

You have been designated as the authorized representative for (**Organization Name**). Your organization has registered as a MI Bridges (**Comma Separated Levels of Engagement**) partner.

Please review and certify that you accept the terms and conditions below which correspond with your organization's level(s) of engagement (Navigation, Referral, and/or Access).

Navigation:

- Promote MI Bridges to your organization's clients, including making available MI Bridges educational materials and incorporating the use of MI Bridges into organizational processes where applicable.
- Provide one-on-one assistance to individuals using the MI Bridges system across the full range of MI Bridges features including helping clients find state and community resources through guided needs assessment, exploring available resources with clients, supporting clients in applying for all MDHHS assistance programs available through MI Bridges (not limiting assistance to one benefit program) and viewing MDHHS benefits information.
- Ensure that your organization's lead point of contact completes an orientation to MI Bridges provided by the Michigan Department of Health and Human Services.
- Ensure that your organization's lead point of contact actively manages all MI Bridges user accounts associated with your organization, including routinely confirming all user information is accurate and up-to-date and immediately terminating users that no longer need access to MI Bridges (e.g. as a result of a staff person leaving the organization or moving to a position which no longer requires MI Bridges access). Additionally, your organization agrees to immediately terminate agency staff member or volunteer access in cases of misuse of the MI Bridges system or data received from the MI Bridges system.
- Ensure that all agency staff and volunteers who are utilizing MI Bridges are registered as users and complete all required MI Bridges training(s) provided by the Michigan Department of Health and Human Services for their community partner role / permission level prior to providing MI Bridges assistance.
- Ensure that all agency staff and volunteers participate in MI Bridges continuing education and training at least once per year after their initial training is complete.
- Ensure that all MI Bridges Apply For Benefits applications are submitted by an applicant or his/her authorized representative, not by organization staff or volunteers unless they are acting in an official authorized representative capacity.
- Conduct a criminal history check on all agency staff and volunteers whom your organization would like to provide one-on-one client assistance with MI Bridges. Prohibit staff/volunteers with criminal convictions that raise concerns for clients' safety and property or raise questions about their honesty and integrity from providing one-on-one assistance. (Prohibited convictions include but are not limited to: homicide, criminal sexual conduct, assault, battery, kidnapping, larceny, embezzlement, conversion, fraud, forgery and false representation.)
- Ensure that your organization and its staff/volunteers use or disclose data including personal, medical, or demographic client data exposed during the course of assisting individuals with MI Bridges only for purposes directly related to the fulfillment of your organization's MI Bridges assistance responsibilities.
- Ensure that the appropriate administrative, technical, and physical security safeguards (e.g., policies/procedures, training, protection of passwords) are established and used to protect data from being accessed, used, disclosed, or stored for purposes other than the fulfillment of your organization's MI Bridges assistance responsibilities.

- Report to MDHHSPrivacySecurity@michigan.gov within 24 hours any use or disclosure (intentional or unintentional) of personal, medical, or demographic client data beyond the fulfillment of your organization's MI Bridges assistance responsibilities. Cooperate with MDHHS to investigate, mitigate, and remedy (including but not limited to potential financial obligations due to misuse of data) any unauthorized access, use, or disclosure of data received from the MI Bridges system.
- Ensure that your organization never charges a fee to provide MI Bridges assistance.
- Participate in quality assurance review (i.e. periodic MDHHS analysis of MI Bridges information to review the effectiveness and comprehensiveness of partner assistance), and any related training or partner support activities prompted by quality assurance review, as requested by MDHHS.
- If your organization is included in the Michigan 2-1-1 database, review your organization's 2-1-1 database information no less than annually to ensure the information included in the database is accurate and comprehensive. (2-1-1 database inclusion is not mandatory for Navigation partners, but it is highly encouraged.)
- Immediately notify MDHHS of any violation of these terms and conditions.

Referral:

- Promote MI Bridges to your organization's clients, including making available MI Bridges educational materials and incorporating the use of MI Bridges into organizational processes where applicable.
- Respond to client referrals received through MI Bridges within 2 business days of receiving a referral.
- Provide referral feedback (i.e. disposition of how the referral was completed) through MI Bridges.
- Review your organization's information in the Michigan 2-1-1 database no less than annually to ensure the information included in the 2-1-1 database is accurate and comprehensive. (2-1-1 database inclusion is mandatory for Referral partners.)
- Ensure that your organization's lead point of contact completes an orientation to MI Bridges provided by the Michigan Department of Health and Human Services.
- Ensure that your organization's lead point of contact actively manages all MI Bridges user accounts associated with your organization, including routinely confirming all user information is accurate and up-to-date and immediately terminating users that no longer need access to MI Bridges (e.g. as a result of a staff person leaving the organization or moving to a position which no longer requires MI Bridges permission). Additionally, your organization agrees to immediately terminate agency staff member or volunteer access in cases of misuse of the MI Bridges system or data received from the MI Bridges system.
- Ensure that all agency staff and volunteers who are utilizing MI Bridges are registered as users and complete all required MI Bridges training(s) provided by the Michigan Department of Health and Human Services for their community partner role / permission level prior to providing MI Bridges assistance.
- Ensure that all agency staff and volunteers participate in MI Bridges continuing education and training at least once per year after their initial training is complete.
- Ensure that your organization and its staff/volunteers use or disclose data including personal, medical, or demographic client data exposed during the course of assisting individuals with MI

Bridges only for purposes directly related to the fulfillment of your organization's MI Bridges assistance responsibilities.

- Ensure that the appropriate administrative, technical, and physical security safeguards (e.g., policies/procedures, training, protection of passwords) are established and used to protect data from being accessed, used, disclosed, or stored for purposes other than the fulfillment of your organization's MI Bridges assistance responsibilities.
- Report to MDHHSPrivacySecurity@michigan.gov within 24 hours any use or disclosure (intentional or unintentional) of personal, medical, or demographic client data beyond the fulfillment of your organization's MI Bridges assistance responsibilities. Cooperate with MDHHS to investigate, mitigate, and remedy (including but not limited to potential financial obligations due to misuse of data) any unauthorized access, use, or disclosure of data received from the MI Bridges system.
- Participate in quality assurance review (i.e. periodic MDHHS analysis of MI Bridges information to review the effectiveness and comprehensiveness of partner assistance), and any related training or partner support activities prompted by quality assurance review, as requested by MDHHS.
- Ensure that your organization never charges a fee to provide MI Bridges assistance.
- Immediately notify MDHHS of any violation of these terms and conditions.

Access:

- Ensure that your organization's lead point of contact actively maintains MI Bridges account information, including routinely confirming information is accurate and up-to-date and immediately updating lead point of contact information if the user changes (e.g. as a result of a staff person leaving the organization or moving to a position which no longer serves as the lead point of contact). Additionally, your organization agrees to immediately terminate agency staff member or volunteer access in cases of misuse of the MI Bridges system.
- Promote MI Bridges to your organization's clients, including making available MI Bridges educational materials.
- Ensure that your organization's lead point of contact completes an orientation to MI Bridges provided by the Michigan Department of Health and Human Services.
- Ensure that appropriate staff and/or volunteers within your organization (i.e. those that may interact with clients who are accessing MI Bridges at your organization) are aware of and encouraged to share the availability of local community partner Navigation assistance, as well as MI Bridges (phone) help desk support as needed.
- Report to MDHHSPrivacySecurity@michigan.gov within 24 hours any use or disclosure (intentional or unintentional) of personal, medical, or demographic client data beyond the fulfillment of your organization's MI Bridges assistance responsibilities. Cooperate with MDHHS to investigate, mitigate, and remedy (including but not limited to potential financial obligations due to misuse of data) any unauthorized access, use, or disclosure of data received from the MI Bridges system.
- Ensure that your organization never charges a fee to provide access to MI Bridges.
- Immediately notify MDHHS of any violation of these terms and conditions.

I understand MDHHS may make changes to this Agreement from time to time. Unless otherwise noted by MDHHS, changes to the Agreement will be effective 30 days after the modified terms are made available.

I understand MDHHS may choose to make changes to the Agreement that are effective immediately. MDHHS may do so for reasons including, but not limited to, a change necessary to comply with applicable law, applicable regulation, a court order, or guidance issued by a governmental regulator or agency.

If I, as authorized representative for (Organization Name), do not agree to the revised Agreement, (Organization Name) must cease accessing MI Bridges.

By clicking "Accept" below I, as authorized representative for (Organization Name), demonstrate overall agency support for becoming a MI Bridges Community Partner and formally agree to the terms and conditions above which correspond with the (Comma Separated Levels of Engagement) level(s) of engagement.

**Accept**