

**DEPARTMENT
POLICY****All Types of Assistance (TOA)**

The Department of Human Services must periodically redetermine an individual's eligibility for active TOA. The redetermination process includes thorough review of all eligibility factors.

Redetermination, semi-annual and mid-certification forms are often used to redetermine eligibility of active TOA. However, the client **must** complete a DHS-1171, Assistance Application, to request a TOA that is not active at the time of redetermination.

Local offices must assist clients who need and request help to complete applications, forms and obtain verifications; see BAM 130, Obtaining Verification.

EX PARTE REVIEW MA Only

An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 calendar days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

**REDETERMINA-
TION CYCLE****All TOA**

A complete redetermination is required at least every 12 months. Bridges sets the redetermination date according to **benefit periods**; see **eligibility decisions** in BAM 115. Redeterminations may be scheduled early or are scheduled less than 12 months apart when necessary for:

- Error-prone cases, in response to supervisory case readings, quality assurance data or quality enhancement data.
- **Medicaid (MA) only**, newborn cases must be redetermined no later than the month of the child's first birthday; see BEM 145.
- **Transitional Medicaid (TMA)** redeterminations must be completed at least 40 days before the end of the 12-month eligibility period to accommodate TMA-Plus (TMAP); see BEM 647.
- Food Assistance Program (FAP) cases with unstable circumstances assigned a three-month benefit period.

Exception #1: Some MA groups do **not** require a redetermination; see [No MA Redetermination](#) in this item.

Exception #2: Some FAP groups are assigned a 24-month benefit period and **require only** a mid-certification contact in the 12th month; see [Mid-Certification](#) Contact in this item. For MA, a companion case for a spouse may also be given the extended benefit period once the mid-certification notice has been received and reviewed.

FAP Only

Benefits stop at the end of the benefit period **unless** a redetermination is completed **and** a new benefit period is certified. If the client does not complete the redetermination process, allow the benefit period to expire. The redetermination process begins when the client files a DHS-1171, Assistance Application, DHS-1010, Redetermination, DHS-1171, Filing Form, or DHS-2063B, Food Assistance Benefits Redetermination Filing Record.

Child Development and Care (CDC) Only

If a CDC group is active for other programs, Bridges will set the CDC redetermination date to be the same redetermination date as the other program if 12 months or less.

Example: You are opening CDC in May 2009 for a case that is already active Family Independence Program (FIP). The redetermination date for the FIP program is December 2009. The CDC redetermination date will be December 2009.

MA and TMAP

Benefits stop at the end of the benefit period **unless** a redetermination is completed **and** a new benefit period is certified. **Also, the redetermination month is 12 months from the date the most recent complete application was submitted.**

In a Group 2 Persons Under 21 case, if a member will reach age 21 **before** the month the case is scheduled to be redetermined, an ex parte review (see glossary) should begin at least 90 days prior to the date the member turns 21; see BAM 220.

In a Special N Support, Title IV-E or FCTMA case, an ex parte review should begin at least 90 days prior to the date the case is scheduled to close; see BAM 220.

No MA Redetermination

MA Only

You do **not** need to redetermine the following:

- Special N/support; see BEM 113.
- Title IV-E recipients; see BEM 117.
- Special needs adoption assistance recipients; see BEM 117.

- Department wards; see BEM 117.
- SSI recipients; see BEM 150.

Note: A redetermination must be completed before closing an individual in one of these categories if the closure is for any reason other than total ineligibility for any MA (such as moved out of state or death). The redetermination must consider eligibility in all other FIP and SSI related MA categories.

INTERVIEW REQUIREMENTS

All TOA

Interview requirements are determined by the type of assistance that is being redetermined.

FAP Only

An interview is required before denying a redetermination even if it is clear from the DHS-1010/1171 or other sources that the group is ineligible.

Indicate on the individual interviewed/applicant-details screen in Bridges who was interviewed and how the interview was held, such as by telephone, in person etc.

Telephone

FAP Only

The individual interviewed may be the client, the client's spouse, any other responsible member of the group or the client's authorized representative. If the client misses the interview, Bridges sends a DHS-254, Notice of Missed Interview.

You must conduct a telephone interview at redetermination before determining ongoing eligibility. However, conduct an in-person interview if one of the following exists:

- The client requests one.
- You determine it is appropriate. For example, you suspect information in the application is fraudulent.

Exception: Do **not** require an in-office interview if the client is experiencing a hardship which prevents an in-office interview. Instead, conduct the in-person interview at the client's home or another agreed upon location. Hardship conditions include but are **not** limited to: illness, transportation difficulties, work hours.

- The specialist is processing a joint SDA/RAPC and FAP redetermination; see Jointly Redetermined SDA/RAPC and FAP Cases in this item.

Note: When conducting a telephone interview, ask the caller a question only the head of household could answer (such as last four digits of their Social Security number, date of birth, etc.) to ensure the identity of the caller.

In-Person

State Disability Assistance (SDA)

All individuals with a SDA Eligibility Determination Group (EDG) participation status of eligible or disqualified adult, who are physically able, must be interviewed and must sign and date the DHS-1010 or DHS-1171 in your presence.

Interviews are usually conducted at the local office but may be held in a group's home if:

- The head of household's physical condition precludes an office interview.
- A home call would result in better information.

FIP Only

The specialist must conduct a telephone interview with the head of household at redetermination before certifying continued eligibility. However, conduct an in-person interview if one of the following exists:

- The client requests one.
- The specialist determines it is appropriate. For example, the specialist suspects information in the DHS-1171 or DHS-1010 is fraudulent or the DHS-1171 or DHS-1010 signatures are questionable.

Note: When conducting a telephone interview, ask the head of household a question only the head of household could answer (such as last four digits of their Social Security number, date of birth, etc.) to ensure the identity of the caller. Document the case record with the answer.

Each adult EDG member must sign the DHS-1538, Work and Self-Sufficiency Rules, at redetermination. Send **each** adult EDG member in the home the DHS-1538 at redetermination. **Each** DHS-1538 must be signed **and** returned for **all** adult EDG members **before** FIP redetermination can be approved.

Member Add at
Redetermination

FIP Only

At redetermination, if an adult mandatory group member is added to the group, the specialist must do the following:

- Conduct a telephone or in-person interview with the adult mandatory group member; see BAM 115, Telephone Interviews.
- Review the list of FIP requirements; see BAM 115, Interviews.
- Send the adult mandatory group member add the DHS-1173, Cash Assistance Rights and Responsibilities, **and** DHS-1538. Do **not** approve the redetermination until the DHS-1173 **and** DHS-1538 are signed **and** returned.

MA, Adult Medical Program (AMP), and TMAP

Do **not** require an in-person interview as a condition of eligibility.

Jointly
Redetermined
SDA/RAPC and
FAP Cases

SDA/RAPC and FAP

Conduct an in-person interview at redetermination before determining ongoing eligibility. The head of household or authorized representative must sign and date the DHS-1010 or DHS-1171 in your presence even if it was already signed. Sign and date the application as a witness.

Exception: For FAP, do **not** require an in-office interview if the client is experiencing a hardship which prevents an in-office interview. Instead, conduct the in-person interview by telephone or at the client's home or another agreed upon location. Hardship conditions include but are **not** limited to: illness, transportation difficulties, work hours, etc.

SCHEDULING

All TOA

Bridges generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due; see RFS 103. Bridges sends a DHS-2063B, Continuing Your Food Assistance Benefits, to **FAP** clients for whom FIP, SDA, MA, AMP, and/or TMAP are **not** active. The packet is sent to the mailing address in Bridges. The packet is sent to the physical address when there is no mailing address. The packet is also sent to the MA authorized representative on file.

Redetermination/review forms may include:

- DHS-574, Redetermination Telephone Interview (FIP and FAP).
- DHS-1010, Redetermination (all TOA).
- DHS-1045, Simplified Six-Month Review (FAP).
- DHS-1046, Semi-Annual Contact Report (FAP).
- DHS-1171, Assistance Application (all TOA).
- DHS-2240-A, Mid-Certification Contact Notice (MA and FAP).
- DHS-2063-B, Continuing Your Food Assistance Benefits (FAP).
- DHS-4574, Medicaid Application for Long-Term Care.
- DCH-0373-D, MI Child and Healthy Kids Application.

The packet includes the following as determined by the TOA to be redetermined:

- Redetermination/review form indicated above.
- Notice of review as determined by policy.
- Interview date.
- Interview type.
- Place and time.
- Required verifications.
- Due date.
- Return envelope.

FAP Only

If you must manually send a DHS-1171 and the DHS-2063-B, if applicable, mail them **no later** than two workdays before the first day of the redetermination month. If you do **not** mail the forms within that time period, adjust the timely filing date, see [FAP Timely And Untimely Filing Date](#) in this item.

Clients may be, but are **not** required to be, interviewed before the timely filing date.

Early Redetermination

All TOA

Redetermination of an active TOA may be scheduled up to three months before the review date. Redetermination of active TOA may be necessary for one of the following reasons:

- Case is found to be error-prone as a result of supervisory case reading, quality assurance data or quality enhancement data.
- Specialist's schedule requires early redetermination of active TOA.
- Align dates to simultaneously process redeterminations for multiple TOA. Bridges does this automatically for all programs except certain MA programs such as TMA.

Initiate redetermination early by selecting that option from the Bridges left navigation. Enter the case number and select the program(s) to be redetermined early from the list of options that are determined by the case number.

FAP Only

When a redetermination is scheduled early, FAP benefits cannot be terminated **prior** to the end of the benefit period for failure to complete the redetermination process.

Healthy Kids Only

You may **not** shorten a person's period of eligibility.

Once eligible for Healthy Kids under age 1 (HK1) and Other Healthy Kids (OHK), a recipient remains eligible until the next redetermination unless any of the following occur:

- Reaches age 19.
- Moves out of state.
- Is ineligible due to institutional status; see BEM 265.
- Dies.

A member may be added to an existing case even though the redetermination date is less than 12 months in the future.

Mid-Certification/ Semi-Annual Contact

FAP

Bridges sends a DHS-2240-A, Mid-Certification Contact Notice, for groups assigned a 24-month benefit period during the eleventh month of their benefit period and a DHS-1046, Semi-Annual Contact Report, the beginning of the fifth month for cases assigned a 12-month benefit period.

Note: Manually send from Bridges and track the DHS-1046 if you discover a case was not correctly assigned as a simplified reporter by the last day of the fourth month of the benefit period.

Groups assigned a 24-month benefit period must submit a complete DHS-2240-A, Mid-Certification Contact Notice. A complete DHS-1046, Semi-Annual Contact Report, must be submitted by groups with countable earnings and a 12-month benefit period; see BAM 115, Benefit Periods.

The DHS-1046 and DHS-2240A may be completed by the client, the client's authorized filing representative or by the specialist (during a telephone call, home call or interview with the client). However, the form must be signed by the client or authorized filing representative.

A report is considered complete when all of the sections (including the signature section) on the DHS-1046 and the DHS 2240-A are answered completely **and** required verifications are returned by the client or client's authorized representative. If an expense has changed and the client does not return proof of the expense but all of the sections on the report are answered completely, remove the expense from the appropriate data collection screen in Bridges before running EDBC.

24-Month Benefit Period

The mid-certification contact notice must be recorded, data collection updated and EDBC results certified in Bridges by the last day of the

12th month after a completed DHS-2240-A and all required verifications are received.

Note: Run EDBC even if the client indicates no changes so Bridges will recognize the DHS-2240-A has been processed.

12-Month Benefit
Period

The semi-annual contact report must be recorded, data collection updated and EDBC results certified in Bridges by the last day of the sixth month of the benefit period to effect benefits no later than the seventh month. The contact is met by receipt of a completed DHS-1046 and required verifications.

Processing DHS-
1046

The client's gross earned income from their most current budget is pre-filled on the DHS-1046. If the client's gross income has changed by more than \$100 from the pre-filled amount on the form, they must return verification of their past 30 days of earnings with their completed DHS-1046.

If the client indicates their gross earned income has **not** changed by more than \$100, verification of the past 30 days is not required. However, income **must** be budgeted and EDBC run if a client checks "No" to the questions, but supplies proof of income.

Note: Run EDBC so Bridges will recognize the DHS-1046 has been processed.

MA only

The DHS 2240-A may be used to complete an ex parte review of MA or certify a second 12 month MA period when the group has a 24 month FAP certification.

REDETERMINATION PACKET RECEIVED

All TOA

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed.

When you receive a **complete** redetermination/review form, record the receipt in Bridges as soon as administratively possible. Under redetermination/packet received do all of the following:

- Select the form type.
- Enter the date received.
- Click the submit button.
- Record changes in circumstances.
- Enter verifications received.
- Run EDBC.

It is a best practice to accomplish these steps as early in the month as possible, to increase the chances of completing the redetermination timely.

Failure to Record Receipt of Redetermination Packet

FIP, SDA, and CDC

If the redetermination packet is not logged in on the packet received screen by the negative action cut-off date of the redetermination month, Bridges generates a DHS-1605, Notice of Case Action, and automatically closes the EDG.

FAP only

If the redetermination packet is not logged in on the Packet Received screen by the last working day of the redetermination month, Bridges automatically closes the EDG. A DHS-1605 is not generated.

MA only

Benefits are not automatically terminated for failure to record receipt of the redetermination packet. Instead, review the RD MA redetermination packet overdue from the left navigation to confirm which MA programs should be terminated. Multiple cases may be submitted for termination in the next monthly batch. Notice is sent to the client.

Failure to Record Receipt of the Mid-Certification Contact Notice

FAP Only

If the DHS-2240A is **not** entered in Bridges as completed, Bridges automatically generates a redetermination packet and shortens the FAP benefit period according to policy in BAM 220, Shortening a 24-Month FAP Benefit Period.

Failure to Record Receipt of the Semi-Annual Contact Report

If the DHS-1046 is not logged in by the tenth day of the sixth month, Bridges will generate a DHS-1046A, Potential Food Assistance (FAP) Closure, to the client. This reminder notice explains that the client must return the DHS-1046 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-1046 by the last day of the sixth month, Bridges will automatically close the case. If the client reapplies, treat it as a new application and Bridges will prorate the benefits.

Case Management Tip: Be especially careful to record the receipt of the completed forms as you receive them to prevent the incorrect generation of the DHS-1046A and/or closure of the case.

If the completed DHS-1046 and verifications are returned by the last day of the sixth month, process the changes to ensure the client's benefits are available no later than 10 days after their normal issuance date in the seventh month of the benefit period.

Conducting the Interview**FIP, SDA and FAP**

- Obtain a complete redetermination/review packet from the client.
- Compare the redetermination/review document to the existing DHS-1171 or previous DHS-1010 and other case data.
 - Reconcile any discrepancies and ensure anything omitted is completed.
- Review the verifications and reconcile discrepancies.
- Refer the client to view online the following sections of the DHS-1010 information booklet:
 - Things You Must Do.
 - Important Things To Know.
 - Repay Agreements.
 - Information About Your Household That Will Be Shared.

SDA Only

- Have the client re-sign and date the DHS-1010 as part of the in-person interview.

Exception: For FAP, re-signing the DHS-1010 is required only for jointly processed SDA/FAP cases.
- Sign and date the DHS-1010 as a witness as part of the in-person interview.

FIP Only

- Review the Family Self-Sufficiency Plan (FSSP) for compliance.
- Identify any barriers to the family's self-sufficiency and strategies for client to overcome them.
- Update each FSSP to identify the specific steps the individual will take towards family self-sufficiency.
- Review work participation requirements. Identify any potential deferrals listed in BEM 230A.
- Review direct support service opportunities, including transportation and child care; see BEM 229.
- Review penalties for non-compliance; see BEM 233A.
- Review FIP Time Limits; see BEM 234.

- Explain the prohibited use of FIP to: purchase lottery tickets, alcohol, tobacco, or for gambling, illegal activities, massage parlors, spas, tattoo shops, bail-bond agencies, adult entertainment, cruise ships, or other nonessential items.

FAP TIMELY AND UNTIMELY FILING DATE

FAP Only

Timely Filing Date

In order to receive uninterrupted benefits, (benefits available on their scheduled issuance date) the client must file either a DHS-1010, Redetermination, DHS-1171, Assistance Application, or a DHS-2063B, Continuing Food Assistance Benefits, by the 15th of the redetermination month.

Exception: If you mail the client's redetermination materials late, the timely filing date is 17 days **after** you mailed the materials.

Example: Madison's FAP redetermination is due in July. You mail the redetermination materials July 6th with a due date of July 16th on the DHS-3503. Madison returns all necessary items needed to complete her review on July 20th. Her filing date is timely because you mailed her review materials late. Her benefits must be available to her on the scheduled issuance date.

When processing a redetermination for FAP and FIP, SDA, MA, or AMP, consider the FAP redetermination filed timely if it is filed timely for the other program; see [FAP Client Failure to Meet Redetermination Requirements](#).

Untimely Filing Date

FAP Only

Any FAP redetermination form **not** submitted timely (see above) has the same processing timeframe as an initial application (30 days); see Client Failure to Meet Redetermination Requirements.

VERIFICATIONS DEADLINE

FIP, SDA, CDC, MA, AMP, and TMAP

Verifications are due the same date as the redetermination/review interview. When an interview is not required, verifications are due the date the packet is due.

Bridges allows clients a full 10 calendar days from the date the verification is requested (date of request is not counted) to provide all documents and information. If the 10th day falls on a weekend or holiday, the verification would not be due until the next business day.

Bridges gives timely notice of the negative action if the time limit is **not** met.

Exception: See LOCAL DHS RESPONSIBILITIES in BEM 647 for deadlines and notices in regards to TMA redetermination.

Exception: See TMA-Plus Redetermination in BEM 647 for deadlines for TMA-Plus redeterminations.

FAP Only

Verifications must be provided by the end of the current benefit period **or** within 10 days after they are requested, whichever allows more time. If the 10th day falls on a weekend or holiday, the verification will not be due until the next business day.

If verifications are provided by the required deadline but too late for normal benefit issuance, benefits must be issued within five workdays.

Note: If an expense has changed and the client does not return proof of the expense but all of the sections on the report are answered completely, end date the expense from the appropriate data collection screen(s) in Bridges before running EDBC.

COMPLETING THE REDETERMINATION

All TOA

To complete the redetermination process, do **all** of the following:

- Obtain a DHS-1171, DHS-1010 or other review document,
- Record packet received by selecting that item from the left navigation in Bridges and entering the date you received the requested review form.
- Review, document and verify eligibility factors as required.
- **Except for Healthy Kids**, check **all** available automated systems matches to see if income has started, stopped or changed, such as consolidated inquiry, 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, CDC VERIFICATIONS.

- Update data collection by recording changes in circumstances and entering verifications received.
- Run EDBC in Bridges.
- Certify EDBC results if appropriate.
- Review the need for services and other assistance programs.

Bridges generates a verification checklist (VCL) for any missing verifications.

Upon Certification

- Prepare the case record, see BAM 300.
- Send Pub 280, Reporting Changes - When To Report - How To Report - What To Report.

Exception: Do not send to FAP groups assigned to Simplified Reporting or TMA Plus groups.
- See [BEM 647](#) regarding notices to TMA-Plus qualified persons.
- Bridges sends a DHS-2240, Change Report Form, as needed.

Exception: A DHS-2240, Change Report Form, is not sent to FAP groups assigned to Simplified Reporting, Healthy Kids or TMA-Plus clients.
- Bridges sends a DHS-1605, explaining simplified reporting and household income limit, and a DHS-1045, Simplified Six-Month Review, to FAP groups assigned to simplified reporting.
- Bridges produces and sends a DHS-198C, Child Development and Care Certificate Client Notice, to the client.
- Bridges produces and sends a DHS-198, Child Development and Care Certificate/Notice of Authorization, to the provider(s).

STANDARD OF PROMPTNESS

All TOA

Bridges generates a redetermination packet to the client three days prior to the negative action cut-off date in the month before the redetermination is due. This allows time to process the redetermination before the end of the redetermination month.

Reinstatements in Month Prior to Redetermination Month

If an EDG closes and is due for redetermination the following month and is subsequently reinstated at least three days prior to the current

month's negative action cut-off date, the redetermination packet will be generated as usual.

If an EDG closes and is due for redetermination the following month and is subsequently reinstated on or after three days prior to the current month's negative action cut-off date, the redetermination packet will be generated at month end.

FAP Only

The FAP redetermination must be completed by the end of the current benefit period so that the client can receive uninterrupted benefits by the normal issuance date.

If timely redetermination procedures are met but too late to meet the normal issuance date, issue benefits within five workdays.

Bridges will issue a payment for lost benefits if the client is **not** at fault for delayed processing that prevented participation in the first month.

FAP CLIENT FAILURE TO MEET REDETERMINATION REQUIREMENTS

Delays

FAP Only

The group loses their right to uninterrupted FAP benefits if they fail to do any of the following:

- File the FAP redetermination by the timely filing date.
- Participate in the scheduled interview.
- Submit verifications timely, provided the requested submittal date is **after** the timely filing date.

Any of these reasons can cause a delay in processing the redetermination. When the group is at fault for the delay, you have 30 days to complete the redetermination.

If there is no refusal to cooperate and the group complies by the 30th day, issue benefits within 30 days. Benefits are not prorated.

REPORT OF REDETERMINATIONS

All TOA

RD-093

The monthly RD-093, Redetermination Report - Worker Listing, lists the following:

- FIP, SDA, MA, CDC, AMP, and TMA-Plus cases that are past due more than one month.

- FIP, SDA, MA, CDC, AMP, and TMA-Plus cases that are past due one month.
- FIP, SDA, MA, CDC, AMP, TMA-Plus and FAP cases that are due this month.
- FIP, SDA, MA, CDC, AMP, TMA-Plus and FAP cases that are due next month.
- FIP, SDA, MA, CDC, AMP, TMA-Plus and FAP cases that are due in two months.
- FAP and MA cases that are due for a mid-certification contact.

RD-093, Long Term Care (LTC) Case Identification

MA Only

The LTC-application indicator (4574) on the RD-093 identifies MA LTC cases. Bridges sends the DHS-4574, Medicaid Application (Patient of Nursing Facility), in the redetermination packet for the MA redetermination when a DHS-4574 was filed at application.

RD-093, Deductible Case Identification

MA Only

The deductible indicator (#) identifies active deductible cases. This indicator will be printed when the member of an MA EDG has a deductible amount.

TMA Redetermination report

TMA Only

TMA cases appear on the RD-210 in the fourth month before TMA eligibility ends. Bridges sends the redetermination packet at that time so the family can have an opportunity to get TMA-Plus. You must complete all DHS actions at least 40 days before the end of the 12-month TMA eligibility period; see [BEM 647](#) for details about when actions must be complete.

LEGAL BASE

FIP

MCL 400.32,.43,.55(f)

SDA

Annual Appropriations Act

FAP

7 CFR 273.14

MA

42 CFR 435.916(a)

CDC

Child Care and Development Block Grant of 1990

45 CFR Parts 98 and 99

Social Security Act, as amended. Title IVA (42 USC 601 et. seq.); Title IVE (42 USC 670 et. seq.); Title XX (42 USC 1397 et. seq.)

R400.5001 - 400.5015 MAC

TMAP

DCH Appropriations Act

AMP

Chapter XXI of the Social Security Act.

(1115)(a)(1) of the SSA.

**JOINT POLICY
DEVELOPMENT**

Medicaid, Adult Medical Program (AMP) also known as Adult Benefit Waiver (ABW), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).