

**DEPARTMENT
PHILOSOPHY****FIP, RAP Cash**

The Family Independence Program (FIP) and Refugee Assistance Program (RAP) provides temporary cash assistance to support a family's movement to self-sufficiency. The recipients of FIP and RAP engage in employment and self-sufficiency-related activities so they can become self-supporting.

**DEPARTMENT
POLICY****FIP, RAP Cash**

Federal and State laws require each work eligible individual (WEI) in the FIP and RAP group to participate in the Jobs, Education and Training (JET) Program or other employment-related activities unless temporarily deferred or engaged in activities that meet participation requirements. These clients must participate in employment and/or self-sufficiency related activities to increase their employability and obtain stable employment. Apply FIP policy to RAP cash clients unless a separate RAP cash policy is mentioned in PEM 233C.

JET is a program administered by the Michigan Department of Labor and Economic Growth (DLEG) through the Michigan Works Agencies (MWAs). The JET program serves employers and job seekers for employers to have skilled workers and job seekers to obtain jobs that provide economic self-sufficiency. JET case managers use the One-Stop Management Information System also known as OSMIS to record the clients assigned activities and participation. In this item OSMIS is referred to as MIS.

WEIs not referred to JET will participate in other activities to overcome barriers so they may eventually be referred to JET or other employment service. DHS must monitor these activities and record the client's participation in the Family Self-Sufficiency Plan (FSSP).

A WEI who refuses, without good cause, to participate in assigned employment and/or other self-sufficiency-related activities is subject to penalties. For more about penalties refer to:

- [PEM 233A](#) - FIP-related penalties.
- [PEM 233C](#) - RAP Cash penalties.

See [PEM 230B](#) and [PEM 233B](#) for FAP employment requirements.

**INFORMING
CLIENTS**

The DHS-1171, Assistance Application Information Booklet provides each applicant with information about the work requirements. Review information found in the information booklet and the DHS-1538, Work and Self-Sufficiency Rules with clients at application, redetermination,

and when a change in circumstances might affect the person's required hours of participation. Review all of the following information:

- Work requirements.
- Rights and responsibilities.
- Consequences of their failure to comply.
- Right of deferred persons to participate.
- Reporting requirements, including income verification and the DHS-630, Weekly Activity Log, defined later in this item.

REASONABLE ACCOMMODATION

Disability Definition

Section 504 of the ADA define a disability as a physical or mental impairment that substantially limits one or more major life activities; or a history of such an impairment; or being regarded as having such an impairment. Examples of major life activities include: thinking, learning, taking care of oneself, maintaining social relationships, sleeping, communicating, etc.

A number of FIP clients have disabilities or live with a spouse or child(ren) with disabilities that may need accommodations to participate in assigned activities. The needs of persons with disabilities are highly individual and must be considered on a case-by-case basis. DHS must make reasonable efforts to ensure that persons with disability-related needs or limitations will have an effective and meaningful opportunity to benefit from DHS programs and services to the same extent as persons without disabilities. Efforts to accommodate persons with disabilities may include modifications to program requirements, or extra help, as explained below. Failure to recognize and accommodate disabilities undermines efforts to assist families in achieving self-sufficiency.

When a client requests reasonable accommodation in order to participate, DHS and the employment service providers will consider the need for applying the above requirements.

A disability as defined above that requires reasonable accommodation must be verified by an appropriate source, such as a doctor, psychologist, therapist, educator, etc. A client may disclose a disability at any time. Failure to disclose at an earlier time does not prevent the client from claiming a disability or requesting an accommodation in the future.

Screening and Assessment

Be alert to undisclosed or unrecognized disabilities and offer screening and assessment as appropriate. Help clients understand that DHS can only offer accommodations if a disability is verified. Clients are screened for disabilities on the DHS-619, Jobs and Self-Sufficiency Survey and the FAST, which ask questions about medical problems, special education and symptoms of mental illness.

Inform clients requesting accommodation or deferral that they may be required to attend appointments with MRS, doctors, psychologists, or others to ensure that appropriate accommodations or deferrals are made. Explain that assessment is voluntary but failure to cooperate with assessment may prevent DHS from providing a deferral or accommodation. Also inform the client s/he will be required to engage in self-sufficiency and family strengthening activities even if they are deferred from JET or work activities and may be subject to penalties if they do not participate as required.

Accommodation

When information provided by an appropriate source indicates the need for reasonable accommodation do the following:

- Obtain a DHS-54A, Medical Needs form from a qualified medical professional listed on the form.
- Consult Michigan Rehabilitation Services (MRS) if additional information about appropriate accommodations is needed or when you need advice.
- Document the accommodation in the "Case Notes" section of the DHS-2439, JET Referral and on the FSSP.

Modifications or extra help may include, but are not limited to the following:

- Reduced hours of required participation;
- Extended education allowances including more than 12 months allowed for vocational education;
- Extended job search/job readiness time limit; or
- Participation in MRS in lieu of other employment services.

Justification for a plan including reasonable accommodation is documented in the client's FSSP and the Individual Service Strategy (ISS with the MWA).

When clients with verified disabilities are fully participating to their capability, they are counted as fully engaged in meeting work participation requirements regardless of the hours they are engaged, even if they do not meet federal work requirements.

**MANDATORY
PARTICIPATION IN
EMPLOYMENT
SERVICES**

All WEIs, unless temporarily deferred, must engage in employment that pays at least state minimum wage or participate in other employment-related services. WEIs who are temporarily deferred are required to

participate in activities that will assist in overcoming barriers and prepare them for employment or referral to an employment services provider.

Jobs, Education and Training Program

Refer most WEIs to JET provided by the MWA by submitting the DHS-2439, Michigan Works Referral in ASSIST when one of the following applies:

- A WEI applies for FIP.
- A WEI applies to be a member added to a FIP/RAP group.
- A WEI is no longer temporarily deferred from employment services.

The *Last Date for Client Contact* field on the DHS-2439 will prefill a date 20 days from the date the JET referral is sent. If the client calls to reschedule before the 20th day, extend the *Last Date for Client Contact* on MIS. Either DHS or the MWA have the capability of extending this date.

DHS workers indicate the minimum number of hours a client must participate in employment and/or self-sufficiency activities by entering the correct *WF PRG* code on the DHS-2439. Select *Additional Information* codes that best describe the need for reduced hours when reasonable accommodations are necessary. Document any reduction in required hours that would apply to the client in the comments section.

The MWA uses the minimum required hours indicated by the family independence specialist (FIS) on the DHS-2439 to initially assign clients to activities that meet federal minimum participation requirements up to 40 hours per week unless DHS recorded the need for reduced hours or the MWA subsequently determined the need for reduced hours to accommodate a disability.

Note: Run the WF-320, No Show First Appointment Report on MIS to review a list of WEIs that did not appear at JET within the 20-day period. See PEM 229 when an applicant or PEM 233A when a member who applied to be added to a FIP or RAP group is listed on the WF-320.

Other Service Providers

The following groups must be referred to other service providers (not JET) when applicable:

Refugee contractors

- Refugee contractors serve refugees defined in PEM 630. Refer refugees to the refugee contractor that serves your county.
- Refugee FIP applicants and recipients who are determined by the Refugee Contractor to be proficient in English and are work ready, will be referred back to DHS for referral to JET to obtain employment services.

- Tribal agencies
- Tribal agencies serve some clients under the Native Employment Works Program. Refer those who may be served by a tribal agency.
- Teen parent contractor
- Teen parent service providers serve teen and minor parents in counties that have contracts to provide special assistance to parents under age 20. (See [Exhibit I](#) at the end of this item for a list of providers.) Providers offer the following:
 - Assessments of minor parents' living arrangements.
 - Assistance in finding appropriate living situations.
 - Skills in independent living, parenting and self-support.
 - Evaluations of how well the child's needs are met.
- A recipient is eligible for teen parent contractor services if s/he is:
- Under age 20, and
 - Pregnant or parenting, and
 - Medicaid eligible.
- Contact the provider for any additional information required to make a referral.
- Teen parents served by teen parent contractors continue to be eligible for direct support services.

Special Needs Participants

Determine appropriate participation and types of supports for the following groups considering [Reasonable Accommodations](#) earlier in the item.

Parents Under Age 20

A **minor parent** is a parent under age 18 who is not emancipated and is either the parent of a dependent child living with him/her or is pregnant (see PEM 201). A minor parent who has good cause for not attending school, as defined in PEM 201, must participate in JET unless otherwise temporarily deferred.

A **teen parent** is a parent age 18-20 who is either the parent of a dependent child living with him/her or is pregnant. High school completion is the preferred activity for teen parents. You must require a teen parent without a high school diploma or the equivalent to participate in JET (or tribal/refugee employment program if appropriate) when:

- The parent is expelled permanently from a school and enrollment in another school is not feasible; or
- The parent is not enrolled in a school and refuses to enroll; or

- An education assessment shows the teen parent will be unable to make satisfactory progress toward high school graduation before age 20; or
- In developing the FSSP, you and the client determine that education activities are otherwise inappropriate.

Refer teen and minor parents with a high school diploma or the equivalent directly to JET or other employment service provider.

Children's Services Cases

Recipients whose only children are either temporarily placed outside the home by Children's Protective Services (CPS) or have an active CPS/Foster Care (FC) case have a participation requirement unless the treatment plan is so intensive it interferes with the client's ability to perform employment and/or self-sufficiency activities.

If the client is able to perform work-related activities, refer the client to JET. Determine the appropriate number of hours of participation based on the case circumstances and recommendations from the CPS/FC worker. This will avoid any disruption in their activities when the children are returned home or while working with the service plan.

CPS/FC recommends the client be deferred and the client doesn't meet other deferral criteria, use the local office exception (employment code LO).

Dependent Children

A dependent child age 16 or 17, who is NOT deferred or otherwise meeting participation requirements, must be referred to JET if the child has not completed high school and:

- Quits school and refuses to return, or
- The school system will NOT permit the child to return.

Note: Do NOT impose a penalty on a dependent child for NOT attending school. Refer the child to JET. If the child does NOT comply with JET, apply penalties per PEM 233A.

Clients In Treat- ment Plans

Certain clients have particular circumstances which may make their participation in employment and/or self-sufficiency related activities problematic. Unless otherwise deferred, they must be referred to JET. Use the appropriate Additional Information code(s) on the DHS-2439.

Examples of these circumstances include:

- Prescribed medication to control mental illness.
- Ongoing substance abuse treatment.

Former Recipi- ents

A client whose benefits are terminated continues to be eligible for contracted employment and/or self-sufficiency related activities (e.g. counseling) until the contractual obligations have been met or the contract has been terminated, whichever occurs first.

Refugees are eligible for refugee-specific employment services for the first five years they are in the country regardless of whether they receive assistance from DHS.

MANDATORY PARTICIPANTS DELAYED REFERRAL TO EMPLOYMENT SERVICES

WEIs meeting one of the following criteria are only temporarily not referred to an employment service provider because they may continue to count in the state's federal work participation rate. They are required to participate in activities that will increase their full potential, help them overcome barriers and prepare them for employment or referral to an employment services provider as soon as possible.

If the WEI refuses or fails to provide verification of a deferral when required, refer him/her to JET.

Notify the MWA/JET service provider immediately by phone or email when a client who was previously referred is granted a temporary deferral.

Meeting Participation through education

Dependents	Clients who are WEIs and full-time students in elementary or high school are noted here.
Age 16 or 17	Use Employment Code "SE" for full-time high school students this age. S/he is neither required to submit a FAST, develop an FSSP nor participate in employment services as long as s/he continue full-time school attendance.
Age 18 or 19	Full-time high school students expected to graduate (or complete the requirement to graduate) by age 20. Use employment code "SE". S/he is neither required to submit a FAST, develop an FSSP nor participate in employment services as long as she continues full-time school attendance.
Adults	
Minor Parent Grantees	Minor parent grantees who are full-time high school students are regarded as fully engaged in required activities even though his/her

education does not meet the federal requirements. Enter the education activity on the FSSP under the “Goal and Activities” tab, “Non-Core Activities”, “High School Completion/GED”. Enter 30 hours per week of actual participation upon receipt of verification the student is attending full-time and in compliance with high school completion activities. Use Employment Code “SE”.

**Working 40 hours/
week**

FIP applicants and recipients of the cash assistance group who are working a minimum of 40 hours per week at the state minimum wage are not referred to employment services. Use Employment Code “WU”.

**Care of a Child or
Post-Partum
Recovery**

Disregard one parent of a child under the age of three months up to three months when the newborn is in the home. Disregard a mother for post-partum recovery up to three months after giving birth when the newborn is NOT in the home (e.g., removed by P.S., adoption). Use employment code “CA”.

Note: See the SW-211, Age Notification Report to monitor the time period allowed for the “CA” employment code so not to defer a client from employment activities more than three months.

Lack of Child Care

Disregard a single parent who personally provides care for a child under age six in the FIP eligible group when adequate child care is unavailable. Adequate child care meets all of the following:

- Appropriate. The care is appropriate to the child’s age, disabilities and other conditions.
- Reasonable distance. The total commuting time to and from work and child care facilities does NOT exceed three hours per day.
- Suitable provider. The provider meets applicable state and local standards. Providers (e.g., relatives) who are not registered/licensed by the DHS Bureau of Children and Adult Licensing must meet DHS day care aide or relative care aide enrollment requirements.
- Affordable. The child care is provided at the rate of payment or reimbursement offered by DHS.

Initiate a 4C referral when the client claims a lack of child care.

If the client is unable to locate a provider using a standard 4C referral list contact the 4C agency and make a Comprehensive Child Care Plan (CCCP) referral. If a provider is located within 10 days, do a referral to JET.

If the 4C agency is unable to obtain child care that meets the conditions above within 10 days, disregard the client until the next redetermination,

the child turns age six, or until appropriate care is available, whichever is sooner. Document the referrals and results in the case record. Use employment Code "DC".

See "4C AGENCIES AND CHILD CARE REFERRALS" in PEM 704 for details of these procedures.

Local Office Discretion

Use the local office discretion with Employment Code "LO" deferral in the following situations:

Temporary Critical Event

Persons experiencing a temporary critical event such as homelessness for up to three months. With FIM approval, three-month extensions are permitted. Employment Code "LO".

Pregnancy Complications

Pregnancy complications expected to last longer than three months.

Participants in the *Early On*® Program

One parent or other caretaker of a dependent child in the home who is actively participating in the *Early On* program. The child and parent must BOTH be actively participating in the service plan. Participation must be verified by the *Early On* service coordinator. Eligibility for *Early On* ends when the child reaches age three. See the *Early On* manual for more information on this program. Use employment code "LO".

Domestic Violence

Domestic violence means one or more threats or acts against any family member concerning any of the following:

- Physical injury.
- Sexual abuse.
- Sexual involvement of a dependent child.
- Mental/emotional abuse.
- Neglect or deprivation of medical care.

Defer parents and caretakers with a documented claim of threatened or actual domestic violence, against themselves or their dependent children, if it can reasonably be expected to interfere with work requirements. Navigate to the ETINFO screen on ASSIST and answer the appropriate DV question. ASSIST will send Employment Code "DV" to CIMS.

Assist the client to develop a plan intended to overcome domestic violence as a barrier to self-sufficiency. The plan may include participation in services for domestic violence victims or receipt of related professional care. Specific activities which might reasonably be expected to endanger the client should be avoided. Document the client's agreement in the FSSP.

The maximum deferral period is three months. With FIM approval, three-month extensions are permitted.

Use the client's statement as documentation unless you have sufficient reason to question it. If you question the statement, you may request further documentation, including any of the following:

- Service from a domestic violence provider.
- Medical records.
- Court records (e.g., personal protection order or petition).
- Police records (e.g., domestic disturbance response).
- School records (e.g., statement by a school counselor).
- Statement by a licensed therapist or counselor.
- Other case record information (including childrens services).

Note: All information concerning domestic violence is confidential. See PAM 310, Confidentiality and Public Access to Case Records.

MRS Clients

Clients Referred by DHS

In cases where FIP clients are receiving services from Michigan Rehabilitation Services (MRS), FIP defers to the MRS plan for the clients, and fully counts the individuals as engaged in work activities if they are meeting their MRS work plan. Clients with disabilities must be afforded the same program benefits as all clients, and this includes the right to participate in program activities. Equal recognition of their participation, regardless of the disability, is a consideration of their right to equal program benefits.

Refer to "Long Term Incapacity" later in this item when clients claim they are unable to work due to a medical condition lasting longer than 90 days and to "Short Term Incapacity" when a client claims they are unable to work due to a condition lasting less than 90 days.

Clients Referred by MWA

The MWA may refer a client to MRS for services to remove a barrier or enhance a work skill. A client referred to MRS by the MWA may be assigned additional activities through the MWA. When a client is referred to MRS by the MWA, the MWA remains the monitoring agency. Clients served by MRS will be required to participate in all activities assigned by both MWA and MRS.

Age 65 and Over

Recipients age 65 and over are not required to participate in employment related activities except for completion of the FAST and FSSP. However, they continue to count in the rate of participation and may voluntarily participate in employment services.

VISTA, Job Corps, AmeriCorps

Participant in VISTA, Job Corps or AmeriCorps meet participation requirements if the client is participating in this activity for at least the minimum number of required hours. These clients are **not** referred to JET unless they wish to participate in the MWA education and training program. If so, use MWA referral code 3 and employment code VV.

- When a participant in VISTA, Job Corps or AmeriCorps participates less than the minimum number of required hours, refer the client to JET as a mandatory participant. On the ETINFO screen in ASSIST enter a “N” (no) to the VISTA volunteer question and use employment code WF. Use case notes to inform the MWA of the client’s participation in VISTA, Job Corps or AmeriCorps.

EFIP Group Members

Extended FIP (EFIP) recipients continue receiving retention services provided by the MWA when the employment code “WF” is retained. Retention services include direct support services that are necessary for the client to maintain employment. The EFIP client is identified as “closed due to earnings” in the MIS but continues to receive retention services from the MWA.

Encourage the EFIP client to continue in JET. However, s/he may refuse MWA services. Use the following work around in ASSIST when an EFIP client refuses MWA services or was added to the EFIP group as a mandatory participant:

- Employment code “WU.”
- 40 hours of employment.
- \$1 or income.

The EFIP client is compliant in this case and DHS would be required to obtain acceptable income verification, record the client’s actual participation on the FSSP and provide support services.

Do not refer the following to employment services:

- Members added to an EFIP group.
- Members of the EFIP group who are no longer deferred.

Disability

Defer the following:

- Recipients of RSDI based on disability or blindness.
- Persons found eligible for RSDI based on disability or blindness who are in non-pay status.

Use employment code “IN”.

FSSP Data Entry

Assign clients to self-sufficiency or barrier removal activities as medically permissible. Enter these activities on the FSSP in the “Other” activity category listed under the “Goals and Activities” tab.

Short-Term Incapacity

Defer persons with a mental or physical illness, limitation, or incapacity which is expected to last less than three months and which prevents participation. Defer for up to three months.

Verify the short-term incapacity and the length of the incapacity using a DHS-54A, Medical Needs form or other written statement from an MD/

DO. Set the medical review date in CIMS accordingly, but not to exceed three months.

Use employment code “TE” and enter an appropriate medical review date. If pregnancy-related beyond three months, use employment code “LO”.

If a non-pregnancy-related condition lasts or is expected to last more than three months, follow deferral policy for long-term incapacity below.

Do not advise clients with a short-term incapacity to apply for SSI.

FSSP Data Entry Assign clients to self-sufficiency or barrier removal activities as medically permissible. Enter these activities on the FSSP in the “Other” activity category listed under the “Goals and Activities” tab.

Long-Term Incapacity

Defer persons with a mental or physical illness, limitation, or incapacity expected to last more than 90 days and preventing their participation in employment-related activities. Clients in this category may be referred to Michigan Rehabilitation Services (MRS) or the Commission for the Blind for consultation and may be eligible for ongoing services from those agencies. This includes:

- An individual with low intellectual capacity or learning disabilities that impede comprehension and prevent success in acquiring basic reading, writing, and math skills, including, but not limited to, an individual with an intelligence quotient less than 80.
- An individual with documented chronic mental health problems that cannot be controlled through treatment or medication.
- An individual with physical limitations on his or her ability to perform routine manual labor tasks, including, but not limited to, bending or lifting, combined with intellectual capacity or learning disabilities.

Note: A client with a condition or impairment that is pregnancy-related must be considered for deferral under local office (LO) discretion or temporary exempt (TE) incapacity listed above. Clients should NOT be referred to MRS, medical review team (MRT) or an SSI Advocate if the only conditions or impairments are due to pregnancy.

Michigan Commission for the Blind offers vocational rehabilitation services for individuals who have a visual impairment. Clients who are receiving services from the commission are not eligible for services from MRS.

MRS offers vocational rehabilitation services to individuals with disabilities.

When a client states they are disabled or indicates that they may be unable to participate in work or JET because of a mental or physical condition, injury, illness, impairment, or problem (including those who have applied for RSDI/SSI) at intake, redetermination or anytime during an ongoing benefit period, require the client to provide verification from their doctor (a DHS-49, Medical Examination Report or DHS-54A, Medical Needs may be used).

When a client claims they are visually impaired at intake, redetermination or anytime during an ongoing benefit period, require the client to provide verification from an ophthalmologist or optometrist (a DHS-49-I, Eye Examination Report may be used). See Visual Impairment later in this item.

- If the verification indicates the disability will last 90 days or less see Short Term Incapacity in this item.
- If the verification indicates the disability will last longer than 90 days:
 - Set the employment code to IN in ASSIST.
 - Enter medical review date for a three-month follow up.
 - Have the client sign a DHS-1555E, Release of Information.
 - Request a consultation from MRS or the Commission for the Blind, whichever is appropriate by completing Section I on a DHS-517, Consultation Request form. Note any reasonable accommodations that MRS should provide to ensure that the client has an equal opportunity to benefit from the referral. FIS will:
 - Attach all medical and vocational documentation available in the case record.
 - Check SOLQ and complete the information on status of RSDI/SSI claim (if any).
 - Attach a copy of the DHS-1555E.
 - Use locally established procedures for referral to the MRS that services your local office.

The MRS or the Commission for the Blind consultation must be requested before FIP can be opened or redetermination can be certified. Once the consultation has been requested FIP may be opened. The FIS must follow up with the consultation and take appropriate action when the response is received.

Discuss with your client the expectations of adult FIP clients who claim a disability. Inform client if they expect to be disabled longer than 90 days they may be receiving an appointment to talk to a counselor from MRS or the Commission for the Blind, which they will be required to attend instead of going to JET.

Consultation
Response

Within 45 days of the request MRS or the Commission for the Blind will:

- Schedule an appointment with the client.
- Complete a consultation.
- Complete Section II of the DHS-517 and send back to the FIS with their recommendation.

DHS Action on
Returned DHS-
517

When the DHS-517 is returned, take action depending on the response as indicated below:

1. Client did not appear for appointment.
 - Follow Noncompliance with Employment and/or Self-Sufficiency-Related Activities in PEM 233A.
2. Client was provided information on employment services.
 - The “YES” box will be checked if MRS or the Commission for the Blind has had the opportunity to talk with the client regarding employment opportunities, accommodations, etc. which would facilitate the client’s obtaining and maintaining employment.
 - Review the Remarks/Comments section. If that section states that MRS or the Commission for the Blind feels the client is able to work and that their disability does not infringe on their working:
 - Change the employment code to WF.
 - Refer to JET.
 - The “NO” box will be checked if the client was not responsive to employment information and gave no indication that employment was an option for them. If this box is checked follow #4.
3. Client wants to apply for MRS or the Commission for the Blind services.
 - Employment code remains IN in ASSIST.
 - MRS or the Commission for the Blind will keep the client as a referral.

- Continued participation must be verified at each redetermination.
- If the client does not participate as required, MRS or the Commission for the Blind will contact DHS to schedule a triage meeting for noncompliance. See Noncompliance with Employment and/or Self-Sufficiency Related Activities in PEM 233A.

FSSP Data Entry Select **Other** activity under the Goals & activities tab. Select MRS and enter a begin date. Schedule the target date to match the case review date.

4. Client does not feel they are capable of employment at this time.
 - Employment code remains IN in ASSIST.
 - Set Medical Review Date for three-month follow up.
 - Request a utilization report (UT) from the program office. See Request a Utilization Report later in this section.
 - Obtain a medical determination from MRT. Follow instructions in PAM 815, Medical Determination and Obtaining Medical Evidence.
 - On the DHS-49A, Medical-Social Eligibility Certification, under program, check JET.
 - Complete the DHS-49-A-E, Medical Assessment For JET Participation Project and attach to the top of the client's medical packet.

MRT Decision

Take action below that pertains to the decision rendered by the MRT.

ALL DECISIONS REVIEW the medical records and information provided by MRT to determine what accommodations, other than deferral from JET, the client needs to be able to benefit from the FIP program and to pursue employment and or self-sufficiency related activities. Follow the procedure for accommodating disabilities in [Reasonable Accommodation](#) in this item.

Disabled: The client is potentially eligible for RSDI/SSI. Verify the client's status with LSAM and SSA.

- Employment code remains IN in ASSIST
- Require the client to apply for RSDI/SSI if they have not already done so. Refer the client to SSA using form DHS-1552, Verification of Application or Appeal For SSI/RSDI.

- When the client has an application pending with SSA and the client is not active with LSAM, the FIS must monitor the RSDI/SSI claim by setting the medical review date for a three month follow up.

Work ready with limitations: Do not require the client to apply for RSDI/SSI.

- Set employment code to WF in ASSIST.
- Refer to JET. Identify the clients limitations using additional information codes and case notes on the DHS-2439 when the referral is made to JET.

Work ready:

- Set employment code to WF in ASSIST.
- Refer to JET.

When a MRT decision has been completed and the client states they have additional medical evidence or a new condition, gather new verification and send for an updated MRT decision.

If the client comes in with a doctor's note after the MRT decision and does not have new medical evidence or a new condition send the DHS-518 to the client's doctor and request supporting medical evidence.

If new medical evidence is not provided **do not** send the case back to MRT. The previous MRT decision on the client stands.

Clients served by the Department of Human Services

DHS may serve clients who have been determined work ready or work ready with limitations by the MRT if the client cannot be served by MWA. DHS may assign self-sufficiency activities up to the medically permissible limit of the client.

FSSP Data Entry

Assign clients to self-sufficiency or barrier removal activities as medically permissible. Enter these activities on the FSSP, select "Other" activity under the Goals & Activities tab. Schedule the target date to be the date verification must be received.

Requesting a Utilization Report (UT)

Each time a client uses their Medicaid card, DCH pays for the services the client utilizes creating a UT report. These reports have proven to be a valuable tool to DHS when creating a medical packet for the MRT. Each report contains twelve month's of medical history including medications, and the name and address of each medical provider. When developing a medical packet the FIS should request all medical documentation from each provider on this report.

Note: It is not necessary to request documentation from labs or x-rays as they are usually included in the doctors documentation.

Provide the following information when requesting a UT report:

- Client's name
- Recipient ID number.
- Case number.
- Name of FIS/ES and phone number.
- County, district and worker number.

To Request a report;

- Email: DHS-Policy-Utilization-Report@michigan.gov or
- Fax your request to 517-241-7570.

Legal Services Association of Michigan (LSAM)

There is no charge to the client for advocacy services provided by LSAM. When a client presents verification that a disability has lasted or is expected to last 12 months or longer, or expected to result in death, the client must be screened to determine if they would be an appropriate referral. To be appropriate the client MUST:

- Agree to the referral.
- Sign a DHS-1555, Authorization to Release Protected Health Information (a DHS-1555E can be used).
- Not currently have legal representation.

If the client is appropriate for a referral, complete a DHS-538, Referral to LSAM for SSI Advocacy Services, and attach to the top of the medical packet along with the following documentation:

- DHS-1555 of the DHS-1555E.
- ALL medical and vocational information you may have on the client.

A copy of the DHS-538 must be faxed to the Bureau of Adult and Family Services at (517) 335-7771.

Refer to L-Letter 08-072, Michigan State Bar Foundation (MSBF) Contract for SSI Advocacy Referral dated 06/27/2008 for referral procedures.

PERSONS NOT REQUIRED TO PARTICIPATE IN EMPLOYMENT SERVICES

Non-WEI

Non-WEIs are FIP clients who do not count in the state's work participation rate. Required hours are zero. Non-WEIs are not required to participate in work related activities for a minimum number of hours, but must

complete a FAST and FSSP. Non-WEIs should engage in other activities to strengthen the family or improve self-sufficiency skills. They include the following:.

Disqualified Aliens

A person that is not eligible for cash assistance due to alien status is not a WEI and is not referred to employment services and is not required to engage in employment-related activities. However, **all other disqualified members are WEIs** and must be referred unless temporarily deferred. Failure to complete the FAST or FSSP may result in case closure by entering negative action Y084. PEM 233A and PEM 233C do not apply.

Ineligible Caretakers

Ineligible caretakers are not recipients of FIP, although, the family is receiving FIP benefits for the children. They are not WEIs and are not referred to JET but must complete a FAST and develop an FSSP for the family to reach for self-sufficiency. Failure to complete the FAST or FSSP may result in case closure by entering negative action Y084. PEM 233A and PEM 233C do not apply.

Care of a Spouse or Child with Disabilities

A spouse or parent who provides care for a spouse or child with disabilities living in the home is not a WEI and is not referred to JET if:

- The spouse/child with disabilities lives with the spouse/parent; **and**
- The spouse/child with disabilities:
 - Is a recipient of SSI/RSDI due to disability or blindness; **or**
 - Is not a recipient of SSI/RSDI and a doctor verifies the disability of the spouse/child needing care, and the extent care is needed, and the duration of the disabling condition; **and**
- A doctor verifies all of the following in writing or by using a DHS-54A, Medical Needs form:
 - The spouse/child with disabilities requires a caretaker.
 - The spouse/parent is needed in the home to provide care.
 - The spouse/parent cannot engage in an employment-related activity due to the extent of care required.

System Tip

Record this status by navigating to the DEMODI screen on ASSIST and enter "C" for a disabled child or "S" for the disabled spouse in the disabled persons caretaker column. ASSIST will assign either employment code "NC" for the child or "NS" for the spouse. Enter a medical review date on CIMS for the month the medical statement expires and needs to be re-evaluated.

STFS Candidates

FIP applicants who meet eligibility criteria for Short Term Family Support (STFS) and are pending STFS authorization are not referred to employment services. This applicant is assigned the "LO" employment code until STFS is no longer pending for the family.

VOLUNTARY PARTICIPANTS

Clients who meet the criteria for a deferral and are participating in non-JET activities or those requesting a referral to JET may volunteer for the JET program. Deferred clients should be encouraged to participate. If the client is volunteering for JET, generate a DHS-2439, JET referral using employment code "VN" and code "3" in ASSIST.

Noncompliance penalties apply to all voluntary participants when the client is noncompliant with activities agreed to on the FSSP or assigned by JET. Explain to clients who volunteer that if they try to participate and discover they do not have the capacity to fulfill their requirements, they must immediately inform the FIS or JET case manager before becoming noncompliant.

Note: Clients identified as volunteers are eligible for this code only as long as the original deferral lasts. When the deferral time limit associated with the voluntary code expires, FIS should make a new determination based on current case circumstances and change the employment code. Post a follow-up if necessary to monitor voluntary status.

REQUEST FOR DELAYED REFERRAL TO EMPLOYMENT SERVICES

Deferral Not Granted

Do all of the following when a request for deferral is not granted:

- Document the basis of the decision including any limitations or restrictions in the FSSP under the "Barriers and Referrals" tab. Advise and schedule an appointment with JET.
- Refer the client to JET, providing information on any limitations to full participation.

Advise the client of their right to:

- Discuss the deferral decision with a supervisor (FIM).
- File a grievance with the MWA if they disagree with the activities assigned at JET.
- File a hearing regarding denial of support services such as transportation assistance, child care assistance, etc.

Note: When a deferral is not granted, it is not a loss of benefits, termination or negative action. When a client requests a hearing based on not being granted a deferral, be sure to advise the client at the pre-hearing conference and use the DHS-3050, Hearing Summary, to

inform the administrative law judge the action did not result in a loss of benefits or services. Be sure the client understands that the right time to file a hearing is once they receive a notice of negative action for non-compliance.

Deferral Granted

When a request for deferral is granted:

- Set the appropriate deferral code in ASSIST, **and**
- Determine the length of the deferral, **and**
- Notify the client (and the MWA if the client is active on MIS) of the decision and length of deferral, **and**
- Document the decision in the FSSP under the “Barriers and Referrals” tab, **and**
- Post a follow-up to review the deferral when it is expected to expire. Use the SW-211 report in Case Management Tools (CMT) to monitor deferral expirations.

TIME LIMITS

Time limits apply to Job Search/Job Readiness and Vocational Educational activities. Excused absences and holiday hours may be applied when they occur in the course of participation in unpaid work activities. Enter actual hours on the FSSP as noted below. Use caution when entering any of these hours as the time limits apply even if the client does not meet participation requirements for a given month. Do not enter excused absence hours or Job Search/Job Readiness hours if the client’s FSSP planned hours will not meet federal participation requirements. Hours entered that do not meet participation requirements are applied to the limits.

Job Search/Job Readiness (JS/JR)

The limit for each WEI assigned to JS/JR is a week of federally required hours times 12 weeks. No more than four consecutive weeks are allowed without a one-week break (Sunday through Saturday) in a preceding 12-month period beginning September 28, 2008 or it is not countable.

Example: Client has a 30 hour requirement and is assigned to JS/JR. The JS/JR limit for this client is 360 hours. Client is assigned to JS/JR for 30 hours each week for 6 consecutive weeks and completes the assignment each week and actual hours are entered on the FSSP. The 360 hour limit is now reduced to 210 hours (360-180+30). Weeks one through four are countable for the 30 hours each week; week five is not countable and the FSSP will automatically store this week under “other work activity” and not reduce the 30 hours of participation for that week; week six is countable and reduces the total allowable hours. This client cannot get the 150 hours added back to their JS/JR limit until the report month drops off 12 months in the future.

**Vocational
Educational
Training (Voc Ed)**

This activity continues to have a lifetime limit of 12 months. The limit for Voc Ed began January 1, 1997. Clients who participated any day in a given month since the limit began will have a count of 1 applied on the FSSP. Participation in this activity exceeding the 12 month limitation is not counted in the rate of participation.

**HOLIDAYS AND
EXCUSED
ABSENCES**

Holiday hours and excused absence hours may be applied for non-work activities only. The FSSP will not allow entry of these hours for paid work activities. Clients in paid work receive holiday and excused hours from their employer.

Holidays

Holidays are now considered participation when a client in an unpaid work activity has previously been assigned to a planned activity and is scheduled to participate. The following holidays are allowed:

- New Years day.
- Martin Luther King's birthday.
- Memorial day.
- Fourth of July.
- Labor day.
- Veterans day.
- Thanksgiving.
- Day after Thanksgiving.
- Christmas Eve.
- Christmas day.

The countable holiday hours are limited to an average of eight hours per holiday in a month.

Record the hours that a client is scheduled to participate in the activity under that activity in the FSSP when:

- Participation is monitored by DHS, and
- The client was scheduled to participate, and
- The date is one in the list of holidays, and
- The hours are required to meet the federally required minimum hours.

Excused Absences

A client's participation in an unpaid work activity may be interrupted by occasional illness or unavoidable event. A WEI's absence may be excused up to 16 hours in a month but no more than 80 hours in a 12-month period.

Record the hours that a client is scheduled to participate in the activity under that activity in the FSSP when:

- Participation is monitored by DHS, and

- The client was scheduled to participate, and
- The hours are required to meet the federally required minimum hours.

FSSP ENTRY

DHS must record the activities the client will participate in and the client's actual participation in activities monitored by DHS directly in the FSSP. Activities may address barriers to employment services or core activities that count in the rate of participation.

JET/MWA case managers record the activities the client will participate in and the client's actual participation in activities monitored by JET in the MIS. The records in MIS are displayed on the FSSP the next day.

Michigan's rate of FIP/RAP client's participation in required activities is captured from the records displayed in the FSSP.

VERIFICATION REQUIREMENTS

Paid Work Activities

The client's actual hours of participation in paid work activities must be verified. FIS may use two consecutive pay check stubs or wage statements that reflect the average number of hours worked by the client. These or a collateral contact with the client's manager or supervisor meet the requirement to project the client's hours for six months. Determine the average number of hours worked per week and document the actual hours on the FSSP.

The actual hours of self-employment is determined the same way as income is determined in PEM 500: Total proceeds in a month minus allowable expenses divided by the federal minimum wage equals the monthly hours of participation. Divide the monthly hours of participation by the number of weeks in the month to determine the weekly hours of participation.

Example: You receive 3 consecutive check stubs for pay dates of January 5, 12 and 19. One check stub shows 25 hours worked, one check stub shows 30 hours worked and one check stub shows 32 hours worked. The average of the 3 check stubs is 29 hours per week on average.

Example: You receive 2 consecutive check stubs for pay dates of January 5 and January 19. The client is paid bi-weekly. One check stub states 60 hours worked and one check stub states 55 hours worked. The average of the 2 check stubs is 28 hours per week, dropping the fraction (60+55 divided by 4 weeks) to obtain the weekly average.

Project hours for the next six months by using the week begin date and the week end date on the FSSP on the "Activity" screen. The FSSP will

not allow entries greater than six months. Set the target date to the next verification request date in time to project the next six-month projection.

FIS must verify participation in paid work activities ONLY when the client is NOT served by JET

Change in hours of Work Activity

When a client reports a change in the number of hours of employment during the six-month projection, FIS must gather actual check stubs that reflect the change. Change the actual hours previously recorded in the FSSP to the actual participation as verified. Use a minimum of two new consecutive pay stubs, wage statements or the collateral contact to project the new six-month period that begins the month after the month with the change.

Non-Paid Activities

Activities assigned to a client on the FSSP must be verified using a DHS-630, Weekly Activity Log when monitoring is required. Report weeks are always Sunday through Saturday. The activity log due date is always the Friday after the week end date. Set the "Target Date" on the FSSP "Activity" screen to the next date verification must be received. Run the "Target Date" report available through the FSSP "Main Menu" to manage the follow-up to verification requirements. You must enter actual hour of participation at least bi-weekly for each client with assigned activities.

If the client does not return the activity log by the due date, send the DHS-2444, Notice of Noncompliance and schedule a triage appointment. If the client's form is not received by the time the triage appointment occurs, it is treated as noncompliance. If the FIS receives the activity log before a DHS-2444 is sent, it is not noncompliance.

FIS must confirm the validity of activity logs by monitoring legitimacy periodically.

Deferrals

Verify the following reasons for deferral:

- **Temporary Incapacity.** Obtain medical evidence if the client claims a disabling condition expected to last 90 days or less. If needed, authorize a general medical exam or payment for a medical report. See PAM 815.
- **Disability.** If the client claims a disabling condition expected to last more than 90 days, it must be verified by one of the following:
 - Note from client's doctor.
 - DHS-49.
 - DHS-54A.
- **Care of a Spouse/Child with Disabilities.** A doctor must verify all of the following in writing using a DHS-54A, Medical Needs form:

- The disability of the spouse/child needing care and the extent and duration of the disability.
- The spouse/parent is needed in the home to provide care.
- The spouse/parent cannot engage in an employment-related activity due to the extent of care required.
- **Care of an *Early On*® Child.** Verify the child and parent are both actively participating in the *Early On* program.

Verify other deferral reasons as needed.

VERIFICATION SOURCES

Paid Work Activities

Verification of hours the client participates in a wage earning activity is required by the FIS when the client is not serviced by the JET/MWA. Use one of the following:

- Two consecutive pay statements that reflect hours worked, or
- Collateral contact with the client's manager, supervisor or with one who know the hours worked.
- Simplified Reporting verifications when the client receives both FIP and FAP.
- TALX Work Number.

Non-Paid Activities

Use the DHS-630, Activity Log, to collect verification of non-paid activities as noted above.

Age and School Attendance

See PEM 240, [Age](#) and PEM 245, [School Attendance and Student Status](#).

SSI/RSDI Based on Disability/ Blindness

To verify information regarding SSI or RSDI based on disability or blindness, use one of the following:

- Document from the Social Security Administration.
- Third Party Single Online Query (SOLQ)ED-030.
- Automated Find & Fix (AFF).
- Consolidated Inquiry.

Care of an *Early On*® Child

For *Early On* participation, obtain a statement from the family's *Early On* family service coordinator confirming:

- The child is eligible, and
- The parent and child are actively participating with the service plan.

Lack of Child Care The 4C agency must confirm that enhanced 4C referral was unsuccessful with:

- Written correspondence, or
- Documentation of collateral contact.

Domestic Violence See temporary deferral for Domestic Violence in this item.

Temporary Incapacity Statement from an MD/DO that the person is unable to work, including diagnosis, limitations on activities and expected duration.

The DHS-54A, Medical Needs; DHS-49, Medical Examination Report; or other written statement is acceptable.

For SSI/RSDI application or denial due to duration, use one of the sources listed above for Care of a Spouse/Child with a Disability.

**EXHIBIT I -
 STATEWIDE DHS
 TEEN PARENT
 SERVICE
 PROVIDERS LIST**

County	Agency	Phone Number	Administrator / Contact Person
Berrien	Catholic Family Services 1819 Gull Road Kalamazoo, MI 49048	(616)381-9800	Margaret O'Brien
Calhoun	Calhoun County Health Department 190 East Michigan Avenue Battle Creek, MI 49014	(616)969-6389	Shirley McKinney
Chippewa	Inter-Tribal Council of Michigan, Inc. 405 East Easterday Avenue Sault Ste. Marie, MI 49783	(906)632-6896 ext. 3036	
Clare	Central Michigan District Health Department 255 West Main Harrison, MI 48625	(989)539-6731	
Genesee	Mott Children's Health Center 806 Tuuri Place Flint, MI 48503	(810)767-5750	
Ingham	Ingham County Health Department Willow Plaza Services 306 West Willow Lansing, MI 48906	(517)484-9292 ext. 3544	Janice Kimble

County	Agency	Phone Number	Administrator / Contact Person
Jackson	Florence Crittenton Services 1603 Lansing Ave. Jackson, MI 49202	(517)787-3500 ext. 27	Kim Brown
Kalamazoo	Kalamazoo County Human Services Department 3299 Gull Road Kalamazoo, MI 49001-1295	(616)373-5070	Arletha Jennings
Kent	Salvation Army Booth Services 1215 East Fulton Grand Rapids, MI 49503	(616)459-9468 Fax (616)459-5372	Tenisha Pulliam Ext.278 Heather Brinkman Ext. 217
Lake	Healthy Beginnings Teen Parenting Services RR#3 PO Box 2259 Baldwin, MI 49304	(231)745-8424	Cherterine Foster
Montcalm	Catholic Social Services PO Box 480 Stanton, MI 48888	(989)831-8306	Vera Bogart Sally Beck
Muskegon	Catholic Social Services 1095 Third Street, Suite 125 Muskegon, MI 49441-1976	(231)726-4735 ext. 236 Fax (231)722-0789	Pam Coehn Nan Andrews
Newaygo	Baldwin Family Health Care RR#3 PO Box 2259 Baldwin, MI 49304	(231)689-6447 ext. 407	Melody Potter
Oakland	Catholic Social Services 53 Franklin Blvd Pontiac, MI 48342	(248)334-3595 ext. 3235	
Ogemaw	AuSable Valley Community Mental Health 511 Griffin Street West Branch, MI 48661	(989)345-5571 ext. 282	Janet Jordan
Saginaw	Saginaw County Youth Protection Council 1630 Gratiot Street Saginaw, MI 48602	(989)792-6789 Fax (989)792-6137	Ron Spess Mary Ellen Johnson
Van Buren	Van Buren Department of Community Health 57418 County Road 681, Ste A Hartford, MI 49057	(269)621-3143	

County	Agency	Phone Number	Administrator / Contact Person
Wayne	Lutheran Child and Family Services of Michigan 15160 W. Eight Mile Rd. Oak Park, MI 48237-3020	(248)968-0100 Fax (248)968-7163	Mary Kosal (ext. 252) Deidria Glosson (ext. 249)
	Alternative for Girls 903 W. Grand Blvd. Detroit, MI 48208	(313)361-4000	Tavion Watts Amy Good
	Federation of Youth Services 548 E. Grand Blvd. Detroit, MI 48207	(313)267-4488	George Bascom
	Marillac Outreach Program St. Vincent & Sara Fisher Center 22255 Greenfield, Suite 330 Southfield, MI 48075	(313) 535-9200Fax (248)559-2226	

LEGAL BASE

FIP

MCL 400.57f
 Rehabilitation Act of 1973 (Section 504),
 Americans with Disabilities Act of 1990
 Michigan Persons with Disabilities Civil Rights Act

RAP

45 CFR 400.82

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).