
**DEPARTMENT
POLICY****Request for
Assistance****Family Independence Program (FIP), Refugee Cash Assistance (RCA), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Food Assistance (FAP)**

A request for assistance may be in person, by mail, telephone, email or online. The requester has the right to receive the appropriate application form:

- MDHHS-1171, Assistance Application. The MDHHS-1171 packet includes an information booklet, the assistance application, and program specific supplement forms. A filing form used to preserve the application filing date for programs other than Medicaid, is available in the MDHHS-1171 and online at www.michigan.gov/dhs-forms.
- **Note:** A MI Bridges online application is considered the same as the MDHHS-1171.
- MDE-4583, Child Development and Care (CDC) Program Application.
- DCH-1426, Application for Health Coverage & Help Paying Costs (all Medicaid categories). Brochures are available on the MDHHS website at www.michigan.gov/mdhhs. Select **Doing Business with MDHHS**, then **Forms & Applications**. **MDHHS Brochures Available for Download** is located in **Quick Links** in the right navigation.
- DHS-4574, Medicaid Application for Nursing Facility Patients, Long Term Care residents only.
- DHS-1514, State Emergency Relief Application.

Note: Local offices must assist clients who need and request help to complete the application forms; see Bridges Administrative Manual (BAM) 115, Application Processing.

Note: If a requestor submits a MDHHS-1171 program specific supplement form(s) without the MDHHS-1171, Assistance Application, treat this as a request for assistance.

Response to Requests

All Programs

For a **request in person**, the local office must do all of the following:

- Give the requester an application the **same day**.
- Explain the right to file the application (or the filling form in the MDHHS-1171, with the minimum information) **that day** and encourage the client to do so.
- Explain that the application date might affect the amount of benefits.

Encourage the person to complete the entire application that day. Persons who cannot complete the entire application should complete the filing form in the MDHHS-1171, to protect their application date. BAM 105 lists the minimum information to file an application.

The filling form in the MDHHS-1171, is not acceptable for Medicaid.

For a **request by letter or telephone**, mail the application by the end of the **next workday**. If the application is **not** returned, the requester must be contacted according to local office procedures.

Applicants must be informed of their option to obtain a MDHHS-1171, Assistance Application, which includes a filing form and program specific supplement form(s) or a DCH-1426, Application for Health Coverage and Help Paying Costs, at www.michigan.gov/dhs-forms.

Note: Local offices may register requests for assistance in Bridges; see the REQUESTS section in this item. The applicant may withdraw the request for assistance at any time.

CDC Only

For a **request in person**, the local office must:

- Give the client the following forms:
 - A MDE-4583, Child Development and Care (CDC) Program Application, or a MDHHS-1171, Assistance Application, and MDHHS 1171-CDC, Supplement-Child Development and Care.

- A DHS-4025, Child Care Provider Verification.

Explain that the application receipt date will affect the effective date of eligibility for CDC and encourage the requestor to file the application that day.

For a **request by letter or telephone**, mail the application and the above forms to the requester by the end of the **next workday**.

Note: If a client has a completed, pending MDHHS-1171 or MI Bridges application for another program and verbally requests CDC benefits, document the case and send a DHS-3503, Verification Check List, for the additional required verifications. The CDC application date will be the date the CDC program was requested.

Medicaid Only

Requests must be registered and the client must be sent the following:

- DHS-126, Medicaid Application Inquiry.
- The DCH-1426, DHS- 4574 and the DHS- 3243 if necessary.
- MSA Pub. 726, Nursing Facility Eligibility (if LTC admission).

The following publications must be given or sent to MA applicants and other interested parties:

- MDCH Pub. A Guide to Michigan Medicaid Health Plans.
- DCH Pub. 617, Medicaid Deductible Information.
- MSA Pub. 726, Nursing Facility Eligibility.
- MDCH Pub. 769, Medicare Savings Program.

For Medicaid brochures from the Michigan Department of Health and Human Services, select

Doing Business with MDHHS, then **Forms & Applications**. **MDHHS Brochures Available for Download** is located in **Quick Links** in the right navigation.

ASSET VERIFICATION PROGRAM

At the time an application for healthcare coverage is received and declared assets have been entered into data collection, electronic asset detection will be performed.

MDHHS will request electronic asset detection by sending the required fields; name, social security number, and address to the asset detection program. This request may occur at any day or time during the month.

Asset detection must be completed with all results returned before healthcare coverage may be certified. This process may take up to 10 days. The balance returned by the program for a given account is always as of the first of the month.

APPLICATION

All Programs

The MDHHS-1171 and program specific supplement forms are used for most applications and may also be used for redeterminations; see Redeterminations in this item. The assistance application and program specific supplement forms are available at www.michigan.gov/dhs-forms.

Note: An MDHHS-1171 that does not have a program selected, and is not accompanied by a program supplement form, should be considered a request for assistance.

CDC Only

The MDE-4583, the MDHHS-1171 and MDHHS-1171-CDC, or the MI Bridges application may be used to apply for CDC.

Medicaid

The DCH-1426 may be used for all MA categories. In addition, the following application may be used for LTC residents, DHS-4574, Medicaid Application for Nursing Facility Patients.

The following persons are **automatically eligible** without completing an application:

- Department wards; see BEM 117.
- Title IV-E recipients; see BEM 117.
- Special Needs Adoption Assistance Agreement recipients; see BEM 117.
- Newborns of MA beneficiaries; see BEM 145.

Retro MA Applications

Medicaid Only

The DHS-3243, Retroactive Medicaid Application, is used **along with** the DHS-4574 for retro MA applications. Only one DHS-3243 is needed to apply for one, two or three retro MA months; see RETRO MA APPLICATIONS in BAM 115.

When the request for retroactive Medicaid coverage, including specific months, is indicated on the DCH-1426, MDHHS-1171 HCC, Supplement Healthcare Coverage, or MI Bridges, a separate DHS-3243 is not required.

Who May Apply

All Programs

Any person, regardless of age, or his/her authorized representative (AR) may apply for assistance. For **FAP only**, an AR must apply on behalf of certain clients; see the **AUTHORIZED REPRESENTATIVES** section below.

Date of Application

All Programs

Paper Applications

The date of application is the date the local office receives the required minimum information on an application or the filing form. Record the date of application on the application or filing form.

The date of application does **not** change for FIP, SDA, MA, or CDC when the application is transferred to another local office.

FAP Only

See the **WHERE TO APPLY/PROCESS APPLICATIONS** section in this item.

Electronically Filed Applications

All Programs

Electronically filed applications include all applications filed online in MI Bridges, faxed, or emailed.

FIP, SDA, RCA, CDC, FAP

If the application is filed electronically after close of business (such as weekends, holidays, or after 5 p.m. EST on business days), the date of application is the following business day.

Medicaid Only

For applications filed electronically, the date of the application is the submission date regardless of the time received.

**Date of Application
for Member Add****FIP and RCA**

The date of application or online change request for a member add depends on whether the member being added is a mandatory, optional, or disqualified member. See BAM 115, Interview, for when an in-person interview is required.

- **Mandatory Group Members** - The date of application or online change request is the date the person updates or completes the application form to request assistance; see Date of Application in this item. Conduct a telephone or in-person interview with the adult member add. Update, document and answer all questions on the application form to provide the information necessary to determine eligibility. The specialist must ask when the person joined the group and document the date on the application. Have the adult mandatory group member sign the DHS-1173, Cash Assistance Rights and Responsibilities, **and** DHS-1538, Work and Self-Sufficiency Rules. Do **not** approve eligibility until the DHS-1173 **and** DHS-1538 are signed. See BAM 115, Interviews, for when an in-person interview is required.

Exception: For dependent child member adds, obtain the information needed to determine eligibility and document the case record. The client need not sign the updated application.

- **Optional Group Members** - The date of application or online change request is the date the person updates or completes the application form to request assistance; see Date of Application in this item. If the optional adult group member requests FIP, the DHS-1173 **and** DHS-1538 must be signed **and** returned before eligibility can be approved.

- **Disqualified Group Members** - The date of application or online change request is the date the person meets the eligibility factor or agrees to cooperate, provided they subsequently cooperate with the requirement that caused the disqualification; see Date of Application in this item. A disqualified person remains a member of the applicant group during the disqualification period. Do **not** approve eligibility of the disqualified adult group member until the DHS-1173 **and** DHS-1538 are signed **and** returned.

Exception: An individual disqualified for alien status does not require a signed DHS-1538.

SDA Only

The date of application or online change request for a member add depends on whether the member being added is a mandatory or disqualified member.

- **Mandatory Group Members** - The date of application or online change request is the date the person updates or completes the application form to request assistance; see Date of Application in this item. Conduct an in-person interview with the adult member add and update and complete the application to provide the information necessary to determine eligibility. Ask when the person joined the group and document the date on the application. Have the adult mandatory group member sign the MDHHS-1171 **or** DHS-1173. Do **not** approve eligibility until the MDHHS-1171 **or** the DHS-1173 are signed.
- **Disqualified Group Members** - The date of application or online change request is the date the individual meets the eligibility factor or agrees to cooperate, provided the individual subsequently cooperates with the requirement that caused the disqualification; see **Date of Application** in this item. A disqualified individual remains a member of the applicant group during the disqualification period. Do **not** certify eligibility of the disqualified adult group member until the MDHHS-1171 **or** DHS-1173 are signed.

CDC Only

See BAM 220 for CDC member adds.

Response to Applications

Medicaid Only

The date of application for a member add is either the date the application form is updated and re-signed in the local office, the date the new application form is received by the local office, or the date the online request is submitted.

FAP Only

See BEM 550 for member add policy.

All Programs

An application or filing form, with the minimum information, must be registered in Bridges **unless** the client is already active for that program(s); see **REGISTERING APPLICATIONS** in this item.

If there is no record in Bridges, the system assigns individual ID number(s) and an application number.

Note: A person may withdraw an application at any time before it is disposed in Bridges; see **WITHDRAWN APPLICATION** in this item.

DHS Pub. 280, Reporting Changes - When To Report - How To Report - What To Report, describes the client reporting responsibilities. This publication must be given to the client at application.

Multiple Applications

FIP, SDA, RCA, CDC and FAP

When an application is pending and additional application(s) are received prior to certification of the initial application, do **not** automatically deny the application(s). Do the following:

- Review the information for impact on eligibility and benefit level.
- Ensure the case record is documented with the additional application(s) received and note the application(s) used to determine eligibility and/or benefit levels.
- Attach the additional application(s) to the initial application.

When the case is already active for program benefits and additional application(s) are received, the specialist **must** review the application for changes in circumstances. Additionally, the specialist **must** either complete a redetermination or deny the programs requested since they are already active.

SDA Only

Do **not** process an SDA application as interim assistance for a client with an application pending for FIP.

FAP and CDC

The local office must screen applications to identify those requiring expedited service at the time the household requests assistance. Information to identify those cases is provided on the assistance application.

FAP Only

SSI applicants and recipients may apply for FAP benefits at the Social Security Administration district office; see BAM 116. The local office must register the application upon receipt, using the procedures in BAM 116.

AUTHORIZED REPRESENTATIVES

All Programs

An authorized representative (AR) is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf (for example, to obtain FAP benefits for the group).

Note: An AR is **not** the same as an Authorized Hearings Representative (AHR); see the Bridges Policy Glossary (BPG) for hearings policy definition.

When no one in the group is able to make application for program benefits, any group member capable of understanding AR responsibilities may designate the AR.

The AR assumes all the responsibilities of a client; see BAM 105.

AR's must give their name, address, and title or relationship to the client. To establish the client's eligibility, they must be familiar enough with the circumstances to complete the application, answer interview questions, and collect needed verifications.

Note: For FAP, if an AR applies on the group's behalf, verification of identity is required for both the AR and the head of household.

WHO MAY BE AN AUTHORIZED REPRESENTATIVE (AR)

FIP, CDC and SDA

An AR must be at least age 18. The person is usually a guardian, spouse or relative outside the group.

Severe physical or mental limitations might prevent a client from applying or designating an AR. An unauthorized person who is otherwise qualified to be an AR may then apply for the client.

MDHHS staff may be authorized or unauthorized representatives for FIP-Foster Care clients **only**.

CDC Only

For CDC the authorized representative **cannot** be the child care provider, a department employee or a recruiter.

FAP Only

An AR who applies on the group's behalf and is a group member may be any age. If outside the group, they must be at least age 18.

Age restrictions do not apply for an AR designated by the group to have access to their FAP benefits to buy the group's food and their own Bridge card.

An AR who applies on the group's behalf and/or has access to the group's FAP benefits must be designated in writing by the client, via the MDHHS-1171, Assistance Application, and/or DHS-247, Request for Food Stamp Authorized Representative. See the exception for substance abuse center (SATC) residents below.

Ensure that the group is informed of the following:

- Clients or their spouses should prepare or review the application, if possible.
- The group is responsible for incorrect information provided by the AR that results in an overissuance.

Exception: When the AR is an SATC or AFC Home, the facility is responsible for such an overissuance.

Medicaid Only

Application may be made on behalf of a client by his spouse, parent, legal guardian, adult child, stepchild, core relative or any other person provided the person is at least age 18 or married. If this person is not a spouse, parent, legal guardian, adult child, stepchild, or core relative, the person must have authorization to act on behalf of the client, by the client, client's spouse, parent(s) or legal guardian.

The application form must be signed by the client or the individual acting as his authorized representative.

When an assistance application is received in the local office without the applicant's signature or without a signed document authorizing someone to act on the applicant's behalf you must do the following:

- Register the application as a request if it contains a signature.
- Send a DHS-330, Notice of Missing Information, to the individual explaining the need for a valid signature. The signature page of the application may be copied and sent to the agency or individual who filled out the application with the notice.
- Allow 10 days for a response. You cannot deny an application due to incompleteness until 10 calendar days from the date of your initial request in writing to the applicant to complete the application form or supply missing information, or until the initial scheduled interview.
- Record the date the application or filing form with the minimum information is received. The application must be registered and disposed of on Bridges, using the receipt date as the application date.

An application received from an agency is acceptable if it is signed by an individual and is accompanied by written documentation from the individual authorizing the agency to act as the authorized representative.

Note: If unrelated adults living in the same home apply for assistance, neither has the authority to act on the other's behalf without written permission from the applicant.

Authorized Representative

Medicaid Only

An authorized representative must be one of the following:

- An adult child or stepchild.
- A core relative.
- Designated in writing by the individual.
- Court appointed.
A representative of an institution (such as jail or prison) where the individual is in custody.

Persons Providing Medical Care

Medicaid Only

Persons who provide medical care to the client, or their agents, should **not** act for the client when there is a relative, guardian or friend who is willing and able to act. If a court has appointed a guardian for a client's estate (such as income and assets), the guardian is usually expected to act for the client.

Exception: An application may be made for newborns surrendered under the Safe Delivery Law, (MCL 712.1-712.20) by the provider hospital, child-placing agency, court appointed lawyer-guardian ad litem or prospective adoptive parent.

A department employee may apply on behalf of a member of the employee's family or a child committed to, or placed with, the department by court order.

Note: An authorization to represent is a form of a power of attorney. When a person who gave the authorization dies, the power of attorney ends. After death, the person does not exist as a legal entity, so no one can represent the person. However, if a person dies while the application is pending, the application should be processed.

An estate may be created to handle the remaining business and financial issues that were outstanding at the time of death. Only a probate court can create a decedent's estate. The court will also appoint someone to act as a representative of the estate.

A court, agency or guardian **legally** responsible for a client must be identified as an authorized representative (AR) by Type on Bridges.

AR - SPECIALIZED SITUATIONS

Substance Abuse Treatment Center (SATC)

FAP Only

An SATC resident must be represented by the center. The SATC designates a responsible staff member as the AR.

Residents should assist their AR to complete the application, and **both must sign it.**

Adult Foster Care (AFC) Home

FAP Only

AFC residents with a guardian who has legal control over their finances or protective payee must apply through that person, **unless** the guardian/payee requests in writing that the home act as the AR.

The AFC home determines which other residents are capable of applying on their own. Such a resident may apply individually or as part of a group of residents. The resident may submit the application in one of the following ways:

- Personally/in person.
- Through an AR they choose.
- Through an AR employed by and designated by the home.

Note: An AFC home may have some residents apply in groups and others as individuals.

Restrictions on AR Appointments

FAP Only

A provider of meals for the homeless **cannot** be authorized to represent them.

A person disqualified due to Intentional Program Violation **cannot** be an AR **unless** there is no responsible group member or anyone else available.

**Medical
Information
Acknowledgment**

All Programs

When the AR completes the application, give or send the client a DHS-4609, Medical Information Acknowledgment, to sign. The DHS-4609 tells the client that MDHHS may share medical information for purposes of eligibility determination and program administration.

If clients are unable to sign the DHS-4609 **and** their condition is such that medical information might need to be shared, refer the AR to Adult Services.

Note: If the form remains unsigned, there is no penalty and eligibility determinations must not be delayed.

**OTHER
AUTHORIZED
REPRESENTATIVE
FUNCTIONS**

FAP Only

An AR may make food purchases from the FAP benefits account using the Bridge card. There is no age requirement for the AR who uses the group's FAP benefits on behalf of the group.

Note: This can be a different person than the AR who applies for benefits on the group's behalf.

Enter on the Alternate Payee/Authorized Representative screen in Bridges the name of the person who is authorized to purchase food for the group and indicate the Type of Authorized Representative. The authorized representative's name will appear on the Bridge card followed by Food Stamp Authorized Representative (FSAR).

**DOCUMENTATION
AND CONTROL****FAP Only**

The name of every AR must be in the group's case file.

Ensure that a person who purchases food for the group is properly designated on the current MDHHS-1171, Assistance Application. A head of household can call the Automated Response Unit (ARU) to terminate an FSAR's access. However, a head of household must contact the Family Independent Specialist/Eligibility Specialist (FIS/ES) to request a new FSAR. Ask the caller a question only the head of household could answer to ensure the request is valid and document the case record.

Enter the new FSAR on the Alternate Payee/Authorized Representative screen in Bridges and mail a DHS-247, Electronic Benefit Transfer (EBT) Food Stamp Authorized Representative form, to the client for completion and return; see BAM 401E.

A person may represent any number of groups. When one person (such as an employer of migrants) represents numerous clients or has access to large amounts of food assistance benefits, use caution to ensure the following:

- The group freely requested the AR.
- The group's circumstances are correctly represented.
- The group is receiving the correct amount of benefits.
- The AR is using the food assistance benefits properly.

**DISQUALIFICATION
OF AN AUTHORIZED
REPRESENTATIVE****FAP Only**

The Office of Inspector General (OIG) determines when an authorized representative should be disqualified; see BAM 720. Upon notification from OIG disqualify the AR from that role for up to one year if the AR does one of the following:

- Misrepresents the group's circumstances by giving false information.
- Improperly uses the group's FAP. The disqualification begins 30 days after the client is notified (see below).

Exception: The disqualification does not apply to an SATC or AFC home acting as AR. Report such acts by a facility representative to the Office of Inspector General.

Send a DHS-176, Client Notice, to the group(s) **and** the AR, specifying:

- The proposed action.
- The reason for the proposed action.
- The group's right to request a hearing.
- The name and telephone number of a local office contact person for more information.

WHERE TO APPLY/ PROCESS APPLICATIONS

FIP, SDA, RCA and CDC

A person may request or apply for assistance electronically or in any local office in Michigan. The application must be processed by a local office serving the county or district where the person lives or is institutionalized.

Exceptions:

- For SDA and RCA only, an application received online or in the local office must be processed by the local office.
- A person who lives in a county participating in the Transparent County Line project may apply and have his/her application processed by any county that is also participating in the Transparent County Line project; see Transparent County Line Project in this item.
- For MA only, see BAM 120, MDHHS Coordination.
- For MA only, see Transfers: **Prohibited Transfers and Transfer Guidelines** in BAM 305 for exceptions to transferring cases.
- For MA, applications from incarcerated individuals should be processed and maintained in the local office in which the individual lived prior to the incarceration.
- For an SDA applicant in a special living arrangement (SLA), there are specific processing responsibilities; see DEPARTMENT POLICY in BEM 616.

- In Wayne County, specialized districts process applications for individuals in supervised settings, or living arrangements, including:
 - Adult and children's foster care.
 - Nursing homes.
 - Hospitals.
 - Youth residential placements.

Separate adult medical districts and child and family districts serve these special client populations.

- In Oakland and Wayne counties, specialized districts process applications for refugee individuals and families.
- An application for a person living in another state must be processed by the local office that receives it.

If a client contacts a local office in error:

- Give or send the client an application and the address and phone number of the correct office.
- If the client chooses to complete the application and turns it in at an office which will not be processing the application, do the following:
 - Accept and register it as an application or request as appropriate.
 - Mail it promptly to the correct office so the transfer-in office may act within the standard of promptness; see BAM 115.

Medicaid Only

A Medicaid application can be processed by the local office serving the client or the authorized representative.

MA applications for incarcerated individuals must be handled by the county of residence prior to incarceration.

Under 19 Medicaid

A person may request or apply for the Under 19 MA categories at:

- Any local MDHHS office in Michigan.
- Any local health department.
- Any other MDHHS authorized contract agencies.

FAP Only

The application must be processed by a local office serving the county or district where the group lives.

Exceptions:

- Clients who apply online may have their FAP application processed by any Self-Service Processing Center regardless of the county in which they live.
- In Oakland and Wayne counties, specialized districts process FAP applications for refugee individuals and families.

For application filing purposes, persons who are county residents when physically present in a county include:

- Students either attending school or living at home during a school break.
- Elderly persons living with others for part of the year.
- Persons who are working or seeking work.

If clients contact local office in error, do the following:

- Give or send them an application and the address and phone number of the correct office.
- Inform them that the processing time begins when the correct office receives the application.
- If they choose to complete the application and turn it in at your office, accept it, and electronically send it the same day to the correct office.

Exception: Individuals who live in a county participating in the Transparent County Line Project may apply and have their application processed by any county that is also participating in this project; see Transparent County Line Project in this item.

**TRANSPARENT
COUNTY LINE
PROJECT****FIP, SDA, RCA, CDC, and FAP**

Transparent County Line project was developed to allow individuals who live in certain northern counties to apply for and obtain services from the MDHHS office that is most convenient for their circumstances, with certain limitations.

In order for an individual to utilize the transparent county line project, **all** of the following must be true:

- The county the individual resides in must be identified as part of the county line project; see EXHIBIT I in this item.
- The county the individual chooses to apply in or obtain services from must be identified as part of the county line project, See EXHIBIT I in this item.
- The county of residence must share a border with the county the individual chooses to apply in or from which the individual chooses obtain services.

If an individual submits an application to a local office other than their county of residence, **and** the situation meets the criteria listed above, have a conversation with the individual regarding whether or not they want to receive services from a county other than their county of residence. An individual may choose to participate in the county line project for any reason.

Exception: Some legal and/or fiscal issues may require that services provided for Children's Protective Services, Children's Foster Care, Juvenile Justice, and Adult Protective Services cases must occur in the individual's county of residence. If an individual is active for any of these services, they must have their case maintained in their county of residence.

**WITHDRAWN
APPLICATION****All Programs**

A client/AR may withdraw the application any time before it is disposed on Bridges. However, if clients have an AR, they must first revoke the AR's authorization to represent them before the clients

may withdraw the application. The signature of the AR is not required. Document the withdrawal request in Bridges.

To confirm it, Bridges will automatically generate a notice of case action to the client. The client may reapply any time.

REGISTRATION

All Programs

All applications, redeterminations, referrals, initial asset assessments, member adds and program adds must be registered on Bridges.

REQUESTS

All Programs

Requests for assistance may be oral or written. Those containing enough identifying information may be registered.

INITIAL ASSET ASSESSMENTS

MA Only

Register an initial asset assessment upon receipt of a signed DHS-4574-B, Assets Declaration.

REGISTERING APPLICATIONS

All Programs

Register a signed application or filing form, with the minimum information, within **one workday** for all requested programs.

See Right To Apply in the CLIENT RIGHTS section in BAM 105 for the minimum information necessary to register an application.

All department programs are registered using the registration functions on Bridges including Direct Support Services and SER.

When registering an application with minimum information, use judgment to code race and sex. The assigned specialist must update the coding, if necessary, when the application is completed.

Note: For FAP and CDC only, select **unknown** when the client chooses not to declare his/her ethnicity and/or race. If an in-person interview is held with the client, use judgment to choose an ethnicity/race for the client.

CDC, MA and FAP

A photocopy or fax of an application or the filing form is acceptable.

FIP, SDA, and RCA Only

Treat a fax of an application or filing form as an incomplete application. However, the original signed application must be received by MDHHS before benefits are approved.

FAP Only

Register joint applications received from the Social Security Administration following normal registration procedures; register all programs the client has checked on page 1. Bridges screens for expedited processing of all FAP applications; see BAM 116 for SSI/FAP Joint Application Processing.

REDETERMINATIONS

Record the receipt of a signed DHS-1010, Redetermination Form, in Bridges. The DHS-1010 receipt date is the date the signed form is received in the local office.

FAP Only

If an **untimely** redetermination application (see BAM 210) is the client's fault, record receipt of the redetermination packet as described above and document client fault in Bridges. The standard of promptness is extended 30 days when the household/client is at fault.

A photocopy or fax of a MDHHS-1171 and MDHHS-1171-FAP, Supplement-Food Assistance Program, DHS-1010, DHS-2240-A or the DHS-1046 is acceptable.

MEMBER ADD

All Programs

All individuals in a household must be identified and included in the household. Complete an *Add Member* case action on Bridges for all

individuals who move into a household to add them to the existing household and eligibility determination groups (EDGs).

Use the *Add Member* case action to add a new member to existing EDGs and to request assistance in the appropriate group(s) for the new member.

Example: Joan and son, Todd, receive FIP and FAP. Joan's cousin, Polly, moves in and will be purchasing and preparing food with them.

Process an *Add Member* case action to add Polly. On the Program Request screen, indicate that she is requesting benefits on Joan's FAP EDG but **not** on Joan's FIP EDG.

Bridges will show Polly's Status for the FAP EDG as Requesting and Not Requesting for the FIP EDG.

ADD A PROGRAM

All Programs

All new applications must be registered. However, once an application for any program is pending or active, use the *Add Program* case action in Bridges to add an additional program(s) to the existing case.

Example: The applicant/grantee has a gas shut-off notice and brings it in shortly after the specialist disposed the application. The head of household states they need help with the bill. Use the *Add Program* case action to add SER to the head of household's case.

Bridges records the SER application, using the new application date entered for the program being added.

REINSTATEMENTS

All Programs

Reinstatements are **not** registered in the *Registration* function. Record reinstatements on Bridges using the *Reinstatement* case action if all programs were closed on the case. Use the *Case Change* case action if any program is still active on the case.

An application is **not** required.

REGISTRATION DISPOSITION

All Programs

All denials, including withdrawals, are recorded in Bridges.

An application or initial asset assessment pends in Bridges until eligibility determination and benefit calculation (EDBC) is run and the results are certified. Dispose of applications and initial asset assessments within the standard of promptness (SOP).

BAM 115 has SOP timeframes. Certifying eligibility results automatically disposes an application.

Note: Report MH-132, Worker Registration Report, shows SOP data based on the Bridges application and disposition dates.

Initial Asset Assessments

Medicaid Only

When processing an initial asset assessment, run EDBC and certify results within **one workday** of completing the initial asset assessment.

Applications

All Programs

When a program is withdrawn, enter the reason on the program request screen in Bridges.

Certifying the eligibility results automatically records the approval, denial or pend (such as waiting for FIP client to attend Partnership. Accountability. Training. Hope. [PATH].) Bridges automatically sends the client a notice of case action upon certification and also sends a DHS-198, Child Development and Care (CDC) Provider Notice, to the client's CDC provider when the provider has been authorized to provide care.

SSI Coordination

MA Only

Most SSI approvals are opened automatically by the State Data Exchange (SDX) system. Those that cannot be opened automatically are opened by the SSI Coordination Unit in central office.

Inquiries regarding SSI openings are handled by the SSI Coordination Unit (517-335-3627).

See BEM 150 for details about handling new SSI transfer-ins.

EXHIBIT I -TRANSPARENT COUNTY LINE PARTICIPATING COUNTIES

County of Residence	County Eligible as Transparent County Line
Alcona	Alpena, Iosco, Montmorency, Ogemaw, Oscoda
Alger	Delta, Luce, Marquette, Schoolcraft
Alpena	Alcona, Montmorency, Oscoda, Presque Isle
Antrim	Charlevoix, Crawford, Grand Traverse, Kalkaska, Otsego
Arenac	Bay, Gladwin, Iosco, Ogemaw
Baraga	Houghton, Iron, Marquette
Bay	Arenac, Gladwin, Midland
Benzie	Leelanau, Grand Traverse, Manistee, Wexford
Charlevoix	Antrim, Cheboygan, Emmet, Otsego
Cheboygan	Charlevoix, Emmet, Montmorency, Otsego, Presque Isle
Chippewa	Luce, Mackinac
Clare	Gladwin, Isabella, Mecosta, Midland, Missaukee, Osceola, Roscommon

County of Residence	County Eligible as Transparent County Line
Crawford	Antrim, Kalkaska, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Roscommon
Delta	Alger, Marquette, Menominee, Schoolcraft
Dickinson	Iron, Marquette, Menominee
Emmet	Charlevoix, Cheboygan
Gladwin	Arenac, Bay, Clare, Isabella, Midland, Ogemaw, Roscommon
Gogebic	Iron, Ontonagon
Grand Traverse	Antrim, Benzie, Kalkaska, Leelanau, Manistee, Missaukee, Wexford
Houghton	Baraga, Iron, Keweenaw, Ontonagon
Iosco	Alcona, Arenac, Ogemaw, Oscoda
Iron	Baraga, Dickinson, Gogebic, Houghton, Marquette, Ontonagon
Isabella	Clare, Gladwin, Mecosta, Midland, Osceola
Kalkaska	Antrim, Crawford, Grand Traverse, Missaukee, Otsego, Roscommon
Keweenaw	Houghton
Lake	Manistee, Mason, Mecosta, Newaygo, Oceana, Osceola, Wexford
Leelanau	Benzie, Grand Traverse
Luce	Alger, Chippewa, Mackinac, Schoolcraft

County of Residence	County Eligible as Transparent County Line
Mackinac	Chippewa, Luce, Schoolcraft
Manistee	Benzie, Grand Traverse, Lake, Mason, Wexford
Marquette	Alger, Baraga, Delta, Dickinson, Iron, Menominee
Mason	Lake, Manistee, Newaygo, Oceana
Mecosta	Clare, Isabella, Lake, Newaygo, Osceola
Menominee	Delta, Dickinson, Marquette
Midland	Bay, Clare, Gladwin, Isabella
Missaukee	Clare, Crawford, Grand Traverse, Kalkaska, Osceola, Roscommon, Wexford
Montmorency	Alcona, Alpena, Cheboygan, Crawford, Oscoda, Otsego, Presque Isle
Newaygo	Lake, Mason, Mecosta, Oceana, Osceola
Oceana	Lake, Mason, Newaygo
Ogemaw	Alcona, Arenac, Crawford, Gladwin, Isoco, Oscoda, Roscommon
Ontonagon	Gogebic, Houghton, Iron
Osceola	Clare, Isabella, Lake, Mecosta, Missaukee, Newaygo, Wexford
Oscoda	Alcona, Alpena, Crawford, Isoco, Montmorency, Ogemaw, Otsego
Otsego	Antrim, Charlevoix, Cheboygan, Crawford, Kalkaska, Montmorency, Oscoda

County of Residence	County Eligible as Transparent County Line
Presque Isle	Alpena, Cheboygan, Montmorency
Roscommon	Clare, Crawford, Gladwin, Kalkaska, Missaukee, Ogemaw
Schoolcraft	Alger, Delta, Luce, Mackinac
Wexford	Benzie, Grand Traverse, Lake, Manistee, Missaukee, Osceola

LEGAL BASE

FIP

45 CFR 206.10(a)(1)(i)(ii)(iii)

MCL 400.25

Social Welfare Act, Act 280 of 1939, 400.1 *et seq.*

CDC

The Child Care and Development Block Grant (CCDBG) Act (42 USC § 9858 *et seq.*), as amended by the CCDBG Act of 2014 (Pub. L. 113-186).

45 CFR Parts 98 and 99.

Social Security Act, as amended 2016.

RCA

45 CFR 400.65 - 400.69

SDA

Current Annual MDHHS Appropriations Act

MA

42 CFR 435.906-908

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 273.2

7 CFR 273.2(n)