOAs must only assign these roles to IV-D staff for the purpose of managing unemployment claimant matching exceptions and unemployment income withholding.

IV-D staff must be diligent and exercise caution when manually associating a MIN to a IV-D member. Incorrect association can result in issuance of an IWN to MUIA for the wrong person. Likewise, manually disassociating the correct MIN from a IV-D member will cause a termination IWN to be sent to MUIA. This is particularly important for IV-D staff with the UIA Resolver and/or UIA Matchmaker role in combination with Referral Matchmaker and/or RESR Resolver roles.

5. Monitoring Time Frames

MUIA does not provide status updates or notification of benefit exhaustion to the IV-D program. Therefore, MiCSES will continue to use the claim's benefit year begin date to track a particular claim and determine whether a claim is new. MiCSES will also begin using the claim effective date to:

- Track the most recent information provided by MUIA for a particular claim; and
- Determine the time frame for ending unemployment withholding based on the most recent claim information received from MUIA.

Once an unemployment IWN is active, the IV-D program will retain it and monitor it until:

- The benefit year end date provided by MUIA for regular unemployment claims and DUA claims;
- Twelve months beyond the date the IV-D program received notice of the extension from MUIA for unemployment EB and EUC claim extensions;[164]

[163] Unlike the UIA Matchmaker and UIA Resolver roles, IV-D staff must be certified before obtaining the Referral Matchmaker and RESR Resolver roles because of the significant case management and financial impacts of associating/disassociating IV-A referral members to IV-D members. Ref: Section 3.03, "Case Updates and Member Demographics" in the *Michigan IV-D Child Support Manual*.

- The eligibility end date identified by MUIA for TRA, TAA, ATAA, and RTAA extensions;
- Twelve months beyond the date the IV-D program received notice of an unknown claim type from MUIA;
- The NCP's obligation ends;
- IV-D staff manually terminate unemployment income withholding; or
- IV-D staff manually disassociate an NCP from his/her MIN under which an IWN was previously issued and active.

6. Manual Process for New Support Orders

IWN initiation and issuance is primarily an automated process. Regardless of the claim type or whether there is a positive benefit amount, MiCSES will initiate and issue an original IWN to MUIA when:

- A MIN is automatically or manually associated to an NCP;
- The NCP has an active case with IWN eligible support obligations; and
- The NCP does not already have an active unemployment IWN, or the NCP's existing, active unemployment IWN is for a prior regular claim.

However, IV-D staff may need to take manual action to initiate unemployment IWNs for new support orders. Manual action depends on whether the NCP on the new support order was already entered in MiCSES when MUIA provided the claim information. The automated matching, MIN association, and income withholding initiation only occurs at the time MUIA provides claimant information. MiCSES does not have an automated process to match and associate a IV-D member to a MIN when the new IV-D member is entered in MiCSES after MUIA provided claimant information to the IV-D program.

IV-D staff must manually obtain and associate a MIN to the NCP for a new support order when:

- The NCP is not already a IV-D member in MiCSES at the time the new support order and its members are being entered into MiCSES; or
- The NCP is already a IV-D member in MiCSES but wasn't at the time MUIA provided the most recent claim information.

In these situations, IV-D staff will need to contact MUIA to confirm whether the NCP is receiving unemployment benefits, and obtain the NCP's MIN. IV-D staff may contact MUIA's FOC Unit Customer Service by phone at (313) 456-2793 or fax at (313) 456-2766. IV-D staff may also access the notes for OTHP ID

[164] This time frame was chosen through Joint Application Design discussions because MUIA does not notify the IV-D program when the claimant has exhausted his/her benefits and because extension time frames can vary according to frequently changing federal and state law. Consequently, the IV-D program might monitor some unemployment income withholdings longer than necessary and others not long enough.

105350962 on the OTHP screen for additional direct contact information that is for FOC/IV-D staff use only (non-public).

Contacting MUIA is necessary even if MUIA previously sent the NCP's claim information to the IV-D program because IV-D staff do not have a query available through MiCSES or the Data Warehouse for previously unmatched claim information, including the MIN.[165] If the NCP has a claim and the MIN is not manually associated, MiCSES will not automatically issue an IWN to MUIA until the IV-D program receives subsequent claim information after the new IV-D member and new order have been entered.

Under the following conditions, MiCSES will automatically issue the IWN to MUIA once IV-D staff have entered the NCP's obligation(s) for the new support order:

- The NCP is already a IV-D member in MiCSES at the time the new support order is being entered;
- The NCP is already associated to a MIN; and
- The NCP already has MUIA as his/her SOI on the *Member Employment History* (EHIS) screen.

In this scenario, obligation entry will prompt MiCSES to automatically start the *Unemployment Income Withholding* (UNEM) activity on the *Enforcement Processor* (ENFP) screen.

7. Information Sent With IWN and MUIA Matching

   The IV-D program will no longer send the benefit year begin date to MUIA in the electronic record of the IWN but instead will send the MIN associated to the NCP and the Michigan withholding limit percentage.

   MUIA will match the IWN record to claims using the MIN, NCP's SSN, docket, and issuing county FIPS[166] code. MUIA will no longer use the benefit year begin date as a match criterion.

8. Monthly Withholding Extension Report Discontinued

   OCS has been sending MUIA a monthly report of cases with an active or recently active IWN for which withholding might need to be extended. This report supplemented MUIA's sweep process for identifying IWNs that needed to be extended. As of September 30, 2013, OCS will discontinue this report because of the interface improvements.

[165] A ticket (IT 47831) has been entered to provide IV-D staff with access to prior claim information.
[166] FIPS stands for Federal Information Processing Standards.

9. Updates and Additional Details Regarding Pre-Release Shut-Down and Synchronization

IV-D Memorandum 2013-017 provided an overview of the synchronization process that will occur when MUIA implements its new system. Additional details and expectations regarding the synchronization process that will occur on September 30, 2013 are as follows:

- MUIA will have a shut-down period before implementing its new system. The tentative shut-down period will be September 25, 2013 through September 30, 2013;[167]
- September 25, 2013 will be the last day that:
    - Claimants will be able to file or certify claims with MUIA's prior system;
    - MiCSES will receive claims and claimant information from MUIA's prior system; and
    - MUIA will send a pay file to the MiSDU from MUIA's prior system.
- After the shut-down period, MUIA will resume these activities from MUIA's new system on October 1, 2013.

On September 28, 2013, after MUIA's conversion to the new system, MUIA will send all existing active claims from the new system to the IV-D program for the synchronization process.

A test of the synchronization process in August 2013 resulted in the following statistics:

- MUIA sent approximately 140,000 total active claims;
- Approximately 45 percent of total active claims matched positively to existing IV-D members (manual intervention unnecessary), of which 28 percent were existing active NCPs on active cases;
- Approximately 9 percent of the claims potentially matched to a IV-D member, which resulted in approximately 11,000 total member exceptions for NCPs and CPs. Approximately 5,400 of the potentially matched IV-D members had active cases, of which 2,100 were NCPs. This represents the expected volume of exceptions IV-D staff will need to focus on and resolve immediately following the synchronization;
- Approximately 45 percent of total active claims did not potentially or positively match to a IV-D member (manual intervention unnecessary); and
- Approximately 15,000 IWNs were active after the synchronization process closed existing UNEM activity chains for NCPs who were not associated to a MIN.

[167] The dates and shut-down information is tentative as of August 2013.

Note: Prior to the synchronization process, approximately 41,000 NCPs had an open UNEM activity chain. However, as of July 2013, only 11,000 NCPs had an unemployment receipt applied to their case(s).

The synchronization process will handle regular and DUA claims differently than the normal, ongoing process after the synchronization. The synchronization will not close an existing unemployment withholding for a matched member or open a new one when the claimant's most recent claim is a regular claim. After synchronization, the ongoing process will end the active unemployment withholding and initiate a new one if the most recent claim is a regular claim or DUA claim that has a new benefit year begin date.

When the synchronization reissues existing IWNs to MUIA, the IV-D program will not recalculate withholding amounts or send a copy of a reissued IWN to the NCP in order to avoid printing costs and an influx of issues, complaints, and/or objections from NCPs.

10. Items Out of Scope for September Interface Improvements

    OCS, MiCSES, and MUIA staff identified other interface improvements, but these will not be included in the September system releases due to time constraints. For items out of scope, MiCSES Help Desk tickets were entered.

11. Communication Plan Update

    IV-D Memorandum 2013-017 included OCS's tentative plans and dates for communicating the interface improvements to IV-D staff. OCS presented at the Work Improvement Team meetings, the MiCSES BERG call, and the FOC User Group as identified in IV-D Memorandum 2013-017. However, due to time constraints, OCS did not conduct the conference call/presentation that was tentatively scheduled for August 16, 2013. Web-based training, simulations, etc. are scheduled to be available in September 2013.

B. Additional Updates to Section 6.03

Section 6.03 has also been updated as follows:

- The definitions for Amended IWN, Benefit Year Begin date, and Benefit Year End date were revised;
- The definitions for the Monetary Determination (MONDET) File, Redetermination File, and Verified Date were removed;
- Policy regarding legislative changes and the withholding fee introduced in IV-D Memorandum 2013-003 has been added;[168]

[168] The following materials have not been updated as of the publication of this memorandum: Exhibit 2011-018E1, *Michigan Child Support Employer Job Aid (MiCSEJA)*; *Understanding Child Support: A*

- Policy regarding the Michigan HR Service Center handling income withholding for State of Michigan employees was added;
- Policy regarding OTHP was moved to manual section 3.16; and
- Minor edits were made, such as citation clean-up.

C. New Manual Section 3.16, "Other Parties"

A new section of the manual, Section 3.16, "Other Parties," contains policy regarding OTHP maintenance from:

- Michigan IV-D AT 2007-015, ***REVISED:*** *Centralized Maintenance of the Other Party Information (OTHP) Screen in the Michigan Child Support Enforcement System (MiCSES)*;
- AT 2004-027, *Employer Mergers and Acquisitions – Special Circumstances Requiring OCS Policy or Operations Intervention Regarding Income Withholding Notices (IWNs)*; and
- Manual section 6.03, "Income Withholding."

1. Additions and Updates to Manual Section 3.16

   The following information was added or updated in Section 3.16:

   - Obtaining, verifying and confirming third-party service addresses;
   - Obtaining and maintaining FEINs for Employer (E) and Insurance (I) Type OTHP records;
   - Entry of Payroll (P) and Insurance (I) type SOI addresses for IWNs and *National Medical Support Notices*;
   - The OTHP ID specifically designated for State of Michigan employees; and
   - The MiCSES Medical Interface (MINT)-designated OTHP IDs.

2. Forms and Exhibits Associated With Section 3.16

   a. *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* (DHS-2011) Form

      The DHS-2011 was revised to clarify information for insurance carriers, and to accommodate entry and maintenance of multiple addresses, SOI address types, and additional information for OTHP records. Particularly:

      - Fields for IV-D case number(s), email address, and web address were added;
      - Text was added specifying the claims address should be inserted for the insurer address;

Handbook for Parents (DHS-Pub 748); and the Office of Child Support Enforcement (OCSE) *Intergovernmental Reference Guide* (IRG).

- “Carrier type” was changed to “coverage types”; and
- New sections and fields were added for requesting entry or maintenance of Payroll (P) type SOI addresses for income withholding and Insurance (I) type SOI addresses for *National Medical Support Notices*.

b. Exhibit 3.16E1, Procedures for Submitting the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)*

   The procedures in this exhibit were revised to correspond with the revised DHS-2011 form. Specifically:

   - Sections and fields in the sample form were renumbered, and field names were added to the procedures;
   - In items 2b, 3d, and 4c of the procedures, text was added to explain that the default address for insurers is the claims address;
   - In item 2k of the procedures, “carrier” was changed to “coverage” to align with changes in the DHS-2011;
   - Procedures were added for the new email address and web address fields;
   - Policy regarding submitting a request for an SOI without an FEIN was added; and
   - Procedures for requesting entry or modification of Payroll (P) and Insurance (I) type SOI addresses were added.

c. Exhibit 3.16E2, Other Party Information (OTHP) Frequently Asked Questions (FAQs) to Assist With Processing of the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* (DHS-2011)

   In the third FAQ, “carrier” type was changed to “coverage” type to align with changes in the DHS-2011.

d. Exhibit 3.16E3, MiCSES Medical Interface (MINT) Carriers

   This new exhibit lists the names and OTHP IDs for the MiCSES MINT insurance carriers.

e. Exhibit 3.16E4, Income Withholding Information for the Defense Finance and Accounting Service (DFAS) and the Coast Guard

   This exhibit lists the names and designated OTHP IDs of the payrolls handled by DFAS for federal military and civilian employees and OTHP IDs for the Coast Guard. Changes to this exhibit since its previous publication are as follows:

   - The “Federal Building” line was removed from the address for Coast Guard active military, reserve, and retired military personnel; and

- Policy regarding IV-D staff selection of *M – Military* and *E – Employer* type OTHP records for DFAS and Coast Guard payrolls was removed from this exhibit and placed in Section 3.16.

f. Exhibit 3.16E5, Other Party (OTHP) Identifiers (IDs) for Michigan Social Security Administration (SSA) Title II Retirement, Survivors, and Disability Insurance (RSDI) Benefits

   This new exhibit lists the designated OTHP IDs and names of Social Security Administration offices in Michigan to which IWNs are sent for NCPs receiving Social Security benefits.

NECESSARY ACTION:

Review sections 3.16 and 6.03 of the *Michigan IV-D Child Support Manual*.

For those maintaining a hard copy of the manual, print Section 3.16, its corresponding exhibits, Section 6.03, and Exhibit 6.03E4 and add them to the manual. Discard the previously published versions of Section 6.03 (published April 27, 2012), Exhibit 6.03E4 (published September 20, 2011), and Exhibit 6.03E5 (published July 23, 2009).

With the publication of this memorandum and manual sections, the following are obsolete:

- AT 2004-027;
- AT 2007-015 and its attachments:
  - Attachment 1, *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* form (DHS-2011). This form has been updated and reintroduced with Section 3.16;
  - Attachment 2, Procedures for Submitting the *Request for New Entry, Merge or Modification of Other Party Information (OTHP).* The attachment has been revised and republished as Exhibit 3.16E1;
  - Attachment 3, Other Party Information (OTHP) Frequently Asked Questions (FAQs) to Assist With Processing of the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* (DHS-2011). This attachment has been revised and republished as Exhibit 3.16E2;
- Exhibit 6.03E4, Income Withholding Information for the Defense Finance and Accounting Service (DFAS) and the Coast Guard (published September 20, 2011) has been updated and republished as Exhibit 3.16E4;
- Exhibit 6.03E5, Remedy 187677 Report Example (published July 23, 2009) has been renumbered as Exhibit 6.03E4; and
- IV-D Memorandum 2013-003 and its attachments (published March 28, 2013).

IV-D Memorandum 2013-017 will be temporarily retained and will become obsolete on January 1, 2014.

REVIEW PARTICIPANTS:

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MiSDU
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SUPPORTING REFERENCES:

Federal
45 CFR 301.100(e)(2)
45 CFR 301.100(e)(3)
45 CFR 303.2(b)(1)
45 CFR 303.2(c)

State
None

ATTACHMENTS:

Section 3.16: **Other Parties**

Exhibit 3.16E1:	Procedures for Submitting the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)*
Exhibit 3.16E2:	Other Party Information (OTHP) Frequently Asked Questions (FAQs) to Assist With Processing of the *Request for New Entry, Merge or Modification of Other Party Information (OTHP)* (DHS-2011)
Exhibit 3.16E3:	MiCSES Medical Interface (MINT) Carriers
Exhibit 3.16E4:	Income Withholding Information for the Defense Finance and Accounting Service (DFAS) and the Coast Guard
Exhibit 3.16E5:	Other Party (OTHP) Identifiers (IDs) for Michigan Social Security Administration (SSA) Title II Retirement, Survivors, and Disability Insurance (RSDI) Benefits
DHS-2011:	*Request for New Entry, Merge or Modification of Other Party Information (OTHP)*
Section 6.03:	**Income Withholding**
Exhibit 6.03E4:	Remedy 187677 Report Example
FEN058:	*Income Withholding for Support*
FEN58A:	*Income Withholding for Support – One-Time Order/Notice for Lump-Sum Payment*
FEN58D:	*Income Withholding for Support – Termination of IWO*

Michigan IV-D Child Support Manual – Introduction and Table of Contents

EPF/CT/JH

IV-D MEMORANDUM 2013-019

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: November 20, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Implementation and Soft Launch of the Online *IV-D Child Support Services Application/Referral* (e1201)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: November 25, 2013

PURPOSE:

This IV-D Memorandum announces the implementation and pilot (soft launch) of the online IV-D services application (e1201). The e1201, accessible through a website similar to the MiCase website, will allow applicants[169] to electronically apply for IV-D services. The e1201 will use a self-directed interview-style approach to guide applicants through the application process. It will allow for increased accessibility, efficiency, and convenience for parties, program users, and partner agencies. The *IV-D Child Support Services Application/Referral* (DHS-1201) paper application will still be available; the e1201 will not replace the DHS-1201.

OCS is using a soft launch to introduce the e1201. This will make the e1201 available to a small population while allowing OCS an opportunity to measure its effectiveness or need for change before releasing it to all potential applicants. The soft launch is discussed in further detail in Section C of this memorandum.

OCS will update Section 2.05, "Referrals and Applications" of the *Michigan IV-D Child Support Manual* with e1201 policy when the e1201 is launched for all applicants. In addition, OCS will publish updates to the publication *Understanding Child Support: A Handbook for Parents* (DHS-Pub 748).

[169] "Applicant" is used throughout this IV-D Memorandum to mean a person who is applying for IV-D services.

DISCUSSION:

D. Background and Development

Before the e1201, applicants requesting IV-D services were required to obtain a paper DHS-1201 application, manually complete it, and mail it to OCS.

The e1201 allows applicants to complete and submit the IV-D application online. Unlike the paper DHS-1201, the e1201:

- Potentially allows for faster processing of a request for IV-D services;
- Guides the applicant in completing the request for IV-D services;[170]
- Ensures that the applicant provides all the required information;[171] and
- Allows an applicant to apply for IV-D services to pursue *multiple* non-custodial parents (NCPs) for multiple children through a single electronic interview process. (Example: A grandmother can apply for services for multiple children in her home, each with different parents, by completing a single (albeit expanded) electronic interview.)

Once the applicant completes the e1201, the e1201 creates the appropriate number of DHS-1201s based on the number of existing NCPs and transfers the information the applicant provided to the appropriate fields on each DHS-1201.[172] (Ref: Section D in this memorandum for further detail about the resulting DHS-1201s.)

The e1201 initiative supports the Michigan Child Support Program's 2013-2017 Strategic Plan goal of enhancing customer service and improving business practices through the use of innovative technology.

The OCS Executive Management Team determined that the implementation of the e1201 will consist of a soft launch (an analysis period to determine if any modifications are required), then a full launch.

E. e1201 Details

IV-D service applicants will be able to access the e1201 through a new website that looks similar to the existing MiCase website.[173] New users (new applicants) on the website will create a login consisting of a username and password. Existing MiCase

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[170] This is a similar approach taken by self-guided/directed context-sensitive software, such as some types of tax return software.

[171] Ref: Section B, "e1201 Details" in this memorandum for the specific information that the e1201 requires. Support specialists may still need to contact applicants to obtain more detailed information in order to progress the case.

[172] This is similar to tax return software products that result in the creation of the appropriate federally required tax return form(s) (e.g., Form 1040).

[173] In the future, the MiCase website will be upgraded to a portal site for access to both MiCase (currently containing information on court-ordered child support cases) and the e1201.

users (who wish to open a different IV-D case) will log in with their current MiCase username and password.

The e1201 is designed to obtain information for all fields on the DHS-1201. However, the e1201 will ask the applicant follow-up questions based upon his/her answers to previous questions. It will collect all relevant information pertaining to the application, although in some situations, this may leave some fields blank on the resulting DHS-1201.

Before the system will allow an application to be submitted, the following minimum information must be provided:

- The applicant's name and address;
- The child(ren)'s name(s) and Social Security number(s) or date(s) of birth;
- The name of at least one NCP;[174] and
- The name of the person with whom the child(ren) is living.

The applicant will not be able to submit his/her online application if the minimum required information is not provided. In future versions of the e1201, the e1201 may require the applicant to provide more information depending upon the applicant's relationship to the child and the NCP.

As applicants progress through the interview questions, the application will display a progress bar showing them where they are in the application process. The e1201 will also allow applicants to save their application and complete it at a later date, if needed.

During the submission process, applicants will have an opportunity to print or save the resulting DHS-1201(s).[175] Instructions in the e1201 recommend that the applicant print the DHS-1201. In certain cases (such as when there are existing orders, a personal protection order, etc.), the e1201 will inform the applicant that (s)he must print the DHS-1201 and submit it along with other required documents.

Support specialists will identify an electronically submitted DHS-1201 application by the statement on the last page that says "Application Submitted Electronically."

F. Soft Launch

1. Limited Exposure to the e1201

[174] The soft-launch version of the e1201 requires entry of the first and last names for all members on the application. Future versions of the e1201 will not require the applicant to provide the first and last names for the NCP, but the e1201 will warn the applicant that (s)he should provide as much information as possible to process the request in a timely manner.

[175] The e1201 application creates as many DHS-1201 applications as needed and stores each DHS-1201 as a separate PDF file.

The soft launch will allow a limited exposure to the e1201 and allow OCS staff time to analyze the use of the application to determine the need for changes before its full launch.

OCS Central Operations staff process requests for the DHS-1201 received through the Interactive Voice Response (IVR) system. Currently, applicants call the IVR and leave a message requesting an application for child support services. OCS Central Operations staff retrieve the messages from the IVR and mail DHS-1201s to the applicants.

The soft launch will use the IVR process to employ a restricted and directed use of the e1201. For two weeks, when OCS Central Operations staff send out DHS-1201s requested through the IVR, they will refer up to 65 new child support applicants to use the e1201 instead of the paper application. The e1201 referrals sent to applicants will include:

- A letter[176] that invites them to use the e1201. The letter will include the URL to the website for the e1201 and will inform the applicant that electronically submitted applications will be given priority over the paper applications;[177]
- A copy of the DHS-1201 for applicants to use if they decide not to use the e1201. This version of the application will be specially marked to inform OCS that the applicant selected the paper copy over the e1201; and
- A copy of *Understanding Child Support: A Handbook for Parents* (DHS-Pub 748).

Only one specifically designated OCS Central Operations staff member will refer potential applicants to the e1201; no other IV-D staff will provide such referrals.

2. Duration

The soft launch will run until 20 online applications are received. Every two weeks, if a total of 20 applications has not been received, OCS Central Operations will refer another 65 potential applicants to the e1201. After six weeks, if 20 online applications have not yet been submitted, the OCS Program Development Division, OCS Central Operations, and Michigan Child Support Enforcement System (MiCSES) development staff will reassess the soft launch to determine if it will continue. Once 20 online applications have been received, no other applicants will be referred to the e1201.

[176] Ref: Exhibit 2013-019E1.
[177] OCS intends this to serve as an incentive for applicants to use the e1201 instead of the paper DHS-1201(s).

3. Support

   At this time, OCS will not provide any real-time assistance ("chat" or phone functionality) to applicants completing the e1201. The e1201 was designed to be easy to use, and to not require assistance to complete.

4. Analysis

   To assess the usability of the e1201, OCS staff will email two surveys: one to applicants who successfully submitted an application, and a separate survey to applicants who abandoned the application (never submitted their application). Additionally, the e1201 will automatically track and collect certain data, such as the total submitted applications and the total abandoned applications. Once the soft launch is complete (20 online applications are received), MiCSES development staff, the OCS Executive Management Team, and OCS Program Development Division staff will evaluate the responses to the surveys and the data collected from the soft launch. Based on the results of the analysis, OCS and MiCSES development staff will implement any necessary changes to the e1201 before its full launch.

G. Processing the Resulting DHS-1201s

The e1201 will create a completed DHS-1201(s) in a PDF format and place the form(s) into a system folder. During the soft launch, a specifically designated OCS Central Operations staff member with the MiCase Global User[178] role will access the folder and distribute the PDF(s) to a selected support specialist(s). Support specialists will process PDFs in the same manner as paper DHS-1201s are currently processed, but will give priority to the electronically submitted applications. Just as in processing traditional paper DHS-1201s, the support specialist may contact e1201 applicants if additional information is needed to enter the application information into MiCSES.

H. Future Enhancements

OCS plans to enhance the e1201, including validating application information, and automating the e1201/MiCSES interaction using the same member-match and case-match processing that the Bridges interface uses. OCS will publish policy on e1201 enhancements as they are developed.

NECESSARY ACTION:

Beginning November 25, 2013, a designated OCS Central Operations staff member will begin referring potential applicants to the e1201. Another designated OCS Central Operations staff member will begin retrieving completed online DHS-1201s.

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[178] Ref: Section 1.35, "MiCase" of the *Michigan IV-D Child Support Manual* for more information on MiCase user roles.

Retain this IV-D Memorandum and its attachment until further notice.

REVIEW PARTICIPANTS:

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Program Leadership Group

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None

ATTACHMENT:

2013-019E1: e1201 Cover Letter

EPF/AER/JEM

IV-D MEMORANDUM 2013-020

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: July 31, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: Arrears Management Forms Available in the Michigan Child Support Enforcement System (MiCSES)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces the availability of the arrears management forms in MiCSES and identifies changes to the forms.

DISCUSSION:

The forms referred to in Section 6.51, "Arrears Management," of the *Michigan IV-D Child Support Manual* will be available in MiCSES on August 5, 2013. They may be accessed from the *Enforcement Forms Matrix* (ENFM) screen.[179]

The following changes have been made to the forms to reflect the move into MiCSES:

- The DHS-681, *Request to Discharge State-Owed Debt*, has been renumbered as the DHS-681/FEN681;
- The DHS-682, *Request for "Matching" Payment*, has been renumbered as the DHS-682/FEN682; and
- The DHS-683, *Notice of Discharge of State-Owed Debt*, has been renumbered as the DHS-683/FEN683.

In addition, the footer on all three forms has been updated with the new form number and the August 2013 revision date (Rev. 08/13). References to form numbers have been updated within the three forms where the forms refer to each other.

[179] Ref: the *MiCSES Quick Reference Guide: ENFM – Generate Enforcement Documents* for information on generating the forms.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. With the publication of this IV-D Memorandum, previous versions of the DHS-681, DHS-682, and DHS-683 are obsolete.

REVIEW PARTICIPANTS:

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CC:

None

SUPPORTING REFERENCES:

None

ATTACHMENTS:

DHS-681/FEN681:	*Request to Discharge State-Owed Debt*
DHS-682/FEN682:	*Request for "Matching" Payment*
DHS-683/FEN683:	*Notice of Discharge of State-Owed Debt*

EPF/JJV

IV-D MEMORANDUM 2013-022

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: September 16, 2013

SUBJECT: Case Closure: Statute of Limitations Fix

RESPONSE DUE: None

POLICY EFFECTIVE DATE: September 30, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

PURPOSE:

This IV-D Memorandum outlines changes to the criteria for the following case closure reason codes in the Michigan Child Support Enforcement System (MiCSES) 8.5 Release (September 9, 2013):

- "GM" – The non-custodial parent (NCP) has made no payments in 10 years since the youngest child reached the age of majority; and
- "WY" – Non-IV-D case.

DISCUSSION:

Federal regulations require that the IV-D agency have a system for closing IV-D cases. Federal regulations also specify when IV-D cases become eligible for closure.[180] Each state can establish closure criteria that are more restrictive, but not more liberal, than the federal criteria.

A IV-D case qualifies for closure when there is no longer a current support order and arrearages are under $500 or unenforceable under state law.[181] Under Michigan law, child support arrears are collectible for 10 years from the date that the last support payment is due under the order.[182] Additionally, under Michigan case law, if a payment is received after the last support payment is due, the 10-year time period starts over

[180] Ref: 45 Code of Federal Regulations (CFR) 303.11.
[181] 45 CFR 303.11(b)(1); Ref: Action Transmittal (AT) 2007-004, ***REVISED**: Updated IV-D Partner Case Closure Responsibilities and Michigan Child Support Enforcement System (MiCSES) 4.4 Release Case Closure Fix* for information on other reasons for case closure.
[182] Michigan Compiled Law (MCL) 600.5809(4)

from the date the payment was received.[183] Therefore, IV-D cases qualify for closure when they exceed the Michigan statute of limitations for arrears enforcement and no payment has been received in the last 10 years. The "GM" and "WY" reason codes in MiCSES are used to automatically close IV-D cases and non-IV-D cases that exceed the statute of limitations for arrears enforcement.

"GM" Reason Code

MiCSES currently evaluates IV-D cases to determine if the cases should close due to the expiration of the statute of limitations for collecting arrears. MiCSES checks whether:

- The MiCSES case is a IV-D case (not MiCSES case type "L");
- The MiCSES case has an obligation arrears amount greater than zero;
- All dependents have reached the age of majority;
- No payments have been made on the case in the last 10 years; and
- The only outstanding obligations on the case are those with the debt types SF, PF, SS, and AL.[184]

If the above criteria are met, MiCSES assigns the case the "GM" reason code for case closure. However, using the above criteria, some IV-D cases that have not met the statute of limitations for arrears collection will close.

Example 1 (Inappropriate case closure):

The dependent in a IV-D case was emancipated before August 2013. The NCP's last payment was received in September 2002, and the last charge on the case was posted in August 2013. The case will be included in the case closure batch[185] that runs in September 2013. However, the case should not be included in the case closure batch until September 2023 if no payments are made.

With the MiCSES 8.5 Release, the criteria for the "GM" case closure reason code will be changed by adding a review of posted charges. The new criteria will be as follows:

- The MiCSES case is a IV-D case;
- All dependents have reached the age of majority (10 or more years ago);
- No payments have been made on the case in the last 10 years; and

[183] *Paul v Durecki*, 195 Mich App 635, 368; 491 NW2d 864, 865 (1992) and *Wayne County Social Services Director v Yates*, 261 Mich App 152; 681 NW2d 5 (2004)
[184] Service Fees (SF), Processing Fees (PF), Spousal Support (SS) and Alimony (AL) debt types are not IV-D debt types, and therefore are not included in the determination of the 10-year statute of limitations. Ref: Section 5.10, "Debt Types" of the *Michigan IV-D Child Support Manual* for more information on debt types.
[185] Ref: *MiCSES Customer Information Guide: Case Closure (BATCH_CCLS) Process* for information about the case closure batch.

- Only SF, PF, SS, and AL charges have been posted to the case in the last 10 years.[186]

The new criteria will ensure that only cases that meet the statutory requirements for the statute of limitations for arrears enforcement will be eligible for closure under the "GM" reason code.

Example 2 (Appropriate case closure):

The dependent in a IV-D case was emancipated in August 2013. The NCP's last payment was received in September 2002, and the last charge on the case was posted in August 2013. The case will **not** be included in the case closure batch that runs in September 2013. The case will be included in the case closure batch that runs in September 2023 if no payments are made.

"WY" Reason Code – Non-IV-D

MiCSES currently evaluates non-IV-D cases to determine if the cases meet case closure criteria by checking whether:

- The MiCSES case has been a non-IV-D (MiCSES case type "L") case for at least 60 days;
- There is not an active court action referral;
- There are no open activity chains;
- The only outstanding obligations on the case are those with the debt types SF, PF, SS, and AL;
- No payments have been made in the last three years when the total of spousal support and alimony arrears is less than $500; and
- No payments have been made in the last 10 years when the total of spousal support and alimony arrears is greater than $500.

If the above criteria are met, MiCSES assigns the case the "WY" reason code for case closure. However, using the above criteria, some non-IV-D cases that have not met the statute of limitations for arrears collection will close.

Example 3 (Inappropriate case closure):

A MiCSES non-IV-D case has a spousal support and alimony arrears balance of $499. The last charge was posted in August 2013, and the last payment was received in July 2010. The case will be included in the case closure batch that runs in September 2013. However, the case should not be included in the case closure batch until September 2016 if no payments are made.

[186] SF, PF, SS, and AL debt types are not IV-D debt types and therefore are not used to determine whether or not a IV-D case is eligible for case closure.

With the MiCSES 8.5 Release, the Joint Application Design (JAD) participants determined that the criteria for the "WY" case closure reason code will be changed by adding a review of posted charges. The new criteria will be as follows:

- The MiCSES case has been a non-IV-D case for at least 60 days;
- There is not an active court action referral;
- There are no open activity chains;
- The only currently charging debt types on the case are SF, PF, AL, or SS;
- No payments have been made in the last three years when the total of spousal support and alimony arrears is less than $500;
- No payments have been made in the last 10 years when the total of spousal support and alimony arrears is greater than $500;
- No charges have been posted to the case in the last three years when the total of spousal support and alimony arrears is less than $500; and
- No charges have been posted to the case in the last 10 years when the total of spousal support and alimony arrears is greater than $500.

The new criteria will ensure that only cases that meet the statutory requirements for the statute of limitations for arrears enforcement will be eligible for closure under the "WY" reason code.

Example 4 (Appropriate case closure):

A MiCSES non-IV-D case has a spousal support and alimony arrears balance of $499. The last charge was posted in August 2013, and the last payment was received in July 2010. The case will **not** be included in the case closure batch that runs in September 2013. The case will be included in the case closure batch that runs in September 2016 if no payments are made.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

Case Management Work Improvement Team
Program Leadership Group

CONTACT PERSON:

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CC:

None

SUPPORTING REFERENCES:

Federal
45 CFR 303.11(b)(1)

State
MCL 600.5809(4)

ATTACHMENTS:

None

EPF/AER

IV-D MEMORANDUM 2013-023

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: July 23, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Online Solution for Complete and Accurate Reporting (e-OSCAR) Document Image Enhancement; Action Required by August 10, 2013

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

The e-OSCAR system will include a document image enhancement on August 10, 2013. This IV-D Memorandum describes the enhancement, identifies its impact on credit reporting dispute processing, and explains how FOC e-OSCAR users must prepare to use it.[187]

DISCUSSION:

e-OSCAR is a standard online computer system that all credit reporting agencies (CRAs) use to process Automated Credit Dispute Verifications (ACDVs)[188] and Automated Universal Data forms (AUDs).[189] ACDVs and AUDs are electronic means of exchanging information about credit reporting accounts between CRAs and an entity reporting account information (e.g., Michigan's IV-D program). Michigan law requires FOCs to report NCPs whose delinquency exceeds two months' child support obligation to a CRA. For complete information regarding the credit reporting process, refer to the State Court Administrative Office (SCAO) Administrative Memorandum 2009-04, *Providing Information to Credit Reporting Agencies*. Supplemental information is available in Michigan IV-D Action Transmittal (AT) 2008-042, *e-OSCAR: The Online Credit Reporting Dispute System*.

[187] The information in this memorandum will be incorporated into a future credit reporting manual section in the *Michigan IV-D Child Support Manual*.
[188] An ACDV is an electronic way that a CRA can request that the FOC verify, update or delete account information on a non-custodial parent's (NCP's) credit report.
[189] The Michigan Child Support Enforcement System (MiCSES) sends updates directly to the CRA; therefore, Michigan IV-D workers do not need to use AUDs.

NCPs reported to a CRA have a legal right to dispute a mistake of fact regarding the amount reported or the identity of the person reported.[190] An NCP may file a dispute with the CRA or with the FOC. When the NCP files a dispute with the CRA, the CRA reports the dispute to e-OSCAR, and e-OSCAR notifies the FOC via an ACDV. FOCs must respond to these disputes via e-OSCAR. IV-D workers designated as e-OSCAR ACDV Responders will respond to the disputes.

Document Image Enhancement

On August 10, 2013, e-OSCAR will implement a feature that allows e-OSCAR users to view images of original documents that a consumer (NCP) submits in support of his/her credit dispute. e-OSCAR will attach the document images to the ACDVs.[191] e-OSCAR will attach no more than five document images per ACDV. Currently, CRAs use a free-form field to describe the information the NCP provided in support of his/her dispute.

Document images will not accompany every ACDV because not all NCPs will submit supporting documents. However, if e-OSCAR attaches a document image to an ACDV, the user **cannot** process the ACDV unless the user views, prints, or downloads the document image. If the user does not process the ACDV by the response due date, the CRA will delete the NCP's child support account from the NCP's credit report.[192]

OCS does not recommend printing or downloading document images containing confidential information.[193] A user must not download and store a document image containing confidential information to a mobile device[194] without explicit permission from OCS.[195] If a user prints a document image, (s)he must handle the document the same way IV-D workers are required to handle and dispose of ad hoc reports.[196]

Required Actions for e-OSCAR Users

All e-OSCAR users must participate in one of the e-OSCAR Document Image Retrieval Testing sessions. Users must go to the e-OSCAR training schedule webpage to register for a session. The purpose of the testing session is to ensure that a user's web browser is able to access the document images. e-OSCAR users must register for and participate in a testing session as soon as possible to allow time to make changes to

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[190] Michigan Compiled Law (MCL) 552.512
[191] The document image file types are .TIFF, .GIF, .JPG (.JPEG), and .PNG. Most of the document images will be in the .TIFF file type.
[192] 15 United States Code (USC) 1681i.
[193] For a discussion of confidential information, reference Section 1.10, "Confidentiality/Security" of the *Michigan IV-D Child Support Manual*.
[194] Mobile devices include laptops.
[195] Reference the Department of Technology, Management & Budget (DTMB) Technical Standard 1340.00.06, "Storage of Sensitive Information on Mobile Devices and Portable Media."
[196] For a description of how to handle ad hoc reports, reference AT 2005-008, *Dissemination of Ad Hoc Reports*.

their web browser if necessary before the implementation date of August 10, 2013.[197] Any user who cannot view the document images will not be able to process ACDVs.

For information and updates on the e-OSCAR document image enhancement, visit the e-OSCAR website and click the "e-OSCAR Enhancement" link in the left menu.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

Enforcement Work Improvement Team
Program Leadership Group

CONTACT PERSON:

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CC:

All Prosecuting Attorney staff

SUPPORTING REFERENCES:

Federal
15 USC 1681i

State
MCL 552.512

ATTACHMENTS:

None

EPF/VPW

[197] Users who connect to a county-provided central server must contact their county's information technology department for assistance with browser changes. All other users should contact the MiCSES Help Desk at 800-968-2644.

IV-D MEMORANDUM 2013-025

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: December 3, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: OCS Case Management Section Business Process Changes, Upcoming New Interactive Voice Response (IVR) System, Revised Contact Information, and Form Updates

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

On October 1, 2013, the OCS Case Management Section[198] began the transition to implement business process improvements to enhance case processing and customer service. These enhancements include:

- Implementation of a team/function-based approach to improve case processing and decrease referral cycle times; and
- A new IVR system to improve customer service.

The redesigned business processes and the implementation of the new IVR system were developed from the Michigan Child Support Program Strategic Plan goals, which include:

- Efficient and effective business processes;
- Engaging and accessible customer service; and
- Innovative technology to improve customer service.

These enhancements will happen in two phases:

- Transition Phase: October 1, 2013 until the implementation of the new IVR; and
- Implementation Phase: Beginning with the implementation of the new IVR.

<u>Note:</u> Implementation of the new IVR was originally scheduled for December 9, 2013. Unfortunately, due to software issues, the implementation date has

[198] The OCS Case Management Section includes all support specialist staff.

been delayed.[199] The implementation date of the new IVR will be announced in a hotline message in the near future.

As a result of the enhancements, contact information for the OCS Case Management Section has changed significantly. The first changes to this contact information were announced in IV-D Memorandum 2013-030, *New Support Specialist Email Address for Partner Communications*. Additional changes to contact information will be discussed in this memorandum.

Finally, some OCS forms and publications have been updated to include new OCS contact information. This memorandum announces updates and minor changes to the following:

- *First Customer Contact Letter* (OCS0015);
- *Final Customer Contact Letter* (OCS0025);
- *Noncooperation Notice* (OCS1252);
- *Noncooperation Notice Auto-Generated Customer Copy* (OCS1252A);
- *Cooperation Notice* (OCS1253);
- *Notice of Continuing Eligibility* (OCS4636);[200]
- *Client Contact Letter* (OCSCONT);
- *Notice of Title IV-D Support Case Closure* (CLO_IVDSS);
- *Notice of Title IV-D Support Case Action* (CLO_REOSS);
- *Notice of Title IV-D Support Case Closure* (CLOSURESS);
- *Child Support Information* (DHS-842);
- *Application Status Letter* (OCS1202 / DHS-1202); and
- *Understanding Child Support – A Handbook for Parents* (OCSPAMP / DHS-Pub 748).[201]

The updated forms and publications that are generated from the Michigan Child Support Enforcement System (MiCSES) will be available in MiCSES with the 8.6 Release on December 9, 2013.

DISCUSSION:

I. Implementation of a Team/Function-Based Approach

The OCS Case Management Section, in an effort to improve the case intake process and decrease referral cycle time, is implementing several business process

[199] A hotline message dated December 3, 2013 announced the delay of the implementation of the new IVR.
[200] The wording on the OCS4636 will vary depending on whether the customer's case has state-owed arrears. Therefore, two versions of the OCS4636 are being published with this IV-D Memorandum: the OCS4636 – case with state-owed arrears, and the OCS4636 – case without state-owed arrears.
[201] The DHS-Pub 748 is the printed booklet version of the OCSPAMP. Ref: Section D(9) of this memorandum for more information on the DHS-Pub 748.

enhancements. The primary change is the discontinuation of the geo/alpha assignment[202] of work in favor of a team/function-based approach.

In this approach, support specialists will specialize in tasks and share customers across the entire section rather than maintain a separate caseload. This approach focuses on the stages of the case intake process and allows them to be divided among teams of support specialists, each specializing in a stage of the process.

The benefits of this approach include:

- Improvements in standard of promptness measures;
- Streamlined services;
- Enhanced specialization, consistency, and flexibility in managing workloads among support specialists;
- Acceptable response times to customers and IV-D workers;
- Elimination of redundancy;
- Initiation of timely services;
- Maximized efficiency; and
- Increased referrals to PA and FOC offices.

The effort to implement the team/function-based approach will happen in two phases.

1. Transition Phase: October 1, 2013 until the Implementation of the new IVR[203]

   In the Transition Phase, the OCS Case Management Section will clean up the backlog of support specialist work and begin assigning teams in an effort to prepare for the Implementation Phase. Four teams have been developed to begin clean-up efforts and case processing:

   a. Phone Team – On October 1, 2013, support specialists discontinued the use of geo/alpha case assignment. Instead, the current IVR has been changed to assign calls to a dedicated team of support specialists. Calls are answered in the order that they are received. The support specialists assigned to the Phone Team will work the case as far as they can, and their work may result in the generation of a court action referral.
   b. Case Maintenance Team – Assigned support specialists will work all the *IV-D Child Support Services Application/Referral* (DHS-1201) forms, *Child Support Information* (DHS-842) forms, regular mail, and email sent to the standard support specialist email address.[204] The work of the support specialists

[202] Geo/Alpha assignment involved assigning caseloads to individual support specialists by county and/or by certain alphabetical listings of cases within a county. For example, one support specialist would be assigned all the cases in one county, or all the cases starting with letters A through M in one county.
[203] An implementation date for the new IVR will be announced in a hotline message in the near future.
[204] The standard support specialist email address is DHS-OCS-CaseManagement-Inquiries@michigan.gov. Ref: IV-D Memorandum 2013-030 for more information.

assigned to the Case Maintenance Team may result in the generation of court action referrals.

c. Foster Care/Child Welfare Team – A select group of support specialists will handle all foster care work, including Pending Referrals (CPDRs), backlog work, etc. The work of the support specialists assigned to the Foster Care/Child Welfare Team may result in the generation of court action referrals.
d. Back-Office Team – A specialized group of support specialists will focus on case-aging alerts, *Resolve Referral* (RESR) alerts, the *Case Closure Eligibility List (CELT) Report,* and all related backlog work. The work of the support specialists assigned to the Back-Office Team may result in the generation of court action referrals.

2. Implementation Phase: Beginning with the implementation of the new IVR

   Upon implementation of the new IVR, the OCS Case Management Section will implement the full team/function-based approach. To prepare for this, support specialists will be divided into the following teams/functional areas:

   a. Case Intake Team – This team has been split into several smaller teams (based on task):

      - Research Team – A select group of support specialists will handle various support specialist alerts, partner emails, DHS-1201s, DHS-842s, call overflow and court action referrals.
      - Phone Team – A select group of support specialists will handle customer calls via the new Genesys IVR. The Genesys IVR will assign calls to a dedicated team of support specialists through sophisticated call-routing technology. Calls will be answered in the order that they are received. They will also be answered according to special routing configurations. The support specialists assigned to the Phone Team will work the case as far as possible, and their work may result in the generation of court action referrals.
      - Foster Care/Child Welfare Team – A select group of support specialists will handle all foster care work, including CPDRs, backlog work, call overflow, etc.; the work of the support specialists assigned to the Foster Care/Child Welfare Team may result in the generation of court action referrals.
      - Exception Team – A select group of support specialists will handle various support specialist alerts, RESR exceptions, inbound customer mail, call overflow and court action referrals.
      - Locate Team – A select group of support specialists will be assigned to aid the Case Management Section's locate functions by using specialized locate tools. The work of the support specialists assigned to the Locate Team may result in the generation of court action referrals.

b. Case Closure Team – A select group of support specialists will be assigned to various case closure tasks and functions within the Case Management Section.
c. Partner Relations/Quality Assurance/Hearings Team[205] – A select group of support specialists will be assigned to partner relations and quality assurance measurements/reviews on behalf of the Case Management Section. They will also perform all tasks associated to noncooperation hearings when OCS support specialist participation is expected.

J. Changes to OCS Case Management Section Contact Information

1. Communication Options for IV-D Workers During the Transition Phase

From October 1 until the implementation of the new IVR, IV-D workers can contact support specialists using the standard email address DHS-OCS-CaseManagement-Inquiries@michigan.gov.[206] IV-D workers must include the IV-D case number and their partner office type (FOC, PA) in the email subject line. IV-D staff must not include multiple case inquiries within one email. Emails that are sent to an individual support specialist will be forwarded to the standard email box. When including confidential information, IV-D workers must comply with email encryption requirements.[207]

During the Transition Phase, IV-D workers may call support specialists at 866-540-0008; however, email is the preferred communication method. Emails may be responded to more quickly than phone calls.

2. Communication Options for IV-D Workers After Implementation of the New IVR

After implementation of the new IVR, IV-D workers will be able to speak to a support specialist by calling the new IVR at 866-540-0008. A high-priority partner route will allow IV-D worker calls to bypass all customer calls, and IV-D worker calls will be answered in the order they are received.

To be placed in the high-priority partner route when calling the new IVR, IV-D workers must follow the steps below. If IV-D workers do not follow these steps, their calls will be placed among customer calls, and they will have longer wait times.

a. Calling the OCS Case Management Section

[205] The IV-D hearings process will not change.
[206] Ref: IV-D Memorandum 2013-030 for more information.
[207] Ref: Section 1.10, "Confidentiality/Security" of the *Michigan IV-D Child Support Manual*.

When IV-D workers call the IVR, they will press 1 for English. Then the IVR prompt will ask their reason for the call. IV-D workers must say “partner” or press 9 on their telephone keypad.

The IVR will ask for the type of partner (PA, FOC, Department of Human Services [DHS] caseworker,[208] or other). IV-D workers will do one of the following:

1) Say “Prosecuting Attorney” or press 1. The IVR will ask the caller to say or enter the court action referral number or IV-D number.

2) Say “Friend of the Court” or press 2. The IVR will ask the caller to:

   - Say “docket number” or press 1; or
   - Say “IV-D number” or press 2.

3) Say “DHS caseworker” or press 3. The IVR will ask the caller to say or enter the case number.

4) Say “Other” or press 4. The IVR will connect the caller with a support specialist.

b. Calling the OCS Central Operations Section

When IV-D workers call the IVR, they will press 1 for English. Then the IVR prompt will ask their reason for the call. IV-D workers should say the name of the unit within OCS Central Operations that they are looking for:

- Tax offset;
- Passport denial; or
- Employer bonus.

Additionally, the partner route will have a last-call routing functionality to assist with connecting the IV-D worker to the last support specialist (s)he talked to. This will assist in situations where an issue requires multiple calls between the IV-D worker and the support specialist.

IV-D workers will be unable to reach a specific support specialist previously assigned to their county due to the elimination of the geo/alpha case assignment. IV-D workers who attempt to contact a support specialist on his/her direct line will receive no response, and voicemail will no longer be available.

[208] DHS caseworkers will receive notification of implementation of the new IVR and how to use the “partner functionality” in advance of the new IVR implementation.

Note: Some OCS forms and publications list two phone numbers for the IVR: 866-661-0005 and 866-540-0008. With the implementation of the new IVR, the phone number 866-661-0005 will eventually be phased out. To assist customers who may still have publications or forms with both IVR phone numbers listed, OCS will continue to allow the 866-661-0005[209] phone number to reach the new IVR. This number will be active until June 2014.

c. Emailing the OCS Case Management Section

IV-D workers may also contact support specialists using the standard email address DHS-OCS-CaseManagement-Inquiries@michigan.gov. IV-D workers must include the IV-D case number and their partner office type (FOC, PA) in the email subject line.

3. Communication Options for Customers During the Transition and Implementation Phases

Customers wishing to communicate with a support specialist will call the IVR at 866-540-0008 during both the Transition and Implementation Phases. During the Transition Phase, the IVR will be able to accommodate approximately 114 callers at a time. Once 114 callers are in the queue, additional callers will receive a busy signal. To avoid this issue, IV-D workers should encourage customers to call during non-peak times such as between 7 a.m. and 9 a.m. The published hours of the IVR during the transition are 8 a.m. to 4:30 p.m.; however, some support specialists begin work prior to 8 a.m. and may be available to handle calls on the IVR.

After implementation of the new IVR, enhanced functionality will assist customers when using the IVR. An unlimited number of customers may use the IVR, and a user-friendly system of prompts will assist customers in reaching their desired area (e.g., the tax offset unit, a support specialist, etc.). The hours of the new IVR will be 7 a.m. to 4:30 p.m.

Customers will not have an option to email a support specialist. IV-D workers must not provide the standard support specialist email address to customers. Customers who attempt to reach a support specialist by email will receive a standard response indicating the customer email is not accepted.

IV-D workers must not send customers to the Grand Tower in downtown Lansing or to the Southeast office location. Support specialists do not conduct face-to-face interviews with customers since their work spaces and office security are not conducive for interaction with the public.

[209] Ref: the 10/7/2013 Help Desk notification regarding OCS IVR phone numbers.

K. IVR-Related Changes

1. IVR System Changes

   The new IVR will provide one number (866-540-0008) for customers to call to access child support information over the telephone. When customers call that number, they will follow the system prompts to obtain child support information or be directed to a IV-D worker who can assist them. This system will improve service to customers by more efficiently directing them to the information they need. Through a series of verbal commands or use of the telephone keypad, callers can be directed to the appropriate support specialist based on the reason they are calling and who they are. This will eliminate a laborious voicemail exchange (inbound and outbound) between customers and support specialists. The new technology, processes and efficiencies will provide for first-call resolution. The new IVR will allow callers to speak immediately to a support specialist to get their needs met, saving time and money for both OCS and the customer.

   In addition, speaking to the customer on the first inbound call will increase referral rates and reduce the occurrences of noncooperation and public assistance sanctions (support disqualifications).

   The IVR will direct callers to:

   - The OCS Case Management Section, including:
     - Support specialist staff;
     - Intergovernmental staff; and
     - Case initiation staff to request a DHS-1201.
   - The OCS Central Operations Section, including:
     - Passport denial staff;
     - Tax refund offset staff; and
     - Employer bonus staff.

2. Changes to IVR Information on OCS Forms and Publications

   OCS forms and publications that have contact information for OCS have been updated with the new IVR information. The following changes were made:

   - Support specialists' names and direct phone numbers have been removed and replaced with the general IVR phone number;
   - The 866-661-0005 phone number has been removed; and
   - The signature line has been removed.

L. Additional Changes to OCS Forms and Publications

In addition to updates for the new IVR, some OCS forms and publications were revised with formatting and text changes to improve readability and/or update content. Forms and publications with significant changes in addition to IVR changes are discussed below. The updated forms will be available in MiCSES with the 8.6 Release on December 9, 2013.

1. *First Customer Contact Letter* (OCS0015)

   The OCS0015 has been changed to instruct customers to contact OCS within 21 days of the date of the letter – it will no longer populate a specific date driven by the MiCSES scheduler. This will increase case intake efficiency since the previous scheduler in MiCSES forced inappropriately long deadlines (e.g., several months into the future). The 21 days was determined appropriate based on the volume of public assistance referrals and OCS's ability to process them. This time frame gives the customer an appropriate length of time to respond, but not too long of a period in which the customer might forget to contact OCS. MiCSES provides a nine-day grace period before it sends out the *Final Customer Contact Letter* (OCS0025), giving the customer a total of 30 days to contact OCS. In addition, the DHS-842 (a form the customer may use instead of calling OCS) will be sent out automatically with the OCS0015 as well as with the OCS0025.

2. *Final Customer Contact Letter* (OCS0025)

   The OCS0025 has been changed to instruct customers to contact OCS within 14 days of the date of the letter – it will no longer populate a specific date by which the customer must contact OCS. The 14 days was determined appropriate based on the volume of public assistance referrals and OCS's ability to process them. This time frame gives the customer enough time to respond, but not too long of a period in which the customer might forget to contact OCS. MiCSES provides a 12-day grace period before it sends out the *Noncooperation Notice Auto-Generated Customer Copy* (OCS1252A), giving the customer 26 days to contact OCS before being placed into noncooperation.

   Customers will receive a total of 56 days from the date the OCS0015 gets mailed out to contact OCS. If a customer fails to contact OCS within this time frame, his/her case will go into noncooperation.

3. *Noncooperation Notice Auto-Generated Customer Copy* (OCS1252A)

   This form has been updated to display the following information:

   > You are considered to be noncooperative with the child support program because:

- You did not respond to the first contact letter within 21 days.
- You did not respond to the second contact letter within 14 days.

4. *Notice of Continuing Eligibility* (OCS4636)

   This form has been updated with the following changes:

   - The previous version of this form instructed customers to determine which partner office (OCS, PA, FOC) has their case, and to contact that office. The updated form instructs customers to contact OCS.
   - Functionality has been added to auto-populate specific information if the customer's case has state-owed arrears. Cases with state-owed arrears require a notification indicating that the case cannot close. The following text will appear on the OCS4636 if state-owed arrears are identified on the case:

     > Due to previous cash and/or medical public assistance, there is unpaid current support debt owed to the State of Michigan on your child support case. Therefore, your case will remain open and you will continue to receive child support services.

   - For cases without state-owed arrears, the OCS4636 will include instructions on how to close the case.
   - Language regarding the $25 fee has been removed.

5. *Client Contact Letter* (OCSCONT)

   This form has been changed to allow the IV-D worker to select up to four different paragraph options:

   - Marriage; divorce; separation information required;
   - Updated phone number and/or residential address required;
   - Adoption information required; and
   - Other.

   Each option allows the IV-D worker to enter a maximum of 75 characters to provide additional explanation to the customer.

6. *Notice of Title IV-D Support Case Closure* (CLO_IVDSS)

   The information on spousal support has been removed because CLO_IVDSS is a support specialist case closure form, and spousal support would not be part of the IV-D child support case.

7. *Child Support Information* (DHS-842)

   There is new question at the top of the form that asks the customer to indicate his/her relationship to the child(ren).

8. *Application Status Letter* (OCS1202 / DHS-1202)

   This form has been added to MiCSES and can now be printed locally or centrally.

9. *Understanding Child Support – A Handbook for Parents* (OCSPAMP / DHS-Pub 748)

   The text in the OCSPAMP now matches the text in the DHS-Pub 748. The following changes were made to both publications:

   - Language has been clarified to better explain what child support is, and who can apply for child support services.
   - Information on the following topics has been updated:
     - The roles of partners (OCS, PA, FOC) in the child support program;
     - Intergovernmental child support services;
     - Income withholding; and
     - Tax refund intercept.
   - Payment options have been updated to no longer include VISA.
   - The paragraph that stated an annual $25 fee may be charged on certain cases has been removed.
   - Available enforcement remedies have been updated to better outline options available to a judge, including a significant update on the explanation of liens.

   County offices will use existing copies of the DHS-Pub 748 until the inventory is depleted. The new version of the DHS-Pub 748 is currently unavailable, but it will be provided to county offices after the current inventory runs out.

M. Communication Plan

OCS has communicated the business process changes discussed in this memorandum at the following events and group meetings:

- Friend of the Court Association Conference;
- Prosecuting Attorneys Association of Michigan Conference;
- Friend of the Court User Group;
- Program Leadership Group;
- Case Management, Establishment, Enforcement and Intergovernmental Work Improvement Team meetings;

- Business Process Redesign Focus Group;
- Administrative Hearings Workgroup; and
- Michigan Family Support Council Spring and Fall Conferences.

The business process changes are also explained in the Michigan Child Support Program Strategic Plan video found on mi-support.

The OCS Case Management Section will continue to look for ways to communicate future changes and will monitor feedback received in the standard support specialist email box. If your office or group would like to meet with the OCS Operations Division on the transition and/or implementation, contact Sean Bodell. His contact information is listed below.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. IV-D workers must use the updated OCS forms and publications. The forms and publications that are generated from MiCSES will be available in MiCSES on December 9, 2013.

This IV-D Memorandum and its attachments obsolete the following:

- OCS0015 (Rev. 11/12) (published with IV-D Memorandum 2012-024);
- OCS0025 (Rev. 11/12) (published with IV-D Memorandum 2012-024);
- OCS1252 (Rev. 04/08) (Action Transmittal [AT] 2009-018, Attachment 6);
- OCS1252A (Rev. 01/09) (AT 2009-018, Attachment 1);
- OCS1253 (Rev. 06/09) (AT 2009-018, Attachment 3);
- CLO_IVDSS (Rev. 09/07) (AT 2007-007, Attachment 2);
- CLO_REOSS (Rev. 09/07) (AT 2007-007, Attachment 3);
- CLOSURESS (Rev. 06/04) (AT 2007-004, Attachment 5 and AT 2007-007, Attachment 1); and
- DHS-1202 (AT 2008-011, Attachment 1).

REVIEW PARTICIPANTS:

Case Management Work Improvement Team
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CONTACT PERSON:

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CC:

None

SUPPORTING REFERENCES:

None

ATTACHMENTS:

OCS0015:	*First Customer Contact Letter*
OCS0025:	*Final Customer Contact Letter*
OCS1252:	*Noncooperation Notice*
OCS1252A:	*Noncooperation Notice Auto-Generated Customer Copy*
OCS1253:	*Cooperation Notice*
OCS4636 (two versions):	*Notice of Continuing Eligibility* (case with state-owed arrears)
	Notice of Continuing Eligibility (case without state-owed arrears)
OCSCONT:	*Client Contact Letter*
CLO_IVDSS:	*Notice of Title IV-D Support Case Closure*
CLO_REOSS:	*Notice of Title IV-D Support Case Action*
CLOSURESS:	*Notice of Title IV-D Support Case Closure*
DHS-842:	*Child Support Information*
OCS1202 / DHS-1202:	*Application Status Letter*
OCSPAMP / DHS-Pub 748:	*Understanding Child Support – A Handbook for Parents*

EPF/CMS

IV-D MEMORANDUM 2013-026

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: October 17, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Introduction of the Affordable Care Act (ACA) and the Impacts on the Michigan IV-D Program

RESPONSE DUE: None

POLICY EFFECTIVE DATE: October 7, 2013

PURPOSE:

This IV-D Memorandum provides IV-D workers an overview of The Patient Protection and Affordable Care Act (ACA) and the impacts that the ACA may have on Michigan's IV-D program.

DISCUSSION:

The ACA was enacted in March 2010 and contains several mandates for all residents of the United States. The mandates are designed to ensure that a majority of U.S. residents have quality, affordable healthcare by requiring most residents to enroll in healthcare plans that meet certain minimum qualifications.

The ACA does not change any requirements for the IV-D program; however, there are steps that IV-D workers can take that will help families in our program meet their obligations under child support orders and the ACA. The requirements and changes to the healthcare system in the United States may cause confusion for obligated parents and their families in need of healthcare. IV-D workers should familiarize themselves with the main provisions of the ACA and modify current medical support establishment and modification practices to take into account the requirements of the ACA.

4. ACA Requirements

Four main requirements are outlined in the ACA:

- The individual mandate;
- Employer requirements;

- The creation of Healthcare Marketplaces;[210] and
- Medicaid expansion and changes.

These requirements are detailed below.

4.1 Individual Mandate

By January 1, 2014, all U.S. residents are required to maintain minimum essential healthcare coverage or pay a tax penalty to the Internal Revenue Service (IRS). Minimum essential healthcare coverage is the type of coverage an individual needs to meet the individual responsibility requirement under the ACA. Under the individual mandate, an adult or a married couple claiming a child as a dependent on their federal tax return are required to ensure that the child is enrolled in some form of minimum essential healthcare coverage. Parents can meet the responsibility for covering themselves and their children through employer-sponsored coverage, Medicaid, Children's Health Insurance Program (CHIP), coverage obtained through the Marketplace, TRICARE, and other plans.

4.1.1 Exemptions

An individual is exempt from the responsibility to cover himself/herself and his/her children if:

- (S)he is uninsured for less than three months out of the year;
- Affordable[211] quality employer coverage is not available, or (s)he is determined to have very low income, and healthcare coverage is considered unaffordable;[212]
- His/her income is below the federal tax filing threshold;[213]
- (S)he would qualify under the new income limits for Medicaid, but his/her state has chosen not to expand Medicaid eligibility;
- (S)he is a member of a federally recognized Indian Tribe;
- (S)he participates in a healthcare sharing ministry;[214]

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[210] A "Healthcare Marketplace" is a resource where individuals, families, and small businesses can learn about their healthcare coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage. The Healthcare Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. Ref: the Healthcare.gov glossary for more information.

[211] Affordable quality employer coverage means the employee's share of the annual premium for self-only coverage is no greater than 9.5 percent of annual household income. Starting on January 1, 2014, individuals offered employer-sponsored coverage that is affordable and provides minimum value will not be eligible for a premium tax credit. A "premium tax credit" helps individuals afford health coverage purchased through the Healthcare Marketplace by allowing the credit to be applied toward the monthly premium. Ref: the Healthcare.gov glossary for information on premium tax credits.

[212] Coverage is unaffordable if the premium for the lowest-cost option on the Healthcare Marketplace exceeds 8 percent of income.

[213] Ref: www.IRS.gov for more information regarding federal tax filing thresholds.

[214] A "healthcare sharing ministry" is a healthcare cost-sharing arrangement among persons of similar and sincerely held beliefs, administered by a not-for-profit religious organization.

- (S)he is a member of a recognized religious sect with religious objections to health insurance; or
- (S)he has a hardship as defined by the Secretary of Health and Human Services.

In June 2013, the Centers for Medicare & Medicaid Services (CMS) clarified the hardship exemption. The clarification states that "Federal Marketplaces[215] will exempt a child who has been determined ineligible for Medicaid and CHIP, and for whom a party other than the party who expects to claim him or her as a tax dependent is required by court order to provide medical support."[216] This clarification has particular importance to the IV-D program. A custodial party (CP) who claims his/her child on his/her tax return but who is **not** obligated to provide health insurance through a support order can receive an exemption and avoid penalties.[217] Staff may refer to question and answer 7 in the Affordable Care Act (ACA) Frequently Asked Questions (FAQs) for IV-D Workers[218] for more information.

This exemption will not affect cases where:

- The child is eligible for Medicaid or CHIP; **or**
- **Both** parents are ordered to provide healthcare coverage. If the child is eligible for Medicaid or CHIP, and the CP has not applied for coverage, the CP will be subject to a penalty from the IRS if (s)he claims the child as a dependent. The hardship exemption has no bearing or effect on child support orders ordering a parent to provide health insurance.

4.1.2 Penalties

The ACA mandates that all individuals who do not have minimum essential coverage by 2014 must pay a tax penalty to the IRS unless they qualify for an exemption or exception. IRS tax forms will ask filers about healthcare coverage, and if a filer or a filer's dependent is not covered, a penalty will be assessed and due when the individual files his/her tax return. The tax penalty will increase over the next three years until it reaches the maximum penalty under the law in 2016. The following are the penalties over the next three years:

- In 2014, the higher of $95 per person, or 1.0 percent of taxable income;

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[215] Federal Marketplaces are the same as Healthcare Marketplaces or Partnership Exchanges. A "Partnership Exchange" is a state's partnership with the federal government in the creation and maintenance of a Healthcare Marketplace.
[216] Ref: *Guidance on Hardship Exemption Criteria and Special Enrollment Periods*, CMS Center for Consumer Information and Insurance Oversight Memorandum, June 26, 2013.
[217] Ref: Section A(1)(b) of this memorandum.
[218] Ref: Exhibit 2013-026E1.

- In 2015, the higher of $325 per person, or 2.0 percent of taxable income; and
- In 2016, the higher of $695 per person, or 2.5 percent of taxable income.

The tax penalty does not affect the IV-D program. The IV-D program still has the responsibility to establish and enforce medical support orders. A CP or a non-custodial parent (NCP) can receive both a penalty from the IRS **and** be subject to enforcement mechanisms from the IV-D program, such as a show cause hearing or a *National Medical Support Notice* (NMSN). Conversely, a parent may be exempt from the IRS penalty but be subject to IV-D enforcement of medical support provisions.

4.2 Employer Requirements

By January 1, 2015, large employers[219] must offer healthcare coverage to full-time employees[220] and their dependents[221] or pay a tax penalty if any full-time employee purchases coverage through a Healthcare Marketplace and qualifies for an insurance premium tax credit. Employers also are now required to report certain information about healthcare coverage to the IRS.[222]

4.3 Healthcare Marketplaces

Under the ACA, each state is required to have a Healthcare Marketplace implemented by October 1, 2013. States may:

- Choose to create and run their own Marketplace;
- Partner with the federal government in a Partnership Exchange; or
- Opt to have the federal government create and run the state's Marketplace with no assistance from the state.

4.3.1 Michigan's Marketplace

Michigan has opted to have the federal government create and run the state's Marketplace. Michigan's Marketplace is known as the Health Insurance Marketplace.[223] The Health Insurance Marketplace will use the federal Streamlined Application[224] for online enrollment in a qualified health plan,[225] Medicaid, and CHIP.

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[219] "Large employers" are defined by the ACA as employers that employ 50 or more employees.
[220] "Full-time employees" are defined by the ACA as employees who work an average of at least 30 hours per week.
[221] "Dependents" are defined by the ACA as children under the age of 26.
[222] Ref: www.healthcare.gov for more information.
[223] Michigan's Marketplace may be accessed at www.healthcare.gov.
[224] The paper version of the Streamlined Application is called the *Application for Health Coverage & Help Paying Costs* (OMB No. 0938-1191). Ref: Section A(4)(b) of this memorandum for more information.
[225] Under the ACA, a "qualified health plan" is an insurance plan that is certified by the Healthcare Marketplace, provides essential health benefits, follows established limits on cost-sharing (e.g.,

It will also offer premium tax credits and cost-sharing reductions[226] to those who qualify.[227] Applicants will have instant eligibility determinations and will be able to select from a variety of healthcare options to fit their budgets and needs. Premium tax credits and cost-sharing reductions will be available to those who earn 100 percent to 400 percent of the Federal Poverty Level. Additionally, the Health Insurance Marketplace will offer child-only healthcare plans.

4.3.2 Enrollment in Coverage

U.S. residents have from October 1, 2013 until March 31, 2014 to sign up for coverage on a Healthcare Marketplace. This is known as the open enrollment period. After March 31, 2014, individuals will only be able to sign up for new or different coverage through a Marketplace during the next open enrollment period, or if there has been qualifying life event.[228] Individuals can submit an application for health coverage outside of a Healthcare Marketplace, or apply for Medicaid or CHIP, at any time of the year.

4.4 Medicaid Expansion and Changes

4.4.1 Expansion of Medicaid Eligibility

Currently, the system for determining if a person is eligible for Medicaid varies from state to state. It involves calculations of income and assets, as well as "disregards"[229] of income and assets that vary for different populations.

The ACA streamlines and unifies the system for determining eligibility across all states. States are required to use the Modified Adjusted Gross Income (MAGI) tax rules, which are also used by the Healthcare Marketplaces to determine eligibility for Marketplace premium tax credits and cost-sharing reductions.

Under the MAGI rules, there is one standard 5 percent disregard for most populations. This means that a person's income can be up to 138 percent of the Federal Poverty Level, but once the 5 percent of his/her income is disregarded, (s)he will meet the 133 percent of the Federal Poverty Level income threshold for Medicaid eligibility. MAGI rules also change the sources

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deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold. Ref: the Healthcare.gov glossary for more information.

[226] A "cost-sharing reduction" is a discount that lowers the amount individuals have to pay out-of-pocket for deductibles, coinsurance and copayments. The discount is based on an individual's income.

[227] Ref: Section B(2)(b) of this memorandum for information about the impacts of tax credits on the child support program.

[228] Ref: www.healthcare.gov for more information on open enrollment periods and qualifying life events.

[229] "Disregarding" income or assets means not counting it for the purposes of determining eligibility.

of income that count and do not count for eligibility determinations (e.g., assets no longer count) and how family size is determined.

The ACA, as enacted, required all states to expand Medicaid eligibility in January 2014 to individuals under age 65 with incomes up to 133 percent of the Federal Poverty Level. The federal government will pay for almost all of the costs of that expansion. In 2012, the U.S. Supreme Court ruled that states could not be required to expand Medicaid, and therefore the expansion would be optional for each state. On August 27, 2013, Michigan passed legislation to expand the Medicaid program in Michigan. The expansion is scheduled to go into effect in April 2014.[230]

4.4.2 Medicaid Application Changes

The ACA also replaces the current Medicaid application. CMS created a new Streamlined Application that contains the questions that state Medicaid agencies are permitted to ask Medicaid applicants. States can choose to adopt the Streamlined Application, or they can create their own application. However, any state-created application must contain only the questions that are included on the Streamlined Application. Additionally, applicants are not required to use the state-created application when applying for Medicaid – they can also apply through the Healthcare Marketplace or by using the paper Streamlined Application.

State Medicaid agencies must request permission from CMS to add additional questions to the state-created application. Michigan has chosen to create its own application, the *Application for Health Insurance* (DHS-1426).[231]

Under the ACA, only questions about the applicant and the members of the applicant's household can appear on the Medicaid application. This rule eliminates the ability to ask questions about a potential NCP (known as an "absent parent" in the assistance community). Bridges functionality requires a group consisting of a parent, an absent parent, and a child in order to send a referral to the child support program for case establishment.[232] Because the DHS-1426 does not gather information about the absent parent, after January 1, 2014, OCS has been informed that Bridges will no longer send Medicaid-only referrals to the child support program. However, Bridges will continue to send referrals for other referable assistance programs to the child support program since the application for other services still gathers the required information about the absent parent. Additionally, if the family receives

[230] OCS will continue to investigate impacts of the Medicaid expansion on the IV-D program; more information will follow.
[231] The DHS-1426 will be available at all Department of Human Services (DHS) and Michigan Department of Community Health (MDCH) offices.
[232] Ref: Section 2.05, "Referrals and Applications" of the *Michigan IV-D Child Support Manual* for more information.

Medicaid *and* other assistance programs, the child support program will receive referrals.

MDCH intends to ask permission from CMS to add questions about the absent parent to its state Medicaid application. MDCH estimates that the questions will be approved and added to Michigan's paper application (DHS-1426) and online application (through MiBridges) by June 2014. At that time, MDCH intends to request an update to Bridges' functionality, and Bridges will again submit referrals for Medicaid-only cases to the child support program.

Michigan's Health Insurance Marketplace uses the federal Streamlined Application which will **not** be modified to include any new questions requested by Michigan. Bridges will continue to not send referrals to child support for applications received through the Health Insurance Marketplace.

As of this publication, new and changed Medicaid application forms and Bridges corresponding functionality for issuing or not issuing IV-D referrals is still under consideration and development. OCS will notify IV-D staff when these modifications are formally scheduled and/or imminent.

4.4.3 Medicaid Application Process in Michigan

As of October 1, 2013, Michigan residents have four ways to apply for Medicaid:

- The Health Insurance Marketplace (which uses the online Streamlined Application);
- The online Michigan application (through MiBridges);
- The federal paper application (the Streamlined Application); and
- The DHS-1426 that will be available at all DHS and MDCH offices.

Applicants who need Medicaid coverage between October 1, 2013 and January 1, 2014 and who qualify for Medicaid under the current eligibility rules will apply for Medicaid using the pre-ACA process and application. Applicants who do not qualify for Medicaid under the current eligibility rules or who need Medicaid after January 1, 2014 will apply for Medicaid by using the DHS-1426 or through the Health Insurance Marketplace beginning October 1, 2013. Also, applicants requesting state assistance benefits in addition to Medicaid will be required to complete two separate applications after January 1, 2014. Applicants will complete the *Assistance Application* (DHS-1171) and the DHS-1426 (or apply using the Health Insurance Marketplace, MiBridges, or the paper Streamlined Application).

5. The ACA and IV-D Program Goals

The ACA does not change Title IV-D of the Social Security Act or its accompanying regulations. This means that Michigan's IV-D program is not required to make any changes to the way it establishes, enforces or modifies medical support orders. However, there are steps that Michigan IV-D partners may take to help align the goals of the IV-D program, the Michigan Child Support Program Strategic Plan, and the ACA.

5.1 Enforcement of Healthcare Coverage

The ACA does not change any healthcare coverage enforcement requirements for the IV-D program. Also, as described above, the tax penalty does not affect the IV-D program. Federal law requires child support orders to include a provision for healthcare coverage. FOC staff must continue to enforce these healthcare coverage provisions, including the continued use of NMSNs.[233] FOC staff can help parties comply with their order by explaining that they may be able to satisfy their healthcare coverage requirements by enrolling for coverage through the Marketplace.

5.2 Establishment and Modification of Medical Support Orders

The Michigan Child Support Program Strategic Plan for 2013-2017 outlines several strategic goals for the next five years. IV-D staff can help work toward some of these goals by considering the requirements and limitations of the individual mandate and by following the steps that the 2013 Michigan Child Support Formula Supplement lists for IV-D staff when determining which parent should be ordered to maintain healthcare coverage.

5.2.1 Streamline Services and Eliminate Redundancy

The business process goal of the Strategic Plan calls for the IV-D program to streamline services and eliminate redundancy. IV-D staff are encouraged to consider the following[234] when establishing or modifying medical support orders:

- Do the parents agree who should maintain the children's coverage?
- Does only one parent have coverage available through employment or self-employment?
- If only one parent has coverage available through employment, is the parent's coverage at or below the reasonable cost of coverage?
- If both parents have coverage available through employment:
    - Does either parent's coverage exceed the reasonable cost of coverage?

[233] Ref: Section 6.06, "Medical Support" of the *Michigan IV-D Child Support Manual* for more information.
[234] Ref: Subsection 3.02, "Determining Which Parent Should Maintain Health Care Coverage" of the 2013 Michigan Child Support Formula Supplement for more information.

- Does the child have special healthcare needs that one plan covers better?

- If neither parent has coverage available through employment at a reasonable cost, are there other coverage options available to either parent?
- If other coverage options are available to either parent, which parent would be better suited to obtain the other options?

In addition to the above factors, knowing the ACA link between claiming a child for tax purposes and the individual mandate requirements, IV-D staff may wish to determine which parent will claim the child prior to establishing or modifying support orders.

The 2013 Michigan Child Support Formula Supplement also instructs IV-D staff to avoid requiring both parties to provide coverage since it can lead to duplicate coverage, extra costs, and unnecessary enforcement actions.

Once IV-D staff have determined which parent is in the best position to provide healthcare coverage for his/her child, they can seek to set the medical support order accordingly.[235]

5.2.2 Evaluate and Respond to Change to Maximize Compliance

The support payment goal of the Strategic Plan calls for the IV-D program to evaluate and respond to social, legal, technological, and economic changes to maximize compliance. IV-D workers can help ensure parents can comply with medical support orders by determining which parent is in the best position to provide healthcare under the rules of the ACA.

Under the requirements of the ACA and the requirements of many court orders, cost and the inability to receive tax credits may present a barrier to some parents seeking to provide healthcare coverage for their children. Parents can cover their child(ren) under a qualified health plan, but they are not eligible for the premium tax credit to offset the cost of coverage unless they can legitimately claim the child(ren) as a dependent on their federal income tax filing.[236] Additionally, only the parent who claims the child may enroll the child in Medicaid.

An NCP living in a different state from his/her child is not allowed to enroll the child in a state healthcare coverage plan outside the child's home state; (s)he must enroll the child using the Marketplace in the child's home state. This is true even if the NCP claims the child as a dependent.

[235] OCS has not yet closely examined the impacts of cases where parents alternate claiming the child yearly for tax purposes.
[236] Ref: Question and answer 10, 14 and 15 in Exhibit 2013-026E1 for further information.

By considering these factors, IV-D workers will streamline the requirements that parents have under both the court order and under the ACA by helping parents find coverage for their children to satisfy the court order and the individual mandate.

5.2.3 Provide Excellent Customer Service

The customer service goal of the Strategic Plan calls for the IV-D program to establish a “How can I help you?” attitude and provide respectful and knowledgeable customer service. OCS encourages IV-D staff to direct parents to the Health Insurance Marketplace to obtain healthcare for their children. By doing this, IV-D workers will provide excellent customer service to customers, and help them understand and navigate their responsibilities under their child support order.

6. Additional Information

OCS will host two conference calls for IV-D workers to learn more about the ACA. These calls will be held in November 2013. OCS will send out a hotline message with more information, including the dates of the calls.

NECESSARY ACTION:

Retain this IV-D Memorandum and its attachment until further notice.

REVIEW PARTICIPANTS:

Case Management Work Improvement Team
Enforcement Work Improvement Team
Establishment Work Improvement Team
Program Leadership Group

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CC:

None

ATTACHMENT:

2013-026E1: Affordable Care Act (ACA) Frequently Asked Questions (FAQs) for IV-D Workers

EPF/AER

IV-D MEMORANDUM 2013-027

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: September 6, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: Updates to the *Birth Expenses Request* (OCS0076)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces minor updates to the *Birth Expenses Request* (OCS0076). These changes will be effective in the Michigan Child Support Enforcement System (MiCSES) after 5 p.m. on September 6, 2013.

DISCUSSION:

The Department of Human Services (DHS) and the Michigan Department of Community Health (MDCH) have re-initiated the establishment of Medicaid-paid birth expense repayment obligations in child support orders when established on IV-D cases.[237] In the birth expense repayment process, OCS support specialists generate the OCS0076 in MiCSES and send it to MDCH to verify birth expenses incurred in Medicaid cases. The OCS0076 is the MiCSES copy of the 2011 version of the MDCH form DCH-0491.

The changes to the OCS0076 are as follows:

- The title has been changed from *Confinement Expenses Request* to *Birth Expenses Request*;[238]
- A mailer page has been added with the MDCH address in the "To" area;
- The revision date has been changed to 09/13; and
- The form may now be printed centrally. "Central print" is the default option for the form.

NECESSARY ACTION:

[237] Ref: IV-D Memorandum 2013-007, *Birth Expenses Reimbursement*.
[238] PA staff use MiCSES template 6070 in the verification of birth expenses. The title of template 6070, *Confinement Expenses Request*, will be changed to *Birth Expenses Request* at the same time the OCS0076 is updated.

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

Establishment Work Improvement Team
Program Leadership Group

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CC:

None

SUPPORTING REFERENCES:

None

ATTACHMENT:

OCS0076: *Birth Expenses Request*

EPF/ED/SM

IV-D MEMORANDUM 2013-028

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff
All Michigan State Disbursement Unit (MiSDU) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: October 29, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Fraudulent Federal Tax Refund Offset (FTRO) Collections

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum describes an issue with the child support program receiving fraudulent FTRO collections. On November 4, 2013, OCS will implement a process to:

- Identify potentially fraudulent FTRO receipts;
- Delay the distribution of those receipts; and
- Refer information to the federal Office of Child Support Enforcement (OCSE) to confirm with the Internal Revenue Service (IRS) the validity of the FTRO collection.[239]

DISCUSSION:

OCS has recently become aware of a significant issue regarding FTRO reversals (negative offsets) as a result of fraudulent federal tax returns.[240] The fraudulent FTRO issue is affecting child support programs nationwide. In 2011, the IRS reported an increase in the number of fraudulent tax returns filed and fraudulent income claimed as earnings. At that time, fraudulent filers used false or stolen identities to file tax returns online. The fraud involved the identities of incarcerated or deceased individuals; however, since then, the scope of the fraud has expanded to include other individuals and/or conditions, and it continues to evolve on a regular basis.

When the IRS identifies a fraudulent tax return, it recovers money forwarded to the child support program through the negative offset process. The Michigan Child Support

[239] Ref: OCSE Dear Colleague Letter (DCL)-11-17, *Erroneous Federal Tax Refund Offsets based upon Fraudulent Returns* and DCL-12-02, *Update – Erroneous Federal Tax Refund Offsets based upon Fraudulent Returns* for more information.
[240] Ref: Subsection 9.8, "Offset Reversal (Negative Offset)" of Section 6.21, "Tax Refund Offset" in the *Michigan IV-D Child Support Manual* for more information.

Enforcement System (MiCSES) receives the negative adjustment in the weekly IRS Collection file and processes it. If the corresponding FTRO receipt is being held in MiCSES or was disbursed to TANF,[241] the negative adjustment is recouped automatically through the recovery process.[242]

However, in some cases, the negative adjustment for an FTRO receipt from a joint tax return is received after the SJTO (*Joint IRS Offset – Non TANF*) six-month suspense hold has expired.[243] The FTRO receipt from an individual tax return has already been disbursed and sent to the custodial party (CP). Therefore, the FTRO receipts for these instances are not recovered.[244] OCS is responsible for the amount of the negative adjustment and is currently absorbing the amount it is unable to recover from the CP.[245] OCS has absorbed a loss of $800,000 this past fiscal year.

The IRS has made some progress in both the detection and prevention of identity theft and in the customer service provided to victims of identity theft; however, significant improvements are still needed. To address issues with fraudulent FTRO collections and unrecovered FTRO receipts, OCS created a Fraud Workgroup. The workgroup developed criteria to identify potentially fraudulent FTRO collections and documented a process to prevent distribution of those receipts. In this process, the potentially fraudulent receipts will remain on hold in MiCSES until the IRS conducts further research and confirms the validity of the tax return. The OCS Executive Management Team (EMT) reviewed the Fraud Workgroup recommendations and supported implementing the process identified below.

As a result of these new procedures, non-custodial parents (NCPs) and CPs may notice and inquire about an FTRO receipt being held for a long period of time with no distribution or disbursement details available. To respond appropriately to inquiries from NCPs and CPs, FOC staff and MiSDU staff must be aware of the fraudulent FTRO issue and the process implemented.

N. Criteria for Identifying Fraudulent FTRO Receipts

The Fraud Workgroup developed specific criteria for identifying potentially fraudulent FTRO receipts. The NCP's Social Security number (SSN) was used to query information from the IRS Collection file and information recorded and/or stored in MiCSES.[246]

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[241] TANF is Temporary Assistance for Needy Families.
[242] Ref: *MiCSES Customer Information Guide: Tax Offset Process.*
[243] Ref: 45 Code of Federal Regulations (CFR) 303.72(h)(5). MiCSES currently places the FTRO receipts that are from a joint tax return and disbursed to the CP on a six-month hold to allow for the processing of potential injured spouse claims.
[244] OCS has received negative adjustments for receipts received in multiple tax years. OCSE is working with the IRS to limit the recovery to only the previous tax year.
[245] Ref: Section F of this memorandum for more information about CP recoupment.
[246] MiCSES does not record and store all information received in the IRS Collection file.

Note: IV-D workers must continue to add and/or update demographic information in MiCSES for IV-D members associated to an open IV-D case because that data is used to identify potentially fraudulent FTRO receipts.

The Fraud Workgroup determined that the NCP must match two or more criteria for the FTRO receipt to be considered potentially fraudulent. This decision was based on:

- The criteria used in other states;[247]
- The limited resources to complete the work to delay distribution for receipts identified as potentially fraudulent; and
- The potential to hold distribution for a valid FTRO receipt.

The criteria for identifying potentially fraudulent FTRO receipts are as follows:[248]

1.	The NCP is presently incarcerated, and FTRO is from an individual tax return.[249]
2.	The NCP has a past incarceration.
3.	The NCP has no FTRO in the past three years, and the NCP was certified for FTRO for two or more prior years.
4.	The NCP has an active Social Security Administration (SSA) Other Party (OTHP) ID, the FTRO is from an individual tax return, and less than $25,000 was reported in quarterly wage (QW) income in the previous tax year.[250]
5.	The NCP has an active SSA OTHP ID, the FTRO is from a joint tax return, and less than $32,000 was reported in QW income in the previous tax year.[251]
6.	The NCP is deceased and FTRO is from an individual tax return.
7.	The FTRO is from an individual tax return, and a negative adjustment that offset an individual tax return was received within the past three years.
8.	The NCP's MiCSES addresses and the IRS address do not have a matching state.
9.	The FTRO receipt exceeds 40 percent of the QW income reported in the previous tax year.

[247] The Fraud Workgroup contacted other states, including Florida and Texas, that have implemented a process to identify potentially fraudulent FTRO receipts.
[248] Some criteria may not capture all NCPs, since not all data is readily available in MiCSES. For example, criteria #5 and #6 will not include Supplemental Security Income (SSI) recipients because income withholding is not applicable to those recipients.
[249] An individual tax return includes returns filed as single, married filing separately, or head of household.
[250] Per the SSA, an individual must pay federal taxes on Social Security benefits if filing an individual tax return and the total income is more than $25,000. An FTRO receipt received for an SSA recipient who is not required to file a federal tax return is an indication that the FTRO may be potentially fraudulent.
[251] Per the SSA, an individual must pay federal taxes on Social Security benefits if filing a joint tax return and the total income is more than $32,000.

10.	The FTRO receipt is between 20 and 39.99 percent of the QW income reported in the previous tax year.[252]
11.	The NCP has no QW income for the previous tax year.
12.	The NCP has bankruptcy identified or a past/present non-sufficient funds incident identified.

O. Delay in Distribution of FTRO Receipts

OCSE has given approval to states to indefinitely delay distribution of the FTRO in a case of suspected fraud if the reason for the delay in distribution is documented in the child support system. Therefore, OCS Central Operations staff will place the potentially fraudulent FTRO receipt on a suspense hold. This will prevent money from being distributed and disbursed.[253] FOC staff must not remove the hold added by OCS Central Operations.

Note: The NCP will not receive immediate credit for an FTRO receipt identified as potentially fraudulent and held in suspense.

At this time, OCS does not anticipate any delays in processing the weekly IRS Collection file received on Wednesday and processed in MiCSES on Friday.[254] However, the amount of manual work required by OCS Central Operations staff to prevent the distribution of potentially fraudulent FTRO receipts prior to processing the IRS Collection file may cause OCS to consider the following options:[255]

- Prioritize and/or create weight values for each criterion so that manual holds are added to the most likely potentially fraudulent receipts; and/or
- Delay the entire IRS Collection file from being processed on Friday.[256]

P. Workflow Process

MiCSES receives the weekly IRS Collection file from OCSE every Wednesday. MiCSES processes the IRS Collection file on Friday after the MiSDU confirms the appropriate funds are received. OCS Central Operations staff will have limited time

[252] OCS may decide to include the 40 percent criterion during high-volume FTRO season (February through June), rather than the 20 to 39.99 percent criterion. The 20 to 39.99 percent criterion may be used during low-volume FTRO season (July through January). Ref: Section F of this memorandum for more information.
[253] Ref: Section C(2)(a) of this memorandum and the *MiCSES Customer Information Guide: Suspense Management Reference* for further information regarding the types of suspense holds.
[254] The MiSDU reconciles the funds received with the amount identified in the IRS Collection file on Friday. MiSDU actions in this process will remain the same, unless OCS notifies the MiSDU that processing the IRS Collection file will be delayed.
[255] During high-volume FTRO season (February through June), OCS receives approximately 8,600 receipts weekly. During low-volume FTRO season (July through January), OCS receives approximately 1,200 receipts weekly.
[256] OCS recognizes that delaying the entire IRS Collection file will result in an increase in phone calls and contact from NCPs and CPs. OCS will consider business and system impacts prior to any decision to delay the entire IRS Collection file.

to add a suspense hold on the potentially fraudulent FTRO receipt since some of the work must be completed before MiCSES processes the IRS Collection file.

The chart below provides a high-level summary of the work to be completed in an OCSE weekly cycle,[257] the resources assigned, and the start and completion dates/times:

Step	Task	Resource(s)	Start Date/Time	Completion Date/Time
1.	Run the "potential fraud" query.	MiCSES	Week 1: Wednesday	Week 1: Thursday before 8 a.m.
2.	Add a suspense hold.	OCS Central Operations staff	Week 1: Thursday 8 a.m.	Week 1: Friday 6 p.m.
3.	MiSDU reconciles the funds and MiCSES processes the file.	MiSDU and MiCSES	Week 1: Friday after 1 p.m.	Week 1: Friday
4.	Refer potentially fraudulent FTRO receipts to OCSE.	OCS Central Operations staff	Week 1: Friday	Week 1: Friday
5.	Run the "fraudulent receipts on hold" query.	MiCSES	Week 1: Friday	Week 2: Monday 8 a.m.
6.	Back out and repost FTRO receipts.	OCS Central Operations staff	Week 2: Monday	Week 2: Friday
7.	Process OCSE responses.	OCS Central Operations staff	Anytime	Anytime

1. Run the "Potential Fraud" Query

   MiCSES staff will run the "potential fraud" query and compile the results into a Microsoft Excel spreadsheet, identifying the docket and IV-D cases certified for FTRO for the NCP. MiCSES staff will sort the spreadsheet in the following order:[258]

   - NCPs who were previously confirmed by OCSE as having a fraudulent FTRO receipt;[259]
   - NCPs meeting two or more criteria;
   - Highest collection amount by SSN; [260]

[257] The OCSE weekly cycle is a number assigned by OCSE each week to the IRS Collection file.
[258] The spreadsheet is sorted based on the highest priority of work to be completed by OCS Central Operations staff.
[259] Refer to Section C(7)(a) in this memorandum for more information.
[260] The IRS Collection file may contain two receipts (TANF and non-TANF) for one SSN. In addition, duplicate members in MiCSES may result in multiple FTRO receipts being created in MiCSES.

- SSN; and
- Certified IV-D cases.

MiCSES staff will load the weekly spreadsheet to SharePoint with limited user access and password protection.[261] OCS Central Operations Tax Refund Offset staff, OCS Enforcement Policy staff, and OCS Financial Management staff will have access to this information.

Due to the importance of immediately implementing a process to hold potentially fraudulent FTRO receipts, there was not time to make changes in MiCSES to automate some steps.[262] The manual work required and identified below is very labor-intensive and time-sensitive.

2. Add a Suspense Hold

   OCS Central Operations staff will work the spreadsheet provided by MiCSES staff immediately upon receipt by completing the following actions:

   a. Add the suspense hold code of MADC (*Administrative Hold – Court Case*) or MADI (*Administrative Hold – IV-D Case*) on the *Suspense Management Hold Money* (SMHO) screen to each docket and/or IV-D case identified on the spreadsheet as potentially fraudulent.[263] OCS Central Operations staff must add the hold prior to MiCSES processing the IRS Collection file.

      If an MADC or MADI hold already exists, OCS Central Operations staff will contact the FOC Suspense Contact identified on mi-support's Partner Contact Information page to coordinate efforts in holding payments.

      Other payment types received during the duration of the MADC/MADI hold will be held until the hold code is removed, which may cause delays in disbursing other types of payments. In addition, MADC/MADI is a distribution-level hold, and therefore will occur before the disbursement-level hold (SJTO – *Joint IRS Offset – Non TANF*). The NCP will not receive immediate credit for joint tax returns identified as potentially fraudulent.

      If FOC staff need to hold other payment types and OCS Central Operations staff have already added an MADC or MADI hold, then MiCSES will display an error message because the hold already exists. FOC staff must add a different suspense hold code in order to prevent other payment types from distributing since the MADC or MADI hold will be removed by OCS Central

[261] Ref: Section 1.10, "Confidentiality/Security" of the *Michigan IV-D Child Support Manual* for more information on safeguarding federal tax information.
[262] In the near future, OCS will consider a MiCSES enhancement to automate more steps in the process.
[263] The duration of the MADC and MADI hold is seven days, and money will automatically release upon the expiration of the hold.

Operations. OCS Central Operations staff will not review other payment types when removing the MADC or MADI hold.

MiCSES may place the FTRO receipt in some other suspense hold due to the condition of the case (e.g., *Multiple Cases Exist – All Are on Distribution Hold* [SDSH], *FTRO Payment Exceeds Certified Amount or No FTRO Arrears Due* [SFPD], etc.). Effective November 4, 2013, the duration of the SFPD hold will be extended from zero days to four days to allow OCS Central Operations staff the time to take necessary action prior to money being refunded back to the NCP.

b. Add a docket-level case note to the *Notes Processor* (NOTE) screen stating "Added MADC/MADI hold to docket/IV-D case to hold FTRO receipt identified as potentially fraudulent. MADC/MADI hold to be removed only by OCS Central Operations staff."

c. Copy all the information from the weekly "potential fraud" query for FTRO receipts that are identified as potentially fraudulent into the "referred to OCSE for potential fraud" spreadsheet.

d. Contact MiSDU staff and the OCS Operations Director by 5 p.m. on Thursday if the actions above cannot be completed by 6 p.m. on Friday.

   Note: OCS EMT will decide to either delay processing the IRS Collection file or proceed with processing the file with the risk of distributing potentially fraudulent FTRO receipts. MiSDU staff will not proceed with reconciliation until OCS EMT confirms the decision.

3. MiSDU Reconciles the Funds and MiCSES Processes the File

   The MiSDU receives the funds for the FTRO receipts every Friday and reconciles the funds with the IRS Collection file. MiCSES processes the IRS Collection file after MiSDU staff confirm the appropriate funds are received. The MiCSES process will allocate, distribute, and disburse, if appropriate, **all non-fraudulent** FTRO receipts.[264]

4. Refer Potentially Fraudulent FTRO Receipts to OCSE

   OCS Central Operations staff will send the list of potentially fraudulent receipts to OCSE on a weekly basis through the State Services Portal (SSP) Federal Collection and Enforcement application.[265] The SSP allows the secure upload of files to OCSE.

[264] Ref: Section 5.35, "Allocation/Distribution" of the *Michigan IV-D Child Support Manual*.
[265] Ref: Section 6.21 of the *Michigan IV-D Child Support Manual* for more information.

OCSE requires the Treasury Offset Program (TOP) Trace number for all potentially fraudulent FTRO receipts that are reported for further investigation.[266] Each week, OCS Central Operations will upload to SSP a Microsoft Excel spreadsheet containing only the TOP Trace number for each FTRO receipt referred.

OCSE will transmit the TOP Trace number to the IRS for further investigation. The IRS will respond to OCS usually within 60 to 90 days as to whether the receipt is valid or fraudulent.

OCS Central Operations staff must also maintain a report of all FTRO receipts referred to OCSE and the date of the referral, for monitoring and recording responses received from OCSE.[267] OCS Central Operations staff must maintain this information on the "referred to OCSE for potential fraud" spreadsheet.

5. Run the "Fraudulent Receipts on Hold" Query

   After MiCSES processes the IRS Collection file, MiCSES staff will run the "fraudulent receipts on hold" query and add the report to SharePoint, with limited user access and password protection. The report will include, but not be limited to, the following information that is needed to repost a receipt:

   - Original receipt number;
   - Amount of receipt;
   - Joint/Individual indicator; and
   - Taxpayer name.

   The "fraudulent receipts on hold" query will also identify the suspense hold.

6. Back Out and Repost FTRO Receipts

   OCS Central Operations must back out and repost the SFPD holds immediately upon working the "fraudulent receipts on hold" query since the duration of the SFPD hold is only four days.

   OCS Central Operations staff will have access to the query and will complete the following actions:

   a. Back out[268] the FTRO receipt on the *Distribution Wizard* (DWIZ) screen.

[266] The TOP Trace number is assigned by the federal Bureau of Fiscal Service.
[267] Ref: Section C(7) of this memorandum for more information regarding OCSE responses.
[268] Ref: the *MiCSES Quick Reference Guide: DWIZ – Back-out (Reverse) a Receipt*.

b. Repost the original FTRO receipt by creating a batch on the *Collections Batch Posting* (CBAT) screen and entering the unidentified receipt on the *Receipt Reposting* (RPOS) screen.

   Note: MiCSES will place the FTRO receipt in an *Unidentified Federal Tax Offset* (UFTO) hold.

c. Add the following identifying information to the *Unidentified Receipts* (URCT) screen:

   1) "Fraud?";
   2) Original receipt number;
   3) IV-D member ID;
   4) Last and first name; and
   5) TOP Trace number.

d. Add the new receipt number to the "referred to OCSE for potential fraud" spreadsheet for tracking and monitoring OCSE responses.[269]

e. Remove the MADC/MADI hold on the *Suspense Management* (SUMA) screen for each docket and/or IV-D case that had a hold added by OCS Central Operations staff. All other payment types being held under MADC/MADI hold or received in the future will be distributed and disbursed accordingly.[270]

f. Add a docket-level case note to the NOTE screen stating "FTRO received for NCP on MM/DD/YYYY was identified as potentially fraudulent. Original FTRO receipt #XXX was reapplied and reposted to a UFTO hold with receipt #XXX. FTRO referred to OCSE/IRS to investigate."

7. Process OCSE Responses

   OCSE will send by encrypted email to OCS Central Operations staff a Microsoft Excel spreadsheet containing the IRS responses and details regarding the FTRO receipt. If a response is not received within six months from the date of referral, OCS Central Operations staff will upload a list of previously submitted referrals through the SSP and enter in the comments field, "No response received – 2nd request." OCS Central Operations staff must also send an email to OCSE stating that the file uploaded to SSP is a status request since no response was received in six months.

   Upon receiving the responses from OCSE, OCS Central Operations staff will complete the following actions:

[269] Ref: Section C(7) in this memorandum for more information.
[270] Ref: Section 5.35 of the *Michigan IV-D Child Support Manual* for more information.

a. For a fraudulent FTRO receipt:

1) Record the date on the “referred to OCSE for potential fraud” spreadsheet, and record the response as “IRS identified as fraud.” OCS Central Operations staff will also record the date and the amount of the negative adjustment upon receipt.

2) Add a note to the NOTE screen indicating OCSE/IRS confirmed the FTRO receipt is fraudulent, and the date the response was received.

3) Add the NCP’s SSN to SharePoint as a confirmed fraudulent FTRO receipt. MiCSES staff will automatically identify an FTRO receipt that matches this SSN as a potentially fraudulent receipt (without the need to match two or more criteria) for future tax years.

4) Review the negative offset adjustment errors on the *Batch Status Log* (BATE) screen.[271] OCS Central Operations staff must process the negative adjustment manually because the positive FTRO receipt is in suspense on a UFTO hold. OCS Central Operations staff will refund the money on the *Refund/Return* (RERT) screen to the *Tax Recovery* (RT) OTHP ID.

b. For a valid FTRO receipt:

1) Record the date on the “referred to OCSE for potential fraud” spreadsheet, and record the response as “IRS identified as valid.”

2) Release the receipt from UFTO hold on the URCT screen. MiCSES will distribute and disburse the receipt accordingly.

3) If the FTRO receipt is a non-TANF joint return, the receipt will automatically be placed on an SJTO hold for six months from the date the receipt was released from the UFTO hold.[272] OCS Central Operations staff will add a manual follow-up to release the receipt six months from the date of the original FTRO receipt. If six months have elapsed from the original receipt date, then OCS Central Operations staff will release the money on SJTO hold.

4) Add a note on the NOTE screen indicating OCSE/IRS confirmed the FTRO receipt is valid, and the date the response was received.

[271] OCS expects that OCSE will send a negative adjustment within 30 to 60 days after an FTRO receipt is confirmed as being fraudulent.
[272] Ref: Section 6.21 of the *Michigan IV-D Child Support Manual* for more information regarding injured spouse claims and the early release of held money.

Q. Inquiries From NCPs

If the FTRO receipt is on hold because it was identified as being a potentially fraudulent receipt and the NCP contacts the IV-D worker inquiring about the FTRO receipt, IV-D workers must tell the NCP to contact the OCS Central Operations Tax Refund Offset Unit by phone at (866) 540-0008, option #8. OCS Central Operations staff will confirm the identity of the NCP.[273] In addition, OCS Central Operations staff must ask the caller to confirm the following:

- Child(ren)'s name(s);
- Child(ren)'s date(s) of birth; and
- Child(ren)'s SSN(s).

If the NCP's identity cannot be confirmed, OCS Central Operations staff must not release any information to the caller.

Upon confirming the identity of the NCP, OCS Central Operations will ask the NCP the following questions:

1. Did you file a tax return within the past six months?
2. Are you expecting a tax refund based upon that filing?
3. What is the expected amount of your refund?
4. What is the address you used when you filed your tax return?

OCS Central Operations staff will compare the responses with the information in MiCSES and in the "referred to OCSE for potential fraud" spreadsheet.

Note: The expected amount of refund is not received in the IRS Collection file. If the expected amount of the refund is equal to or more than the amount on UFTO hold, then the response is considered a match.

If the responses do not match, OCS Central Operations staff will refer the NCP to the IRS Identity Protection Specialized Unit (IPSU) at 1-800-908-4490 since the NCP may be a victim of identity theft.

If the responses do match, then OCS Central Operations staff may release the FTRO receipt on UFTO hold prior to OCSE providing a response. OCS Central Operations staff must record the early release on the "referred to OCSE for potential fraud" spreadsheet and add a docket-level note to the NOTE screen.

R. Inquiries From CPs

[273] Ref: Action Transmittal (AT) 2004-022, *Responding to Requests for Confidential Information* and the mi-support frequently asked question (FAQ) regarding the verification of a case member's identity over the telephone.

If the CP contacts the IV-D agency regarding an FTRO receipt on hold, IV-D staff must not release the source of the payment to the CP. For more details, refer to the FAQ on mi-support regarding what FTRO information IV-D workers may share with the CP.

S. Reevaluate Criteria and Process

On a quarterly basis, OCS will reevaluate the criteria to identify a potentially fraudulent FTRO receipt to determine if any new criteria exist or any existing criteria need revisions. OCS may also consider prioritizing and/or creating a weight value for each criterion so that manual holds are added to the most likely potentially fraudulent FTRO receipts.

If IV-D staff observe an FTRO receipt that appears to be potentially fraudulent (e.g., the NCP reports that [s]he did not file a tax return), they must contact the OCS Central Operations Tax Refund Offset Unit by phone at (517) 373-2932 or email at DHS-OCS-Passport@michigan.gov. IV-D staff will provide OCS Central Operations with the NCP's name, SSN, and the docket number and/or IV-D case number. OCS Central Operations Tax Refund Offset staff will investigate the case and refer other criteria to consider during the next quarterly review to the OCS Enforcement Policy team. The FTRO receipt will not be referred to OCSE as potentially fraudulent.

At this time, OCS has not considered implementing the process to recover the disbursement from the CP as a result of a fraudulent FTRO receipt.[274] OCS will reevaluate the CP recoupment process at a later date.

NECESSARY ACTION:

Retain this IV-D Memorandum as a supplement to Section 6.21, "Tax Refund Offset" of the *Michigan IV-D Child Support Manual.* OCS will incorporate this IV-D Memorandum into Section 6.21 in a future publication.

REVIEW PARTICIPANTS:

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[274] Ref: AT 2005-023, *Use of State Make Whole Funds* and OCSE Policy Interpretation Question (PIQ)-02-01, *Recoupment of a Child Support Overpayment, Guidance 2002*.

CC:

All Prosecuting Attorney (PA) Staff
IRS, IPSU Unit

SUPPORTING REFERENCES:

Federal
45 CFR 303.72(h)(5)

OCSE DCL-11-17
OCSE DCL-12-02

OCSE PIQ-02-01

State
None

ATTACHMENT(S):

None

EPF/LBC

IV-D MEMORANDUM 2013-029

TO: All Friend of the Court (FOC) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: December 17, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: Revisions to the *National Medical Support Notice* (NMSN)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces revisions to the NMSN and its corresponding instructions, and the December 20, 2013 implementation of these revisions in the following Michigan Child Support Enforcement System (MiCSES) forms:

- *National Medical Support Notice* (FEN302); and
- Combination *Income Withholding for Support* and *National Medical Support Notice* (FEN58X).

  Note: The FEN58X includes a copy of the FEN302. Therefore, any changes made to the FEN302 are also made to the FEN58X.

The federal Office of Child Support Enforcement (OCSE) Action Transmittal (AT)-13-03, *National Medical Support Notice (Part B – Expires 3-31-16)* announced revisions to the NMSN Part B, "Medical Support Notice to Plan Administrator." The revisions to the NMSN Part B are not substantive. The primary purpose of the revisions is to make the terminology in Part B match the terminology in Part A, "Notice to Withhold for Health Care Coverage."

The revisions to Part B, as well as minor revisions to Part A and the Michigan-specific addendum, will be implemented in the corresponding NMSN forms (FEN302 and FEN58X) in MiCSES on December 20, 2013.

DISCUSSION:

The federal NMSN is the federally approved and mandated form used to enforce health care coverage.[275] Federal regulations require IV-D agencies to use the NMSN to enforce health care coverage where appropriate.[276]

The federal NMSN consists of two parts: Part A and Part B. Part A allows the employer to respond that health care coverage is not available to the employee. Part B allows the plan administrator to respond when the employer has enrolled the dependent(s) in available health care coverage. The NMSN generated in MiCSES is comprised of Part A, Part B and a Michigan-specific addendum.

Revisions to the NMSN Part A and Part B

OCSE announced revisions to Part A in March 2011, and OCS implemented the revisions in the corresponding MiCSES NMSN forms on June 15, 2012.[277] As part of the December 20, 2013 NMSN revisions in MiCSES, OCS will update the web address for the NMSN and its instructions on Part A and on the Michigan-specific addendum.

The expiration date on the NMSN Part A is March 31, 2014; on Part B, it is March 31, 2016. OCSE is currently in the process of synchronizing the expiration date for Part A so that it will be the same as Part B. OCS will announce through a hotline message when the expiration date is revised on the MiCSES NMSN forms.

On July 15, 2013, OCSE announced revisions that the Department of Labor made to the NMSN Part B.[278] The Department of Labor previously made revisions to Part B; however, OCSE never formally announced those revisions, and OCS did not implement them on the NMSN forms in MiCSES. For the December 20, 2013 NMSN revisions in MiCSES, OCS will make all the necessary updates on its NMSN Part B to match the OCSE revisions. For example, OCS will revise Part B to match the terminology in Part A. In addition, OCS will implement several formatting changes, make minor additions to the text, and add page numbers.

The changes to the NMSN Part B include the following:

Page 6: Medical Support Notice to Plan Administrator

- The terms “Notice Date” and “CSE Agency Case Identifier” will replace “Date of Notice” and “Case Number”;

[275] Michigan uses the NMSN to enforce against both non-custodial parents and custodial parents.
[276] 45 Code of Federal Regulations (CFR) 303.32(a)
[277] Ref: IV-D Memorandum 2012-010, *Transition of National Medical Support Notice (NMSN) Processing From Michigan Medical Support Enrollment (MiMSE) Program Staff to OCS Central Operations; Revisions to the NMSN*.
[278] Ref: OCSE AT-13-03.

- The terms “Order Date” and “Order Identifier” will replace “Date of Support Order” and “Support Order Number”;

- Several data elements will be added to the header to conform with Part A, including:

    - Document Tracking Identifier;
    - Employer web site; and
    - The phrase “See NMSN Instructions:” along with the OCSE web address for the NMSN form instructions;

- A new column will be added to document the child(ren)’s gender; and

- Information regarding the Paperwork Reduction Act of 1995 will be added, and the expiration date will be updated to 3/31/2016.

Page 7: Plan Administrator Response

- A space will be added at the top of the page so the issuing agency (FOC) can document the “Case #” (CSE Agency Case Identifier); and

- Instructions will be added requiring the provider, policy and group numbers for insured plans.

Pages 8-9: Instructions to Plan Administrator

- In paragraph (C), the following sentence will be added to allow the Plan Administrator to send required notifications to the custodial parent, child(ren) and/or participant electronically: “You may choose to furnish these notifications electronically in accordance with the requirements of the Department of Labor’s electronic disclosure regulation codified at 29 C.F.R. 2520.104b-1(c)”; and

- The requirement to enroll the participant (non-custodial parent or custodial parent) in a plan if his/her enrollment is necessary in order to enroll the child(ren) will be modified to add that the Plan Administrator must enroll the participant “regardless of whether the participant has applied for enrollment in the plan.”

Verification of the Fax Number on the MiCSES *County Profile Information Editor* (FCPE) Screen

Both the NMSN Part A and Part B allow the issuing agency to provide a fax number. MiCSES currently extracts the fax number from the FCPE screen under the *Profile Desc* field “FOC Fax Number.” Effective December 20, 2013, MiCSES will extract the fax number from the field “FOC Medical Enf unit fax number.”

FOC staff assigned the Local Options Administrator (LOA) role must verify on the FCPE screen that a fax number is entered in the field “FOC Medical Enf unit fax number” before December 20, 2013. If the field is not populated on the FCPE screen, MiCSES will generate the NMSN with a blank fax number for the issuing agency.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. Review the revised FEN302, which includes the Michigan-specific *Addendum to the National Medical Support Notice* (FEN302A). This IV-D Memorandum obsoletes the previous version of the FEN302 (Rev. 08/12) and the FEN302A (Rev. 08/12), which were published with IV-D Memorandum 2012-023.

REVIEW PARTICIPANTS:

Enforcement Work Improvement Team
Program Leadership Group

CONTACT PERSON:

Laura Cleland
OCS Enforcement Policy Manager
(517) 373-9954
ClelandL@Michigan.gov

CC:

All Prosecuting Attorney staff

SUPPORTING REFERENCES:

45 CFR 303.32(a)

OCSE AT-13-03

ATTACHMENT:

FEN302: *National Medical Support Notice*

EPF/LC

IV-D MEMORANDUM 2013-030

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: October 1, 2013

SUBJECT: New Support Specialist Email Address for Partner Communications

UPDATE(S):

☐ Manual

☐ Form(s)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: October 1, 2013

PURPOSE:

Effective October 1, 2013, child support partners[279] will use a new standard email address when emailing support specialists.

DISCUSSION:

When communicating with support specialists via email, child support partners will use the following email address: DHS-OCS-CaseManagement-Inquiries@michigan.gov. A team of support specialists will be assigned to this email inbox to respond to inquiries in a timely manner. This communication method will replace direct email communications to individual support specialists as identified in the current geo/alpha split case assignment. Partners may call support specialists at 866-540-0008; however, email is the preferred communication method. Emails may be responded to more quickly than phone calls.

This procedure is an effort to prepare for the new OCS support specialist Interactive Voice Response (IVR) system (scheduled for early December) as well as future process changes. Support specialists will be in a transition period from October 1 through early December. During this time, customers with child support-related questions or concerns will continue to call OCS support specialists at 866-540-0008.

If child support partners email a question to an individual support specialist on or after October 1, their email will be forwarded to the standard support specialist email address. In addition, the sender will receive an automated reply stating that future emails should be sent to the standard support specialist email address.

[279] Child support partners include PA staff, FOC staff, and the State Court Administrative Office (SCAO).

IV-D staff with inquiries for support specialists must include the IV-D case number in the email subject line. IV-D staff must not include multiple case inquiries within one email.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice.

REVIEW PARTICIPANTS:

Program Leadership Group

CONTACT PERSON:

Sean Bodell
Case Management Operations Manager
(517) 335-3487
BodellS1@michigan.gov

CC:

None

SUPPORTING REFERENCES:

None

ATTACHMENT(S):

None

EPF/KM/SM

IV-D MEMORANDUM 2013-031

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: December 30, 2013

UPDATE(S):

☐ Manual

☐ Form(s)

SUBJECT: Central Paternity Registry and Birth Registry System (CPR/BRS) Combined Search Tool for the IV-D Child Support Program

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum provides information regarding the CPR/BRS combined search tool. This information includes:

- An overview of CPR/BRS;
- CPR/BRS confidentiality and security requirements;
- CPR/BRS user roles, job functions and privileges for IV-D staff;
- Required actions for accessing CPR/BRS;
- How to initialize and use a biometric device to access CPR/BRS;
- CPR/BRS reports; and
- Technical assistance for passwords, CPR/BRS, the biometric device, and reports.

OCS originally announced the implementation of the CPR/BRS combined search tool in IV-D Memorandum 2013-006, *New Central Paternity Registry and Birth Registry System (CPR/BRS) Combined Search Tool for the IV-D Child Support Program*, published on April 12, 2013. Since that time, procedures for IV-D staff to gain access have changed, and other clarifications were needed. Significant changes since the publication of IV-D Memorandum 2013-006 are indicated by a change bar in the right margin of this memorandum. OCS will publish any future CPR/BRS updates as part of the *Michigan IV-D Child Support Manual*.

DISCUSSION:

IV-D staff access to paternity establishment and birth record data is critical to the child support program for locate, order establishment, enforcement, case closure, and data clean-up efforts. The Michigan Department of Community Health (MDCH) and the

Department of Technology, Management & Budget (DTMB) developed the CPR/BRS, a web-based search tool for IV-D staff seeking paternity establishment and birth record information from the MDCH CPR and BRS databases. The CPR/BRS replaced the previous CPR search tool and the support specialists' Business Objects QN-11A report that contained a hyperlink to the BRS.

The CPR/BRS is available to approved Michigan IV-D staff, including contracted Michigan IV-D agencies, through the MDCH Single Sign-On (SSO) web portal.[280]

Note: MDCH CPR/BRS data is **not** public record data and must be used for IV-D child support activities only. These activities include OCS Central Operations staff's retrieval of paternity information from the CPR/BRS upon request from Children's Protective Services and foster care program (IV-B and IV-E) staff.[281]

A. CPR/BRS Overview

1. The CPR Database and the BRS Database

The CPR/BRS consists of the CPR database combined with the BRS database. A description of each database is below.

a. CPR Database

MDCH created the CPR to maintain a central database for the information provided on completed *Affidavit of Parentage* (AOP) (DCH-0682w) forms, the *Notice of Order of Filiation* (DCH-0839) forms, and other paternity acknowledgment forms filed in Michigan. MDCH established the CPR in 1997 to satisfy the state requirement to maintain a central registry of paternity establishments.[282] In addition, this data had to be made available to IV-D agencies to enhance their ability to document paternity and facilitate efforts to obtain and enforce child support orders.[283]

MDCH Vital Records (VR) staff must register all paternity acknowledgment forms, court orders or Order of Filiation forms submitted to the MDCH (Michigan's state registrar); however, MDCH staff do not determine record validity.

It may take up to two months for records to appear in the CPR. The CPR database may contain multiple AOP or Order of Filiation records registered for the same child, including filed, revoked, voided or pending stored record

[280] Ref: Section D of this IV-D Memorandum for details on accessing the CPR/BRS.
[281] 45 Code of Federal Regulations (CFR) 303.21(d)
[282] Michigan Compiled Law (MCL) 333.1106, 42 United States Code (USC) 666(a)(5)(M), and 45 CFR 303.5(g) and (h)
[283] MCL 333.2640

types.[284] In Michigan, there is no administrative method to revoke an AOP. A court order must issue the revocation. The CPR may contain multiple CPR records for the same child from different alleged fathers until MDCH receives and registers a court order revoking an AOP or an Order of Filiation.

To determine whether any CPR record establishes paternity for a child, it is important that IV-D staff examine all available information regarding the child's paternity, including:

- The CPR stored record types and signing dates;
- Michigan Child Support Enforcement System (MiCSES) case information; and
- Information received from the parents.

b. BRS Database

The BRS contains all Michigan birth records, including children who were:

-
  - Born out of wedlock;
  - Born within a marriage; or
  - Born outside of a hospital.

The BRS database has records of births that occurred in Michigan and were registered with the state as early as 1867; however, not all counties have birth records dating back to 1867.

2. CPR/BRS Functions

Approved IV-D staff are able to use the CPR/BRS search tool to:

d. Search paternity and birth records using the MiCSES IV-D case number. (The search function is discussed in more detail below.)

Note: IV-D staff cannot search, view or print CPR or BRS **adoption** records. These records are sealed.

e. Print the following CPR and BRS documents:

- Order of Filiation (paternity judgment) abstracts;
- AOP and other paternity acknowledgment abstracts;
- Certified AOP copies; and
- Birth record abstract or administrative-use birth record copies.

[284] Ref: Exhibit 2013-031E1 for a list of stored record types.

f. Request MDCH staff assistance in locating a paternity record or birth record, if necessary.

3. Searching the CPR/BRS

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To comply with enhanced security and audit requirements, CPR/BRS users (those with the IV-D staff role) must use the MiCSES IV-D case number when conducting CPR/BRS searches.[285] IV-D staff may also conduct modified searches using full or partial names or Social Security numbers.

b. CPR Search

To conduct a CPR search, IV-D staff will enter (or copy and paste) the MiCSES IV-D case number into the CPR/BRS on the *MiCSES Search* screen and click the *Search MiCSES* button. A list of the MiCSES IV-D case members will display. IV-D staff can then click the linked name of a child, custodial party or non-custodial parent on the IV-D case, and the CPR/BRS will present any existing paternity records for that party on the IV-D case.

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d. BRS Search

Once the CPR search is complete, IV-D staff can conduct a BRS search regardless of whether a CPR record exists. On the *Paternity Information* screen, IV-D staff will click the *Search BRS* button to search for a birth record for the IV-D case member. If only one Michigan birth record exists for that IV-D case member, it will display. If multiple records exist, they will not display. MDCH gives permissions to certain user roles to allow searches for multiple records. OCS lead workers and a few OCS administrative users have the designated roles to allow them to search multiple birth records. User roles for IV-D staff are based on assigned IV-D job responsibilities and duties.

•

Although IV-D staff may view multiple possible CPR records, they may not view multiple BRS records. If more than one BRS record exists (e.g., the name on the record[s] is a common name), IV-D staff must narrow the search parameters. On the *BRS Search Results* screen, IV-D staff must click the *Modify Search* button to enter additional case member information (e.g., place of birth, mother's and/or father's name) and click the *Search* button to continue the BRS search. Clicking the *Close* button on any of the screens will return the user to the previous screen.

e. Modifying Searches

[285] Ref: Section C of this memorandum for the CPR/BRS user roles and their assigned job functions/privileges.

IV-D staff may modify either the CPR search or the BRS search by altering the spelling of the child's name or the mother's or father's names, or by changing the Social Security number; MDCH will not allow users with the IV-D staff role to change the *IV-D Case Number* or the child's *Date of Birth* fields in the modified search.[286]

Note: A trailing wildcard (%) can be used to help with modified searches. For example, a user may enter the first initial of the first name or a partial last name and then enter the % sign behind these letters. This type of search is helpful when there is an unusually spelled name, a hyphenated name, or a suffix (Jr., Sr., I, II, etc.) involved in the search.

- **Example 1:**
-
- A IV-D worker is conducting a modified search for a case member. He knows the first name is "Jane" but he knows only part of the last name, which is hyphenated beginning with "Smith." The IV-D worker enters "Jane Smith%" to bring up all CPR/BRS member names with the first name "Jane" and the last name starting with "Smith." In the search results that appear, the IV-D worker finds the name he is looking for: Jane Smith-Wilson.
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- **Example 2:**
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- A IV-D worker is unsure of the spelling of a child's first name but believes that the name sounds like "Janelle" and the last name is "Johnson." The IV-D worker enters "J% Johnson" to bring up all CPR/BRS names that begin with "J" with the last name of "Johnson." In the search results that appear, the IV-D worker finds the name he is looking for: "J'annelle Johnson."
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e. Requesting MDCH Assistance in Locating a Record

If IV-D staff perform a modified search and no record is returned, but they believe a Michigan record exists, they may contact MDCH VR staff via the CPR/BRS to request help in locating a record. IV-D staff must click the *VR Request* button within the CPR/BRS to contact MDCH.

When IV-D staff click the *VR Request* button, the *VR Request for Paternity Information* screen will appear. IV-D staff will make the following selections on this screen:

[286] Ref: Section C of this memorandum for more information on CPR/BRS user roles and search modification abilities.

1) *Request Type* – IV-D staff will select one of the following from the drop-down menu:

   a) *Mail VR Certified* – This applies when the person is already located, but a signed copy of the AOP is needed; or
   b) *Find/Mail VR Certified* – This applies when the person is not located.

2) *Delivery Options* – IV-D staff may click a radio button to select one of two delivery options:

   a) *Regular* – This is selected by default. Regular requests will be processed as soon as possible; or
   b) *Urgent* – Urgent requests will be processed within 48 hours.

Next, IV-D staff will complete the *Search/Record Detail* section for the record they are trying to locate, and they will enter any additional information in the *Comments* section (e.g., the requester's telephone number and the type of request). After completing the request, IV-D staff will click the *VR Request* button to submit the information, and the *Summary of request submitted to VR for Paternity Information* screen will appear. It may take several seconds for this screen to appear.

The summary screen will contain the *Request Number*, *Requested On* date, *Request Type* and *Current Status*, along with the other information that IV-D staff entered with the request.

If no *Request Number* appears, then the request was unsuccessful. IV-D staff may resubmit the request by clicking the *VR Request* button again.

B. CPR/BRS Confidentiality and Security Requirements

IV-D staff must complete and sign the *MiCSES CPR/BRS Interface Security Agreement* (DCH-1419)[287] to request access to the CPR/BRS.[288] The DCH-1419 will be used to establish access, change a user's information, or discontinue access to the CPR/BRS. The IV-D Authorized Requester[289] in the county office or at OCS must sign the DCH-1419.

By signing the DCH-1419, the user agrees to comply with all VR laws and Michigan Computer Crime Laws that apply to CPR/BRS use. These are listed on the second

[287] The DCH-1419, a form developed and published by MDCH, is available on mi-support as an attachment to IV-D Memorandum 2013-002, *Expansion of the State Services Portal (SSP), Modification of Security Forms, and Sources for Obtaining Federal Employer Identification Numbers (FEINs)*.
[288] Additional procedures for accessing the CPR/BRS are discussed in Section D of this memorandum.
[289] Ref: Section 1.10, "Confidentiality/Security" of the *Michigan IV-D Child Support Manual* for information about IV-D Authorized Requesters.

page of the DCH-1419. Users must also comply with VR confidentiality rules and regulations.

VR data use is restricted;[290] IV-D staff may release CPR/BRS copies or share data only for authorized IV-D activities such as locate, order establishment, enforcement, case closure, or IV-D data clean-up efforts.[291]

Any CPR/BRS user violating VR confidentiality requirements is subject to consequences such as discontinued access, possible termination of employment, and/or criminal prosecution. A violation of VR laws is a misdemeanor punishable by imprisonment for not more than one year, or a fine of not more than $1,000, or both. Penalties range from a misdemeanor to a felony with fines up to $20,000 and imprisonment of 10 years.[292]

C. CPR/BRS User Roles, Job Functions, and Privileges for IV-D Staff

The MiCSES Help Desk and MDCH staff receive and approve the applicant's DCH-1419.[293] The MiCSES Help Desk and MDCH staff assign the applicant a user role based on the applicant's IV-D job designation. Each role has different job functions/privileges. County staff are allowed only the IV-D staff role, as described below.

2. User Roles and Job Functions/Privileges for IV-D Staff

   f. IV-D Staff Role – This role is assigned to OCS support specialists, PA staff and FOC staff. Staff with this role are able to:

      - Search CPR/BRS using the MiCSES IV-D case number;
      - Modify CPR/BRS searches (except for the IV-D case number or child's date of birth);
      - View and print CPR abstracts and certified copies; and
      - View and print BRS abstracts and administrative-use BRS copies.

   g. OCS Lead Worker Role – This role is assigned to OCS lead workers and OCS locate technicians. Staff with this role are be able to:

      - Search CPR/BRS using the MiCSES IV-D case number;
      - Search the CPR only, with or without using the MiCSES IV-D case number;
      - Modify CPR/BRS searches (including the child's date of birth but not the IV-D case number);
      - View and print CPR abstracts and certified copies; and

[290] MCL 333.2883
[291] MCL 333.2888
[292] MCL 752.794 – 752.797
[293] The DCH-1419 is sent to the MiCSES Help Desk as described in Section D of this memorandum.

- View and print BRS abstracts and administrative-use BRS copies.

h. OCS Super Lead Worker Role – This role is assigned to designated OCS staff as follows: three OCS Interstate Central Registry (ICR) staff, one OCS Locate Technician in the Lansing office, one OCS Case Management Lead Worker in the Lansing office, and one OCS Case Management Lead Worker in the southeast office. Staff with this role are able to:

- Search CPR/BRS with or without using the MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child's date of birth);
- View and print CPR abstracts and certified copies; and
- View and print BRS abstracts and administrative-use BRS copies.

i. OCS Administrative User Role – This role is assigned to a few designated administrative OCS staff. Staff with this role are able to:

- Search CPR/BRS with or without using the MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child's date of birth);
- View and print CPR abstracts and certified copies;
- View and print BRS abstracts and administrative-use BRS copies;
- Request audit and data reports;
- Modify general user profile information such as name, address, and account status; and
- Clear/reset user biometric enrollment for the purpose of unlocking a user account.[294]

j. MDCH Administrative User Role – This role is assigned to MDCH staff. Staff with this role are able to:

- Enter, modify and delete CPR/BRS records;
- Search CPR/BRS without using a MiCSES IV-D case number;
- Modify CPR/BRS searches (including the IV-D case number and child's date of birth);
- View and print CPR/BRS abstracts, administrative-use copies and certified copies;
- Request audit and data reports; and
- Assign/edit CPR/BRS roles and privileges.

k. MiCSES Help Desk Limited Administrative Role – This role is assigned to MiCSES Help Desk staff. Staff with this role are able to:

[294] Ref: Section E of this memorandum for information on the biometric device.

- Modify general user profile information such as name, address, and account status; and
- Clear/reset user biometric enrollment for the purpose of unlocking a user account.[295]

Note: Applicants may not request the OCS or MDCH administrative roles, the OCS super lead worker role, or the MiCSES Help Desk limited administrative role. All staff are assigned their user roles according to their specific job responsibilities and duties. The DCH-1419 does not list the OCS super lead worker or the MiCSES Help Desk limited administrative roles; prior approval by the OCS Planning & Evaluation manager must be given to obtain these roles.

3. View/Print Privileges for Documents

The CPR/BRS provides IV-D staff with view/print privileges for AOP and Order of Filiation abstracts, birth record abstracts, BRS administrative-use copies, and CPR certified abstracts. The abstracts are exact replicas of data within the CPR/BRS. CPR/BRS abstracts and administrative-use copies include a statement indicating that CPR/BRS documents must be used for authorized IV-D activities only.

CPR/BRS users may view/print and/or request VR document copies based on their assigned user roles. Exhibit 2013-031E2 explains the types of CPR/BRS documents that can be viewed and/or printed.

D. Required Actions to Access the CPR/BRS

1. Overview of Access[296]

To obtain access to the CPR/BRS, IV-D staff must do the following:

a. Complete the *CPR/BRS for Child Support* web-based training (WBT), correctly answer at least 75 percent of the test questions at the end of the WBT, and save a copy of the certificate of completion on their computer.

b. Complete the DCH-1419 and send it along with the WBT certificate to the MiCSES Help Desk.

c. Enter the SSO web portal.

1) **New users** will register for SSO, complete requested information, and obtain their SSO user ID and temporary password from an email sent by

[295] Ref: Section E of this memorandum for information on the biometric device.
[296] Ref: This section (D1) provides a general outline of the steps for accessing CPR/BRS. The following section (D2) provides more detail. Also, refer to Exhibit 2013-031E3 for a desk aid listing the steps required to access CPR/BRS.

the MDCH SSO Administrator. After users receive this email, they will log into SSO with their user ID and temporary password.

2) **Existing SSO users** will already have an SSO user ID and password, so they may log into SSO and go to Step d (Subscribe to CPR/BRS) below. If existing users have forgotten their SSO password, they may click the *Need Password* button within SSO and follow the steps to receive a new password.

d. Subscribe to CPR/BRS, receive approval via email from MDCH, and then access CPR/BRS.

e. Initialize and use a biometric device (steps are detailed in Section E below).

3. Step-by-Step Access to the CPR/BRS

a. Successfully Complete the WBT and Save the WBT Certificate.

The *CPR/BRS for Child Support* WBT is available within the MDCH Learning Management System at the following link: https://courses.mihealth.org/PUBLIC/cm0670/home.html. IV-D staff must click the *Create New User* button, and then enter their work email address, name, and other information into the system to access the training.[297]

The WBT contains information about:

- Appropriate and inappropriate CPR/BRS uses, and penalties for misuse;
- User roles and privileges;
- Password maintenance;
- Searches and modified searches;
- CPR stored record types;
- CPR and BRS document printing types; and
- Requests for MDCH VR staff assistance in obtaining CPR/BRS records.
-

There is a knowledge test at the end of the WBT. IV-D staff must complete the WBT and correctly answer at least 75 percent of the test questions to receive the certificate of completion. The certificate of completion will be sent to the user's email address. Staff can also return to the MDCH Learning Management System at a later time to retrieve an electronic copy of the certificate. Staff must save the electronic copy of the certificate on their computer.

[297] In the future, users may also access the MDCH Learning Management System and WBT from mi-support by clicking the Training tab → Web-Based Training → *CPR/BRS for Child Support*.

Note: After IV-D staff are granted access to the CPR/BRS, they may refer back to the WBT from within the CPR/BRS by clicking the *Help* button in the upper-right corner of the CPR/BRS home page. The link to this IV-D Memorandum will also be available by clicking the *Help* button within CPR/BRS.

b. Complete the DCH-1419 and Send the DCH-1419 and WBT Certificate to the MiCSES Help Desk.

IV-D staff must complete the DCH-1419 security agreement (including the applicant and IV-D Authorized Requester signatures) and submit both the DCH-1419 form and the WBT certificate to the MiCSES Help Desk. Documents may be emailed, faxed or mailed, although email is preferred. Documents should not be submitted more than once unless otherwise requested.

- Email: DIT-MiCSES-Helpdesk@michigan.gov
- Fax: (517) 241-9703

MiCSES Help Desk – 12th Floor
111 S. Capitol Ave.
Lansing, MI 48913

The MiCSES Help Desk will retain the WBT certificate and forward the DCH-1419 to MDCH for processing. After the form is processed, MDCH will notify users via email when their CPR/BRS account is activated and ready for use.

Note: Users must subscribe to the CPR/BRS **on the same day** they send the DCH-1419 security agreement and WBT certificate to the MiCSES Help Desk. After sending these items to the MiCSES Help Desk, users will continue with steps c and d below.

c. Enter the SSO Web Portal to Access CPR/BRS.

1) All CPR/BRS users will enter the SSO web portal at: https://sso.state.mi.us

2) New users, or existing users who have had a change of email address, must register for SSO, complete requested information, obtain their SSO user ID and temporary password, log into SSO, and then change their temporary password. To do this, they must:

a) Click the *Register* button;
b) Complete the requested information on each of the screens;

c) Click *Enter* on the last screen. Users will receive an email from the MDCH SSO Administrator with their SSO user ID and a temporary password;
d) Re-enter the SSO portal and log into SSO using the user ID and temporary password; and
e) Change the temporary password by clicking the *Account Maintenance* tab and then the *Change My Password* button.

3) Existing SSO users must enter their current SSO user ID and password to log in, and then subscribe to the CPR/BRS (see Step d below).

Note: If users forget their SSO password, they must click the *Need Password* button in the SSO portal (on the SSO login page) and follow the steps to receive a new password. After logging into SSO, users may change their password by clicking the *Account Maintenance* tab and then the *Change My Password* button.

d. Subscribe to the CPR/BRS Application.

Note: Users must subscribe to the CPR/BRS application **on the same day** they send the DCH-1419 security agreement and WBT certificate to the MiCSES Help Desk; however, they will not be able to access the CPR/BRS until MDCH approves their DCH-1419 and activates their account.[298]

3) To subscribe to the CPR/BRS, IV-D staff will:

a) Log into SSO (if not logged in already), and click the *Subscribe to Applications* link;
b) Select *Department of Community Health* from the left drop-down menu;
c) Select *CPR/BRS for Child Support* from the right drop-down menu; and
d) Complete the *User and Agency Information* screens, including the challenge questions, and click *Submit*.

Note: The SSO web portal contains numerous applications. However, IV-D staff may subscribe only to the *CPR/BRS for Child Support* application.

Within about three days, the user will receive an email from SSO_Administrator@michigan.gov that states: "Your request for access to

[298] MDCH staff will review the DCH-1419, compare it to the user's information that was entered during the steps to subscribe to the *CPR/BRS for Child Support,* and then activate the user role/privileges. This process usually takes about three days. Once a user's account is activated, (s)he may return to the SSO and use the *CPR/BRS for Child Support*.

the CPR-BRS application has been approved. The CPR-BRS application link will be available the next time you log in to your Single Sign-On Account."[299]

4) IV-D staff will enter the SSO web portal again, click the *CPR/BRS for Child Support* link, complete the user profile information, and click *Submit*.

5) The user will receive an email from DIT-MiCSES_Remedy Mail stating that the user's reported incident has been resolved and his/her *CPR/BRS for Child Support* account is active.

E. Initialize and Use a Biometric Device to Access CPR/BRS

After IV-D staff subscribe to *CPR/BRS for Child Support* within the SSO web portal and MDCH activates their account, they must initialize and use a biometric device to access the *CPR/BRS for Child Support*. MDCH requires the use of a biometric device for fingerprint scanning authentication for all persons accessing confidential CPR/BRS data.

1. Biometric Devices and Required Software

   The biometric device is a small fingerprint scanner that IV-D staff plug into the computer USB port.

   OCS has a limited amount of biometric devices. For county IV-D staff, OCS will send the devices and software loading instructions[300] to the FOC Local Project Coordinator or the PA Child Support Contact in the user's local county office listed on mi-support. OCS staff will receive the devices from their managers.

   Users must download the biometric device software, and they must have Java version 6.14 or greater installed on their computer. IV-D workers in Tier 1 and Tier 2 county offices may contact the MiCSES Help Desk for assistance with installing the appropriate Java version or the biometric device software. Tier 3 (county-managed) offices may contact information technology (IT) staff in their county office for assistance.

2. Initializing the Biometric Device

   To initialize the biometric device, IV-D staff will follow these steps:

   a. After entering the *CPR/BRS for Child Support,* a pop-up window for the biometric device will appear with the question, "Do you want to run the application?" Click the box that states, "Always trust content from this

[299] If users do not receive this email within seven days from the date of subscribing to the *CPR/BRS for Child Support* on SSO, they must contact the MiCSES Help Desk for assistance.
[300] A hard copy of the biometric device software instructions will be mailed to the requester when the biometric device is mailed.

publisher," and then click the *Run* button. (This pop-up window will not appear for subsequent attempts to access CPR/BRS.)

b. A message will appear saying, "User biometric enrollment was not found, please enroll." Plug the biometric device into the USB port on the computer if it is not already connected. Complete the biometric enrollment by capturing five fingerprint images **of the same finger** using the biometric device. Some fingers provide better images than others. If a fingerprint does not present clearly, click the *Reset Biometric Capture* button on the screen to clear it and try again. The following are suggestions for creating fingerprints:

- Press the finger firmly on the biometric device;
- The complete pad of the finger should be used and not just the fingertip (the side of the finger can be used);
- If the user has difficulty scanning a fingerprint, a finger on the non-dominant hand should be used and pressed more firmly on the device; and
- Hand lotion on dry hands will help with fingerprint scanning.

c. Once five satisfactory fingerprints are successfully captured, the *Save Biometric Enrollment* button will become active. Click this button to access *CPR/BRS for Child Support*.

The five fingerprint captures will be converted to algorithmic templates that will be used to authenticate the user during subsequent login attempts. Actual fingerprint images are never stored within CPR/BRS or within the device.

3. Using the Biometric Device

On subsequent log-ins to the *CPR/BRS for Child Support*, a slightly different biometric authentication screen will appear.

The user will provide one fingerprint capture of the same finger used for the biometric enrollment by firmly pressing that finger on the fingerprint scanner one time.

If there is a fingerprint match, the user will be able to access CPR/BRS. If no match is made, a message at the bottom of the screen will indicate that the match is unsuccessful, and the user must make another attempt.

After 10 unsuccessful attempts, the user's CPR/BRS account will be inactivated. If this occurs, the user must contact the MiCSES Help Desk (see Section G) to reset the biometric enrollment process so (s)he can enroll with five fingerprint captures again.

The CPR/BRS application times out after 30 minutes of inactivity. When it times out, the user must log back in using the biometric device. Once logged into CPR/BRS, the biometric device can be unplugged, and if the CPR/BRS application has not timed out, access to the CPR/BRS will continue with the device unplugged.

If a user does not log into the CPR/BRS application for 90 consecutive days, his/her account will become inactive. The user will need to contact the MiCSES Help Desk to reactivate the account.[301]

When a IV-D staff person leaves employment, the office manager may assign the biometric device to a new IV-D staff person **after** that staff person is approved to access CPR/BRS.

F. CPR/BRS Reports

OCS administrative users and MDCH administrative users have the ability to run reports in the CPR/BRS application. These reports include the following:

1. *User Audit Report* – MDCH and OCS administrative staff use this report to track detailed CPR/BRS individual user activity during a certain time period.
   -
2. *User Status Report* – MDCH and OCS administrative staff use this report to determine if a user is active or inactive, as well as the date of the user's last successful login to the application.
   -
3. *Paternity Revocation Report* – This report is used to track the revocation of AOPs filed in the CPR under the Revocation of Paternity Act (MCL 722.1437) for a calendar year.
   -
4. *Hospital Paternity Establishment Percentage (PEP) Summary* – This report tracks AOPs completed through the Electronic Birth Certificate (EBC) system and through AOP software used by hospital medical staff for a calendar year.
   -
5. *Office of Child Support Enforcement (OCSE)-157 Line 8 Report* – This report tracks the number of children born out of wedlock during a calendar year.
   -
6. *OCSE-157 Line 9 Report* – This report tracks the number of born-out-of-wedlock children with paternity **established and/or acknowledged** during a calendar year.
   -
7. *OCSE-157 Line 10 Report* – This report tracks the number of born-out-of-wedlock children with paternity **acknowledged** during a calendar year.
   -

[301] Ref: Section G of this memorandum for information on technical assistance.

8. *Hospital BOW Detail Report* – This report is used to track particular hospital activity as it pertains to children born out of wedlock (BOW) during a calendar year.

G. Technical Assistance for Passwords, CPR/BRS, the Biometric Device, and Reports

3. Expired/Forgotten SSO Password or Changing the SSO Password

   The SSO password will automatically expire due to user inactivity after 90 days. If this occurs, the user must enter the SSO portal and click the *Need Password* button. This button may also be used if users forget their password. The user must answer the security challenge questions and then follow the steps to receive a new password.

   Users may change their SSO password at any time by clicking the *Account Maintenance* tab within the SSO and clicking the *Change My Password* button. If users cannot reset their password using the above methods, they may contact the MiCSES Help Desk by emailing DIT-MiCSES-Helpdesk@michigan.gov or by calling 1-800-968-2644.

4. Technical Issues With CPR/BRS or the Biometric Device, Including Biometric Resets and Locked Accounts

   For technical assistance with CPR/BRS or the biometric device, users must contact the MiCSES Help Desk at the email address or phone number in Section G1 above. MiCSES Help Desk staff will:

   e. Log a Help Desk ticket to allow for tracking of the issue;
   f. Direct CPR/BRS hardware and biometric device inquiries to appropriate DTMB or MDCH staff;
   g. Direct questions about CPR data, BRS data or the paternity establishment process to the appropriate training sources or to MDCH or OCS staff; and
   h. Respond to the user when the issue is resolved.

5. Reports

   County or state managers can request a CPR/BRS report by contacting the MiCSES Help Desk with the name of the CPR/BRS report, the date range, and any other necessary information specific to each report, such as county name or user name. OCS staff with the OCS administrative user role will run the report and send it to the requester.

NECESSARY ACTION:

Retain this IV-D Memorandum until further notice. This IV-D Memorandum replaces and obsoletes IV-D Memorandum 2013-006, *New Central Paternity Registry and Birth*

Registry System (CPR/BRS) Combined Search Tool for the IV-D Child Support Program and its attachments.

REVIEW PARTICIPANTS:

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SUPPORTING REFERENCES:

Federal
42 USC 652
42 USC 666
42 USC 666(a)(5)(M)
42 USC 668
45 CFR 303.5(g) and (h)
45 CFR 303.21(d)

State
Public Act 268 of 1939
Public Act 205 of 1956
Public Act 368 of 1978
Public Act 307 of 1996
MCL 333.1106
MCL 333.2640
MCL 333.2882(1)(a)
MCL 333.2813

MCL 333.2883
MCL 333.2888
MCL 710.33
MCL 722.711 – 722.730
MCL 722.1437
MCL 752.794 – 752.797
Michigan Court Rule 3.218

ATTACHMENTS:

2013-031E1:	Central Paternity Registry (CPR) Record Types
2013-031E2:	Central Paternity Registry (CPR) and Birth Registry System (BRS) Printed Document Types
2013-031E3:	Desk Aid: Steps for Accessing the Central Paternity Registry and Birth Registry System (CPR/BRS) Application

EPF/AG

IV-D MEMORANDUM 2013-032

TO: All Friend of the Court (FOC) Staff
All Prosecuting Attorney (PA) Staff
All Office of Child Support (OCS) Staff

FROM: Erin P. Frisch, Director
Office of Child Support

DATE: December 9, 2013

UPDATE(S):

☐ Manual

☒ Form(s)

SUBJECT: Updates to the *Notice of Order of Filiation* (DCH-0839)

RESPONSE DUE: None

POLICY EFFECTIVE DATE: Upon receipt

PURPOSE:

This IV-D Memorandum announces updates to the *Notice of Order of Filiation* (DCH-0839). The Michigan Department of Community Health (MDCH) modified the DCH-0839 in October 2013 to reflect an increase in the birth record fee.

The DCH-0839 is available in the Michigan Child Support Enforcement System (MiCSES) as Form 6130. Form 6130 will be updated to match the changes in the DCH-0839, and the revised form will be uploaded to MiCSES on December 10, 2013.

DISCUSSION:

On October 15, 2013, Governor Snyder signed House Bill 4786 into law,[302] effective immediately. This law increases the fees charged to customers who contact the State of Michigan for vital records services. It increases the fee for a new birth record from $40 to $50, and increases the fee for additional copies of a birth record from $12 to $16 each.

These fees are shown on the DCH-0839. Court staff will complete and submit a DCH-0839 when a judge declares a legal father in a court order. Recording a DCH-0839 does not require a fee, but a fee ($50) is required if a new birth record is to be created.
In addition to the increases in the fees on the DCH-0839/Form 6130, the caption under the "Total Enclosed" line has changed – the revision date has been updated to 10-2013, and the phrase "By Authority of MCL 333.2891(9)(a)" has been added.[303]

NECESSARY ACTION:

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[302] Public Act 136 of 2013

[303] MCL stands for "Michigan Compiled Law."

Retain this IV-D Memorandum until further notice. This memorandum obsoletes Action Transmittal 2005-068, *Changes for the Notice of Order of Filiation (DCH-0839)*, and its attached DCH-0839 form (Rev. 12/2004).

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None

SUPPORTING REFERENCES:

Federal
None

State
Public Act 136 of 2013

ATTACHMENT:

DCH-0839 (MiCSES Form 6130): *Notice of Order of Filiation*

EPF/ED/SM