

---

**DEPARTMENT  
POLICY****All Programs**

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- Determine eligibility.
- Calculate the level of benefits.
- Protect client rights.

**CLIENT RIGHTS****Right to Apply****All Programs**

On the **same day** a person comes to the local office, a person has the right to file an application and get local office help to provide the minimum information for filing.

An application **or** filing form, whether faxed, mailed or received from the Internet must be registered with the receipt date, **if** it contains at least the following information:

- Name of the applicant.
- Birth date of the applicant (not required for the Food Assistance Program (FAP) or the Child Development and Care (CDC) program).
- Address of the applicant (unless homeless).
- Signature of the applicant/authorized representative.

An application/filing form with the minimum information listed above must be registered in Bridges using the receipt date as the application date even if it does not contain enough information needed to determine eligibility; see Bridges Administrative Manual (BAM) 110.

If an application/filing form does not contain the minimum information listed above, send it back to the client along with a DHS-330, Notice of Missing Information, informing the client of the missing information.

**Note:** If an applicant applies for multiple programs which include FAP and/or CDC and the birthday of the applicant is missing, the FAP and/or CDC programs must be registered.

Do not return an application for health care coverage to an applicant. See BAM 115 for when to use the DHS-330, Notice of Missing Information. A DHS-1171-F, filing form is not acceptable for any category of health care coverage.

**Family Independence Program (FIP), State Disability Assistance (SDA), Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA)**

Treat a faxed or emailed application or filing form as an incomplete application. MDHHS must receive an original signature before benefits are approved.

See **Right to Apply** in the **Client Rights** section of this item.

**FAP**

A photocopy, facsimile (fax) or an Internet version of a DHS-1171, Assistance Application or the filing form is acceptable. An original signature is not required.

**Medicaid (MA)**

A photocopy, facsimile (fax) or an electronic version of a DCH-1426, DHS-3243, and DHS- 4574 is acceptable.

The federal application for health coverage is acceptable for any Medicaid category.

Additional information may be required for an SSI-related category. An original signature is not required.

**Note:** Individuals applying for disability-related MA and/or SDA who have previously been denied by the Disability Determination Service (DDS) must have a new or worsening condition to be referred back to DDS when they submit a subsequent application for these programs; see BAM 815, Medical Determination and Disability Determination Service.

**Right to  
Confidentiality****All Programs**

Information concerning individual clients is confidential and protected; see BAM 310, Confidentiality and Public Access to Case Records.

**Right to  
Nondiscrimination****All Programs**

Clients have the right to be treated with dignity and respect.

For FAP Complaints alleging discrimination, clients have the right to make complaints to the:

Michigan Department of Health and Human Services  
Specialized Action Center  
235 S. Grand Avenue  
P.O. Box 30037  
Lansing, MI 48909  
Or call (855) 275-6424 or (855) ASK-MICH.

Complaints that are deemed to be potential Americans with Disabilities Act (ADA) or discrimination claims will be routed directly to the county director. The county director will use the Office of Human Resources (OHR) to properly address all aspects of the allegations. All other complaints that come through the specialized action center will be routed to the customer information specialist in the district/county office for follow-up.

Michigan Department of Civil Rights (MDCR) and/or US Equal Employment Opportunity Commission complaints regarding clients must be routed directly to OHR for review and a coordinated response with the district/county office. Any mediations, settlements or appeals will be directed to the office legal services and policy for further review and coordination with the district/county office.

The Office of Human Resources is responsible for all agency equal opportunity and diversity efforts. For more information, visit this website: [http://www.michigan.gov/dhs/0,4562,7-124-5459\\_7701\\_7845---,00.html](http://www.michigan.gov/dhs/0,4562,7-124-5459_7701_7845---,00.html).

---

**Non-Discrimination Statements/Complaints****FIP****US Health and Human Services (HHS) Nondiscrimination Statement**

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (for example, Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the AD-3027, USDA Program Discrimination Complaint Form, found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit completed form or letter to USDA either by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: 202-690-7442.
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact

the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by state); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 202-619-0403 (voice) or 800-537-7697 (TTY).

This institution is an equal opportunity provider.

A client or a client's authorized representative must sign the complaint form. The client is not required to use the complaint form. The client may write a letter instead. If the client writes a letter, it must contain all of the information below and be signed by the client or the client's authorized representative/attorney.

Complaints of alleged discrimination should contain the following:

- Name, address and telephone number or other means of contacting the complainant.
- Name, address and telephone number of client's attorney or authorized representative, if the client is represented.
- Name of the individual(s) or entity the client believes discriminated against the client and the agency or recipient that employs that/those employees.
- Issue of the client's complaint. The issue is a description of what happened, or the action that was taken by the individual(s) or agency that the client believes discriminated against him or her, resulting in some harm.
- Factor(s) in the alleged discrimination. For example, the client may believe that he or she was treated differently because of race, color, national origin, disability, sex (gender), age or religion. (Not all bases apply to all programs.)
- Date(s) that the incident(s) the client is reporting as discrimination occurred.

**FAP****US Department of Agriculture (USDA) Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (for example, Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the AD-3027, USDA Program Discrimination Complaint Form, found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

2. Fax: (202) 690-7442.
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

A client or a client's authorized representative must sign the complaint form. The client is not required to use the complaint form. The client may write a letter instead. If the client writes a letter, it

---

must contain all of the information below and be signed by the client or the client's authorized representative/attorney.

Complaints of alleged discrimination should contain the following:

- Name, address and telephone number or other means of contacting the complainant.
- Name, address and telephone number of client's attorney or authorized representative, if the client is represented.
- Name of the individual(s) or entity the client believes discriminated against the client and the agency or recipient that employs that/those employees.
- Issue of the client's complaint. The issue is a description of what happened, or the action that was taken by the individual(s) or agency that the client believes discriminated against him or her, resulting in some harm.
- Factor(s) in the alleged discrimination. For example, the client may believe that he or she was treated differently because of race, color, religion, sex, age, national origin, marital status, sexual orientation, familial status, disability, limited English proficiency, or because all or a part of an individual's income is derived from a public assistance program. (Not all bases apply to all programs.)
- Date(s) that the incident(s) the client is reporting as discrimination occurred

## Right to Request a Hearing

### All Programs

The client has the right to request a hearing for any action, failure to act, or undue delay by MDHHS; see BAM 600.

**Exception:** For **MA only**, a client and the client's community spouse have the right to request a hearing on an initial asset assessment **only if** an application has actually been filed for the client.

---

## General Complaints

### FAP Only

Record general complaints about the FAP program using the Food Assistance Complaint Tracking Database. The database **cannot** be used for discrimination complaints. If a client files a discrimination complaint, the specialist is required to address the issue by following Discrimination Complaints in this item. Examples for when it is appropriate to input general complaints include, but are **not** limited to:

- Overdue FAP applications.
- General FAP complaints.
- Allegations of inappropriate or rude behavior of the MDHHS staff.
- Client complaints of FAP closure due to incomplete or untimely recertifications.
- Allegations the specialist is unresponsive or not acting in a timely manner.

Local offices must continually update any complaints and provide detail regarding their efforts at resolution within the database. When new complaints or information regarding prior complaints is received, local offices **must** make every effort to update the information within 48 hours. Clients may send complaints about the FAP program to any of the offices listed below:

- The appropriate MDHHS local office or Self-Service Processing Center. See the MDHHS directory at [MDHHS Internet/Inside MDHHS/County Offices/Map of County Offices](#) for office locations.
- The Specialized Action Center; see address in Right to Nondiscrimination section in this item.
- The Food and Nutrition Service (FNS) regional office:

U.S. Department of Agriculture  
FNS Midwest Regional Office  
77 W. Jackson Blvd., 20th Floor  
Chicago, Illinois 60604-3507

---

**CLIENT OR  
AUTHORIZED  
REPRESENTATIVE  
RESPONSIBILITIES****Responsibility to  
Cooperate****All Programs**

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of necessary forms; see Refusal to Cooperate Penalties in this item.

Clients must completely and truthfully answer all questions on forms and in interviews.

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information.

Clients must also cooperate with local and central office staff during quality control (QC) reviews.

**FAP Only**

Do **not** deny eligibility due to failure to cooperate with a verification request by a person **outside** the group. In applying this policy, a person is considered a group member if residing with the group and is disqualified; see **DISQUALIFIED PERSONS** in BEM 212.

When a lack of QC review cooperation is apparent, the QC auditor notifies the client of the consequences and sends a copy of the letter to the specialist. If contacted by the client regarding the audit request, advise the client to cooperate with the auditor.

**Refusal to  
Cooperate  
Penalties****All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. Specific penalties can be found in the applicable Bridges Eligibility Manual (BEM) and BAM items.

**FIP and SDA Only**

Begin program closure due to inability to determine continued eligibility when notified by a QC auditor of a group member's failure to cooperate with a QC review.

**MA Only**

Refusal to provide necessary eligibility information or to cooperate with a QC review results in ineligibility for:

- The person about whom information is refused, **and**
- That person's spouse if living in the home, **and**
- That person's unmarried children under 18 living in the home.

**Note:** Failure to cooperate with Social Security numbers (BEM 223), Child Support (BEM 255) or Third Party Resource Liability (BEM 257) requirements might disqualify a person but is **not** a refusal of necessary eligibility information.

**FAP Only**

Close the program when notified by a QC auditor that the group failed to cooperate with a QC review. The auditor recommends closure on a DHS-1599, Quality Control Audit Results Summary, and the specialist receives a copy.

The group is ineligible until after the date shown on the summary attached to the DHS-1599 **or** until the group cooperates with the auditor, whichever occurs first.

**Note:** The date shown is 95 days from the end of the QC review period in which the program was scheduled for review.

**Hearing Request**

Delete the closure pending a hearing decision if the group requests a hearing during the pended negative action period to contest the auditor's finding of noncooperation.

Attempt to resolve the issue prior to the hearing; see **LOCAL OFFICE REVIEW** in BAM 600:

- If the group agrees to cooperate with the QC review and withdraws the hearing request, notify the auditor by telephone and follow-up memo.

- If the issue remains unresolved, request the auditor's attendance at the hearing to provide evidence.

**Note:** The location of QC auditors is available through the Office of Quality Assurance in the central office.

### Cooperation During Ineligibility

If the FAP group agrees to cooperate with the QC review during the ineligibility period, notify the auditor by telephone and follow-up memo. Accept and process the group's reapplication when notified of the audit findings.

### Application After Ineligibility

If the ineligibility period ends without the FAP group's cooperation in the QC review, the group may reapply. However, **all** eligibility requirements must be verified, including those which are not routinely verified.

**Note:** This also applies to expedited FAP applications.

### Responsibility to Report Changes

#### FIP, SDA, RCA, MA and FAP

This section applies to all groups **except** most FAP groups with earnings; see BAM 200, **Food Assistance Simplified Reporting**.

Clients must report changes in circumstance that potentially affect eligibility or benefit amount. Changes must be reported within 10 days of receiving the first payment reflecting the change.

**Income** reporting requirements are limited to the following:

- Earned income:
  - Starting or stopping employment.
  - Changing employers.
  - Change in rate of pay.
  - Change in work hours of more than five hours per week that is expected to continue for more than one month.
- Unearned income:

- Starting or stopping a source of unearned income.
- Change in gross monthly income of more than \$50 since the last reported change.

**Exception #1:** For Medicaid, clients must report a change in gross monthly income of more than \$25 since the last reported change.

**Exception #2:** Only certain changes affect eligibility for Children Under 19 (U19) prior to renewal of benefits.

See BAM 220 for processing reported changes.

Other changes must be reported within 10 days after the client is aware of them. These include, but are **not** limited to, changes in:

- Persons in the home.
- Marital status.
- Address and shelter cost changes that result from the move.
- Vehicles.
- Assets.
- Child support expenses paid.
- Health or hospital coverage and premiums.
- Child care needs or providers.

**Exception:** For FIP only, a parent or other FIP caretaker must notify the department of a child's absence from the home within **five** days of the date it becomes clear to the caretaker that the child will be absent for 30 days or more and does not meet temporary absence requirements.

For FAP only, see BEM 554, Estimated Medical Expenses, for reporting requirements of medical expenses.

**For Time-Limited Food Assistance (TLFA) only**, the client must report to the specialist any month the work requirement is not fulfilled.

Explain reporting requirements to all clients at application, redetermination and when discussing changes in circumstances.

Changes may be reported in person, by mail or by telephone. The DHS-2240, Change Report Form, may be used by clients to report changes. However, it is **not** mandatory that changes be reported on the DHS-2240. Changes must be reported timely even if the client does not have a DHS-2240.

Give or send the client a DHS-2240:

- At application (Bridges automatically sends at certification).
- At redetermination (Bridges automatically sends at certification).
- Whenever it seems appropriate given the case circumstances.
- Upon the client's request.
- Whenever a DHS-2240 is returned.

**Exception:** Do not give or send a DHS-2240, Change Report Form, to FAP groups assigned to simplified reporting, or any MA only client.

### **CDC Only**

Within 10 calendar days of the occurrence, clients are required to report changes in:

- Group composition/death.
- Out of state residency.
- Providers or child care setting.
- When income exceeds the eligibility income scale in RFT 270 for the group size.

## **Verifications**

### **All Programs**

Clients must take actions within their ability to obtain verifications. MDHHS staff must assist when necessary; see BAM 130 and BEM 702.

## **LOCAL OFFICE RESPONSIBILITIES**

### **All Programs**

Ensure client rights described in this item are honored and that client responsibilities are explained in understandable terms. Clients are to be treated with dignity and respect by all MDHHS employees.

---

## Informing the Client

### All Programs

Inform people who inquire about:

- The MDHHS programs available, including domestic violence comprehensive services.
- Their right to apply.

Provide specific eligibility information on all programs in which they are interested. The DHS-1171, Assistance Application Information Booklet, contains information about programs, services, rights and responsibilities.

The local office is **not** expected to:

- Provide estate planning advice.
- Provide funeral planning advice.
- Determine the effect on eligibility of proposed financial arrangements such as a proposed trust.

See BEM 100 regarding public access to policy information.

### FIP Only

Inform clients of the various options (if applicable) to qualify for FIP and the right to select the most beneficial option. In FIP, this is usually the option that results in the largest cash grant; see BEM 210.

### MA Only

The requirement to provide specific eligibility information is satisfied by the eligibility information on the application form.

Clients who qualify under more than one MA category have the right to choose the most beneficial category; see BEM 105.

### FAP Only

Local offices must prominently display the following posters:

- DHS Pub. 521, Your Rights and Responsibilities in the Food Assistance Program.
- DHS Pub. 716, Expedited Food Assistance Benefits.

- DHS Pub. 765, Right to Apply.
- Pub. AD475B, And Justice for All.
- DHS Pub. 788, Home Heating Credit Notice.

**Note:** While not mandatory, many of these posters are also available in other languages. Local offices are expected to display these versions as well as the mandatory English version.

## Assisting the Client

### All Programs

The local office must assist clients who ask for help in completing forms, gathering verifications, and/or understanding written correspondence sent from the department. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English.

**Note:** If such assistance requires interpreter services and the local office is unable to identify an interpreter service provider please escalate the request to your county's Business Service Center and they will provide guidance on how to assist the client.

The poster, DHS Publication 478, Help Is Available, must be displayed in the local office lobby. A section of the application form has the same title and information. These documents tell clients that MDHHS must help persons fill out the application when requested.

## Interpretation

The department will provide appropriate interpreters to persons with limited English proficiency (LEP) to afford such persons an equal opportunity to participate in or benefit from MDHHS programs and services. The department and its contracted service providers will take reasonable steps to provide services and information in appropriate languages to ensure that LEP individuals are effectively informed, notified of their rights and responsibilities and can effectively participate in and benefit from MDHHS programs, services and activities.

The provisions described in this policy apply to all MDHHS programs, contract service providers, and sub-recipients who provide direct services to MDHHS clients. Language interpreters

will be available for use by clients and applicants in each phase of the service delivery process (for example, telephone inquiries, intake interviews, service delivery, complaints, etc.)

### Use of Interpreters

The following procedures are to be followed by employees, contracted service providers, and sub-recipients to ensure accessibility of programs and services to clients or applicants with LEP:

- Assess the need for an interpreter and client's preferred language or method of communication from the application, client statement, family members or other representative.
- Interpreters will be provided within two days of a request or as otherwise required. Delaying services may not always be practical or appropriate; therefore, provision will be made when advance notice for an auxiliary aid or interpreter is not given. Client files must be documented to indicate if an interpreter is needed. If so documented, the department or provider will arrange to have the interpreter available for all scheduled appointments. When the department refers a LEP client to a service provider, the department will notify the service provider that an interpreter is needed.
- Record the need for special language accommodations and the applicant's primary spoken and written language on the Household Information screen in Bridges.

A client who needs a bilingual interpreter must be informed that he may choose one of the following:

- Arrangements for an interpreter by MDHHS, including payment of any costs.
- Use of his or her own adult interpreter.

**Note:** While MDHHS should honor client preference, MDHHS staff can and should use discretion and evaluate the appropriateness of using the family member or other client selection. MDHHS staff should consider the individual's competency for interpretation, potential conflict of interest, confidentiality, and any potential signs of coercion or control over the client by the individual providing interpretation.

Minor children should never be used as interpreters.

If the client does **not** identify his or her own interpreter, select one of the options, in the following order of preference as available, and inform the client of the selection:

- MDHHS staff person.

**Note:** Clients **cannot** decline the use of such an interpreter if they do not select their own.

- Face-to-face community agency staff or other volunteer.
- Telephone interpreter services should be used as a last resort when face-to-face interpretation is not available, or for an infrequently encountered language.

### Competency of Interpreters

Certification of interpreters is not required; however, competency requires demonstrated proficiency in both English and the other language, fundamental knowledge in both languages of any specialized terms, or concepts unique to the program or activity being interpreted, sensitivity to the LEP person's culture, and a demonstrated ability to convey information in both languages accurately. Training in ethics of interpretation is preferred, but interpreters should at least demonstrate an understanding of the ethics of interpreting and confidentiality responsibilities.

**Note:** These competency expectations apply to all potential interpreters, including MDHHS staff members who are utilized as interpreters.

### Payment for Interpreters

If a MDHHS staff person is not available to interpret and the client declines the use of a volunteer, select one of the following:

- Contractual provider of interpreter services.
- Interpreter hired on an as-needed basis.

The client or applicant will not be responsible for any costs associated with interpretation or translation. MDHHS or service provider officials, with budget approval, have the responsibility for approving contracted or purchased interpretation and translation services.

Information regarding bilingual interpreter services with payment procedures for non-contractual interpreters can be found in the Administrative Policy Manual for Hospitals/Facilities, [APF-113, Interpreter/Translator Services](#), located on the MDHHSs internet Inside MDHHS/Policy and Planning/Policy Manual or on the MDHHS Public site at [MDHHS Internet/Inside MDHHS/Legal/Equal Opportunity & Diversity](#).

### Documentation of Interpretation and Translation

Document translation/interpretation assistance provided to a client on the DHS-848, Certification of Translation/Interpretation for Non-English Speaking Applicants or Recipients.

**Note:** If interpretation is provided over the phone, document this information on the interpreter's signature line of the DHS-848. If both client and interpreter are on the phone, acquire signatures on the DHS-848 via fax or email.

### Interpreters for Persons Who are Deaf

Information on obtaining qualified interpreters for people who are deaf is found on the MDHHS Public site at [MDHHS Internet/Inside MDHHS/Legal/Equal Opportunity & Diversity](#).

### Determining Eligibility

#### All Programs

Determine eligibility and benefit amounts for all requested programs. Supplemental Security Income (SSI) recipients, title IV-E recipients, special needs adoption assistance recipients, and department wards are automatically eligible for current MA; see BEM 117 and 150.

Review the effect on eligibility whenever the client reports a change in circumstances. Actions must be completed within the time period specified in BAM 220.

At application and redetermination, thoroughly review all eligibility factors in the case.

At application, redetermination, semi-annual contact and mid-cert contact, check **all** available automated systems matches to see if income has started, stopped, or changed (for example: consolidated inquiry (CI), SOLQ, etc.).

**Note:** The Work Number is **not** an automated system match which must be checked at application, redetermination, semi-annual or mid-certification contact. The client has primary responsibility for obtaining verification. However, if, for example, verification of income is not available because the employer uses the Work Number and won't provide the employment information, it is appropriate to use the Work Number.

Do not deny or terminate assistance because an employer or other source refuses to verify income; see BAM 130, **VERIFICATION AND COLLATERAL CONTACTS** and BEM 702, **Child Development and Care (CDC) VERIFICATIONS**.

Do not check automated systems matches for the program Children Under 19 (U19). Refer to the MAGI manual for information on any MAGI-related category.

### **CDC Only**

It is required that the Michigan Works! Management Information System, (MIS), be checked for approved hours of participation at application and redetermination.

Application and redeterminations must be completed within the standards of promptness; see BAM 115 and BAM 210.

Bridges records and documents each eligibility determination for which there is a certified approval or denial on the Bridges certification screen. Upon certification, Bridges automatically sends a notice of case action, informing the client of the decision.

## **Initial Asset Assessment**

### **MA Only**

Process the DHS-4574-B, Assets Declaration, for the initial asset assessment. The client must verify the value of the couple's assets. Notify the client and spouse of the initial asset assessment results; see BEM 402.

Case actions must be completed within the standard of promptness; see BAM 115.

### **Required Actions When Closing FIP/RCA/SDA**

#### **FIP, RCA and SDA Only**

When FIP, RCA or SDA closes due to ineligibility (other than death or inability to locate), the client might remain eligible for MA and/or FAP.

Bridges automatically determines if MA eligibility exists under any other MA category before terminating MA and displays the results on the eligibility summary screen.

Bridges will **not** cancel FAP benefits or shorten the FAP benefit period **solely** because FIP/RCA/SDA closes due to failure to cooperate in the review process. Unless otherwise ineligible, FAP continues until the benefit period expires; see BAM 210.

### **LEGAL BASE**

#### **FIP**

P.A. 280 of 1939, as amended  
Mich Admin Code, 1997 AACCS  
R 400.3101 - R 400.3131

#### **SDA**

Mich Admin Code, R 400.3151 - R 400.3180  
Annual Appropriations Act

#### **CDC**

Child Care and Development Block Grant of 1990, as amended,  
Public Act 6 of 2015.

45 CFR Parts 98 and 99

Social Security Act, as amended, Titles IV A, IV E, XX

Mich Admin Code, R 400.5001 - 400.5020

#### **MA**

42 CFR 431, 435

MCL 400.60(2)

The Patient Protection and Affordable Care Act (Pub. L. 111-148) and the Health Care and Education Reconciliation Act (Pub. L-111-152).

**FAP**

7 CFR 271.6(a)

7 CFR 272.6(a), (b)

7 CFR 273.2(d)

7 CFR 275.12(g)

Mich Admin Code, 1997 AACCS

R 400.3001 - R 400.3015

**RCA**

45 CFR 400.65 - 400.69

**RMA**

45 CFR 400.90 - 400.107