
OVERVIEW

Family Independence Program (FIP)

Temporary Assistance to Needy Families (TANF), called the Family Independence Program (FIP) in Michigan, is a block grant that was established by the Social Security Act. Public Act (P.A.) 223 of 1995 amended P.A. 280 of 1939 and provides a state legal base for FIP. FIP policies are also authorized by the Code of Federal Regulations (CFR), Michigan Compiled Laws (MCL), Michigan Administrative Code (MAC), and federal court orders. Amendments to the Social Security Act by the U.S. Congress affect the administration and scope of the FIP program. The U.S. Department of Health and Human Services (HHS) administers the Social Security Act. Within HHS, the Administration for Children and Families has specific responsibility for the administration of the FIP program.

Each state must submit a state plan for FIP. State plans are located at <http://www.michigan.gov> . When federal statute or regulations provide for options, the state plan must indicate which optional provisions the state selects. In selecting optional provisions and developing policy, the Michigan Department of Health and Human Services (MDHHS) is governed primarily by state statutes. The state plan must be approved by HHS and the Governor's Clearinghouse for conformity to federal and state laws and regulations. A specific legal base is cited at the end of each program manual item.

Program Goal

The Family Independence Program (FIP) provides financial assistance to families with children. The goal of FIP is to help maintain and strengthen family life for children and the parent(s) or other caretaker(s) with whom they are living, and to help the family attain or retain capability for maximum self-support and personal independence.

Several nonfinancial and financial eligibility factors must be met for a family to be eligible for FIP.

Medical Assistance Program

The Medical Assistance Program was established by the Social Security Act. Amendments to the Social Security Act by the U.S. Congress affect the administration and scope of the MA program. The U.S. Department of Health and Human Services (HHS) administers the Social Security Act. Within HHS, the Center for Medicare and Medicaid Services (CMS) is responsible for the administration of the Medicaid (MA) program.

HHS develops and issues federal regulations that set the requirements and guidelines for states to follow in the determination of MA eligibility. Each state must submit a state plan for MA. When federal statute or regulations provide for options, the state plan must indicate which optional provisions the state selects. In selecting optional provisions and developing policy, the Michigan Department of Community Health (MDCH) is governed primarily by state statutes. The state plan must be approved by HHS and the governor's clearinghouse for conformity to the Code of Federal regulations (CFR), Michigan Compiled Laws (MCL), and federal court orders. Legal bases are provided at the end of each program manual item.

Program Goal

MA provides medical assistance to individuals and families who meet the MA financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

Disability related Medicaid and Group 2 Medicaid eligibility can be obtained through several individual categories that are listed in BEM 105.MAGI Medicaid and Healthy Michigan Plan policy is available at www.michigan.gov/MDCH.

Food Assistance Program (FAP)

The Food Assistance Program (FAP) was established by the Federal Food and Nutrition Act of 2008. The Act places responsibility for the administration of the Food Assistance program with the U.S. Department of Agriculture (USDA) at the national level. Within USDA, the Food and Nutrition Service (FNS) has

specific responsibility for the administration of FAP. FNS, in turn, delegates actual day-to-day administration of the program to state agencies. Michigan participates in the program in accordance with a State Plan of Operations. This serves as an agreement with FNS to administer the program in accordance with the Code of Federal Regulations (CFR), Michigan Compiled Laws (MCL), Michigan Administrative Code (MAC) and federal court orders. These sources are the legal base for all policies and procedures. These are cited at the end of each manual item.

Program Goal

The purpose of the Food Assistance Program (FAP) is to raise the food purchasing power of low-income persons because limited food purchasing power contributes to hunger and malnutrition. Persons eligible for FAP, receive benefits based on net income and the size of the group, to increase the food purchasing power of the eligible household who apply for participation.

FAP benefits are not considered income or assets for Cash, MA or CDC. Therefore, any other assistance for which a Food Assistance group qualifies must not be reduced because of the group's receipt of food assistance benefits.

Authorized Purchases

Food assistance benefits can be used to buy eligible food at any FNS authorized retail food store or approved meal provider.

Eligible food includes:

- Any food or food product intended for human consumption except alcoholic beverages, tobacco, and hot food prepared for immediate consumption.
- Seeds and plants to grow food for personal consumption.
- Meals prepared by organizations approved by FNS as specified below.
- Meals prepared and served to eligible residents by a Substance Abuse Treatment Center, a Shelter for Battered Women and Children or an Adult Foster Care (AFC) Home.

Retail food stores include:

- Recognized grocery stores.
- House-to-house grocery vendors, such as milk and milk product deliverers, but not ice cream vendors.
- Nonprofit food purchasing ventures - private nonprofit associations of consumers whose members pool their resources to buy food.

Approved meal providers may include:

- Communal dining facilities for elderly and disabled individuals.
- Meal delivery services - public or private nonprofit organizations which prepare and deliver meals to elderly persons (60 years of age or over), physically or mentally impaired persons, and their spouses, who are unable to adequately prepare all of their meals.

Refugee Assistance Programs

The refugee assistance programs were established by the U.S. Congress. The Office of Refugee Resettlement (ORR) in HHS has specific responsibility for the administration of Refugee Cash Assistance/Refugee Medical Assistance.

Program Goal

The refugee assistance programs provide financial assistance and medical aid to persons admitted into the U.S. as refugees. Eligibility is also available to certain other non U.S. citizens with specified immigration statuses, identified in the section REFUGEES in BEM 630.

The Immigration and Nationality Act, the Code of Federal Regulations (CFR) and federal court orders are the legal base for policies and procedures for RCA/RMA and are cited in the applicable manual item.

Child Development and Care (CDC)

The Child Development and Care (CDC) program was established by authority of the Social Security Act and the Child Care and Development Block Grant Act. The Department of Education (MDE) administers the program and sets rates and

eligibility criteria. The Michigan Department of Health and Human Services (MDHHS) administers the program on the federal level.

The MDHHS is responsible for eligibility determination for the CDC program.

HHS develops and issues federal regulations that set the requirements and guidelines for states to follow in the administration of the Child Care and Development Fund (CCDF). Each state must submit a state plan describing the CCDF program to be conducted by the state for providing child care subsidies to low-income families and for increasing the quality of child care. The state plan must be approved by HHS for conformity to federal laws and regulations.

Program Goal

The Child Development and Care (CDC) program provides financial assistance with child care expenses to qualifying families.

The goal of the CDC program is to preserve the family unit and to promote its economic independence and self-sufficiency by promoting safe, affordable, accessible, quality child care for qualified Michigan families.

State Disability Assistance (SDA)

The State Disability Assistance (SDA) program was initially established by Michigan Public Act 111 of 1991 and has been reauthorized each year in the MDHHS appropriations act. The MDHHS administers the program.

Program Goal

State Disability Assistance (SDA) provides financial assistance to disabled adults who are not eligible for FIP. The goal of the SDA program is to provide financial assistance to meet a disabled person's basic personal and shelter needs.

POLICY MANUALS

All Types of Assistance (TOA)

The Bridges Eligibility Manual (BEM), Bridges Administrative Manual (BAM), Bridges Policy Glossary (BPG), and the Reference Manuals (RF) contain all the policies and procedures needed by

specialists to administer the FIP, MA, FAP, SDA, RCA/RMA and CDC programs. Each employee involved in the eligibility determination for these programs must have online access to the manuals.

Bridges Eligibility Manual (BEM)

The BEM contains policies and procedures related to determining program eligibility and the level of program benefits, such as nonfinancial eligibility factors, financial eligibility factors and budgeting policy. Subjects applicable to all programs (for example, citizenship) are addressed in a single manual item. Programmatic differences that exist are clearly identified in the item. Subjects that are unique to one program (for example blindness or disability as it relates to MA) appear in separate items. MAGI Medicaid policy is available at www.michigan.gov/MDHHS.

Bridges Administrative Manual (BAM)

The BAM contains policies and procedures related to activities such as administrative hearings, voter registration services, over and under issuances and supplemental program benefits.

Bridges Glossary (BPG)

The BPG contains definitions that assist with understanding the meaning of terminology used in other manuals. Rather than include definitions for the same terminology in each item, cross-reference links are provided to the glossary definitions.

Reference Manuals

The Reference Manuals include the following:

- **RFS** Schedules.
- **RFT** Tables.

REVISIONS

All TOA

Revision and effective dates are indicated in the upper right hand corner of each page.

Bulletins

All TOA

Policy changes are announced in a bulletin which contains:

- A brief description of the policy change(s).
- The reason for the change.
- New policy implementation steps.
- A list of new or revised manual items.
- A list of items to which links have been added.

Change Bars

Revised manual pages contain vertical lines in the right margin (change bars) to call attention to the particular areas that have been revised, except when an entire item is new.

EMERGENCY POLICY COMMUNICATION

All TOA

Interim Policy Bulletin

An Interim Policy Bulletin is a bulletin that is used to inform local offices about policy revisions/additions that require implementation prior to the next regularly scheduled bulletin release. Some interim bulletin files contain draft policy items as part of the file, but the policy will not be added to the manual items until the next bulletin release for that manual group. Draft policy may be revised prior to being released.

Public Access to Manuals

All TOA

Many of the manuals are now available on the department's public Web site and may be accessed at:

<http://www.mfia.state.mi.us/olmweb/ex/html> The BEM, BAM and other policy issuances, as well as general information about MDHHS programs and publications are available for reference to any client or other interested third party at <http://www.michigan.gov/dhs>; see BAM 310 regarding the release of specific information pertaining to clients.

POLICY EXCEPTIONS

MDHHS and MDE policy is primarily the policy contained in the manuals and numbered bulletins. However, policy releases **cannot** handle every conceivable situation.

Policy exceptions may be issued in case specific situations not covered by published policy. They may also be granted as overrides of eligibility results in the automated eligibility system, Bridges, in any of the situations that follow:

- The eligibility results are incorrect or are inconsistent with published policy.
- Eligibility must be manually determined and applied in Bridges due to an unusual combination of circumstances.
- Manual adjustments to federal or state FIP time clock counters are necessary.
- The Department has been overturned in a hearing or court decision and an override is necessary to implement the decision because it is outside the normal eligibility rules in Bridges or is contrary to correct policy rules implemented in Bridges.

Policy exception decisions for case specific problems not covered by published policy may be issued on form DHS-1785, Policy Decision, or a MDCH memo by either of the following:

- The Michigan Department of Community Health (MDCH) central office for Medicaid.
- The Department of Education, Office of Great Start, Child Development and Care for CDC.
- The Division of Field Operations, in the MDHHS central office for all other programs.

Policy issued on the DHS-1785 is official policy, but only for the case specified on the form.

There are three situations for which policy exceptions may be approved and issued on the Policy Decision form by the MDHHS and/or MDCH central offices for case specific situations:

- There is no existing policy in manuals or numbered bulletins that applies in a specific case.
- A policy exception is needed for use in a specific case due to a new legal decision or a new law or regulation that is not yet official MDHHS policy.

- **FIP, SDA, CDC, MA, and refugee assistance programs Only**

A policy exception is needed based on unique and rare circumstances in a specific case to avoid extreme and unusual hardship on the client.

Note: For some programs, central office must determine whether the Federal Financial Participation (FFP) will be affected. When FFP cannot be claimed, MDHHS central office must notify their central office accounting and the MDHHS local office.

Policy Exceptions Overrides

There are three situations in Bridges for which policy exceptions overrides may be approved and certified.

- The automated determination in Bridges has produced eligibility results inconsistent with existing policy for a specific case that needs to be corrected. Bridges eligibility results in the affected area are normally consistent with policy. Policy must review the individual case, determine the correct application of existing policy, and may need to manually determine eligibility and calculate benefits to apply the override.
- Policy must be published and made effective before the policy rules or logic can be updated in Bridges. Policy exceptions overrides must be made to affect the official published policy until the policy rules and logic can be implemented in Bridges.
- The published policy requires the use of an exceptions process in Bridges.

Note: For some programs, central office must also determine the correct funding source when a manual eligibility determination has been made. This is because eligibility determinations made outside of the automated processes do not set the funding source required based on the combinations of characteristics in a specific case.

**EXCEPTION
REQUESTS****Exceptions Not
Covered by
Published Policy****FIP, SDA, RCA/RMA, CDC and FAP only**

Requests for a policy exception for a situation not covered by published policy may be initiated by any staff member but must be in writing and go through regular administrative channels. Requests may be sent through ID mail and for CDC only, faxed to:

CDC

Department of Education
Office of Great Start
Child Development and Care
Hannah Building
608 W. Allegan
Lansing, MI 48933
Fax: 517-241-8679

FIP, SDA, RCA/RMA, and FAP

Department of Human Services
Division Of Field Operations
Suite 1306, Grand Tower
235 South Grand Avenue
Lansing, MI 48933
Fax: 517-335-7771

Policy exception requests must include:

- Case name (group member needing exception).
- Case number.
- Name and phone number of local office contact person.
- A detailed description as to why the exception is being requested.
- What steps the local office has taken to resolve the issue.
- How the case fits into one of the three allowable situations above.

- Copies of all related material.

Medicaid

Use ID mail and send Medicaid policy exception requests to:

Department of Community Health
Bureau of Medicaid Policy and Health System Innovation
Eligibility Policy Section
PO Box 30479
Lansing, MI 48909

Medicaid exception requests may also be faxed to: (517) 241-8969.

Policy exception requests must include:

- Case name (group member needing exception).
- Case number and recipient ID number.
- Name and phone number of local office contact person.
- A detailed description as to why the exception is being requested.
- What steps the local office has taken to resolve the issue.
- How the case fits into one of the three allowable situations above.
- Copies of all related material.

Exceptions to provider or service policy, or prior authorization cannot be granted through this process; see BAM 402.

Note: See BEM 546, Home maintenance disregard, formerly Special Director Exception.

Policy Exception Override Requests

All Programs except Medicaid

Policy exceptions override requests are generated using one of the following procedures:

- A request is called in through administrative channels to Bridges Resource Center, for resolution who coordinates

between program policy units, based on the programs affected. The ticket must include all of the following information:

- The specialist's name and contact information.
 - The case number.
 - The Head of Household's name.
 - The program(s) affected.
 - The name and individual ID of the member(s) affected.
 - The eligibility determination group (EDG) number(s).
 - A detailed description of the issue.
 - What steps the local office took to try to resolve the issue.
 - The expected resolution.
 - Copies of all supporting documentation, including a copy of the Hearing Decision and Order or Court Order for situations involving a hearing decision must be faxed to the Family Program Policy Division at 517-241-7570 with the remedy ticket number on the fax cover-sheet.
- A request is sent to the appropriate program policy email box, approved by the program policy office, and forwarded to an integrated policy analyst for a policy exceptions override in Bridges. The request must include:
 - The case number.
 - The Head of Household's name.
 - The name and number of a local office contact person.
 - A detailed description regarding why the exception is needed.
 - What steps the local office has taken to handle the issue.
 - Copies of all related materials.
 - An exception request if generated from the Policy Exception Request or Exception Summary tabs on the Bridges Eligibility Results screen. The request must include:
 - A detailed description of the issue.
 - What the local office did to research the situation.
 - The expected resolution.
 - Copies of all supporting documentation must be emailed or faxed to the appropriate program policy unit.

If a request for a policy exceptions override is denied, the program policy office will respond with the reason(s) for the denial as part of the remedy ticket solution, as an email response from the policy email box, or with detailed comments on the override request details screen and an automated task/reminder from Bridges that the request has been denied.

Policy exceptions for Medicaid are not processed in Bridges.

Policy Exception Decisions

FIP, SDA, RCA/RMA, CDC, MA, and FAP only

When a policy exception is requested by a local office, MDHHS and CDC Policy will use the DHS-1785 to issue policy decisions.

MDCH will issue policy exceptions as a MDCH memo.

Each DHS-1785 or MDCH memo will be issued for a specific case and will be identified by case name and number. The DHS-1785 and MDCH memo will be signed by the office director responsible for the decision. The original DHS-1785 or MDCH memo will be sent to the appropriate local office and must be filed in the case record.

State Emergency Relief (SER) Only

See ERM 104, Exceptions to Official SER Policy.

POLICY INTERPRETATIONS

All TOA

Implementation of existing policies in manuals, bulletins and numbered letters for use in specific cases is the responsibility of the local office staff. If assistance is needed, the local office may contact the policy mailbox in the MDHHS central office. Policy interpretation requests must be sent by email. Questions are accepted from:

- Up to three designated staff persons from each local office.
- Program managers.

- Partnership. Accountability. Training. Hope. (PATH) coordinators.
- Food assistance management evaluators, (FAME).
- AP specialists.

Program specific policy email box addresses are as follows:

- Policy-CDC@michigan.gov
- Policy-Employment@michigan.gov
- Policy-FAP@michigan.gov
- Policy-FIP-SDA-RAP@michigan.gov
- Policy-MA@michigan.gov
- Policy-SER@michigan.gov
- Policy-Utilization Report@michigan.gov
- DHS-EBT-Policy@michigan.gov
- DHS-MA-FAP-Trusts_Annuities@michigan.gov
- DHS-Policy-Recoupment@michigan.gov
- Policy-Time-Limits@michigan.gov
- DHSVotes@michigan.gov

Persons requesting policy clarifications are asked to provide:

- Their name, telephone number and job title.
- Programs needing clarification.
- Manual item needing clarification.
- Case name and number.
- Specific question.

ADMINISTRATIVE HEARING DECISIONS

All TOA

Rulings and orders in a hearing decision are applied only to the particular case in question. A hearing decision does not apply to other cases. See BAM 600.

**QUALITY
ASSURANCE
ERRORS****All TOA**

The Office of Quality Assurance and Internal Control (OQAIC) will accept DHS-1785 (or emergency policy communication) as official policy statement and will not consider it an error when a local office follows such policy. Also, decisions of administrative law judges will be accepted as policy for the specific case for which they are issued.

If OQAIC determines that an official policy is in error, the error in the affected cases will be cited as a central office error.

BAM 320, Department Audits, contains information and procedures to follow to request a reconsideration of an OQAIC exception.

**SUSPECTED CHILD
ABUSE/NEGLECT****All TOA**

MCL 722.623 MDHHS employees are mandated reporters of suspected child abuse. An individual who has reasonable cause to suspect child abuse or neglect must immediately make, by telephone or otherwise, an oral report of the suspected child abuse or neglect to the MDHHS Centralized Intake Unit (855) 444-3911.

Within 72 hours after making the oral report, a written report must be filed with the MDHHS Children's Protective Services (CPS) unit to which the oral report was made. Use a DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, to file the written report. The name of the child and a description of the abuse and/or neglect must be included in the DHS-3200 report. When possible, the report should contain the names and addresses of the child's parent, the child's guardian, the persons with whom the child resides, and the child's age. The report should contain other information available to the reporting person that might establish the cause of the abuse or neglect, and the manner in which the abuse or neglect occurred. Fax the written report to (616) 977-1154 or (616) 977-1158. A copy of the written report can be emailed to DHS-CPS-CIGroup@michigan.gov.

LEGAL BASE**FIP**

Social Security Act, Title IV, Part A, as amended
P.A. 280 of 1939, as amended
R 400.3101 - 400.3131, MAC

CDC

Child Care and Development Block Grant of 1990, as amended,
Public Act 6
45 CFR Parts 98 and 99
Social Security Act, as amended
Michigan Administrative Code R400.5001 - 400.5020

SDA

Annual Appropriations Act
Michigan Administrative Code, R 400.3151 - 400.3180

MA

Social Security Act, Sections 1902 and 1905
42 CFR 435
MCL 400.106

FAP

7 CFR 271.1.3(a)
7 CFR 272.1(d)
Food and Nutrition Act of 2008

PSF

Adoption Assistance and Child Welfare Act of 1980
P.L. 104-193 of 1996