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POLICY			
	Family Independence Program (FIP), Refugee Cash Assistance (RCA), State Disability Assistance (SDA), Child Development and Care (CDC), Medicaid (MA), Food Assistance (FAP), State SSI Payment (SSP)		
	To be eligible, a person must be a Michigan resident. Bridges uses the requirements in the Residence section in this item to determine if a person is a Michigan resident.		
	See BAM 11	0, where to apply/process application	ns.
Medicaid Only			
	Bridges uses the requirements in the Institutionalized Persons sec- tion in this item when the fiscal group consists of only a person in, or expected to be in, an institution the entire calendar month being evaluated and certified.		
	In all other situations, it uses the requirements in the Residence section, based on circumstances for the calendar month being evaluated and certified.		
RESIDENCE			
FIP, SDA			
	A person is a	a resident if all of the following apply:	
CDC and FAP	 Is living 	ceiving assistance from another state in Michigan, except for a temporary a to remain in the state permanently or	absence.
	A person is considered a resident while living in Michigan for any purpose other than a vacation , even if there is no intent to remain in the state permanently or indefinitely. Eligible persons may include:		o intent to remain
		s who entered the state with a job cor aployment; and	nmitment or to
		s (for FAP only , this includes studen school break.)	ts living at home

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Medicaid			
	A Michigan resident is an individual who is living in Michigan except for a temporary absence.		
	Residency continues for an individual who is temporarily absent from Michigan or intends to return to Michigan when the purpose of the absence has been accomplished.		
	Example: Individuals who spend the winter months in a warmer climate and return to their home in the spring. They remain MI residents during the winter months.		
	-	llege students who attend school out o uring semester breaks or for the sumn	
State SSI Payment (SS	P)		
		ng received from the Social Security A s Michigan residency on a month-by-r	
HOMELESS PERSONS			
FIP, SDA, RCA, MA, and FAP			
	A homeless person is an individual who lacks a fixed and regular nighttime dwelling or whose temporary night time dwelling is one of the following:		
	Supervise	d private or public shelter for the home	eless.
		ouse or similar facility to accommodat rom institutions.	e persons
	• Home of a	another person.	
		designed or ordinarily used as a dwell a building entrance or hallway, bus sta vehicle).	
	Lack of a permanent dwelling or fixed mailing address does not affect an individual's state residence status. Assistance cannot be denied solely because the individual has no permanent dwelling or fixed address.		

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	Use the local office address or another location agreeable to the individual as the mailing address in Bridges. Do not designate a temporary mailing address as the individual's physical address.		
	CDC Only		
	Homeless policy can b	e found in BEM 703.	
INSTITUTONALIZED PERSONS			
FIP, SDA, and Medicaid			
	some treatment or service	stablishment that furnishes food, vices to more than three people A clients, this also includes grou 5.	unrelated to
Medicaid Only			
	home licensed by that	stitution includes an out-of-state state that provides food, shelter one person unrelated to the pro	and support-
OUT-OF-STATE PLACEMENTS			
FIP and SDA			
	in another state by a p care. The individual re	d dependent children are someti erson or agency legally respons mains a Michigan resident unles nent out-of-state home.	ible for their
		t adult or dependent child placed ot a Michigan resident unless th home in Michigan.	
Medicaid Only			
	tution by a Michigan ag	igan resident if placed in an out- gency (for example, MDHHS, juv /lichigan resident if placed in a M tate's agency.	/enile court).

DETERMINATION OF CAPABILITY

Medicaid Only

If the individual is institutionalized, first determine whether they are capable or incapable of indicating their intent to remain in the state.

Exception: This does not apply to out-of-state placements (see above) **or** to unmarried persons under age 18.

Consider an individual capable of indicating intent **unless** one of the following factors is documented:

- IQ under 50.
- Mental age under 8.
- Judgment of incompetence by a court.
- In a psychiatric facility by court order.
- Determined incapable by the medical review team.

CAPABLE PERSONS AT LEAST AGE 18 OR MARRIED

Medicaid Only

An institutionalized, capable individual at least age 18 or married has Michigan residence **if** the individual lives in Michigan **and** intends to remain in the state permanently or indefinitely.

Exception: An individual remains a Michigan resident if the individual:

- Is currently in an out-of-state LTC facility, and
- Was a Michigan resident immediately prior to entering the LTC facility.

Note: A Michigan resident who voluntarily enters an out-of-state long-term care facility on or after October 1, 2007 is not considered a Michigan resident for Medicaid purposes.

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UNDER AGE 18 AND UNMARRIED; OR INCAPABLE BEFORE AGE 21			
Medicaid Only			
	incapable o	al who (1) is under age 18 and unmarried f indicating intent before age 21, has Mic y of the following circumstances:	, , ,
		his legal parents lives in Michigan or did nstitutional placement.	so at the time
	appoin	al rights of his parents were terminated; t ted a legal guardian for him; and the gua an or did so at the time of the institutiona	rdian lives in
	court-a	s abandoned by his parents and he does ppointed legal guardian, but a person wh an completed the most recent application	no lives in
INCAPABLE AT OR AFTER AGE 21			
Medicaid Only			
	An institutionalized individual who became incapable at or after age 21 has Michigan residence if physically present in Michigan and not placed by an out-of-state agency.		
	long-term c	ichigan resident who voluntarily enters an are facility on or after October 1, 2007 is resident for Medicaid purposes.	
VERIFICATION REQUIREMENTS	have a veril 3503, Verifi	verification source in Bridges for all items fication source field. Bridges will list them cation Checklist, if they are not verified o is not valid for the program(s) on the cas	on a DHS- r if the verifica-

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Assistance from Another State			
	FIP and SDA	A only	
	Verify receip	t of assistance from another state; see I	BEM 222.
Address			
	FIP, SDA, C	DC	
	Verify the inc	dividual's address, unless homeless.	
	FAP only		
	Verify that the individual lives in the area your office serves. How- ever, do not deny benefits to an individual with no permanent address (such as a new arrival, migrant, homeless) solely for lack of a verified address. The lack of this verification and reason for it must be documented.		
Intent to Remain in Michigan			
	FIP and SD/	4	
		dividual's statement of intent to remain i tatement is inconsistent or conflicts with	•
Intent to Return to Michigan			
	FIP and SD/	4	
		al is temporarily absent from Michigan, a verification sources in this item.	verify the intent
Job Commitment/ Seeking Employment			
	CDC only		
	commitment	dividual's statement of entering the state or to seek employment unless it is inco hknown facts.	-

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Incapability to Indicate Intent

Medicaid Only

Verify an institutionalized individual's incapability to indicate intent **unless** he is:

- An out-of-state placement, as defined in this item, or
- Under age 18 and unmarried.

VERIFICATION SOURCES

Address

FIP, SDA, FAP and CDC

- Driver's license.
- Other ID which provides a name **and** address.
- Mortgage or rent receipt.
- Utility bill.
- Collateral contact with a person who knows the individual's living arrangement.

FAP only

Exception: Verification of residence is not needed for categorically eligible groups; see BEM 213.

Medicaid Only

Verification of residence is not needed.

State SSI Payment (SSP)

SDX interface as well as SOLQ, display the State Code under the heading State and County Jurisdiction. The code for the State of Michigan is 23.

Intent to Return to Michigan

FIP and SDA

- Evidence that rent, property taxes, utilities or house payments in Michigan are being paid.
- Evidence that a local job is being held for the individual.

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		t the reason for the absence implies ir nigan resident.	ntent to
Incapability to Indicate Intent			
	Medicaid Only		
	Use a DHS-4	ence of an IQ under 50 or mental age 9D, Psychiatric Examination Report, on medical certification.	
	ordered place	ce of a court judgment of incompetence ement in a psychiatric facility. Use cop other official legal evidence.	
	•	ocedures in BAM 815 to obtain medic erral to the medical review team.	al evidence
LEGAL BASE			
	FIP		
	42 USC 602(a) (1) (A) (i) MCL 400.32 Annual Appropriations Act		
	MA		
	42 CFR 435.403 Section 11005 of P.L. 99-570 Social Security Act, Sections 1902(a) (48), 1902(b)(2) MCL 400.32 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 (f)(1) 7 CFR 271.2 7 U.S.C. 2012(m))(vi), .3	

SDA

DHS Annual Appropriations Act Mich Admin Code, R 400.3151 – 400.3180

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.