
EFFECTIVE

July 1, 2015.

Subject(s)

1. Failure to record receipt of the Mid-Certification Contact.
2. Shortening a 24-Month Food Assistance Program (FAP) benefit period.
3. FAP fault determination.
4. Federal income tax refunds.
5. Long Term Care insurance partnership policies.
6. Veteran income.
7. Disability Determination Services (DDS) and process changes.
8. Miscellaneous.

1) Failure to Record Receipt of the Mid-Certification Contact**BAM 210****FAP ONLY**

If the DHS-2240A, Mid-Certification Contact, is not logged in Bridges by the 10th day of the 12th month, Bridges will generate a DHS-2240B, Potential Food Assistance (FAP) Closure, to the client. This reminder notice explains that the client must return the DHS-2240A and all required verifications by the last day of the month, or the case will close.

If the client fails to return a complete DHS-2240A by the last day of the 12th month. Bridges will automatically close the case. If the client reapplies, treat it as a new application and Bridges will prorate the benefits.

If the completed DHS-2240A and verifications are returned by the last day of the 12th month, process the changes to ensure the

client's benefits are available no later than 10 days after their normal issuance date in the 13th month of the benefit period.

Reason: Clarification from the Food And Nutrition Service (FNS).

2) Shortening a 24-month Benefit Period

BAM 220

FAP Only

Bridges will no longer shorten the FAP benefit period for groups assigned a 24-month certification period when a DHS 2240-A, Mid-Certification Contact, is not returned by the last day of the 12th month. The new process in BEM 210 will be followed.

Reason: Clarification from the Food and Nutrition Service (FNS).

3) FAP Fault Determination

BAM 115

FAP

Local Office at Fault

If all necessary actions have not been completed and the application will pend beyond the 30th day, send the group a DHS-5301, Pending Food Assistance Application Notice, to inform them of the pending status.

Reason: New form.

4) Federal Income Tax Refunds

BEM 400

FIP, RCA, MA, FAP

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

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

Note: This is not a change for the FAP program.

Reason: Federal law mandate.

SSI Related MA ONLY

5) LTC

Long Term Care (LTC) Insurance Partnership Policies

Information on a specific type of long term care insurance, LTC Partnership policies, is added to the item. Asset rules change for applicants who have used these policies to pay for long term care. There is an asset disregard for the applicant up to the amount the policy has already paid for or on the behalf of the applicant.

Reason: Federal and state law changes.

Miscellaneous grammatical changes were also made in the item sections of Promissory notes, Non-Salable assets, and burial space items.

6) Veteran Pension

BEM 503, BEM 546

MA

The Veterans Agency does not recoup pension payments paid to the veteran during the transition to a nursing home; these monies are included in the calculation of the patient pay amount until the pension is reduced.

Reason: Correct and update VA pension item with information received from the VA.

7) Disability Determination Service Process Change

The Disability Determination Service (DDS) replaces the Medical Review Team (MRT) and **develops** and reviews medical evidence for disability and/or blindness and certifies the client's medical eligibility for assistance.

BAM 130, 402

FIP, SDA, RCA and MA

References to the MRT were replaced with the DDS.

BAM 815**FIP, SDA, RCA and MA**

References to the MRT were replaced with the DDS.

FIP and RCA clients that have verified a disability lasting longer than 90 calendar days must apply for or appeal Social Security Administration (SSA) benefits **before** sending the medical determination application to the DDS.

SDA and MA clients, at program request or request for disability deferral, must apply for or appeal SSA benefits **before** sending the medical determination application to the DDS.

Steps for completing the DDS application and review process were added.

FIP and RCA

Clients already receiving MA based on their own disability and/or blindness meet the medical deferral requirements for incapacitated up to the medical review date stated on the DHS-49-A, as determined by the DDS.

FIP, SDA and RCA

If a client's previous DDS medical determination was not approved, the client has to prove a new or worsening condition in order to start the medical determination process again. Request a DHS-49 for physical conditions and a DHS-49-D/E for mental health conditions. Clinical notes from the treating physician that the condition has worsened may also be used.

BAM 825

References to the MRT were replaced with the DDS.

Removed policy of providing medical transportation to clients for reasons of obtaining medical evidence for MRT.

BEM 260

The Medical Review Team has changed their name to Disability Determination Services throughout the item. They have also slightly modified the forms in the process as the forms have been updated also.

BEM 550**FIP, SDA, RCA, MA and FAP**

References to the MRT were replaced with the DDS.

BEM 210 and 216

Removed DHS authorization of medical exams.

BEM 230A and 230C

References to the MRT were replaced with the DDS.

FIP/RCA applicants already receiving MA based on their own disability and/or blindness meet the medical deferral requirements for incapacitated up to the medical review date stated on the DHS-49-A, as determined by the DDS.

FIP and RCA clients with a verified disability lasting longer than 90 calendar days must apply for or appeal Social Security Administration (SSA) benefits **before** sending the medical determination application to the DDS.

For clients with verified disabilities over 90 days, steps were added to obtain a DDS decision.

After a DDS decision has been completed and the client states their existing condition has worsened or states they have a new condition resulting in disability greater than 90 days, verify the new information using a DHS-54-A or a DHS-54E. If the returned verification confirms the above, see BAM 815.

Removed policy for requesting a Utilization Report.

BEM 261

References to the MRT were replaced with the DDS.

References to the Commission for the Blind were replaced with Michigan Bureau of Services for Blind Persons (BSBP).

Removed policy referencing treatment plans, substance abuse treatment plans and good cause for failure to follow a treatment plan.

BEM 270**FIP, SDA and Medicaid**

References to the MRT were replaced with the DDS.

For individuals applying for FIP, SDA, RCA and disability-related MA, clients must apply for or appeal SSA benefits **before** sending the medical determination application to the DDS.

BEM 271

References to the MRT were replaced with the DDS.

Clients must sign a DHS-3975, Reimbursement Authorization, as a condition of eligibility for state-funded FIP/SDA **before** the medical determination application information is sent to the DDS.

Reason: Process change for establishing a client's disability for the eligibility of FIP, SDA, RCA and Medicaid and name change.

8) Miscellaneous**BAM 300**

A formatting correction was made.

BAM 310, 810, BEM 545

Grammatical changes and language which was inadvertently removed from a past version of BAM 310 was reinserted.

BAM 825**Fraud and Abuse Monitoring**

Any MDHHS employee, volunteer, provider, or beneficiary who suspects Medicaid fraud or abuse is encouraged to report that information to the MDHHS Office of Health Services Inspector General (OHSIG). OHSIG may be contacted by telephone at (855) 643-7283 or by visiting www.michigan.gov/fraud. Information about fraud and abuse reporting requirements is located on the MDHHS website.

BAM 115, 130, 210, 220, 300, 310, 402, 420, 801

BEM 106, 171, 210, 216, 230A, 230C, 261, 270, 271, 405, 503, 545, 546

Glossary

Most references to Department of Human Services (DHS) and Department of Community Health (DCH) were changed to the Michigan Department of Health & Human Services (MDHHS).

BAM 402, 420

BEM 171, 265, 401, 405, 547

Glossary

The term mentally retarded has been changed to developmentally disabled and Intermediate Care Facility for the Mentally Retarded (ICF/MR) to Intermediate Care Facility for Individuals with Intellectual Disability (ICF/ID).

**MANUAL
MAINTENANCE
INSTRUCTIONS**

Changed Items ...

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