

Notification of Policy Changes

(FY2019 Appropriation Act - Public Act 207 of 2018)

April 1, 2019

Sec. 222. (1) The department shall make the entire policy and procedures manual available and accessible to the public via the department website.

(2) The department shall report by 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, the senate and house fiscal agencies, and policy offices. The department shall attach each policy bulletin issued during the prior calendar year to this report.



ACCOUNTING

ACB 2018-001

EFFECTIVE

October 1, 2018.

Subject(s)

The Michigan Department of Health and Human Services (MDHHS) has strict procedures for handling petty cash. The handling of petty cash by MDHHS staff is subject to all applicable state laws, regulations and agency policy. All designated staff members in this policy have a fiduciary responsibility to the agency to handle petty cash accordingly. Arrange handling of petty cash and/or petty cash records to ensure the designated custodian has primary control of petty cash.

With the Department of Technology, Management and Budget (DTMB), Office of Financial Management, and the MDHHS Bureau of Finance and Accounting approval, an office may maintain an amount of cash, referred to as petty cash, for the purpose patient fund disbursements, vital records operating cash, and tobacco sting operations. Request pre-approval for other items through InvoiceMDHHS@michigan.gov.

Do not commingle petty cash funds with other funds and keep them in a locked cash box. During non-working hours, keep the cash box in a safe. If no safe is available, store the cash box in a locked file cabinet.

Do **not** use petty cash accounts are for employee reimbursements, (travel or non-travel).

ADMINISTRATIVE POLICY

APB 2018-001

EFFECTIVE

January 1, 2018.

Subject(s)

Former Department of Community Health policy regarding newborn screening specimens are added to the Michigan Department of

Health and Human Services (MDHHS) Administrative Policy
Facilities and Hospitals (APF) manual:

- APF-111, Newborn Screening Specimens.
- APF 114, Guidelines for Research Use of Dried Blood Spots.
- APF-115, Guidelines for Review and Approval of Research Using Dried Blood Spots.

APB 2018-002

EFFECTIVE

January 1, 2018.

Subject(s)

APF-113, Interpreter/Translator Services

When a MDHHS employee determines a need for over-the-phone interpretation service contact the Bureau of Grants and Purchasing.

From the Bureau of Grants and Purchasing webpage, in the purchasing section, under forms, the Over-the-Phone Interpretation and Document Translation Account Set-Up form is available. Under resources, the list of available languages, price list, and implementation card are also available.

APB2018-003

EFFECTIVE

February 1, 2018.

Subject(s)

Administrative Policy Public Health (APH) 100, Manager Work Schedules

APH-100, Manager Work Schedules, is added to the Administrative Policy Public Health manual. It is the purpose of the Bureau of Health and Wellness to ensure the valuable work of the bureau is carried out by managers through its time, attendance and work schedule policies and procedures.

APB2018-004**EFFECTIVE**

March 1, 2018.

Subject(s)**Administrative Policy Manual Human Resources (APR) 112,
Drug and Alcohol Testing**

Michigan Department of Health and Human Services (MDHHS) employees may not work under the influence of drugs and/or alcohol, or possess, procure, consume, or sell drugs and/or alcohol on state property or property used or leased by the state, including vehicles.

Employees violating the department work rule related to the use of alcohol and/or drugs will be in violation of this policy and subject to discipline up to and including dismissal.

Human Resources may notify the police if there is reason to believe that an employee is in possession of illegal drugs or non-prescribed controlled substances, has sold or provided these substances on State property or property used or leased by the State.

Reason: Drug and Alcohol Testing is being added to the MDHHS policy manuals.

**Administrative Policy Manual Facilities and Hospitals (APF)
113, Interpreter/Translator Services**

For additional information concerning interpretation and translation services, visit the Bureau of Grants and Purchasing website at Inside MDHHS/About/Offices and Departments/Financial Operations/Bureau of Grants and Purchasing/Resources

APB2018-005**EFFECTIVE**

March 1, 2018.

Subject(s)

APF-100, Access to Michigan Department of Health and Human Services (MDHHS) Electronic Medical and Business Records, is added to the Administrative Policy Facilities and Hostipals policy manual.

APB2018-006

EFFECTIVE

April 1, 2018.

Subject(s)

Administrative Policy Human Resources (APR) 261, Alternative Work Schedules, Voluntary Work Schedule, Adjustment Program and Telecommuting

The Michigan Department of Health and Human Services (MDHHS) requires supervisor approval for employees who volunteer for non-traditional work schedules that include telecommuting.

Hospitals, centers, juvenile justice facilities and local offices may permit employees to work an alternative work schedule or telecommute based on the employee's classification, duties, responsibilities as well as the locality's business or operational needs of the locality.

Employees are not entitled to an alternative work schedule or to telecommute. Management is the sole authority in determining the appropriateness of any application as it relates to the employee making the request and the localities business and operational needs. The approval of one employee's alternative work schedule or telecommuting does not grant a right or entitlement to any such similar schedule or arrangement for another employee.

Some positions will not be eligible for alternative work schedule or telecommuting based on the duties, responsibilities or office coverage needs during core business hours.

APB2018-007

EFFECTIVE

April 1, 2018.

Subject(s)

Administrative Policy Organizational Services

APO-121, Automated External Defibrillation Program

The Bureau of Organizational Services (BOS) has purchased automated external defibrillators (AED) for Michigan Department of

Health and Human Services (MDHHS) state owned or leased buildings.

APB-271, State Vehicle Mileage Reporting

To ensure Michigan Department of Health and Human Services (MDHHS) drivers comply with the Department of Technology, Management and Budget (DTMB) basic requirements for state-provided motor vehicle assignments including care and maintenance of vehicles.

APB2018-008

EFFECTIVE

April 1, 2018.

Subject(s)

APA-230, Travel and Expenses

Overnight lodging has been changed from 100 miles the night before to 60 miles for the night before.

Entry system was changed to SIGMA-ESS from TELL.

Added sources to those referenced for travel guidelines.

APB2018-009

EFFECTIVE

April 1, 2018.

Subject(s)

APR-261, Alternative Work Schedules, Voluntary Work Schedule, Adjustment Program and Telecommuting

The Michigan Department of Health and Human Services (MDHHS) Office of Human Resources (OHR) has updated APR-261 to clarify the difference between an employee who has a work-from-home assignment, an employee who has a telecommuting agreement, and employees who are considered mobile workers.

- A telecommuting agreement allows an employee who normally reports to an official work location to work off-site one day a week. This is in accordance with Office of State Employer's

policy on Telecommuting, which can be found on the Office of the State Employer website.

- Some employees have a work-from-home assignment. They normally work from home every day. However, they may need to come to the office for required meetings. Employees who have a work-from-home assignment are not considered to be telecommuting.
- Mobile workers, such as services specialists, work in the field as part of their normal assignment. Mobile workers are not considered to be telecommuting.

APB2018-010

EFFECTIVE

May 1, 2018.

Subject(s)

Administrative Policy Organization (APO) 216, Office Space

Always request assistance from the Bureau of Organizational Services, Occupancy & Leased Management (BOS-OLM) to:

- Adjust, move, install or remove any modular furniture.
- Relocate unusually heavy equipment such as safes or filing systems.
- Complete any remodel or upgrade projects.
- Drill holes in any surface. Whenever possible use existing wall hangers. Frame all pictures and do not apply tape or adhesive directly to walls.
- Perform electrical wiring, plumbing.
- Access any ducts, vent openings, conduit, ceiling, or sub-floor/raceway space.

Complete a DHS-2113, Occupancy Services Work Request, for occupancy services work requests; for further information related to state-owned facilities see 400.06, Approval and Process for Office Moves and Configuration Changes at inside.michigan.gov/DTMB/Work Resources/Policies, Standards & Procedures/ DTMB Administrative Policies.

Administrative Policy Hospital (APH) 100, Manager Work Schedules

APH-100, Manager Work Schedules, is being removed from the Michigan Department of Health and Human Services (MDHHS) policy manuals. For alternative work schedules, voluntary work schedules and the adjustment program and telecommuting policy see Administrative Policy Human Resources (APR) 261.

APB2018-011

EFFECTIVE

May 1, 2018.

Subject(s)**APL-68E-130, 2018 BOILERPLATE REPORT****Michigan Department of Health and Human Services (MDHHS) Compliance Office**

The compliance office will investigate and review the DCH-1422, HIPAA/Data Incident Report, form and other related documentation. The compliance office will conduct an investigation and complete a risk assessment to determine risk of harm under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Michigan Identity Theft Protection Act.

Under HIPAA the risk of harm is determined consistent with the Privacy Rule.

Breach notification will be provided under HIPAA without unreasonable delay and within 60 days of the discovery of the incident to the affected individual(s) if there is a greater than low risk of harm. MDHHS's breach notification obligations, including reporting to the federal HHS Secretary, will be consistent with HIPAA Privacy Rule.

Breach notification will be provided to the affected individual(s) under the Michigan Identity Theft Protection Act consistent with the terms of the act.

APB 2018-012

EFFECTIVE

May 1, 2018.

Subject(s)**Administrative Policy Facilities/Hospital (APF) 154, Industry Vendor and Representative Interaction**

The Michigan Department of Health and Human Services (MDHHS) follows consistent state hospital policy pertaining to industry vendor and representative interaction.

The bureau director responsible for the state hospitals must approve all requests made to hospital staff by an industry vendor or representative to accept an unrestricted grant. Such requests will only be approved if there is a compelling reason and if there has been a demonstration of how any related conflicts of interest have been resolved.

APB 2018-013**EFFECTIVE**

May 1, 2018.

Subject(s)**Administrative Policy Human Resources (APR) 350, Internships**

The Michigan Department of Health and Human Services (MDHHS) supports development of internship opportunities for students to meet academic degree requirements and/or to receive college credit if not an employee. Internships should be a meaningful experience for students, offering real-world exposure in their chosen field through selected assignments.

All internships must follow the procedures in APR-350.

The supervising manager/mentor will be responsible for establishing the intern's duties, interacting with the academic institution concerning degree program regulations and performance concerns, scheduling of the intern, and any required reporting for the academic institution and MDHHS.

For information about the internship programs, please contact:

Health Services and Central Office Internships

Tanya Green, Workforce Engagement and Transformation, 517-284-4778, GreenT9@michigan.gov.

Human Services Internships

Kearstyn Meyers, Office of Human Resources, 517- 373-1815,
MeyersK3@michigan.gov.

APB 2018-014**EFFECTIVE**

July 1, 2018.

Subject(s)**Administrative Policy Accounting (APA) 231- Group Meetings**

All Michigan Department of Health and Human Services (MDHHS) employees and contractors must follow the group meetings policy for conventions, seminars, conferences, and retreats, etc. in this item.

The policy also lists the requirements for group meals and the payment process.

APB 2018-015**EFFECTIVE**

July 1, 2018.

Subject(s)**Administrative Policy Legal (APL) 133, Recipient Rights Appeals Process**

Administrative Policy Legal (APL) 133, Recipient Rights Appeals Process has been covered from the former Michigan Department of Community Health Facilities/Hospital Centers 10.3.3, Recipient Rights Appeals Process and updated.

Reason: Consolidation of former Michigan Department of Community Health and Michigan Department of Human Services into the Michigan Department of Health and Human Services policy manuals.

APB 2018-016**EFFECTIVE**

July 1, 2018.

Subject(s)**Administrative Policy Legal (APL) 133, Recipient Rights Appeals Process**

APL-133, Recipient Rights Appeals Process, has been corrected. The graphic did not display when the item was opened. A few grammatical changes were also made.

APB2018-017**EFFECTIVE**

August 1, 2018.

Subject(s)**Administrative Policy Financial Operations (APA) 212, Grantee Monitoring and Management Policy**

The Bureau of Audit, Reimbursement, and Quality Assurance is now the Bureau of Audit (BA). The Bureau of Purchasing is now the Bureau of Grants and Purchasing. APA-212, Grantee Monitoring and Management Policy is updated to reflect these changes.

Relationship Type

Relationship type classification is defined as either a grant award or a procurement contract that is determined on a case-by-case basis based on the characteristics of the agreement between the parties to the agreement.

APB 2018-018**EFFECTIVE**

August 8, 2018.

Subject(s)**Administrative Policy Communications (APC) 110, Social Media Policy**

All social media posts for the Michigan Department of Health and Human Services must be presented on the State of Michigan official pages for both personal and department accounts.

MDHHS employees are free to express themselves on personal social media accounts unless their online activity negatively influences the department work environment or the public perception of the department.

Personal social media activity should align with the Standards of Conduct for Public Offices and Employees Act, which prohibits a state employee from “represent[ing] his or her personal opinion as that of an agency.” Personal social media activity should also align with the Standards of Conduct for Public Offices and Employees Act, which prohibits a state employee from “represent[ing] his or her personal opinion as that of an agency.” Personal social media activity should also align with all State of Michigan IT policies.

PROCEDURE

MDHHS employees must send all draft social media content to the MDHHS communications office to be posted on official accounts.

The MDHHS Communications Office will work with staff to draft social media posts and will edit, and share appropriate content on the MDHHS official pages.

APB 2018-019**EFFECTIVE**

August 1, 2018.

Subject(s)**Administrative Policy Financial Operations (APA) 211,
Subrecipient Audit Report Monitoring**

The Bureau of Audit, Reimbursement, and Quality Assurance is now the Bureau of Audit (BA). APA-211, Subrecipient Audit Report Monitoring Policy is updated to reflect these changes.

APB 2018-020**EFFECTIVE**

September 1, 2018.

Subject(s)**Administrative Policy Human Resources (APR) 460, Moving
Expenses**

APR-460, Moving Expenses, has been added to the Administrative Human Resources policy manual to establish the moving expense reimbursement policy for the Department of Health and Human Services (MDHHS) and to provide guidance in interpreting the standardized move expense regulations issued by the Department of Technology, Management and Budget (DTMB), Civil Service Commission (CSC), and the State of Michigan Financial Management Guide (FMG).

See the Michigan.gov DTMB Administrative Guide to State Government 0430.01, Payment of Household Moving Expenses, (found under Law & Policies) for authorized household moving expense limitations on weight, charges etc. in addition to items not authorized under the moving expense policy.

APB 2018-021**EFFECTIVE**

September 1, 2018.

Subject(s)**Administrative Policy Compliance (APX) 680, Compliance with Section 1557 of the Affordable Care Act**

A new item has been created APX-680, Compliance with Section 1557 of the Affordable Care Act, to establish policy and procedure to ensure all Michigan Department of Health and Human Services' (MDHHS) employees and contractors comply with Section 1557 of the Patient Protection and Affordable Care Act.

Individuals must not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity that is receiving federal financial assistance, based on race, color, national origin, sex, age or disability.

APB 2018-022**EFFECTIVE**

October 1, 2018.

Subject(s)**Administrative Policy Manual Human Resources (APR)**

APR-419, Supplemental Employment, is being added to the Administrative Policy Manual for Human Resources.

APB 2018-023**EFFECTIVE**

October 1, 2018.

Subject(s)

The Michigan Department of Health and Human Services (MDHHS) adjusts a job or work environment to enable a worker to perform the job.

The purchase of the following items requested for ergonomic reasons do not require medical documentation:

- Ergonomic mouse.

- Ergonomic keyboard.
- Cushioned wrist rest (for keyboard or mouse).
- Document holder.
- Monitor riser.
- Adjustable footrest.
- Glare guard (for use with computer screens).
- Anti-fatigue mat.

Purchase of these basic ergonomic items can be made through the business supply purchase process, for example Staples. The use of a procurement card for this purpose is permissible for these items noted in this policy item. If the item is not listed above, submit a MDHHS-5718, Request for Occupancy Services, form to the MDHHS-Occupancy-Services@michigan.gov mailbox with supporting documentation for the purchase.

To have a workstation height adjusted submit a DHS-2113, Work Request, form to the MDHHS-Occupancy-Services@michigan.gov mailbox. This process does not require medical documentation.

If the employee's request for an ergonomic chair and cubicle adjustment is primarily due to a medical issue, it is appropriate for the property analysts to refer the employee to APR 210, Reasonable Accommodation. An employee must complete a MDHHS-5509, Reasonable Accommodation Request, form per the instructions on the form and policy. For further assistance contact the reasonable accommodation coordinator (RAC) at 517-335-3521 or via email at staceyj@michigan.gov.

APB 2018-024

EFFECTIVE

December 1, 2018.

Subject(s)

The following items have been updated in Administrative Policy Communications (APC):

- 111, Social Media Policy.
- 150, Internal Communications Procedure.
- 160, Logo Policy.
- 170, Governor Proclamation, Certificate or Letter Procedure.
- 180, Gov Delivery.

APB 2018-025**EFFECTIVE**

December 1, 2018.

Subject(s)**APF 140, Video Surveillance Monitoring**

Video surveillance monitoring may be conducted without consent in a hospital for purposes of safety, security, and quality improvement. Access to the video must be authorized by the hospital director or deputy administrative officer.

APF 141, Fingerprinting, Photographing, Audio Recording, or Viewing Recipients Through One-Way Glass

Recipients of mental health services shall not be fingerprinted, photographed, audio recorded or viewed through one-way glass unless prior consent is obtained.

APB 2018-026**EFFECTIVE**

December 1, 2018.

Subject(s)

State hospitals document and honor advance directives within the limits of state and federal law, and their scope of practice of providing inpatient treatment to individuals with serious mental illness or serious emotional disturbance.

APB 2018-027**EFFECTIVE**

December 1, 2018.

Subject(s)**Administrative Policy Facilities and Hospitals (APF) 166, Services Animals**

The Michigan Department of Health and Human Services (MDHHS) allows a service dog to accompany a patient during an inpatient stay at a MDHHS psychiatric hospital when criteria defining a service dog are met.

APB 2018-028**EFFECTIVE**

December 1, 2018.

Subject(s)**Administrative Policy Privacy (APP) 100, Data Use Agreements**

APP 100, Data Use Agreements, requires signed written agreement to use and share MDHHS data externally. Data use agreements (DUA) can take many forms and formats, including data sharing agreements, non-disclosure agreements, contracts containing data sharing or data use provisions, and memoranda of understanding. Data use agreements outline what data will be shared, how data will be used, disclosed, and protected.

ADOPTION SERVICES**ADB 2018-001****EFFECTIVE**

June 1, 2018.

Subject(s)

The Michigan Administrative Hearing System's (MAHS) phone system was updated and the telephone and fax numbers have changed. References to the telephone and fax numbers were updated in policy.

- MAHS Benefit Services Division (BSD) main line (517) 335-7519.
- MAHS BSD MDHHS (DHS) Fax (517) 763-0155.
- MAHS BSD MDHHS (DCH) Fax (517) 763-0146.

ADOPTION SUBSIDY**AAB 2018-001****EFFECTIVE**

June 1, 2018.

Subject(s)

The Michigan Administrative Hearing System's (MAHS) phone system was updated and the telephone and fax numbers have changed. References to the telephone and fax numbers were updated in policy.

- MAHS Benefit Services Division (BSD) main line (517) 335-7519.
- MAHS BSD MDHHS (DHS) Fax (517) 763-0155.
- MAHS BSD MDHHS (DCH) Fax (517) 763-0146.

AAB 2018-002**EFFECTIVE**

August 1, 2018.

Subject(s)**AAM 200, Adoption Assistance Eligibility and Funding Source Determination**

This policy was updated to reflect changes from the Families First Prevention Services Act of 2018. Additionally, department names were updated.

AAB 2018-003**EFFECTIVE**

November 1, 2018.

Subject(s)**AAM 200, Adoption Assistance Eligibility and Funding Source Determination - Correction**

Delay of Adoption Assistance phase-in of applicable child requirements.

Reason: The Families First Prevention Services Act of 2018.

ADULT SERVICES

ASB 2018-001

EFFECTIVE

January 1, 2018.

Subject(s)

ASM 138, County Rates

The Adult Services Manual (ASM) 138, County Rates is updated to reflect minimum wage change for individual providers. The Adult Services Comprehensive Assessment Program (ASCAP) is changed to Michigan Adult Integrated Management System (MiAIMS).

ASB 2018-002

EFFECTIVE

January 1, 2018.

Subject(s)

1. References to ASCAP replaced with MiAIMS.
2. Adult Services Comprehensive Assessment and Service Plan forms renumbered.
3. Terminology for service plan changed to plan of care.
4. Level of Care changed to Program Enrollment Types.
5. Removed references to step by step instructions in ASCAP and/or local office procedures.
6. Removed references regarding ASCAP Reports.
7. Removed references to CP Express and replaced with SIGMA.
8. Numeric closure codes removed.
9. Personal care payment rates increased for adult foster care (AFC) and homes for the aged (HA) providers.

**1) References to
ASCAP replaced
with MiAIMS**

**ASM-010, ASM-015, ASM-020, ASM-025, ASM-035, ASM-040,
ASM-045, ASM-060, ASM-075, ASM-085 and ASM-090**

All references to the Adult Services Comprehensive Assessment Program (ASCAP) have been replaced with the new computer system called the Michigan Adult Integrated Management System (MiAIMS).

**2) Adult Services
Comprehensive
Assessment and
Service Plan
renumbered**

ASM-010, ASM-025 and ASM-035

The DHS-324, Adult Services Comprehensive Assessment has been changed to the MDHHS-5534, Adult Comprehensive Assessment for ILS and the MDHHS-5534A, Adult Comprehensive Assessment for ACP.

The DHS-324A, ILS/ACP Service Plan has been changed to the MDHHS-5536, ILS/ACP Plan of Care.

The DHS-324B, ACP Service Plan Signature has been changed to the MDHHS-5537, ACP Plan of Care Signature.

**3) Terminology for
Service Plan
changed to Plan of
Care**

ASM-035 and ASM-060

The term Service Plan in ASCAP has been changed to Plan of Care in MiAIMS.

**4) Level of Care
changed to
Program
Enrollment Type**

ASM-010, ASM-075, ASM-085

The Medicaid Level of Care codes are changing to Program Enrollment Type (PET) codes. All references to LOC have been removed.

5) Removed references to step by step instructions in ASCAP and/or local office procedures

ASM-020, ASM-040 and ASM-065

Instructions under registration and case disposition removed.

Instructions for transferring a case in ASCAP were removed.

Instructions for case documentation were removed (local office procedure).

Instructions for searching for a provider were removed.

6) Removed references regarding ASCAP report

ASM-040

References regarding ASCAP reports have been removed.

7) References to CP Express replaced with SIGMA

ASM-065 and ASM-075

Effective 10/1/2017, the Statewide Integrated Governmental Management Applications (SIGMA) replaced MAIN. Vendors will no longer register under C&P Express.

All licensed facilities that wish to receive Title XIX funds through the Adult Community Placement (ACP) program must complete the following steps:

- Register as a vendor with SIGMA at www.michigan.gov/SIGMAVSS. The provider will receive a SIGMA Vendor Code which must be provided to the Adult Services Worker.
 - Providers must complete a W-9 electronically.
 - The W-9 must be completed using the same information that is on the license.
- Be enrolled in Bridges which is initiated by the MDHHS Adult Services Worker. The ASW must complete the DHS-2351X, Bridges Provider Enrollment/Change Request and submit it to the MDHHS Provider Management mailbox at MDHHS-Provider-Management@michigan.gov. The provider's SIGMA Vendor Code must be included on the DHS-2351X.
- The provider's vendor code must be entered into Bridges during the enrollment process or payments will not be released.
- The provider will be assigned an identification number.
- No payment can be authorized until the licensed provider is enrolled in Bridges.

8) Numeric closure codes removed

ASM-090

All numeric codes were removed from the manual. MiAIMS provides the closure codes in text format.

9) Personal care payment rates increased for adult foster care (AFC) and home for the aged (HA) providers

ASM-077

Supplemental Security Income (SSI) for domiciliary and personal care in adult foster care homes and homes for the aged have increased by two percent effective January 1, 2018.

State Disability Assistance (SDA) payment rates for domiciliary and personal care in adult foster care homes and homes for the aged have increased effective January 1, 2018.

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.

Personal Care Supplemental Payment Rate

The personal care supplemental payment rate for adult foster care and homes for the aged remains the same as the 2017 rate of \$218.92 per month.

ASB 2018-003

EFFECTIVE

January 1, 2018.

Subject(s)

1. Update ASCAP to MiAIMS (ASM 105, ASM110, ASM115, ASM120).
2. Update adult services specialist to adult services worker (ASM 105, ASM110, ASM115, ASM120).
3. Update independent living services (ILS) to home help for consistency in terminology between DHS and DCH as both departments are part of MDHHS (ASM 115, ASM120).
4. MiAIMS contacts/text messaging as MiAIMS now includes text messaging as a contact option (ASM 115).
5. Update level of care (LOC) codes to program enrollment type (PET) codes due to changes in Bridges and CHAMPS (ASM 105, ASM120).
6. Update email for expanded home help services case (ASM 120).
7. Removed annual redetermination (ASM 120).
8. Add MDHHS 5535, Complex Care Assessment, form to assist adult services workers with complex care needs (ASM 120).

**1) Update ASCAP
to MiAIMS****ASM 105, ASM 110, ASM 115, and ASM 120**

All references to Adult Services Comprehensive Assessment Program (ASCAP) have been changed to Michigan Adult Integrated Management System (MiAIMS).

**2) Update Adult
Services Specialist
to Adult Services
Worker****ASM 105, ASM 110, ASM 115, and ASM 120**

All references to adult services specialist have been changed to adult services worker (ASW).

**3) Update
Independent Living
Services (ILS) to
Home Help****ASM 115 and ASM 120**

All references to independent living services (ILS) have been updated to home help.

Developing consistency in terminology between DHS and DCH now that both departments are part of MDHHS.

**4) MiAIMS
contacts/text
messaging****ASM 115**

MiAIMS has added adult services requirements for text messaging as a form of contacts.

MiAIMS now includes text messaging as a contact option.

**5) Update LOC
codes to PET
codes****ASM 105 and ASM 120**

All references to level of care (LOC) codes have changed to program enrollment type (PET) codes.

Implementation of Modernizing Continuum of Care (MCC). Changes occurred in Bridges and CHAMPS. MiAIMS needed to make the change too so that payment and eligibility are determined correctly.

6) Update email for Expanded Home Help Services case

ASM 120

Updated how to submit an expanded home help services request via email and updated email address.

7) Removed annual redetermination

ASM 120

Removed reference of annual redetermination.

The main difference between a review and a redetermination was the updating of the DHS-54A, Medical Needs Form. Policy has changed indicating the DHS-54A is only needed at intake and when changes occur. Therefore, an annual redetermination is no longer needed. Instead, reviews will be completed every 6-months.

8) Add Complex Care Assessment MDHHS 5535

ASM 120

Due to implementation of MiAIMS, an MDHHS-5535, Independent Living Services Complex Care Assessment, form has been added to assist adult services workers with complex care needs.

ASB 2018-004**EFFECTIVE**

March 1, 2018.

Subject(s)**Adult Services Policy Manual (ASM) 141, Travel Time for Shopping and Landry**

Michigan Department of Health and Human Services (MDHHS) will pay the caregiver time for travel to complete shopping and/or laundry if the comprehensive assessment determines the need for the Instrumental Activities of Daily Living (IADL). When shopping and/or laundry is assessed a rank of three or higher, and the tasks are to be completed away from the clients home, payment for travel time can be authorized.

ASB 2018-005**EFFECTIVE**

April 1, 2018.

Subject(s)

1. References to ASCAP replaced with MiAIMS.
2. References to Independent Living Services (ILS) replaced with Home Help.
3. Reference to Adult Services Specialist replaced with Adult Services Worker.
4. MDHHS-5535, Complex Care Assessment, added in MiAIMS.
5. Service Plan replaced with Plan of Care and renumbered.

**1) Reference to
ASCAP replaced
with MiAIMS**

ASM 101, ASM 130, and ASM 137

All references to Adult Services Comprehensive Assessment Program (ASCAP) have been changed to Michigan Adult Integrated Management System (MiAIMS).

**2) Reference to ILS
replaced with
Home Help.**

ASM 100, ASM 101, and ASM 130

All references to independent living services (ILS) have been updated to home help.

Developing consistence in terminology between DHS and DCH now that both departments are part of MDHHS.

**3) Reference to
Adult Services
Specialist to Adult
Services Worker**

ASM 101, ASM 102, and ASM 130

All references to adult services specialist have been changed to adult services worker (ASW).

**4) Add Complex
Care Assessment
DHHS 5535**

ASM 101

Due to implementation of MiAIMS, and MDHHS-5535, Independent Living Services Complex Care Assessment, form has been added to assist adult services workers with complex care needs.

**5) Services Plan
changed to Plan of
Care**

ASM 130

The term Services Plan in ASCAP has been changed to Plan of Care in MiAIMS. The DHS 324A ILS/ACP Service Plan has been changed to MDHHS-5536.

ASB 2018-006**EFFECTIVE**

April 1, 2018.

Subject(s)

1. References to ASCAP replaced with MiAIMS.
2. References to Independent Living Services (LILS) replaced with Home Help.
3. References to adult services specialist replaced with adult services worker.
4. References to providers replaced with caregiver.
5. Reference of Contract & Payment express (C&PE) replaced to SIGMA.
6. Procedural changes with W-2s process for corrections, replacement and returns.

**1) Reference to
ASCAP replaced
with MiAIMS****ASM 140, ASM 145, and ASM 146**

All references to Adult Services Comprehensive Assessment Program (ASCAP) have been changed to Michigan Adult Integrated Management System (MiAIMS).

**2) Reference to ILS
replaced with
Home Help.****ASM 140, ASM 145, and ASM 146**

All references to independent living services (ILS) have been updated to home help to develop consistence in terminology between DHS and DCH now that both departments are part of MDHHS.

**3) References to
Adult Services
Specialist to Adult
Services Worker**

ASM 140, ASM 145, and ASM 146

All references to adult services specialist have been changed to adult services worker (ASW).

**4) Reference to
provider replaced
with caregiver.**

ASM 140, ASM 145, and ASM 146

All references to provider have been changed to caregiver.

**5) Reference to
C&PE replaced
with SIGMA**

ASW 140

All references to Contact & Payment Express (C&PE) have been changed to Statewide Integrated Governmental Management Applications (SIGMA).

**6) Procedural
changes to W-2s**

ASM 146

Changes in processing W-2 corrections, request for duplicate and returned W-2s have been outlined.

Process of W-2 being handled by three separate departments under MDHHS.

ASB 2018-007**EFFECTIVE**

July 1, 2018.

Subject(s)

1. Agency provider standards.
2. References to ASCAP replaced with MiAIMS.
3. References to independent living services (ILS) replaced with home help.
4. References to adult services specialist replaced with adult services worker (ASW).
5. References to providers replaced with caregiver.
6. Clarificaion that caregivers and agency providers signing MSA -4676 should receive a copy of the client's time and task.
7. Clarification of home help payments when client is discharged from hospital, nursing home, or AFC.
8. Added language regarding timelines to recieve ESVs or PSVs to be eligible for payment.

1) Agency Provider Standards**ASM 136**

Definitions of defined roles of the agency and agency criteria have been added. Agency enrollment, provider qualifications, provider operating standards, agency approval list, agency billing, agency disenrollment and appeals have been added. For more information see Home Help Agency Provider Standards cited in MSA Bulletin 18-09 Effective July 1, 2018

2) Reference to ASCAP Replaced with MiAIMS**ASM 135 and ASM 136**

All references to Adult Services Comprehensive Assessment Program (ASCAP) have been changed to Michigan Adult Integrated Management System (MiAIMS).

**3) Reference to ILS
Replaced with
Home Help**

ASM 135 and ASM 136

All reference to independent living services (ILS) have been updated to home help.

**4) Reference to
Adult Services
Specialist to Adult
Services Worker**

ASM 135 and ASM 136

All references to adult services specialist have been changed to adult services worker (ASW).

**5) Reference to
Provider Replaced
with Caregiver**

ASM 135 and ASM 136

All references to individual providers have been changed to caregiver.

**6) Caregiver and
Agency Provider
Requirements**

ASM 135 and 136

Caregivers and agency providers must sign the MSA 4676 along with the client **prior** to authorizations being submitted in MiAIMS.

7) Payment for Services on Day of Discharge from Hospital, Nursing Home, or AFC

ASM 135

Home help services cannot be paid the day a client is admitted into or day of discharge from the hospital, nursing home, or AFC home.

8) ESV's and PSV's Received Within 365 Days for Payment.

ASM 135

ESV's and PSV's must be received within 365 days of services date. Failure to submit an ESV or PSV within 365 days of services date will result in non-payment.

Medicaid policy will not allow payment after 365 days of services.

ASB 2018-008

EFFECTIVE

August 1, 2018.

Subject(s)

1. Expanded home help services (EHHS).
2. Changed "left alone" to "unassisted."

1) EHHS

ASM 120

Expanded home help services (EHHS) requirements are changed from dollars to hours.

The new procedure for expanded home help services requirements are based on clients' needs rather than provider rates. Therefore, when the time it takes to provide a client's care exceeds 179 hours not \$1599.99, the adult services worker must submit a written EHHS request.

Reason: New policy requirements from ASN 2018-08.

2) Unassisted**ASM 121**

Some references "left alone" have been updated to "if unassisted".

Updating of manual language. Clarification needed due to recent administrative hearings.

ASB 2018-009**EFFECTIVE**

October 1, 2018.

Subject(s)

1. References to ASCAP replaced with MiAIMS.
2. References to CP Express and MAIN removed and replaced with SIGMA.
3. Additional language added to include APS/ACP provider information for warrant rewrites.
4. New item created to provide APS Provider Enrollment instructions.
5. Revised the language for AFC/HFA provider enrollment instructions.
6. Acronym for Homes of the Aged.
7. Supportive Adult Services Section.
8. New email address for Provider Management Unit to MDHHS-ProviderSupport-Helpdesk@michigan.gov.

**1) References to
ASCAP replaced
with MiAIMS****ASM 160**

All references to the Adult Services Comprehensive Assessment Program (ASCAP) have been replaced with the new computer system called the Michigan Adult Integrated Management System (MiAIMS).

2) References to CP Express and MAIN removed and replaced with SIGMA

ASM 160

All references to CP Express and MAIN were removed from ASM 160 and replaces with SIGMA.

3) Language added to include APS/ACP provider information for warrant rewrites

ASM 160

Warrant Rewrite Actions for APS and ACP Providers:

- Provider information must be kept up to date in Bridges.
- When there is a change of information for APS or ACP providers in Bridges, the Adult Services Worker must complete and submit a DHS-2351X, Bridges Provider Enrollment/Change Request, to the Provider Management Unit at MDHHS-ProviderSupport-Helpdesk@michigan.gov.

Correcting Invalid Tax ID Numbers for ACP/HFA Providers

Corrections to the tax ID number associated with a licensed AFC/HFA should be brought to the attention of the Bureau of Community and Health Systems (BCHS). Refer AFC/HFA providers to the BCHS Hotline at 866-685-0006 or the licensing consultant assigned to the facility.

Providers must correct their tax ID number online in SIGMA at www.michigan.gov/SIGMAVSS.

Correcting Invalid Tax ID Numbers for Adult Protective Services Providers

Corrections to an invalid tax ID number for APS providers must be updated in Bridges. The provider must supply the ASW with written verification of the correct social security or federal tax ID number along with a copy of their social security card. The adult services

worker must complete and submit a new DHS-2351X to Provider Management at MDHHS-ProviderSupport-Helpdesk@michigan.gov. The ASW must also include the copy of the social security card.

Note: Warrants not issued due to an invalid tax ID number are suspended and **do not require a warrant rewrite**. Once the tax ID number is corrected, warrants will be processed.

4) New item created to provide APS Provider Enrollment Instructions

ASM 221

To receive payment for services rendered, **all** Adult Protective Services (APS) providers **must** register as a vendor with the state of Michigan in the Statewide Integrated Governmental Management Application (SIGMA). SIGMA will assign the provider a SIGMA Vendor Code.

Additionally, all APS providers **must** be enrolled in Bridges and assigned a seven digit provider ID number. The ID number is used when authorizing a payment to the provider in MiAIMS.

Registration in SIGMA must occur prior to enrolling in Bridges.

Note: Occasionally, APS providers will also provide home help services. HH providers are enrolled in CHAMPS. If a HH provider is also providing APS, the provider must be registered in SIGMA and enrolled in Bridges. These dual providers will have both CHAMPS and Bridges ID numbers.

Provider Registration in SIGMA

If an APS provider needs to register in SIGMA, refer them to the website at www.michigan.gov/SIGMAVSS. If the provider requires additional assistance with registration, refer them to the SIGMA Vendor Customer Support Center at 888-734-9749. The provider will be required to submit a W-9, Request for Taxpayer Identification Number and Certification form.

Once the provider has successfully registered in SIGMA, they will receive a confirmation email that will include their SIGMA Vendor Code. The adult services worker **will need to** obtain the vendor

code from the provider **before** submitting a request for the provider to be enrolled in Bridges.

Provider Enrollment in Bridges

To request an APS provider enrollment in Bridges, the adult services worker must do the following:

- Complete the DHS-2351X, Bridges Provider Enrollment/Change Request. Include the provider's SIGMA vendor code and the SIGMA address ID on the form. The address ID for adult services providers is 39Y. Select Adult Protective Services for the service type. **The vendor code must be entered in Bridges or the payment will not process.**
- Forward the completed DHS-2351X to the Provider Management Unit at MDHHS-ProviderSupport-Helpdesk@michigan.gov. After the provider has been enrolled, Provider Management will email the seven digit provider ID number to the adult services worker.
- Search the Bridges provider ID number in MiAIMS for payment authorizations.

The information entered in SIGMA by the provider must match the information entered in Bridges or release of payments may be impacted.

Changes to Provider Enrollment Information

If the provider information changes and needs to be updated in Bridges, the adult services worker must complete a new DHS-2351X.

5) Revised the language for AFC/HFA provider enrollment instructions

ASM 065

Revised language in this item to match language used in ASM 221.

**6) Acronym for
Homes of the Aged****ASM 160, ASM 065, ASM 075**

The acronym for Homes for the Aged has been changed from HA to HFA.

**7) Supportive
Adult Services
Section****ASM 065, ASM 075**

The name of the Adult Services Policy Unit has been changed to the Supportive Adult Services Section. The policy email box for this section continues to be MDHHS-Adult-Services-Policy@michigan.gov.

**8) New email
address for
Provider
Management Unit****ASM 160, ASM 221, ASM 065**

The new email address for the Provider Management Unit is MDHHS-ProviderSupport-Helpdesk@michigan.gov.

APPLICATION SECURITY POLICY**SAB 2018-001****EFFECTIVE**

August 1, 2018.

Subject(s)**Security Application Policy Manual**

SAM 100, Bridges Application Security Access Control Management and SAM 101, The Community Health Automated Medicaid Processing System (CHAMPS) Application Security Access Control Management, and the security application reports are being added to the Application Security Policy Manual (SAM).

The Michigan Department of Health and Human Services (MDHHS) Compliance Office Application Security Unit (ASU) is the designated MDHHS authority for establishing the policies and procedures for application system access control management.

SAB 2018-002

EFFECTIVE

August 1, 2018.

Subject(s)

Security Application Policy Manual (SAM)

SAM 101, The Community Health Automated Medicaid Processing System (CHAMPS) Application Security Access Control Management, and the security application reports are being added to the Application Security Policy Manual (SAM).

The Michigan Department of Health and Human Services (MDHHS) Compliance Office Application Security Unit (ASU) is the designated MDHHS authority for establishing the policies and procedures for application system access control management.

SAB 2018-003

EFFECTIVE

September 1, 2018.

Subject(s)

SAM 002-D

The retention period for the SAM 002-D, Daily Exception Discrepancies, is 3 years.

SAM 004-M

The retention period for the SAM 004-M, Active Accounts in Multiple Locations, is 3 years.

SAM 100, Bridges Application Security Access Control Management

Access to Bridges cannot be granted to the Michigan State Police (MSP) or law enforcement due to confidentiality requirements; see BAM 310.

BRIDGES POLICY**BPB 2018-001****EFFECTIVE**

January 1, 2018.

Subject(s)

1. Child support.
2. Asset Verification Program.
3. Able (529A) accounts.
4. Disaster Food Assistance Program (DFAP).
5. Intentional program violation disqualifications.
6. Assistance application.
7. Student status.
8. Secretary of State inquiries.
9. Income from rental/room and board.
10. Miscellaneous
 - Rights and responsibilities.
 - Reinstatements, redeterminations.
 - Recoupment of Medicaid (MA) overissuances.
 - Level of care codes.
 - Data exchanges.
 - Medicare enrollment.
 - Department wards.
 - Healthy Michigan Plan.
 - Issuing benefits.
 - Spousal support.
 - Trusts.
 - Post eligibility patient pay calculations.
 - Migrant seasonal farmworkers.
 - Michigan Combined Application Project.

1) Child support**BEM 255****All Programs**

Good cause may include instances where pursuit of child support may result in physical or emotional harm for a refugee family, or the absent parent of a refugee family, when the family separation was the result of traumatic or dangerous circumstances.

**2) Asset
Verification
Program****BAM 110, 210, BEM 400****G2U, G2C, RMA, SSI-Related Medicaid**

The Michigan Department of Health and Human Services (MDHHS) uses an asset verification program to detect unreported assets of applicants and beneficiaries of Group 2 under 21, Group 2 Caretaker Relative, Refugee Medical Assistance, and SSI-related Medicaid which requires an asset test.

Reason: Comply with Social Security Act 1940(a).

**3) Able (529A)
Accounts****BEM 400****FIP, RCA, and FAP**

Distributions from an Achieving Better Life Experience (ABLE) account for qualified expenses are disregarded for Cash and FAP.

Reason: Clarification from FNS.

**4) Disaster Food
Assistance
Program****BEM 800**

The DFAP Maximum Allotment and Monthly Income Limit tables were updated effective 10/1/17.

**5) Intentional
Program Violations
Disqualifications****BEM 203****FIP and FAP Only**

Disqualifications occur for all types of intentional program violations not just trafficking.

**6) Assistance
Application**

**BAM 105, 110, 115, 116, 117, 125, 210, 300, 310; BEM 202,
230A, 230C, 270, 272, 800**

All Programs

Updates have been completed to accommodate changes for the new MDHHS-1171, Assistance Application.

7) Student Status**BEM 245**

An individual is now an eligible student if they are self-employed at least an average of 20 hours per week and earning average weekly income at least equivalent to the federal minimum wage multiplied by 20 hours.

Reason: Food and Nutrition Service regulation change.

**8) Secretary of
State Inquiries****BAM 806**

Information is updated on obtaining a Secretary of State (SOS) password to access the SOS statewide on-line clearance system.

**9) Income from
Rental/Room and
Board****BEM 504**

Corrected reference to self-employment expenses for rental/room board income, and the legal base. Also removed reference to Bridges specific screens.

10) Miscellaneous

Rights and Responsibilities

BAM 105

Medicaid

Remove inaccurate exception for Medicaid.

Reinstatements, Redeterminations.

BAM 115, 205, 210

Medicaid

Medicaid questions have been added to the revised DHS-1171.

Information regarding reinstating MAGI Medicaid has been revised.

Recoupment of MA Overissuances

BAM 710

If IPV is suspected, refer the case to the Office of Inspector General (OIG), if appropriate, by completing a front end eligibility (FEE) referral found on the Michigan Department of Health and Human Services (MDHHS) intranet/Office of Inspector General site FEE Referral Form.; The DHS-834, Fraud Investigation Request, is obsolete.

Requests for MA payment information must be done by the OIG agent. If a client error or IPV is suspected contact OIG to request MA payment information.

After OI discovery and during recoupment processing, file certain documents in the electronic case file not an incorrect issuance packet; see BAM 300.

**Level of Care
Codes****BAM 110, 115, 120, 301, 402, 600; BEM 145, 165, 265, 405, 547**

As part of the Modernization Continuum of Care (MCC), the purpose of MSA-2565-C, Facility Admission Notice, is changing. The form has been extensively revised and now will only be processed by the local office for Medicaid births which fail to complete under the birth registry system.

Nursing homes and other facilities (which have previously submitted the MSA-2565-C to the local MDHHS office for processing the admission and the addition of the level of care code (LOC) 02 to the Bridges system) will now enter the admission (and discharge) information directly into the CHAMPS system.

As an ancillary project to the upcoming change to the Modernization Continuum of Care Medicaid LOC codes are changing to Program Enrollment Type (PET) codes. There are several more PET codes than LOC codes as the system can accommodate more detailed arrays of case situations.

Data Exchanges**BAM 801, 803, 807, 809**

Updated application types and titles.

**Medicare
Enrollment****BAM 810****Medicaid**

The local office can submit a HCFA-40B, Application for Enrollment in Medicare Part B (Medical Insurance), Medicare enrollment form, to SSA on behalf of a deceased MDHHS MA client. The purpose is to obtain Medicare coverage of medical bills.

Department Wards**BEM 117**

Remove reference to Bay Pines and Shawono.

The medical benefits are restricted for residents of either institution.

**Healthy Michigan
Plan**

BEM 137

Medicaid

Nonfinancial eligibility factors have been added.

Issuing Benefits

BEM 213

Changed \$16 to minimum benefit.

Spousal Support

BEM 256

Remove obsolete program names and information.

Trusts

BEM 401

Addition of new language regarding who can establish an Exception A trust.

**Post Eligibility
Patient Pay
Calculations**

BEM 546

The community spouse income allowances annual increases are updated in the manual.

**Migrants/Seasonal
Farmworkers**

BEM 610

Remove obsolete program name.

Referrals to MiCAP

BEM 618

Zip code for referring individuals to MiCAP was corrected.

BPB 2018-002

EFFECTIVE

January 1, 2018.

Subject(s)

1. Foster child adopted into foster home.
2. Flint Emergency Declaration Child Development and Care (CDC) Alternative Criteria.
3. Flint Emergency Declaration CDC at redetermination.
4. Flint Emergency Declaration CDC exception decisions at redetermination.
5. Medicaid level of care codes.

**1) Adopted Foster
Care Child**

BAM 220, BEM 703

Assistance from the Bridges Resource Center (BRC) is required when a foster child is adopted by the child's current foster parents during the 12-month continuous eligibility period. The Child Development and Care (CDC) program should remain open until redetermination with no negative action taken on the CDC EDG.

Communication: Field Operations Administration (FOA) notice to field staff; Partners in Progress webinar on 9/20/2017.

**2) Flint
Emergency
Declaration
Alternative Criteria**

BEM 709

A child who does not currently reside in the Affected Area may qualify for Flint Emergency Declaration CDC under Alternative Criteria.

Communication: FOA memo distributed 3/17/2017 to Genesee and surrounding counties.

**3) Flint Emergency
Declaration
Redetermination**

BEM 709

At redetermination follow standard policy (unless otherwise stated in BEM 709), including the requirement that the client submit a DHS-1010, Redetermination, or other review document.

At redetermination a child who was found eligible for Flint Emergency Declaration CDC at the most recent eligibility determination remains eligible for 40 hours bi-weekly if they are still under the age of four and still residing in the Affected Area.

**4) Flint Emergency
Declaration
Exceptions At
Redetermination**

BEM 709

At redetermination, if more than 40 hours of CDC are requested:

- A new policy decision **is not** required if the current P/SP(s) have an approved policy decision for the same or a greater number of hours. Document the hour calculation.
- A new policy decision **is** required if the current P/SP(s) do not have an approved policy decision, or if the hours requested are greater than previously approved.

- A new policy decision **is** required for a child who qualifies under the Alternative Criteria, regardless of the number of hours requested or previously approved.

Communication: FOA notice of policy changes to field staff.

5) Medicaid Level of Care Codes

BAM 220

As part of the Modernization Continuum of Care (MCC), the purpose of MSA-2565-C, Facility Admission Notice, is changing. The form has been extensively revised and now will only be processed by the local office for Medicaid births which fail to complete under the birth registry system.

Nursing homes and other facilities (which have previously submitted the MSA-2565-C to the local MDHHS office for processing the admission and the addition of the LOC 02 to the Bridges system) will now enter the admission (and discharge) information directly into the CHAMPS system.

As an ancillary project to the upcoming change to the Modernization Continuum of Care Medicaid Level of Care codes (LOC) are changing to Program Enrollment Type (PET) codes. There are several more PET codes than LOC codes as the system can accommodate more detailed arrays of case situations.

BPB 2018-003

EFFECTIVE

January 1, 2018.

Subject(s)

Medicaid (MA) Cost of Living Allowances (COLA) Increases for 2018

BEM 400, 402, 405, 546

Annual increases to certain Medicaid categories have been added to the policy in response to the release of the new limits by the Centers for Medicare and Medicaid Services. These increases are effective as of January 1, 2018.

BPB 2018-004**EFFECTIVE**

January 1, 2018.

Subject(s)

1. Data Exchanges.
2. PARIS Interstate Match.
3. SIGMA.

1) Data Exchanges**BAM 800****All Programs**

The Public Assistance Reporting Information System (PARIS) Interstate Match has been added.

2) PARIS Interstate Match**BAM 814****All Programs**

The PARIS Interstate Match is a quarterly data matching service used to help determine if a client has received duplicate benefits in two or more states.

3) SIGMA

The State of Michigan has upgraded its financial and business processes to a new system to Statewide Integrated Governmental Management Application (SIGMA).

Providers must register in the SIGMA Vendor Self Service (VSS) in order to receive an SER payment. Please refer providers to the VSS system, <http://www.michigan.gov/VSSlogin>, prior to enrollment.

BPB 2018-005**EFFECTIVE**

January 1, 2018.

Subject(s)

1. Pregnancy Complication.

1) Pregnancy Complication

2. Compliance Test.
3. Time Limited Food Assistance (TLFA).

BEM 230B

FAP

A medically documented pregnancy complication confirmation by an M.D./D.O./P.A, certified nurse-midwife, ob-gyn nurse practitioner or ob-gyn clinical nurse specialist, which must include an expected date of delivery.

2) Compliance Test

BEM 233B

FAP

When a disqualified client indicates a willingness to comply, provide an opportunity to test his/her compliance, provided it is no earlier than one month before a minimum disqualification period ends.

The test may consists of any of these activities:

- Community service -verify participation with community service agency.
- Work experience -verify participation with work experience site.
- Applying for three jobs within 10 days. Use the DHS-402, FAP Compliance Letter, and job application log or other acceptable verification.
- Other employment and/or self-sufficiency-related activities.

3) TLFA

BEM 620

FAP

Examples were provided and clarifications were made to the Time-Limited Food Assistance policy.

BPB 2018-006

EFFECTIVE

April 1, 2018.

Subject(s)

1. Family Child Care Homes.
2. Layered or special funding agreements.

**1) Family Child
Care Homes**

BEM 704, 706, 707, BPG

Family Child Care Homes (formerly registered) will now be licensed by the Department of Licensing and Regulatory Affairs (LARA), Bureau of Community and Health Systems (BCHS). Additionally, minor wording, punctuation and grammatical changes were made within the three BEM items to improve clarity.

Reason: Public Act 116.

**2) Layered or
Special Funding
Agreements**

BEM 706

Providers cannot charge the department for care when they expect to receive payment from another funding source. An exception exists when there is an agreement between the CDC program office and a partner organization that allows for layered funding, or other special funding agreement.

BPB 2018-007

EFFECTIVE

April 1, 2018.

Subject(s)

1. MI Marketplace Option.
2. Residence.
3. Computing the Food Assistance Budget.
4. Michigan Combined Application Project.
5. Systematic Alien Verification for Entitlements (SAVE).
6. Voluntary Paternity Acknowledgement.
7. Policy Interpretations.
8. Exceptions Unit.

**1) MI Marketplace
Option**

9. Miscellaneous.

BAM 120, 402, 600 BEM 137**MA**

Healthy Michigan Plan beneficiaries may be enrolled in the new MI Marketplace Option benefit plan if they meet certain criteria.

Compliance with Public Act 107 of 2013 and Section 1115 demonstration amendment approved by the Centers for Medicare and Medicaid Services (CMS).

2) Residence**BEM 220****MA**

College students who attend school out of state can remain MI residents.

**3) Computing the
Food Assistance
Budget****BEM 556****FAP**

Deleted the reference to the Dependent Care Maximum in RFT 255. Line 18 on the DHS-2242, Food Assistance Worksheet, is no longer applicable.

**4) Michigan
Combined
Application Project****BEM 618****FAP**

When a client appears to be eligible, or a client wants to apply for MiCAP a referral to the MiCAP unit is required. The steps on how to refer a client have been added.

5) SAVE

BEM 225A

All Programs

Updates have been made to the Systematic Alien Verification for Entitlements (SAVE) process to comply with federal requirements. Policy has been updated to reflect these changes, including the changes surrounding the Step 3 process.

6) Voluntary Paternity Acknowledgement

BEM 255

FIP, CDC Income Eligible, MA and FAP

A new link is available for the DCH-0682, Affidavit of Parentage, minor corrections completed and removal of obsolete phone number.

7) Policy Interpretations

BEM 100

All Programs

Removal of policy email box, Policy-MA@michigan.gov.

8) Exceptions Unit

BAM 120, 402, BEM 265

MA Programs

Removal of the Exception Unit contact information.

Because of changes to the process of facility admissions through the CHAMPS system the local office can now update the incarceration living arrangement screen and divestment penalty screens.

9) Miscellaneous

BAM 110

Corrected the font type of a bullet.

BAM 815

Updated Disability Determination Services contact information.

BEM 800

Minor wording changes completed.

BEM 167

Initial Asset Assessment (IAA) Date

The date of the medical assessment and approval for the Program of All Inclusive Care for the Elderly (PACE) enrollment completed by the PACE agency is the first day of continuous care to determine the IAA; unless there is a previous period of care which meets the definition of a first day of continuous care found in BEM 402.

Approval means the participant expects to receive appropriate waiver services for at least 30 consecutive days.

BEM 400

Burial Expenses

A luncheon or similar service does not meet the definition of a burial expense as it is not related to the preparation of the body for burial. Do not certify a DHS-8A with such an expense and do not consider it as an allowable burial expense item.

BEM 402

A community spouse is when the client's spouse is not currently in, and is not expected to be, in a hospital and/or LTC facility for 30 or more consecutive days or approved for a waiver or Freedom to Work.

BEM 405

Transfers exclusively for a purpose other than to qualify or remain eligible for MA are not divestment, for example, a transfer of

resources to a religious order by a member of that order in accordance with a vow of poverty are transfers for another purpose.

BEM 545

Note: All services and supports provided by a CMH program, including case management services, are considered medically necessary and all charges for these services should be applied fully to the beneficiary's monthly deductible obligation.

BEM 547

Replace Level of Care (LOC) code terminology with Program Enrollment Type (PET) code.

BEM 110, 111, 113, 117, 132 and 257

Removed the joint policy statement and obsolete form references.

BPB 2018-008

EFFECTIVE

May 1, 2018.

Subject(s)

1. Medicare Savings Program (MSP) asset limits.
2. Trusts and annuities.

1) MSP Asset Limits

BEM 400

SSI-Related MA Only

For Medicare Savings Programs (BEM 165) the asset limit is:

- For an asset group of one is \$7560 effective January 1, 2018.
- For an asset group of two is \$11340 effective January 1, 2018.

2) Trusts and Annuities

BEM 401

MA Only

A completed DHS-1517, Request for Trust/Annuity Evaluation, **must** accompany all trusts/annuities request. Send all trusts and

annuities to the Trusts and Annuities Unit for evaluation. The evaluation request must be sent to the following email box:

MDHHS-MA-FAP-Trusts_Annuities@michigan.gov

Email is the preferred method for submitting evaluation requests.

Note: Do not send asset and/or income verifications to the Trust and Annuities Unit.

BPB 2018-009

EFFECTIVE

May 1, 2018.

Subject(s)

1. Probation and Parole Violators.
2. Drug-Related Felony.
3. Absconding.

1) Probation and Parole Violators

BEM 203

FIP, RCA, SDA

A person who is violating a condition of probation or parole imposed under a federal or state law is disqualified.

The person is disqualified as long as the violation occurs.

A person is considered to be violating probation or parole if the Michigan Department of Health and Human Services (MDHHS) is made aware by law enforcement or Michigan Department of Corrections (MDOC) that the individual is in violation of a condition of probation or parole imposed under federal or state law.

FAP

A person is disqualified because of a probation or parole violation if all the following conditions are met:

- MDHHS verifies with law enforcement, the courts or the MDOC that the individual is found to be violating a condition of probation or parole imposed under federal or state law.

- The individual is absconding from supervision; see BPG Glossary for definition of absconding.
- Federal, state, or local law enforcement, or Michigan Department of Corrections authorities are actively seeking the individual to enforce the conditions of the probation or parole.
- Actively seeking means one of the following:
 - A Federal State, or local law enforcement agency informs MDHHS that it intends to enforce an outstanding felony warrant or to arrest an individual for a probation or parole violation within 20 days of submitting a request for information about the individual to MDHHS.
 - A Federal, State or local law enforcement agency presents a felony arrest warrant or to arrest an individual for a probation or parole violation within 20 days.
 - A Federal, State, or local law enforcement agency states that it intends to arrest an individual for a probation or parole violation within 30 days of the date of a request from MDHHS about a specific probation or parole violation.

If the law enforcement agency indicates it does intend to arrest the individual for the probation or parole violation within 20 days of the contact with MDHHS or 30 days of the date of the MDHHS's request for information, MDHHS will postpone taking any action on the case until the appropriate 20 or 30 day period has expired.

Once the 20 or 30 day period has expired, MDHHS shall verify with the law enforcement agency whether it has attempted to arrest the probation or parole violator. If it has, MDHHS shall take appropriate action to deny an applicant or terminate an individual who has been determined to be a probation or parole violator. If the law enforcement agency has not taken any action within 20 or 30 days, MDHHS will not consider the individual a probation or parole violator.

The person is disqualified as long as the violation occurs and until the Michigan Department of Corrections notifies MDHHS the individual is no longer absconding or until Federal, State or local law enforcement is no longer actively seeking the individual.

Any disqualification will only be entered by central office staff.

2) Drug-Related Felony

BEM 203

FIP, RCA and FAP

A person is disqualified for a drug-related felony if the qualifying conviction is for conduct which occurred after August 22, 1996.

3) Absconding

Glossary

The definition of Absconding was added to the glossary.

BPB 2018-010

EFFECTIVE

June 1, 2018.

Subject(s)

BAM 805, Prepaid Funeral Contracts

Michigan law allows a person to contract and pay in advance for a funeral. This is called a prepaid funeral contract.

For program eligibility purposes, an irrevocable contract means money in the contract fund, including interest or dividends, is permanently unavailable to the purchaser/beneficiary.

The absolute maximum is the allowable principal value for a contract to be certified irrevocable which is \$12,770 effective June 1, 2018.

BPB 2018-011

EFFECTIVE

July 1, 2018.

Subject(s)

1. Shortening a 24-month Food Assistance Program (FAP) benefit period.
2. Electronic Benefit Transfer (EBT).

3. Hearings.
4. Wage match and unemployment (UCB).
5. Family self-sufficiency plan (FSSP).
6. Time-Limited Food Assistance (TLFA).
7. Unlicensed child care providers.
8. Miscellaneous.

1) Shortening a 24-month FAP benefit period

BAM 220

FAP Only

Bridges will send a DHS-1605, Notice of Case Action, when a household's benefit period has been shortened.

2) EBT

BAM 401E

FIP, SDA, RCA and FAP

Conduent, Inc. replaces Xerox as the Electronic Benefits Transfer (EBT) vendor.

Clients that have a disability indicator in Bridges will not receive excessive card replacement letters and will not be subject to the excessive card replacement policy. These clients however, will be subject to applicable card replacement fees.

It may be necessary for the EBT vendor to review and adjust EBT transactions. The contractor and/or retailer/TPP can initiate an adjustment to resolve error and out-of-balance related to system problems. The contractor, on behalf of a client complaint, can initiate an adjustment to resolve a transaction error. The adjustment will reference an original settled transaction, which is partially or completely erroneous. The EBT vendor shall have the capability to process the adjustment and have this reflected in the client's account. Adjustments made by the contractor will cause money to be moved either to or from the client's EBT account, and will impact

the daily settlement. Notification must be provided to the state of pending debit adjustments so that notification can be provided to the client. The EBT vendor will directly notify the retailer/client regarding the outcome of the adjustment processing via written notification.

3) Hearings

BAM 600

Phone and fax numbers are updated for Michigan Administrative Hearings Systems (MAHS) throughout the item.

A hearing packet for an SSP payment must not include a copy of the SOLQ.

Additional language and an example are added to the timely hearing request section.

4) Wage Match and UCB

BAM 802

FIP, SDA, MA, and FAP

If the household, and employer fail to provide verification of actual earnings, the recoupment specialist is to use the income shown on the wage match report to calculate the overpayment.

Average the income over the time period reported on the wage match report to determine a monthly income amount. Follow the guidelines below:

- Use the first day of the first month covered by the wage match report as the date the client knew of the change. If there is more than one wage match report for the overpayment, use the first day of the first report period.
- Use the IG-011, Employee Wage History by Recipient ID, report when the wage match does not cover all time periods.
- Follow policy for either change reporting or simplified reporting depending on the reporting status of the household.

- Notify the household of its right to request an administrative hearing or provide actual income verification by checking the box provided on the DHS-4358C, Overissuance Summary.
- If actual income verification is provided, recalculate the overpayment.

Receipts with a wage match report indication the Michigan Department of Health and Human Services (MDHHS) as the employer are adult home help providers. Payment information can be found on Bridges by accessing consolidated inquiry for the recipient.

5) FSSP

BEM 228

Updated instructions for the automated screening tool and provided policy clarifications that an adult who is not working 40 hours a week has an obligation to participate in Partnership. Accountability. Training. Hope. (PATH).

6) Time-Limited Food Assistance

BEM 620

FAP Only

A Time-Limited Food Assistance (TLFA) individual must meet specific work requirements to receive benefits. Failure to do so limits the individual's Food Assistance Program (FAP) eligibility to three months within a 36-month period. TLFA individuals who meet all other FAP eligibility criteria are eligible for three countable months of FAP benefits during a 36-month period.

TLFA Counties

Effective October 1, 2018, all counties will be subject to TLFA policy, for both applicants and active cases.

**7) Unlicensed
Child Care
Providers**

BEM 230A

Unlicensed child care providers are now called License Exempt-Related or License Exempt-Unrelated child care providers.

8) Miscellaneous

BAM 117 and BEM 255

Minor gramatical changes.

BEM 546

Annual increase in the excess shelter and the basic allowance for the post eligibility patient pay calculations.

BPB 2018- 012

EFFECTIVE

July 1, 2018.

Subject(s)

Corrections

BAM 600

Medicaid (MA) Only

The policy will be implemented effective August 1, 2018.

For **MA ONLY** the department must maintain benefits if a beneficiary requests a hearing before the effective date of the action. For example, if a beneficiary is provided notice their Medicaid eligibility will be terminated effective 01/01/19, the beneficiary has until 12/31/18 to file a request and maintain their benefit.

BEM 620

Timelimited Food Assistance Program (TLFA)

Changes to the TLFA redetermine process were inadvertently left out of the July policy release.

Effective October 1, 2018, all counties will be subject to TLFA policy, for both applicants and active cases.

BPB 2018- 013

EFFECTIVE

July 1, 2018.

Subject(s)

1. Unlicensed child care providers now called license exempt-related or license exempt-unrelated child care providers.
2. Five license exempt provider types.
3. New background clearances and fingerprint requirements.
4. New annual health and safety coaching visit requirement.
5. BEM 704 reorganized.
6. Criminal history.
7. Definitions added, updated or clarified.

1) License Exempt-Related and License Exempt-Unrelated

BAM 300, BEM 230C, BEM 233A, BEM 702, BEM 703, BEM 704, BEM 705, BEM 706, BEM 707, BPG

Unlicensed child care providers are now called license exempt-related or license exempt-unrelated child care providers.

2) License Exempt

BEM 704

There are now five license exempt child care provider types enrolled by the Michigan Department of Education (MDE):

- License exempt-tribal.
- License exempt-military.
- License exempt-parent on site.
- License exempt-related.

- License exempt-unrelated.

Note: Each provider type is fully defined in BEM 704.

3) New Background Checks and Fingerprint Requirement

BEM 704

License exempt-unrelated child care providers and license exempt-parent on site child care providers (including parent on site staff), are subject to all the following background check clearances:

- Child Abuse and Neglect Central Registry.
- ICHAT (Internet Criminal History Access Tool).
- OTIS (Offender Tracking Information Service).
- PSOR (Public Sex Offender Registry).

Note: The following additional clearances are new to the Child Development and Care (CDC) program and require fingerprint submission.

- Michigan State Police (MSP) Criminal History Records.
- FBI Identity History Summary.
- NCIC (National Crime Information Center) NSOR (National Sex Offender Registry).
- Inter-state clearances for criminal history, sex offender, and child abuse and neglect.

4) Health and Safety Coaching Visits

BEM 704, BEM 706

A license exempt-unrelated child care provider must provide care where the child(ren) lives. An annual health and safety coaching visit at this location is required. The provider assignment to the child(ren) will end if the annual visit is not completed.

An annual health and safety visit is required for a license exempt-parent on site provider. Failure to comply with this requirement will result in the child care provider being ineligible to receive CDC payment.

5) BEM 704 Reorganized

BEM 704

Due to the large number of changes in the July 2018 Bridges policy release, the contents of BEM 704 have been reorganized.

Major content change or new information is indicated (in published policy) by a change bar along on the right side of a section.

Note: Major changes are also included in this bulletin.

6) Criminal History

BEM 705

In accordance with reauthorization, the child care provider crime codes have been updated. This policy item has been edited to reflect changes to the crime codes and criminal background checks.

7) Glossary

Definition added, updated or clarified. BPB 2018- 014

BPB 2018- 014

EFFECTIVE

August 1, 2018.

Subject(s)

Children's Clothing Allowance

FAMILY INDEPENDENCE PROGRAM (FIP)

The 2018 Fiscal Appropriations Act included funding for the children's clothing allowance. The allowance is intended to assist FIP families to purchase school clothing for their children.

The children's clothing allowance for the 2018 fiscal year is \$204 per child and is excluded as income for all programs.

ELIGIBILITY CRITERIA

The FIP eligibility determination group (EDG) must have an eligible dependent child on an active FIP EDG.

All eligible children on the FIP EDG will receive the clothing allowance. The eligible child(ren) must be eligible for FIP during August 2018. This includes children receiving SSI in the FIP EDG. Disqualified children will not receive the clothing allowance supplement.

Exception: Children disqualified for not having a social security number will receive the clothing allowance supplement.

Definition

For purposes of the Children's Clothing Allowance, an eligible child is defined as a FIP mandatory group member that is a dependent child. These individuals may be indicated on the active FIP EDG as Eligible Child or Other Child.

PAYMENTS

Bridges will automatically issue supplements for the children's clothing allowance to FIP EDGs with qualifying children who are eligible for August FIP payments in Bridges as of the single deadline date of July 31, 2018. The children's clothing allowance supplement is deposited into the client's EBT cash account.

The supplement amount will include \$204 for each eligible child. The supplement will be automatically issued if the FIP EDG is active on July 31, 2018 for August benefits. A supplement will be deposited into the client's EBT cash account at the same time as the FIP payment is issued, but will appear as a separate payment, with an availability date of August 1, 2018. The supplement will be viewable in Bridges under Benefit Issuance and View Benefits.

Any request for new FIP EDG openings or member adds for August 2018 that are processed after the initial clothing allowance monthly payroll run for August will require an exception. Please contact Bridges Resource Center in order to request a supplement for the FIP EDG.

Note: Once the funding for the children's clothing allowance is depleted, there will be no additional funds allocated, regardless of the eligibility of the FIP EDG.

A letter from the Michigan Department of Health and Human Services director will be mailed to eligible clothing allowance supplemental households in July. This letter advises eligible families of the allowance coming in August to help with the cost of children's clothing.

For questions regarding this bulletin please contact the FIP policy mailbox: Policy-FIP-SDA-RAP@michigan.gov.

2018 Fiscal Appropriations Act (PA 107 of 2017)

BPB 2018- 015

EFFECTIVE

August 1, 2018.

Subject(s)

Timely Hearing requests

BAM 600

Medicaid Only

The policy on the timeliness of a hearing request is updated to include an example. A client has until the last day of the month in which current benefits end/decrease to request a hearing/appeal and have the current benefits continue.

BPB 2018- 016

EFFECTIVE

October 1, 2018.

Subject(s)

1. Confidentiality and public access to case records.
2. MAGI Medicaid (MA) RSDI.
3. Medicaid (MA) minor updates, edits, and format changes.
4. Provider Management Unit.

5. Role of MDHHS local office staff, appeals review office staff and Medical Services Administration (MSA) policy staff or MAHS staff.
6. Miscellaneous.
7. CDC Expedited Service.
8. Time-Limited Food Assistance (TLFA) Implementation.

1) Confidentiality and Public Access to Case Records

BAM 310

All Programs

Updates have been made to clarify sections of policy and to better align with current regulations.

2) MAGI Medicaid RSDI

BEM 503

MAGI Medicaid (MA) Only

Special budgeting rules apply when determining eligibility for MAGI Medicaid.

- All RSDI income is countable to tax-filers and adults not claimed as dependents.
- A child/tax-dependent's RSDI is countable only if that child or tax-dependent is required to file taxes.
- If a child or tax-dependent meets an exception outlined in BEM 211 then all of their RSDI income is countable to them even if they are not required to file taxes.

Example: A child is claimed by their grandparent. Because they are claimed by someone other than a parent or spouse use not tax-filer rules to determine their household. Any RSDI income they receive is countable.

- **Note:** The RSDI budgetable income worksheet is no longer valid in determining how much RSDI income may be countable to an applicant.

3) MA Updates

BEM 106, 167, 400, 401, 402, 405, 545 BAM 825

SSI-related MA

Updates have been made to clarify sections of policy. Information regarding the countability of unsalable assets for an Initial Asset Assessment was added. A current list of PACE agents was edited. Change of form name and number was edited in transportation policy.

BEM 257

The DCH-0078, Request to Add, Terminate or Change Other Insurance may be submitted electronically to Third Party Liability Division.

BEM 221, 223

Removed joint policy statement. Updated the name of form SSA-2853, Enumeration at Birth.

BAM 110, 115

Policy has been added to clarify that a request for retroactive Medicaid coverage indicated on a DCH-1426, Application for Health Coverage & Help Paying Costs, MDHHS-1171, Assistance Application including the Healthcare Coverage (HCC) supplement, and MI Bridges does not require a DHS-3243, Retroactive Medicaid Application.

Processing the retro application does not change.

BAM 400

Removed joint policy statement. Added information from BAM 501 regarding replacement of a mihealth card.

BAM 501

This item has been deleted, the information has been added to BAM 400.

BAM 803

Removed joint policy statement.

**4) Provider
Management Unit****BAM 435**

The title of Provider Management Payments Unit has been changed to Provider Management Unit (PMU). The mailing address and email address of the unit has been updated with new information.

**5) Role of MDHHS
Staff****BAM 600****MA Only****Role of MDHHS Local Office Staff, Appeals Review Office Staff
and MSA Policy Staff or MAHS Staff**

References to Human Services Administrative Tribunal were removed, send original hearing requests to:

Michigan Administrative Hearing System (MAHS)
PO Box 30763
Lansing, MI 48909

6) Miscellaneous**BAM 110****FAP Only**

FAP applications received in the incorrect office should be electronically sent to the correct office.

BAM 801, 803, 804, 807, 809 and 813

Clarification of which programs pertain to specific matches.

BEM 503**FIP**

Recipients of child foster care payments have an eligibility determination group (EDG) participation status of excluded.

BEM 515**FIP**

Removed reference to Kinship Care Pilot.

BEM 100**All Programs**

Update have been made to the policy exception process. Obsolete terms/units have been removed. Medicaid policy exceptions do not determine eligibility and therefore do not grant hearing rights.

BEM 222**FIP and RCA Only**

Removed the reference to title IV-E.

7) CDC Expedited Service**BAM 110, 115, 600****CDC**

Information added to policy related to screening applications, the Standard of Promptness (SOP), and the hearing rights for clients entitled to CDC Expedited Service.

8) TLFA Implementation**BEM 620****FAP**

TLFA policy will be implemented based on an individual's FAP redetermination for all new counties. This does not apply to Kent, Ottawa, Oakland, Washtenaw, Allegan, Barry, Ionia, Grand

Traverse, Clinton, Eaton, Ingham, Kalamazoo and Livingston Counties.

Prior to redetermination, individuals that are potentially subject to TLFA policy will receive a DHS- 142R, Time Limited Food Assistance Redetermination Notice, notifying them of their TLFA requirements.

New individuals applying for FAP after October 1st, 2018 will be subject TLFA policy at application.

An individual who has used their 3 countable months may regain eligibility at redetermination by completing TLFA work requirements, by the end of their redetermination month.

Upon regaining eligibility at redetermination, the individual must continue to meet the TLFA work requirements each month in order to remain eligible for FAP benefits.

The individual will be sent a MDHHS-142R, Time Limited Food Assistance Redetermination Notice, notifying them of their TLFA work requirements prior to their redetermination month.

If the individual does not meet the regain TLFA work requirements prior to the end of the redetermination month, their FAP benefits will close at the end of the month, for using their 3 countable months.

Bridges will issue the MDHHS-142R, Time Limited Food Assistance Redetermination Notice, to individuals who are subject to TLFA policy at redetermination.

BPB 2018- 017

EFFECTIVE

October 1, 2018.

Subject(s)

1. Immunizations.
2. Child care fees (including registration fees).
3. Absence hours.
4. Child Development and Care (CDC) expedited service.
5. CDC disaster assistance.

1) Immunizations

BAM 220, BEM 202

Each child for whom CDC is requested (who is not exempt) must receive all immunizations recommended by the Michigan Department of Health and Human Services (MDHHS). The child is in compliance when immunizations have **begun**.

A child is exempt from the immunization requirement if:

- He/she is under two months of age.
- Immunizations are medically inappropriate for the child.
- Immunizations are contrary to the family's religious beliefs.

A grace period that extends to the next eligibility decision will be given for a child who is not in compliance. When the grace period ends the child will not be eligible for the CDC benefit until the requirement is met.

2) Child Care Fees

BEM 706

The billing of child care fees is permitted for child care centers, group homes and family homes. This is intended to cover fees that are sometimes charged to parents, such as registration fees, annual fees and field trip fees. The fees charged to CDC clients and/or the CDC program must not exceed what is charged to the general public (including a provider's own employees). Payment for child care fees is based on provider type and is per child per fiscal year (10/1-9/30).

License exempt-related and license exempt-unrelated providers are not eligible for payment of child care fees.

3) Absence Hours

BEM 706

CDC subsidy payment for child absence hours is limited to 360 hours annually per child. Additionally, payment for absences is limited to 10 days when no care hours have been billed.

4) CDC Expedited Service**BAM 110, BAM 115, BAM 118, BAM 301, BAM 600, BAM 700, BAM 705, BEM 702**

Applicant groups are entitled to expedited CDC service if the child is experiencing homelessness or the child is eligible for the foster care income waived category. The standard of promptness (SOP) is seven calendar days. When processing expedited service applications defer verifications, other than identity.

5) CDC Disaster Assistance**BEM 711**

A special population **may** be eligible for CDC disaster assistance, if a child is impacted by a disaster for which a state or federal emergency is declared.

If the CDC disaster assistance eligibility category is activated, the affected area will be defined and communicated.

BPB 2018- 018**EFFECTIVE**

November 1, 2018.

Subject(s)**Guardianship/Conservator Expense Decrease****BEM 536, 540, 541, 546**

The department may deduct up to \$83.00 per month as an allowable expense against a beneficiary's income when determining medical services eligibility and patient pay amounts if the beneficiary pays a court appointed guardian or conservator.

Reason: Compliance with P.A. 207 of 2018, section 1606.

CHILDREN'S FOSTER CARE

FOB 2018-001

EFFECTIVE

January 1, 2018.

Subject(s)

Relative Waiver Process

The relative waiver process was updated to include the correct approval path.

FOB 2018-002

EFFECTIVE

February 1, 2018.

Subject(s)

Technical Assistance

Revised technical assistance language to align with federal subrecipient monitoring categories.

FOB 2018-003

EFFECTIVE

March 1, 2018.

Subject(s)

FOM 802-1, Psychotropic Medication in Foster Care

Youth 18 years and older can provide consent for themselves unless a court determines they are not competent. In this instance, the appointed guardian provides consent.

FOB 2018-004

EFFECTIVE

June 1, 2018.

Subject(s)

FOM 803, Medicaid - Foster Children

1. Children with MA-ASDW.

2. Children receiving Supplemental Security Income (SSI).
3. Out-of-state placements and Michigan Medicaid.
4. Private health insurance.
5. Medicaid in detention, court treatment center, jail or training school placements.
6. MA-FCDW closures.
7. DCH 1426, Application for Health Coverage & Help Paying Costs.
8. Health identification cards.
9. Foster Care Transitional Medicaid (FCTMA).

1) Children with MA-ASDW

Policy updates include actions necessary to activate MA-FCDW for children entering foster care as an MA-ASDW recipient.

- The MA-ASDW must be closed to open MA-FCDW.
- The adoption assistance specialist for the family must be notified that the child has returned to foster care.

2) Children Receiving Supplemental Security Income (SSI)

For children who are SSI recipients, the Social Security Administration (SSA) has determined the child has a physical, emotional and/or mental disability that qualifies the child to receive SSI benefits. SSI recipients receive MA-SSI. MA-FCDW is not opened for children receiving MA-SSI. The SSA has multiple initial and ongoing reporting requirements for all SSI cases in which DHHS must comply. If the requirements are not met, the child will lose Supplemental Security Income (SSI) benefits.

Policy is updated to include steps necessary to ensure:

- SSI remains active.
- MA-SSI information is up-to-date to ensure health care access.

SSI and DHS-3205, Foster Care/ Delinquent Ward Benefit Eligibility Record

Policy updates include clarification on the DHS-3205, Foster Care/ Delinquent Ward Benefit Eligibility Record submissions. The DHS-3205 is:

- Completed for all children who are SSI recipients upon entry into foster care.
- Completed for children and youth in foster care who may be potentially eligible for SSI benefits due to disabilities as defined in FOM 902-10, SSI Benefits Determination.
- Required to report change of child's circumstances.
- Submitted timely to appropriate office (as determined by funding source):
 - Title IV-E, State Ward Board and Care or Limited Term/Emergency - MDHHS Governmental Benefits Unit.
 - County Child Care - County Probate Court.
- Uploaded in MiSACWIS Financial Eligibility documents.

3) Out-of-State Placements and Michigan Medicaid

Policy provides updates and clarification for the use of Michigan Medicaid for children and youth placed out-of-state. For children placed outside of Michigan, Michigan Medicaid can only be used if the health care provider in the child's placement state agrees to enroll in Michigan Medicaid. No Medicaid payments can be made to health care providers in other states unless that provider is enrolled in the Michigan Medicaid program.

If the child is not eligible for Medicaid in the receiving state or a health care provider cannot be found willing to enroll in Michigan Medicaid, the worker must develop an Interstate Compact Financial/Medical Plan detailing the plan for providing and financing health care for the child while placed out of state.

4) Private Health Insurance

Policy includes the requirement for private health care coverage to be documented in the MiSACWIS Financial Section, Employment/Insurance tab.

**5) Medicaid in
Detention, Court
Treatment Center,
Jail or Training
School Placements**

While youth placed in a detention facility, court treatment center, jail, or DHHS training school are still eligible for Medicaid, per federal regulations, Medicaid coverage is limited to off-site inpatient hospitalization only. The codes to indicate and identify an incarcerated youth have been changed from level of care (LOC) 32 codes to Program Eligibility Type (PET) INCAR codes. The process to end the PET INCARCERATION codes remains the same as indicated in the policy.

**6) MA-FCDW
Closures**

Policy emphasizes MA-FCDW closures; children no longer placed in a foster care out-of-home placement, regardless of court jurisdiction, are not categorically eligible for MA-FCDW. The MA-FCDW must be closed when:

- Child is placed in own home, which includes:
 - Reunification.
 - Placement with non-custodial parent.
 - Guardianship.
 - Adoption.
- Child's foster care program type/case closes.

**7) DCH-1426,
Application for
Health Coverage &
Help Paying Costs**

Policy is updated with the correct form for Medicaid application and caseworker guidance is provided in assisting parents with medical coverage information at the time child is returned home.

**8) Health
Identification
Cards**

Policy is updated to include a requirement for youth to receive his/her mihealth (Medicaid) and MHP Member ID cards at the time he/she moves to an independent living placement.

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

Foster Care Transitional Medicaid (FCTMA) policy revisions include:

- Former foster care youth are eligible for FCTMA until the end of the month of his/her 26th birthday.
- Youth must have a current valid mailing address in MiSACWIS upon foster care case closure.
- Clarification of the FCTMA automatic referral and manual referral process in order for caseworkers to ensure eligible foster youth exiting the foster care program receive continuous Medicaid coverage.

FOB 2018-005

EFFECTIVE

June 1, 2018.

Subject(s)

The Michigan Administrative Hearing System's (MAHS) phone system was updated and the telephone and fax numbers have changed. References to the telephone and fax numbers were updated in policy.

- MAHS Benefit Services Division (BSD) main line (517) 335-7519.
- MAHS BSD MDHHS (DHS) Fax (517) 763-0155.
- MAHS BSD MDHHS (DCH) Fax (517) 763-0146.

FOB 2018-006

EFFECTIVE

July 1, 2018.

Subject(s)

1. Services for sexual abuse cases
2. Child Development and Care (CDC) services.
3. General updates.

1) Services for Sexual Abuse Cases

Removed language that prohibited expenditures of state funds to reunify with a parent who has been substantiated for sexual abuse. Per MCL 712A.19a, reasonable efforts to prevent removal or reunify must be made except when the parent is required by court order to register under the Sex Offenders Registration Act, and the court finds that reasonable efforts are not required; See FOM 722-06, Case Planning.

2) Child Development and Care Services (CDC)

Clarification for the eligibility and application process for financial assistance for child care expenses.

3) General Updates

Clarification and/or hyperlinks were added to the following sections:

- State Emergency Relief.
- Family Reunification Account.
- Family Independence Program.

The following sections were deleted to eliminate redundancy:

- Youth in Transition Program. Information on YIT is located in FOM 950, Youth in Transition Program.
- Purchase of Foster Care Services. Information on purchase of foster care services and monitoring is contained in FOM 912-914.
- Assisted Care. Information on Assisted Care is located in FOM 903-09.

FOB 2018-007

EFFECTIVE

August 1, 2018.

Subject(s)

FOM 722-05, Case Documentation.

Updated requirements for the maintenance of case documentation include:

- Definitions for case record and case file.
- Circumstances that require the maintenance of case documentation.
- Uploading and retention of legal documents and signature pages in hard copy format in the case file after upload to MiSACWIS.
- Uploading and retention of vital records, photographs, and mementos.
- Rules for documents completed within MiSACWIS.
- Uploading and retention of documents completed fully or partially outside of MiSACWIS.
- Updated links to FOM 801 and FOM 803 regarding retention of medical and psychological documentation.
- Uploading and retention of education and employment documentation.
- Uploading and retention of financial documentation.

FOB 2018-008

EFFECTIVE

August 1, 2018.

Subject(s)

FOM 722-03C, Older Youth: Preparation, Placement, and Discharge

Updated requirement for discharge requirements.

A completed MDHHS-5748, Verification of Placement in Foster, must be provided to any youth leaving care after the 18th birthday.

Reason: Family First Prevention Services Act, P.L. 115-123.

FOB 2018-009

EFFECTIVE

October 1, 2018.

Subject(s)

FOM 722-05, Case Record

This item requires that all financial documents be uploaded to MiSACWIS and maintained in hard copy format in the physical case file.

FOB 2018-010

EFFECTIVE

November 1, 2018.

Subject(s)

1. Absent Without Legal Permission (AWOLP).
2. Young Adult Voluntary Foster Care.
3. Youth in Transition (YIT) Program.
4. Education and Training Voucher (ETV) Program.
5. Michigan Works! Referrals.
6. Reasonable accommodations policies.

**1) Absent Without
Legal Permission
(AWOLP)**

FOM 722-3A, Absent without Legal Permission (AWOLP)

Note: Young adults participating in Young Adult Voluntary Foster Care (YAVFC) who, without permission, fail to return to their paid provider, are considered AWOLP.

2) Young Adult Voluntary Foster Care

FOM 722-16, Young Adult Voluntary Foster Care

Identifies alternative documentation to verify eligibility. These can include:

- Pay stubs that include employer and youth name.
- Work number printout.
- Letter from school on letterhead showing dates of enrollment.
- Other documentation as approved by program office.

Clarification that if a youth placed in independent living refuses to make face-to-face contact with the caseworker for 30 days, a grace period would be applied on the 31st day.

Clarification regarding ineligible placements. The following placement types are not eligible for payment:

- Absent Without Legal Permission (AWOLP). Young adults in YAVFC placed with a paid provider who, without permission, do not return to their provider are considered AWOLP. Young adults who are AWOLP are eligible for an unpaid grace period. The caseworker is required to complete diligent searches to locate the young adult during the grace period. Young adults returning from AWOLP to an eligible placement would become eligible for payment; see FOM 722-03A.
- Jail/Incarceration. Young adults expected to be incarcerated for more than 30 days are eligible for an unpaid grace period.
- Parental Home. Placement with a legal and/or biological parent, whether parental rights have been terminated, is considered an ineligible placement. A grace period will not be applied when a young adult enters a parental home placement. The case must be closed, and payments stopped immediately; see FOM 902-21, Young Adult Voluntary Foster Care Funding and Payments.

3) Youth in Transition (YIT) Program

FOM 950, Youth in Transition (YIT) Program

Federal Chafee funding, called Youth in Transition (YIT) has been extended to serve young adults until the 23rd birthday.

Clarification regarding parental home:

- A youth who continues to reside in the parental home, regardless of removal and out-of-home placement of siblings, is not considered to be in foster care and is not eligible for YIT. See FOM 722-01, Placement with Respondent/Adjudicated Parent and Siblings in Foster Care.
- A youth removed from one parent and placed immediately with a non-offending parent, regardless of removal and out-of-home placement of siblings, is not considered to be in foster care and is not eligible for YIT; see FOM 722-01, Placement with a Non-Offending Parent and Siblings in Foster Care with Court Jurisdiction.

Reason: Federal change to Social Security Act, 42 U.S.C. 677 and clarifications by Office of Child Welfare Policy and Programs.

4) Education and Training Voucher (ETV) Program

FOM 960, Education and Training Voucher (ETV) Program

Federal Education and Training Voucher (ETV) funding has been extended to serve young adults until the 26th birthday for post-secondary education.

Young adults cannot receive ETV for more than 5 years. The five years do not have to be consecutive.

Clarification regarding parental home:

- A youth who continues to reside in the parental home, regardless of removal and out-of-home placement of siblings, is not considered to be in foster care and is not eligible for ETV; see FOM 722-01, Placement with Respondent/Adjudicated Parent and Siblings in Foster Care.

- A youth removed from one parent and placed immediately with a non-offending parent, regardless of removal and out-of-home placement of siblings, is not considered to be in foster care and is not eligible for ETV; see FOM 722-01, Placement with a Non-Offending Parent and Siblings in Foster Care with Court Jurisdiction.

Reason: Federal change to Social Security Act, 42 U.S.C. 677 and clarifications by Office of Child Welfare Policy and Programs.

5) Michigan Works! Referrals

FOM 970, Michigan Works! Referrals

Updated language of Michigan Works! Agency Programs from Workforce Investment Act (WIA) to Workforces Innovation and Opportunity Act (WIOA).

Updated language for MiSACWIS.

Clarification on when to utilize the DHS-348, Michigan Works!
/Workforce Innovation and Opportunity Act Agency Referral form.

6) Reasonable Accommodations Policies

FOM 722-06F, Special Accommodations

Reasonable accommodations policies were updated and moved from FOM 722-06F, Special Accommodations, to:

- SRM 400, Reasonable Accommodations.
- SRM 401, Effective Communication for Persons who are Deaf, Deafblind, or Hard of Hearing.
- SRM 402, Limited English Proficiency & Bilingual Interpreter Services.
- SRM 403, Non-Discrimination in Foster Care and Adoption Placements.

FOM 722-06F, Special Accommodations, is now obsolete.

FOB 2018-011**EFFECTIVE**

November 1, 2018.

Subject(s)

1. Parental involvement in child's health care.
2. Hospitalization and initial medical/dental exam requirements.
3. Medical and dental exam documentation in MiSACWIS.
4. Required medical/dental exams and placement.
5. Blood lead level testing for children age 6 and younger.
6. Health consents and young adults age 18.
7. Health Liaison Officer (HLO) responsibilities.

**1) Parental
Involvement in
Child's Health Care**

Policy is revised to emphasize parental involvement in the child's health care. Caseworkers are to assist and engage birth parent's participation in and awareness of the child's health needs and the treatment and services provided to meet the child's physical, dental, developmental, and mental health needs.

Additional references to the parental involvement policy item are found throughout FOM 801 to stress caseworker's notification to and engagement of parents in all health care appointments.

**2) Hospitalization
and Initial
Medical/Dental
Exam
Requirements**

Policy is updated to address a child's hospitalization and the impending timeframe for initial medical and dental exams. Children who are hospitalized during the 30-day time frame for an initial medical exam and 90-day initial dental exam are excluded until discharged from the hospital. The initial exam requirement timeframes commence upon date of hospital discharge.

3) Medical and Dental Exam Documentation

Policy is updated to include alternative forms of medical and dental exam documentation for MiSACWIS entry. A hyperlink to the newly created Medical and Dental Exam Documentation Job Aid is included for additional details.

4) Required Medical/Dental Exams and Placement

Policy rescinds the medical and dental exam suspensions upon return to parent, placement with other parent, legal guardian, and adoption. The medical and dental examination requirements, after return home, continue if a child remains under the wardship and supervision of the court. Policy clarifies requirements for timely completion of medical and dental examinations based on child's placement.

5) Blood Lead Level Testing for Children Age 6 and Younger

Michigan Medicaid policy requires that all Medicaid enrolled children have a blood lead level test at 12 and 24 months of age, or between 36 and 72 months of age, if not previously tested. Policy is revised to direct caseworkers to ensure children within this age range have a blood lead level (BLL) test. The updated policy provides the caseworker's role and documentation requirements.

6) Health Consents and Young Adults Age 18

Policy is updated to include requirement for young adults to sign health consents at age 18.

**7) Health Liaison
Officer (HLO)
Responsibilities**

The health liaison officer (HLO) policy is updated to align with the September 2016 MDHHS HLO Position Description.

FOB 2018-012**EFFECTIVE**

November 1, 2018.

Subject(s)**Medical and Dental Exam Documentation Correction**

Policy was updated to include alternative forms of medical and dental exam documentation for MiSACWIS entry. A hyperlink to the newly created Medical and Dental Exam Documentation Job Aid is included for additional details. This information was inadvertently deleted from FOB 2018-011 but was immediately corrected.

CHILDREN'S PROTECTIVE SERVICES**PSB 2018-001****EFFECTIVE**

May 1, 2018.

Subject(s)

1. When to seek a medical examination.
2. Medically fragile children.
3. Parental consent for medical examination.

**1) When to Seek a
Medical
Examination****PSM 713-04, When to Seek a Medical Examination**

Medical examinations are required for children under the age of six, **or** who are physically or developmentally disabled, **or** have any of the following medical/mental health needs **and** the following conditions apply:

- Parent, child, or caretaker has provided an explanation of the bruises or injuries that are not believable or are suspicious.

- The child has unusual bruises, marks, or signs of extensive or chronic physical injury.
- The child has physical or medical needs that appear to be unmet by the parents or caregivers.
- The child appears to be fearful of parents or caregivers or exhibits other characteristics such as withdrawal or anxiety that indicate that the child feels threat of harm.
- The child's caregiver is/has been a perpetrator of severe physical injury.
- Death of a sibling due to abuse or neglect.

2) Medically Fragile Children

PSM 713-04, Medically Fragile Children

Medically fragile children are vulnerable to abuse and neglect. These conditions are often difficult to identify and therefore contact with the primary care physician is required, as are contacts with collateral sources. Collateral contacts required include medical professionals, school professionals, and other community resources knowledgeable of the child's needs. When uncertainty remains after contact with collateral sources, a medical exam is required.

3) Parental Consent for Medical Examination

PSM 713-04, Parental Consent for Medical Examination

Parents maintain the authority to consent for a medical examination or second opinion. Occasionally, parents do not agree with the request to have their child medically examined or obtain a second medical opinion. Workers should engage with parents to eliminate barriers. If a medical examination or second opinion is needed to assess child safety, and the parent refuses consent, determine if a court order is needed.

PSB 2018-002**EFFECTIVE**

June 1, 2018.

Subject(s)

The Michigan Administrative Hearing System's (MAHS) phone system was updated and the telephone and fax numbers have changed. References to the telephone and fax numbers were updated in policy.

- MAHS Benefit Services Division (BSD) main line (517) 335-7519.
- MAHS BSD MDHHS (DHS) Fax (517) 763-0155.
- MAHS BSD MDHHS (DCH) Fax (517) 763-0146.

PSB 2018-003**EFFECTIVE**

July 1, 2018.

Subject(s)

1. Assignment of Substance or Alcohol Exposed Infants
2. Verification of Medication
3. Medical Marijuana
4. Investigation of Infant Substance and/or Alcohol Exposure
5. Decision Making for Investigations Involving Substances

**1) Assignment of
Substance or
Alcohol Exposed
Infants*****PSM 716-7, Assignment of Substance or Alcohol Exposed Infants***

CPS will investigate complaints alleging that an infant was born exposed to substances not attributed to medical treatment, when exposure is confirmed through positive urine screen of newborn, positive result from meconium testing, positive umbilical cord tissue testing, or confirmation of withdraw symptoms not indicated to be due to medication assisted treatment.

2) Verification of Medication

PSM 716-7, Verification of Medication

Verification of prescribed medication is required when substance use may be a risk factor. Medication requiring verification includes those medications which may also have mood altering properties. Verification of medication occurs through observing the written prescription, prescription container, or contacting the prescribing medical professional.

3) Medical Marijuana

PSM 716-7, Medical Marijuana

If a parent/caregiver indicates that she/he is medically authorized to use marijuana, caseworkers should attempt to verify that the parent has a Michigan Medical Marijuana Program (MMMP) card. Verification of the MMMP card can occur through observation or from LARA. Once verification of the MMMP card has occurred, this does not need to be verified in future investigations.

4) Investigation of Infant Substance and/or Alcohol Exposure

PSM 716-7, Investigation of Infant Substance and/or Alcohol Exposure

Provides additional steps for engaging with medical staff to assist in decision making and safety planning in cases involving allegations of substance and/or alcohol exposed infants.

**5) Decision Making
for Investigations
Involving
Substances*****PSM 716-7, Decision Making for Investigations Involving
Substances***

Caseworkers must make investigation decisions based on the presence or absence of evidence of child abuse or neglect as defined.

Parental substance use, or positive toxicology does not in and of itself prove child abuse or neglect. Substance use is a risk factor, not a determinant for case confirmation.

Several points of consideration for decision making have been provided for caseworkers when investigating cases involving substances.

PSB 2018-004**EFFECTIVE**

August 1, 2018.

Subject(s)

1. Supervisor Approval of Filing a Petition.
2. Child Protection Law.
3. Power of Attorney.
4. Mediation.
5. Physical Abuse Complaint Response Criteria.

**1) Supervisor
Approval of Filing
a Petition****PSM 715-3, Supervisor Approval of Filing a Petition**

Policy was added to provide requirement of caseworker consultation with supervisor for filing a petition. Criteria for supervisors to base approval of filing of a petition including a request for removal of children was added.

**2) Child Protection
Law****PSM 715-3, Section 18, MCL 722.638**

To address In RE Gach, and amendment to MCL 722.638 provisions for required petitions and requests for termination were completed.

3) Power of Attorney

PSM 715-3, Power of Attorney

A parent maintains the ability to initiate a power of attorney during active CPS involvement. If a petition is required by the Child Protection Law or is needed to ensure child safety, a petition **must** be filed. A petition should be filed despite a parent seeking or obtaining a power of attorney for his/her child(ren).

4) Mediation

PSM 715-3, Mediation

Guidance was added regarding mediation to provide caseworkers with direction for situations in which mediation is ordered.

5) Physical Abuse Complaint Response Criteria

PSM 712-4, Physical Abuse Complaint Response Criteria

Corrections were made to Exhibit III-Physical Abuse Complaint Response Criteria.

COMMUNITY RESOURCE

CRB 2018-001

EFFECTIVE

August 1, 2018.

Subject(s)

Community Resource Policy Manual (CRM) Update

CRM-107, Transportations Services, has been updated to reflect changes in form names, web-based tools, and in terminology such as Main to Sigma.

CRB 2018-002**EFFECTIVE**

September 1, 2018.

Subject(s)**Community Resource Policy Manual Update**

The following items in the Community Resource Manual (CRM) have been updated to reflect changes in form names, web-based tools, and in terminology such as Main to Sigma:

- CRM 103, Conduct and Responsibility of Volunteers.
- CRM 104, Requesting Volunteer Services.
- CRM 105, Administrative Controls.
- CRM 106, Allocation and Expenditures.

JUVENILE JUSTICE FIELD SERVICE**JJB 2018-001****EFFECTIVE**

January 1, 2018.

Subject(s)**JJ4 470, Detention Alternatives, Detention & Jail Requirements**

This item has been updated to include MiSACWIS functionality when completing the "Detention Beyond 30 Days" placement exception request (PER). The "Beyond Five Working Days" and "Beyond 30 Days" sections have been removed as the "Jail will exceed 5 working days" and "Jail or adult detention will exceed 30 calendar days for service of process" PER types have been obsoleted.

JJ2 220, Court Orders for Referrals/Commitments & Title IV-E Eligibility

This item has been updated to include a hyperlink to FOM 902, Funding Determinations and Title IV-E Eligibility. All information pertaining to Title IV-E Eligibility has been removed. Problematic court order information has been updated to include up to date contact information for MDHHS Children's Services Legal Division.

Job Aids

MiSACWIS Job Aid: Entering Paid Detention and Paid Court Treatment Facility Placements

JJB 2018-002**EFFECTIVE**

June 1, 2018.

Subject(s)**JJ2 230, Juvenile Justice Service Plans**

This item has been updated to include the definition for intersex, transgender and two-spirit. This item clarifies the requirements, forms, procedures and documentation necessary for the sexual orientation and gender identity information. Clarification has been added regarding case service plan signatures, generating and saving a case service plan, signature timeframes, and recording and uploading signatures in MiSACWIS.

Legal base was updated with the following:

- The Social Security Act, Subpart G-Reporting Populations, 45 CFR 1355.44(b)(2)(ii). Identifies reporting requirements related to sexual orientation and gender identity.
- Prison Rape Elimination Act National Standards, General Definitions, 28 CFR 115.5. Established definitions for transgender and intersex.

JJ7 700, Juvenile Justice Assignment Unit Placement Process

This item updates the type and timeframes for initial and ongoing residential placement exception requests.

The juvenile justice specialist must attempt to gather the sexual orientation, gender identity and gender expression (SOGIE) information as part of the JJAU referral process to make the best placement match to meet the individual needs of the youth.

Legal base was updated to include the Prison Rape Elimination Act National Standards, Subpart D-Standards for Juvenile Facilities, 28 CFR 115.342 (a)(c)(d) and (f). Requires the agency to use all information obtained to make housing assignments for youth. Lesbian, gay, bisexual, transgender, or intersex residents shall not

be placed in particular housing on the basis of such identification or status. In deciding whether to assign a youth that identifies as transgender or born intersex, the agency must decide on a case by case basis to ensure health and safety.

Reason: Prison Rape Elimination Act National Standards, 28 CFR 115.5, Program Office Clarification.

Forms

DHS-349, Juvenile Justice Case Opening Checklist.

This optional tool was updated to include the MDHHS 5620, Sexual Orientation, Gender Identity and Gender Expression (SOGIE) Interview Tool.

MDHHS-5521, Juvenile Justice Assignment Unit (JJAU) Placement Referral Packet Checklist.

This form was updated to include SOGIE information.

MDHHS-5620, Sexual Orientation, Gender Identity and Gender Expression (SOGIE) Interview Tool.

This form was created to be used as an in-person conversation with the youth to obtain information that may be helpful in making decisions about housing and other services.

Job Aids

MiSACWIS Job Aid: Juvenile Justice Suggested Workflow

MiSACWIS Job Aid: Uploading Documents

CBT: MiSACWIS JJ Service Plan

JJB 2018-003

EFFECTIVE

October 1, 2018.

Subject(s)

Juvenile Justice Field Services (JJ) 265 - DNA Profiling

The DHS-93, Examination Authorization/Invoice for Services, can be used to process payment for the cost of obtaining the DNA sample that is sent to the Michigan Department of State Police for profiling. The DHS-93 must be used only for the DNA sample

collection procedure required to complete the DNA collection kit (blood, saliva or tissue collection). The Michigan Department of State Police completes the actual DNA profiling.

The DHS-93 can be used for other required forensic testing. Refer to the following for procedures and codes:

- SRF 800, Medical Service Authorization.
- SRF 801, Medical Service Authorization Fee Schedule.

JJB 2018-004

EFFECTIVE

November 1, 2018.

Subject(s)

JJ8 800, Program Descriptions.

Policy item JJ8 800, Program Descriptions is obsolete. Historical policy will be available under the prior versions for State of Michigan (SOM) employees and through the Michigan History Center Archives for the general public. SOM users change the Effective Date in the Open/Jump/Search menu to view items historically.

The following programs are no longer in operation:

- Adrian Training School.
- Nokomis Challenge Center.
- W.J. Maxey Training School.
- Community Justice Centers.

Reason: Only two state-operated juvenile justice facilities, Bay Pines Center and Shawono Center currently operate and descriptions of those programs are maintained on the State of Michigan website.

JUVENILE JUSTICE RESIDENTIAL**JRB2018-001****EFFECTIVE**

June 1, 2018.

Subject(s)***JR2 200, Juvenile Justice Assignment Unit and Admissions***

JR2 201, Client Intake Summary is now JR2 200, Juvenile Justice Assignment Unit and Admissions. This item has been revised to provide clarification for state run and private, contracted juvenile justice residential facilities on using the Juvenile Justice Assignment Unit, including the process and documentation for admission of a youth. This item was updated to include the Prison Rape Elimination Act of 2003 (PREA), orientation requirement activities for the youth, youth's parent(s)/legal guardians and referral sources. The MDHHS-5605, Juvenile Justice Residential Youth Orientation Checklist is now a required form and must be documented in MiSACWIS and the signature page uploaded.

Hyperlinks were updated.

This item updates the legal basis to include:

- Social Security Act, 42 USC 675.
- The Prison Rape Elimination Act of 2003, 42 USC 15601, et seq.
- Prison Rape Elimination Act Standards, Subpart D-Standards for Juvenile Facilities, 28 CFR 115.311-115.393.
- The Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111 et seq.
- 2017 PA 107, Omnibus Budget Appropriation Bill, Sec. 709.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4109.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4123.

- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4132.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4144.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4144.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4152.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4167.

JR2 201, Treatment Plans, Reentry Plans and Release Reports

JR2 200, Residential Treatment Planning is now JR2 201, Residential Treatment Plans, Reentry Plan and Release Reports. This item has been revised to provide clarification on completing treatment plans, reentry plans, release reports and release outcome reporting. This item now includes MiSACWIS documentation requirements, such as supervisory approval, generating and saving a report, and recording and uploading required signatures.

The item updates reflect the Prison Rape Elimination Act Standards for Juvenile Facilities, 28 CFR 115. Revisions include the requirements to engage with youth willing to share personal information about sexual orientation, gender identity, and gender expression and documentation requirements in MiSACWIS and using the information to make decisions to assign the youth to specific housing, bed, program, education and work assignments.

This item has been revised to provide clarification on distribution of treatment plans, reentry plans and release reports. References to JJOLT have been replaced with MiSACWIS and updated hyperlinks.

The definitions for unplanned release, intersex, transgender and two-spirit were added.

This item updates the legal base to include:

- The Social Security Act, Subpart G-Reporting Populations, 45 CFR 1355.44(b)(2)(ii).

- Prison Rape Elimination Act, 42 USC 15601 et seq.
- Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.
- The Probate Code, 1939 PA 288, as amended, MCL 712A.2(i)(j).
- The Probate Code, 1939 PA 288, MCL 712A.19.
- The Mental Health Code, 1974 PA 258, MCL 330.1100B(16)(a-f).
- The Juvenile Facilities Act, 1988 PA 73, as amended, MCL 803.225.
- MCR 3.943(c)(1)(2).
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4156.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4166.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4167(2).

JR2 202, Residential Screening and Assessments

This item has been revised to provide clarification on required residential screenings and assessments and the timeframe for completion. This item has been revised to include a brief description of each screening instrument and assessment. This item includes the Prison Rape Elimination Act Standards for Juvenile Facilities requirements on youth who identify as transgender or intersex. This item now includes the domain definitions and scores for the JJ Strengths and Needs assessment. This policy has been revised to reflect current policy standardized formatting and hyperlinks have been updated.

The definitions for intersex, transgender and two-spirit were added.

This item updates the legal base to include:

- Prison Rape Elimination Act, 42 USC 15601 et seq.
- Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.
- Child Care Organization Licensing Act, 1973 PA 116, MCL 722.11 et seq.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(2).
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(3)(a).
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4155(3)(i).
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4166(1)(c).

JR3 310, Initial Health Screening

Initial health screening requirements have been incorporated into JR2 200. JR3 310 is being obsoleted. Historical versions are still available by changing the effective date.

JR2 203, Youth Orientation

Youth orientation requirements have been incorporated into JR2 200. JR2 203 is being obsoleted. Historical versions are still available by changing the effective date.

Forms

MDHHS-5605, Orientation Checklist must be used by residential facility staff to document all of the required orientation activities with the youth within the required time frames.

Attempts to engage youth about their personal information must be made by residential staff using the MDHHS-5606, Prison Rape Elimination Act (PREA) Screening Tool. This tool must be used to gather information within 72 hours of a youth's admission. Youth are not required to participate. When applicable, the tool results should be used to inform decisions regarding housing, bed, program, education and work.

Job Aids

MiSACWIS Job Aid: Maintaining JJAU Preferences Vacancies and Email.

MiSACWIS Job Aid: JJ Residential Record Suggested Workflow.

MiSACWIS Job Aid: Generating, Saving and Printing a Document in MiSACWIS.

MiSACWIS Job Aid: Uploading Documents.

MiSACWIS Job Aid: Adding a Social Work Contact.

MiSACWIS CBT: Record a JJ Strengths and Needs Assessment.

MiSACWIS CBT: Record a Treatment Plan and Release Report.

MiSACWIS CBT: Reports, Forms, Notices and Letters.

MiSACWIS CBT: Court Actions Part 1 Petitions, Motions and Hearings.

MiSACWIS CBT: Court Actions Part 2 Orders and Findings.

JRB2018-002

EFFECTIVE

June 1, 2018.

Subject(s)

JR5 501, Escape Response

This item has been updated to instruct residential facility staff to complete Section I of the DHS-3198, Unauthorized Leave Notification and fax it to the local MDHHS office supervising the youth. LEIN information has been removed. Form MDHHS-5520, Residential AWOLP and Escape Checklist, was updated to reflect policy changes.

JRB2018-003

EFFECTIVE

December 1, 2018.

Subject(s)

JR5 540, Youth to Staff Ratio

JR5 540, Youth to Staff Ratio now includes the Prison Rape Elimination Act of 2003 (PREA) requirements.

Updates were made to the legal base to include:

- Prison Rape Elimination Act National Standards, Subpart D- Standards for Juvenile Facilities, 28 CFR 115.313(c)-(e).
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4126.
- Licensing Rules for Child Caring Institutions, Mich Admin Code, R 400.4127.

NATIVE AMERICAN AFFAIRS

NAB 2018-001

EFFECTIVE

June 1, 2018.

Subject(s)

Native American Glossary (NAG)

Added New BIA ICWA Final Rule 25 CFR 23 Definitions: Active Efforts, Child-Custody Proceeding, Continued Custody, Domicile, Emergency Proceeding, Hearing, Indian Child's Tribe, Indian Custodian, Indian Foster Home, Involuntary Proceeding, Parent or Parents, Secretary, Upon Demand, and Voluntary Proceeding.

Native American Affairs (NAA)

Policy updates include Bureau of Indian Affairs (BIA) Indian Child Welfare Act (ICWA) Final Rule 25 CFR 23 regulation requirements, legal citations, and hyperlinks; Caseworker Relief MiSACWIS Personal ICWA History Add ICWA Details, Identification of Indian

Child(ren), and Tribal Foster Home Listings resources; and Division of Child Welfare Licensing (DCWL) CWL-120A form name change.

- Added BIA ICWA Final Rule Notice Requirements and Children's Protective Services guidance (NAA 200). Requires DHS-120 and MDHHS-5598 forms; and notice attachments to be sent to the Regional BIA Office(s) for every hearing. For non-court cases, workers will utilize a new MDHHS-5598 American Indian Alaska Native Indian Ancestry Verification form which may be sent via email, fax, regular mail, or in-person delivery.
- Added BIA ICWA Final Rule Good Cause to Depart from Placement Preferences (NAA 215). New good cause reasons to depart from placement preferences including parent preference.
- Added BIA ICWA Final Rule Good Cause to Deny Transfer to Tribal Agency/Court (NAA 315). Enhanced descriptions.
- Added Caseworker Relief: Uploading Documents to MiSACWIS Personal ICWA History (NAA 315) and Tribal Foster Home List Resources (NAA 215).
- Added BIA ICWA Final Rule Legal Citations (NAA 100-500).
- Added Children's Protective Services and Case Record guidance for sharing of information with tribes (NAA 233 and 235).
- Added Division of Child Welfare Licensing (DCWL) CWL-120A (NAA 305).
- Deleted: BCAL-120a (NAA 305).

POPULATION HEALTH POLICY

HPB 2018-001

EFFECTIVE

July 1, 2018.

Subject(s)

Epidemiology and Population Health (HPE) 532-100, Lead Safe Home Program Safety, and HPE 532-101, Lead Safe Home Program Flint Supplemental Emergency Repair, items have been added to the Population Health policy manuals.

The Michigan Department of Health and Human Services, Lead Safe Home Program (LSHP) provides lead identification and remediation services to LSHP enrollees statewide while striving to ensure the safety of all staff, contractors and vendors on LSHP project sites.

HPB 2018-002

EFFECTIVE

September 1, 2018.

Subject(s)

Epidemiology and Population Health (HPE) 532-100, Lead Safe Home Program Safety, and HPE 532-101, Lead Safe Home Program Flint Supplemental Emergency Repair, items have been added to the Population Health policy manuals.

The Michigan Department of Health and Human Services, Lead Safe Home Program (LSHP) provides lead identification and remediation services to LSHP enrollees statewide while striving to ensure the safety of all staff, contractors and vendors on LSHP project sites.

REFERENCE MANUALS

RFB 2018-001

EFFECTIVE

January 1, 2018.

Subject(s)

1. State Supplemental Security Income (SSI).

2. Home help providers.
3. Special protected income levels.
4. SSI-related Medicaid (MA) allocation and deeming.
5. SSI payment levels.
6. State Disability Assistance (SDA) payment rates for special living arrangement.

1) SSI**RFS 106, State SSI-Payment Payroll Deadline Schedule**

The Bridges quarterly deadline schedule for SSI programs A, B and E are updated with the 2018 payment amounts.

2) Home Help Providers**RFS 107, Home Help Provider Payment and Authorization Schedule**

Individual home help providers are required to submit an Electronic Services Verification (ESV) or Paper Services Verification (PSV) into the Community Health Automated Medicaid Processing System (CHAMPS) to receive payment. Receipt of payment is based on the date an ESV is submitted in CHAMPS or a PSV is received by MDHHS.

Tasks can be entered and submitted in CHAMPS for ESVs the day services are provided or entered and submitted for the entire month on the last day of the month. PSVs must be received by MDHHS starting the first day of the following month services were provided. PSVs for future months are not acceptable.

3) Special Protected Income Levels**RFT 245, Special Protected Income Levels**

Monthly special protected income levels are updated with 2018 payment amounts.

**4) SSI-Related MA
Allocation and
Deeming**

RFT 247, SSI-Related MS Allocation and Deeming Allowances

SSI-related MA allocation and Deeming allowances for 2018 are updated.

**5) SSI Payment
Levels**

RFT 248, SSI Payment Levels

SSI payment levels for 2018 are updated.

**6) SDA Payment
Levels**

RFT 235, SDA Payment Rates for Special Living Arrangements.

State Disability Assistance (SDA) payments for special living arrangements are updated.

RFB 2018-002

EFFECTIVE

January 1, 2018.

Subject(s)

RFS 205, Children's Foster Care Payment Schedule, and RFS 206, Independent Living Payment Schedule, have been updated.

RFB 2018-003

EFFECTIVE

April 1, 2018.

Subject(s)

1. Child Development and Care (CDC) Income Eligibility Scale.
2. Federal poverty levels for aged or disabled (AD) Care and Medicare Savings Programs (MSP).

**CDC Income
Eligibility Scale**

RFT-270

CDC

Removed Chart 2: Family Contribution (FC) Based on Income Eligibility from RFT 270. The information in Chart 2 expires beginning April 1, 2018. Removed all references to Chart 1 and Chart 2 because there will now be only one Family Contribution (FC) based on Income Eligibility chart in RFT 270.

**AD Care and MSP
income limits**

RFT 242

MA

Update the income limits for the AD Care Medicaid category and the Medicare Savings Program categories.

RFB 2018-004

EFFECTIVE

July 1, 2018.

Subject(s)

Unlicensed child care provider name change.

**License Exempt-Related and License Exempt - Unrelated Child
Care Providers**

RFT 270

Unlicensed child care providers are now called license exempt-related or license exempt-unrelated child care providers. This name change was updated on the Department Hourly Rates chart in this item.

RFB 2018-005

EFFECTIVE

August 1, 2018.

Subject(s)

RFT 255

The Food Assistance Program (FAP) standard deduction for all group sizes has changed effective 8/1/18.

RFB 2018-006

EFFECTIVE

October 1, 2017.

Subject(s)

Annual Federal cost of living changes for the Food Assistance Program (FAP)

RFT 250, 255, 260

Bridges is updated to support the annual cost-of-living updates for the FAP standards. The update will appear in Bridges budgets with the effective date of October 1, 2018.

The Food and Nutrition Service (FNS) has determined that the monthly FAP issuances are increased for group sizes of three and above. The maximum shelter deduction has increased from \$535 to \$552. Additionally, FNS has determined the heat and utility standard used in calculating FAP benefits has increased to \$543. The telephone and trash/garbage removal standards have decreased and the remaining standards have a minimum increase. The FAP standard deduction for all group sizes has increased.

Note: The FAP monthly minimum issuance amount for group sizes of 3 and above, is now \$1.00 instead of \$2.00.

RFB 2018-007

EFFECTIVE

October 1, 2018.

Subject(s)

Child Care Fees (including registration fees).

Child Care Fees**RFT 270, CDC Income Eligibility Scale and Provider Rate**

The billing of child care fees is permitted for child care centers, group homes and family homes. This is intended to cover fees that are sometimes charged to parents, such as registration fees, annual fees and field trip fees. The fees charged to CDC clients and/or the CDC program must not exceed what is charged to the general public (including a provider's own employees). Payment for child care fees is limited to \$65.00 for centers and \$40 for group and family homes, per child per fiscal year (10/1-9/30).

License exempt-related and license exempt-unrelated providers are not eligible for payment of child care fees.

RFB 2018-008**EFFECTIVE**

October 1, 2018.

Subject(s)**Reference Manual Table (RFT)**

RFT-100, Numerical County/District Zip Codes, and RFT-101, Alphabetical County/District Zip Codes, are updated for the Pontiac Woodward offices.

RFB 2018-009**EFFECTIVE**

October 1, 2018.

Subject(s)

Medical authorization payment information for Protective Services, Children's Foster Care, and Juvenile Justice cases have been moved to Services Requirements policy SRM 800, DHS-93, Medical Services Authorization, and SRM 801, DHS-93 Medical Service Authorization Fee Schedule.

Family Independence Program (FIP), State Disability Assistance (SDA), Medicaid (MA) and Food Assistance Program (FAP) references have been removed; see BAM 115, Application Processing, and BAM 435, Provider Management.

SERVICES REQUIREMENTS

SRB 2018-001

EFFECTIVE

June 1, 2018.

Subject(s)

LEIN

SRM 700, Law Enforcement Information Network (LEIN)

This policy outlines the requirements for accessing, requesting, reviewing and disseminating Criminal History Record Information (CHRI) obtained from the Law Enforcement Information Network (LEIN) system.

This is an updated policy that clarifies the Children's Protective Services (CPS) Required LEIN Request expectations and policies.

SRM 701, Law Enforcement Information Network (LEIN) Use, System & Security

This policy item outlines the LEIN use and system security requirements for accessing and protecting LEIN reports and systems. The updated information within the policy, Process for Requesting a LEIN Record, allows for an authorized user to sign for picking up a generated LEIN CHRI.

SRB 2018-002

EFFECTIVE

August 1, 2018.

Subject(s)

1. General updates to clarify and simplify existing policy.
2. New requirements to the Child Care Organizations Act 116 of 1973.

1) General Updates

Clarification to procedures/requirements were added in the following sections:

- Requirements for fingerprints.
- Rejection of fingerprints.
- MiSACWIS secure criminal history hyperlink.

- Applicant challenge/correction process.
- Personnel training.

The following sections were added to policy to ensure compliance:

- Secondary dissemination - out-of-state dissemination regulations.
- Additional clearances.
 - *Reason:* Ensure compliance with Criminal Justice Information Services (CJIS) Security Policy.

**2) New
Requirements to
the Child Care
Organizations Act
of 116 of 1973**

Effective March 28, 2018, the Child Care Organizations Act of 116 of 1973 was amended impacting definitions and procedural requirements for child care organizations.

Reason: 2017 PA 257

SRB 2018-003

EFFECTIVE

August 1, 2018.

Subject(s)

SRM 103, Staff Qualifications and Training

This updated policy outlines staff qualifications and training requirements. Updates include:

- Minor corrections.
- Clarification of roles included in caseload-carrying staff.
- MiSACWIS training requirements.
- New supervisor institute (NSI) requirements for public and private child welfare staff.

- Clarification in caseload progression for pre-service institute (PSI) training.
- Changes in timeframes for program specific transfer training (PSTT) completion.
- Child welfare certificate (CWC) holder training requirements.
- Changes in requirements for staff returning to a caseload-carrying position.
- Training requirements for juvenile justice supervisors.

SRB 2018-004**EFFECTIVE**

September 1, 2018.

Subject(s)**Relocation of Reasonable Accommodation Policies from the Protective Services Manual (PSM), Foster Care Manual (FOM), and Adoption Services Manual (ADM).**

The obligation to provide appropriate programs, services, policies, practices, and procedures to individuals in need of reasonable accommodations is required across all child welfare program areas, for both MDHHS and private child placing agencies and child caring institutions.

The following policy items were added to the Service Requirements Manual:

- SRM 400, Reasonable Accommodations.
- SRM 401, Effective Communication for Persons who are Deaf, Deafblind, or Hard of Hearing.
- SRM 402, Limited English Proficiency and Bilingual Interpreter Services.
- SRM 403, Non-Discrimination in Foster Care and Adoption Placements.

SRB 2018-005

EFFECTIVE

October 1, 2018.

Subject(s)

**Grievance
Procedures**

SRM 400, Reasonable Accommodations

**SRM 403, Non-Discrimination in Foster Care and Adoption
Placements**

Links to APX 680, Compliance with Section 1557 of the Affordable Care Act, were added to both policy items. APX 680 is the department's policy and grievance procedures for ensuring non-discrimination in service delivery.

SRB 2018-006

EFFECTIVE

October 1, 2018.

Subject(s)

Services General Requirements (SRM) 800 and 801

- Payments made from the DHS-93, Medical Service Authorization, are to be used as a last resort. All other alternative payment sources must be explored and exhausted prior to utilizing the DHS-93.
- Only allowable services described in SRF-800, DHS-93 Medical Service Authorization, may be billed on the DHS-93.
- The department will not pay for missed appointments and/or unauthorized testing.
- Services completed after a case has closed are not eligible for payment.

SRB 2018-007

EFFECTIVE

November 1, 2018.

Subject(s)

Child Care Fund Handbook Published Policies and Procedures Effective State Fiscal Year 2019

This document comprises the Child Care Fund Handbook and is the published policies and procedures authority referred to in the Michigan administrative rules, Mich Admin Code 400.2001(m).

This Child Care Fund (CCF) Handbook, in conjunction with Michigan statute, administrative rules, Michigan Supreme Court's Juvenile Court Standards and Administrative Guidelines, Michigan Department of Treasury's Accounting Procedures for Local Units of Government, and Michigan case law, provide the program authority for administering the CCF program.

SRB 2018-008

EFFECTIVE

November 1, 2018.

Subject(s)

The Child Care Fund Manual was published with a minor *find and replace* error, which has now been corrected.

STATE EMERGENCY RELIEF

ERB 2018-001

EFFECTIVE

January 1, 2018.

Subject(s)

The State of Michigan has upgraded its financial and business processes to a new system to Statewide Integrated Governmental Management Application (SIGMA).

Providers must register in the SIGMA Vendor Self Service (VSS) in order to receive an SER payment. Please refer providers to the

VSS system, <http://www.michigan.gov/VSSlogin>, prior to enrollment.

ERB 2018-002

EFFECTIVE

January 1, 2018.

Subject(s)

1. ERM 102, Applicant/Department Rights & Responsibilities.
2. ERM 103, Application Procedures.
3. ERM 301, Energy Service.s
4. ERM 306, Burials.
5. ERM 405, SER Case Record.

1) ERM 102

Customer Service Unit replaced with Specialized Action Center.

2) ERM 103

Policy change to reference to the MDHHS-1171, Assistance Application, and the MDHHS-1171-SER, State Emergency Relief (SER), supplemental form.

3) ERM 301

Policy updated to reference new application. Services not covered updated to include deposits and late fees charged by regulated utility companies.

Per MPSC billing rules, a regulated utility shall not assess a late payment charge against a customer whose payment is being made by MDHHS. The 2 percent late fee should **not** then become the responsibility of the customer but should be reduced to zero for any payments made by MDHHS through State Emergency Relief (SER) or the Michigan Energy Assistance Program (MEAP).

4) ERM 306

Mileage reimbursement rate updated, \$.32 was replaced with \$.36.

5) ERM 405

Removed references to paper case records and updated with electronic case file language.

ERB 2018-003**EFFECTIVE**

October 1, 2018.

Subject(s)

1. ERM 100, SER Quick Reference Charts.
2. ERM 102, Applicant/Department Rights & Responsibilities.
3. ERM 103, Application Procedures.
4. ERM 203, Potential Resources.
5. ERM 208, Budget Procedures.
6. ERM 301, Energy Services.
7. ERM 302, Utility Services.
8. ERM 303, Relocation Services.
9. ERM 304, Home Ownership.
10. ERM 306, Burials.
11. ERM 401, Payments.

1) ERM 100

Income limit for energy services updated.

2) ERM 102

An MDHHS-1171, Application, is considered an application for SER if the client indicates they are applying for State Emergency Relief and the minimum information is provided, even if the MDHHS-1171-SER supplement has not been submitted. In instances where the MDHHS-1171-SER supplement is not received by the department, it should be requested from the client or completed during the interview.

3) ERM 103

An MDHHS-1171 is considered an application for SER if the client indicates they are applying for State Emergency Relief and the minimum information is provided, even if the MDHHS-1171-SER supplement has not been submitted. In instances where the MDHHS-1171-SER supplement is not received by the department, it should be requested from the client or completed during the interview.

In-person interviews are no longer required.

4) Potential Resources

When a SER group has been approved for SER energy services, a referral to 2-1-1 for additional energy self-sufficiency services, through the Michigan Energy Assistance Program (MEAP), must be provided.

5) Budget Procedures

Note: Asset copayments cannot be reduced, waived or paid using MEAP funding. MEAP funds cannot be used to pay a household's prorated amount. However, MEAP funds can be approved for a household's client contribution and shortfall copays.

6) Energy Services

The SER crisis season has been eliminated. A household may receive one SER payment for heat and one for non-heat electricity, up to the SER cap, each fiscal year.

A household receiving an energy-related SER payment, for services covered in this item, qualify for MEAP services and assistance. The DHS-1419, State Emergency Relief Decision Notice, must inform the applicant that additional services are available through MEAP. Include the following comment on each DHS-1419 when an energy service has been approved or when there is a denial due to the household already receiving the same type of energy assistance in the current fiscal year:

DHHS will only issue one payment for heat and one payment for non-heat electricity between October 1 and September 30 each year. A SER payment for heat or non-heat electricity service qualifies your household for additional energy services through the Michigan Energy Assistance Program (MEAP). Please call 2-1-1 for a referral to a MEAP grantee to see what other assistance you may be eligible to receive.

In instances where a group member has met their cap but the rest of the household has not received an energy-related SER payment, an exception request should be submitted through Bridges. This will allow the household to qualify for additional MEAP services.

7) Utility Services

Language regarding the restricted address list has been removed.

8) Relocation Services

Note: Court costs and fees included in a judgment is an allowable cost that may be included in the *rent to prevent eviction need amount*.

9) Home Ownership

Reference to crisis season removed.

10) Burials

The county medical examiner or their designated funeral representative may apply for SER burial of an unclaimed body. Reference to public administrator removed.

11) Payments

Department of Human Services has been updated to Michigan Department of Health and Human Services (MDHHS).

ERB 2018-004

EFFECTIVE

October 1, 2018.

Subject(s)

ERM 208, Budget Procedures

Formatting correction to Asset Copayment language.

ERB 2018-005

EFFECTIVE

October 1, 2018.

Subject(s)

1. ERM 208, Budget Procedures.
2. ERM 301, Energy Services.

ERM 208**Budget Procedures**

Verification from a MEAP grantee that the household will be enrolled into an energy provider's Affordable Payment Plan (APP) can be used to satisfy the household's shortfall and/or client contribution.

ERM 301**Energy Services**

Verification from a MEAP grantee that the household will be enrolled into an energy provider's Affordable Payment Plan (APP) can be used to satisfy the household's shortfall and/or client contribution.

All Michigan Department of Health and Human Services (MDHHS) staff who intend to use the online access must provide all necessary profile information requested by the energy provider, which may include personal information.

MDHHS staff should submit a payment confirmation via the website. The commitment requires the approved DHS-849 invoice number and amount.

Energy providers' websites are to be used for business purposes only, are not for unauthorized or personal use and are monitored. Providing false information for a user profile or conducting personal activity can result in disciplinary actions.

ADMINISTRATIVE POLICY

APB 2018-001

EFFECTIVE

January 1, 2018.

Subject(s)

Former Department of Community Health policy regarding newborn screening specimens are added to the Michigan Department of Health and Human Services (MDHHS) Administrative Policy Facilities and Hospitals (APF) manual:

- APF-111, Newborn Screening Specimens.
- APF 114, Guidelines for Research Use of Dried Blood Spots.

APF-115, Guidelines for Review and Approval of Research Using Dried Blood Spots.

Reason: 1978 PA 368

APB2018-005

EFFECTIVE

March 1, 2018.

Subject(s)

APF-100, Access to Michigan Department of Health and Human Services (MDHHS) Electronic Medical and Business Records, is added to the Administrative Policy Facilities and Hostipals policy manual.

Reason: 1974 PA 258

APB 2018-015**EFFECTIVE**

July 1, 2018.

Subject(s)**Administrative Policy Legal (APL) 133, Recipient Rights Appeals Process**

Administrative Policy Legal (APL) 133, Recipient Rights Appeals Process has been covered from the former Michigan Department of Community Health Facilities/Hostpital Centers 10.3.3, Recipient Rights Appeals Process and updated.

Reason: 1974 PA 258

APB 2018-025**EFFECTIVE**

December 1, 2018.

Subject(s)**APF 140, Video Surveillance Monitoring**

Video surveillance monitoring may be conducted without consent in a hospital for purposes of safety, security, and quality improvement. Access to the video must be authorized by the hospital director or deputy administrative officer.

APF 141, Fingerprinting, Photographing, Audio Recording, or Viewing Recipients Through One-Way Glass

Recipients of mental health services shall not be fingerprinted, photographed, audio recorded or viewed through one-way glass unless prior consent is obtained.

Reason: 1974 PA 258

APB 2018-026**EFFECTIVE**

December 1, 2018.

Subject(s)

State hospitals document and honor advance directives within the limits of state and federal law, and their scope of practice of providing inpatient treatment to individuals with serious mental illness or serious emotional disturbance.

Reason: 1996 PA 193

Reason: 1998 PA 368

**BRIDGES
BPB 2018-006****EFFECTIVE**

April 1, 2018.

Subject(s)

1. Family Child Care Homes.
2. Layered or special funding agreements.

**1) Family Child
Care Homes****BEM 704, 706, 707, BPG**

Family Child Care Homes (formerly registered) will now be licensed by the Department of Licensing and Regulatory Affairs (LARA), Bureau of Community and Health Systems (BCHS). Additionally, minor wording, punctuation and grammatical changes were made within the three BEM items to improve clarity.

**2) Layered or
Special Funding
Agreements****BEM 706**

Providers cannot charge the department for care when they expect to receive payment from another funding source. An exception exists when there is an agreement between the CDC program office and a partner organization that allows for layered funding, or other special funding agreement.

Reason: 1973 PA 116.

BPB 2018- 014

EFFECTIVE

August 1, 2018.

Subject(s)

Children's Clothing Allowance

FAMILY INDEPENDENCE PROGRAM (FIP)

The 2018 Fiscal Appropriations Act included funding for the children's clothing allowance. The allowance is intended to assist FIP families to purchase school clothing for their children.

The children's clothing allowance for the 2018 fiscal year is \$204 per child and is excluded as income for all programs.

ELIGIBILITY
CRITERIA

The FIP eligibility determination group (EDG) must have an eligible dependent child on an active FIP EDG.

All eligible children on the FIP EDG will receive the clothing allowance. The eligible child(ren) must be eligible for FIP during August 2018. This includes children receiving SSI in the FIP EDG. Disqualified children will not receive the clothing allowance supplement.

Exception: Children disqualified for not having a social security number will receive the clothing allowance supplement.

Definition

For purposes of the Children's Clothing Allowance, an eligible child is defined as a FIP mandatory group member that is a dependent child. These individuals may be indicated on the active FIP EDG as Eligible Child or Other Child.

PAYMENTS

Bridges will automatically issue supplements for the children's clothing allowance to FIP EDGs with qualifying children who are eligible for August FIP payments in Bridges as of the single deadline date of July 31, 2018. The children's clothing allowance supplement is deposited into the client's EBT cash account.

The supplement amount will include \$204 for each eligible child. The supplement will be automatically issued if the FIP EDG is active on July 31, 2018 for August benefits. A supplement will be deposited into the client's EBT cash account at the same time as the FIP payment is issued, but will appear as a separate payment, with an availability date of August 1, 2018. The supplement will be viewable in Bridges under Benefit Issuance and View Benefits.

Any request for new FIP EDG openings or member adds for August 2018 that are processed after the initial clothing allowance monthly payroll run for August will require an exception. Please contact Bridges Resource Center in order to request a supplement for the FIP EDG.

Note: Once the funding for the children's clothing allowance is depleted, there will be no additional funds allocated, regardless of the eligibility of the FIP EDG.

A letter from the Michigan Department of Health and Human Services director will be mailed to eligible clothing allowance supplemental households in July. This letter advises eligible families of the allowance coming in August to help with the cost of children's clothing.

For questions regarding this bulletin please contact the FIP policy mailbox: Policy-FIP-SDA-RAP@michigan.gov.

Reason: 2017 PA 107.

BPB 2018- 018

EFFECTIVE

November 1, 2018.

Subject(s)

Guardianship/Conservator Expense Decrease

BEM 536, 540, 541, 546

The department may deduct up to \$83.00 per month as an allowable expense against a beneficiary's income when determining medical services eligibility and patient pay amounts if the beneficiary pays a court appointed guardian or conservator.

Reason: 2018 PA 207.

ERB 2018-005

EFFECTIVE

October 1, 2018.

Subject(s)

1. ERM 208, Budget Procedures.
2. ERM 301, Energy Services.

ERM 208

Budget Procedures

Verification from a MEAP grantee that the household will be enrolled into an energy provider's Affordable Payment Plan (APP) can be used to satisfy the household's shortfall and/or client contribution.

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Reason: 2012 PA 615

POPULATION HEALTH**HPB 2018-001****EFFECTIVE**

July 1, 2018.

Subject(s)

Epidemiology and Population Health (HPE) 532-100, Lead Safe Home Program Safety, and HPE 532-101, Lead Safe Home Program Flint Supplemental Emergency Repair, items have been added to the Population Health policy manuals.

The Michigan Department of Health and Human Services, Lead Safe Home Program (LSHP) provides lead identification and remediation services to LSHP enrollees statewide while striving to ensure the safety of all staff, contractors and vendors on LSHP project sites.

Reason: 2016 PA 3.

HPB 2018-002**EFFECTIVE**

September 1, 2018.

Subject(s)

Epidemiology and Population Health (HPE) 531-100, Blood Test Result, and HPE 531-101, Definition of Elevated Blood Test Result, items have been added to the Population Health policy manuals.

The Childhood Lead Poisoning Prevention Program (CLPPP) within the Michigan Department of Health and Human Services disseminates individual blood lead test results ($\mu\text{g}/\text{dL}$) as reported by labs. These results include unrounded numbers and indicators for test results outside a laboratory's limit of detection (LoD). CLPPP disseminates these results to authorized entities internal and external to MDHHS.

Reason: 2016 PA 3.

SERVICES REQUIREMENTS**SRB 2018-002****EFFECTIVE**

August 1, 2018.

Subject(s)

1. General updates to clarify and simplify existing policy.
2. New requirements to the Child Care Organizations Act 116 of 1973.

1) General Updates

Clarification to procedures/requirements were added in the following sections:

- Requirements for fingerprints.
- Rejection of fingerprints.
- MiSACWIS secure criminal history hyperlink.
- Applicant challenge/correction process.
- Personnel training.

The following sections were added to policy to ensure compliance:

- Secondary dissemination - out-of-state dissemination regulations.
- Additional clearances.
 - *Reason:* Ensure compliance with Criminal Justice Information Services (CJIS) Security Policy.

**2) New
Requirements to
the Child Care
Organizations Act
of 116 of 1973**

Effective March 28, 2018, the Child Care Organizations Act of 116 of 1973 was amended impacting definitions and procedural requirements for child care organizations.

Reason: 2017 PA 257