

ABSCONDING

The intentional failure of an individual to report to their supervising probation/parole agent and to advise their supervising agent of their whereabouts.

ACCUMULATED BENEFIT

A one-time payment of accumulated non-MDHHS benefits issued to cover a retroactive period of time or to cover a future period of time. Example: RSDI, Veterans Benefits, UI Benefits, Workers Compensation.

Related Terms: Lump Sum.

ACTUAL UTILITY EXPENSE

The amount the group is billed for utilities.

Related Terms: Utility Only Standard.

ADC

Aid to Families with Dependent Children.

Related Term: Family Independence Program (FIP).

ADC-F

Aid to Dependent Children - Foster Care.

ADEQUATE NOTICE

A written notice sent at the time a case action is affected (not pending) which specifies all of the following:

- The action taken by the department.
- The reason for the action.
- The specific manual item which cites the legal basis for the action.
- An explanation of the individual's right to request a hearing.
- The circumstances under which benefits are continued if a hearing is requested.

Related Terms: Timely Notice.

**ADJOINING
PROPERTY**

Land and buildings located on the land, which touches the land the homestead is on if not separated from the homestead by other persons' property. It includes land separated only by roads, public rights-of-way, streams, etc.

Related Terms: Homestead.

**ADMINISTRATIVE
HEARING**

An **administrative hearing** (also called a fair hearing) is the impartial review by an administrative law judge of a department decision that a client believes is illegal or, in the case of the community spouse resource or income allowance, is unsatisfactory. Both the client and the department are given the opportunity to present evidence in support of their respective positions.

**ADMINISTRATIVE
HEARINGS (AH)**

Administrative Hearings (AH) for MDHHS is located in both Lansing and Detroit. AH is responsible for conducting administrative hearings and rendering Decisions and Orders (D&O). AH is a part of the Michigan Office of Administrative Hearings and Rules (MOAHR) within the Department of Licensing and Regulatory Affairs (LARA).

**ADMINISTRATIVE
LAW JUDGE (ALJ)**

An **administrative law judge** (ALJ) is an employee of the Michigan Office of Administrative Hearings and Rules (MOAHR) within the Department of Licensing and Regulatory Affairs (LARA). An ALJ conducts the administrative hearing.

**ADMINISTRATIVE
RECOUPMENT**

See Benefit Withholding.

**ADMINISTRATIVE
REVIEW**

Review of a hearing request and applicable policy by the local office manager or designee prior to a hearing.

Related Terms: Administrative Hearing.

**ADMINISTRATIVE
TRIBUNAL**

Administrative tribunal for the Michigan Department of Health and Human Services (MDHHS) is responsible for conducting administrative hearings and rendering decisions and orders (D&O). The administrative tribunal is an employee of the Michigan Administrative Hearings System within the Department of Licensing and Regulatory Affairs (LARA).

**ADULT FOSTER
CARE HOME (AFC
HOME)**

A family home, small group home, large group home or congregate facility licensed to provide supervision, protection and personal care to ambulatory adults age 18 and over who are aged, developmentally disabled, mentally ill or physically disabled and who require supervision on an ongoing basis but do not require continuous nursing care.

Related Terms: Domiciliary Care, Personal Care, Special Living Arrangements.

AFC

Adult Foster Care.

**AGENCY ERROR
(AE)**

An agency error is a type of overpayment or underissuance resulting from an incorrect action or failure to take action by the state agency.

Related Terms: Overpayment, Supplemental Program Benefits.

AGENT

One that acts for or as the representative of another or has the power or authority to act.

**AGRICULTURE/
RELATED**

Employment is any of the following:

- On a farm, ranch, orchard or vineyard performing field work related to planting, cultivating or harvesting operations; and tree or plant maintenance such as pruning or thinning.
- In canning, sorting, packing, ginning, seed conditioning, processing operations or related research.
- Nursery and greenhouse activities, excluding landscaping.
- Reforestation.
- Preparation and harvest of Christmas trees and other evergreen products.
- Dairy, livestock (including swine and sheep), poultry and beekeeping.

AHR

Authorized hearings representative.

ALIEN

See *Non-Citizen*.

**ALLOWABLE
MEDICAL EXPENSE**

The costs of certain medical-related needs which are subtracted from income.

ANNUITY

A written contract, usually with an insurance company, establishing a right to receive specified, periodic payments for life or for a term of years.

ANTIQUÉ VEHICLE

A vehicle which is over 44 years old.

AP

Assistance payments.

APPLICANT

The person(s) whose signed application for program benefits has been received in the local office. The person remains an applicant until the program is approved or denied, or until the application is withdrawn.

APPLICATION

A signed and dated statement on a form prescribed by the department that a person wishes to receive program benefits.

APPLICATION DATE

The date an application/DHS-1171-F, Filing Document, with minimum required information, is received by the local office.

APPLICATION NUMBER

Every application in Bridges is assigned a unique eight-digit application number preceded by a T. Example: T12345678. Once the application is assigned to a specialist and data collection has begun, the specialist will determine if there is an existing case number. If so, they will associate the application to that case number. If there is no existing case number, Bridges will assign one. It will be the number assigned at application preceded by a 1, instead of T. **Example:** 112345678.

APPROVE

The decision that program eligibility exists and the action(s) taken to authorize program benefits

Related Terms: Certification, Denial, Determination of Eligibility.

AR

Authorized Representative.

APTC

Advanced Premium Tax Credit.

**ARM LENGTH
TRANSACTION**

A transaction between two parties who are not related and who are presumed to have roughly equal bargaining power. It consists of all the following three elements:

- It is voluntary.
- Each party is acting in their own self-interest.
- It is on an open market.

By definition, a transaction between two relatives is not an arm length transaction.

**ARREARAGE
VENDORING**

The process by which a portion of an overdue heat and/or electric amount is sent to the utility company as a vendor payment.

Related Terms: Vendor Payment.

ASSET LIMIT

The maximum amount of countable assets the asset group is allowed.

Related Terms: Program Benefits.

ASSETS

Cash, any other personal property and real property.

Related Terms: Resources.

**AUTHORIZED
HEARINGS
REPRESENTATIVE
(AHR)**

The person who stands in for or represents the client in the hearing process and has the legal right to do so. This right comes from one of the following sources:

- Written authorization, signed by the client, giving the person authority to act for the client in the hearing process.
- Court appointment as a guardian or conservator.
- The representative's status as legal parent of a minor child.
- The representative's status as attorney at law for the client.
- For **MA only**, the representative's status as the client's spouse, or the deceased client's widow or widower, **only** when no one else has authority to represent the client's interests in the hearing process.

An AHR has no right to a hearing, but rather exercises the client's right. Someone who assists, but does **not** stand in for or represent, the client in the hearing process need **not** be an AHR.

Note: "Stands in for" means the AHR does whatever the client could do if the client were **not** represented. For example, when the client has an AHR, the AHR must sign a hearing request withdrawal, not the client. Do **not** require the signature of both the client and the AHR when the client has an AHR representing him/her.

Related Terms: Authorized Representative.

AUTHORIZED REPRESENTATIVE (AR)

A person who makes application or provides eligibility information on behalf of a client. Also, in FAP, a person who accesses food assistance benefits on behalf of a client. For MA purposes an authorized representative must be an adult child or stepchild, a specified relative, designated in writing by the client or court appointed.

Related Terms: Authorized Hearings Representative.

AVAILABLE INCOME

Income that is actually received or that can be reasonably anticipated. Reasonably anticipated means that the amount can be estimated and the date of receipt is known. It includes amounts deducted for such things as taxes and garnishments.

BAM

Bridges Administrative Manual.

BEM

Bridges Eligibility Manual.

BENDEX

Beneficiary Data Exchange.

BENEFICIARIES

Individuals who receive public assistance.

Related Terms: Recipient, Client.

BENEFICIARY OF A TRUST

Any person(s) designated in a trust instrument as benefiting in some way from the trust, excluding the trustee or any other person whose benefit consists only of reasonable fees or payments for managing or administering the trust. The beneficiary can be the grantor himself, another person(s), or a combination of any of these persons.

BENEFIT MONTH

The calendar month for which benefits are received.

BENEFIT PERIOD

The period of time for which program benefits are approved.

BENEFIT RECOVERY SYSTEM (BRS)

The system within the Bridges application that contains all established Family Independence Program (FIP), State Disability Assistance (SDA), Child Development and Care (CDC) and Food Assistance Program (FAP) overpayment claims.

**BENEFIT
WITHOLDING**

A process where some or all the benefits a recipient is otherwise eligible to receive are withheld and applied as a payment to an overpayment claim owed to the State of Michigan.

Related Terms: Administrative Recoupment.

BIC

Beneficiary identification code.

BOARDER

A person(s) who:

- Lives with another and pays reasonable monthly compensation for meals.
- Resides in a commercial room and board home.

BPG GLOSSARY

The Bridges glossary contains terms and definitions pertaining to cash, food and medical assistance along with child care and preventive family services.

BRIDGES

The goal of Bridges is to improve service delivery and workload reduction by replacing the separate automated systems (ASSIST, CIMS and LOA2) with a single integrated service delivery system. Bridges provides a modern technology platform that will support eligibility and benefit determinations for cash, medical and food assistance programs, child care services and the state emergency relief program. Bridges enables MDHHS staff to provide timelier, accurate and comprehensive delivery of services to the citizens of Michigan.

BRIDGES POLICY

Bridges Policy manual group includes the following manuals:

- Bridges Administrative Manual, BAM.
- Bridges Eligibility Manual, BEM.
- Bridges Policy Bulletin, BPB.
- Bridges Glossary, BPG.

**CANCELLED
WARRANTS**

Warrants which are voided because they are outstanding 180 days after the warrant date.

**CASCADING
ELIGIBILITY**

The process of Bridges evaluating a household's eligibility for multiple types of assistance (TOA). For example, a client's MA program request status is 'yes.' Bridges tests eligibility for all MA categories for the individual, automatically.

CASE

A Bridges case is composed of all household members, regardless of program request status.

CASE RECORD

Documents arranged in a series of packets and information related to a given case (one or more programs) contained in a manila folder with a numbered tab(s).

CASH BENEFIT

The dollar amount of Family Independence Program (FIP)/State Disability Program (SDA) program benefits that is sent to the FIP/SDA eligible group.

Related Terms: Grant Amount.

**CASH OR FOOD
ASSISTANCE
RECOVERY**

The process by which a client makes cash or food assistance payments directly to Michigan Department of Health and Human Services (MDHHS) to repay a benefit overpayment.

**CATEGORICAL
ELIGIBILITY****Food Assistance Program (FAP) Only.**

FAP groups are eligible for enhanced authorization for Domestic Violence Prevention Services. Eligibility for these services allows

FAP groups to have an income limit of at or below 200 percent of the poverty limit.

Related Terms: Domestic Violence Prevention Services Categorical Group, Traditional Categorical Group.

CERTIFICATION

The process of documenting the disposition of a determination or redetermination of eligibility by completing the form prescribed by policy. In Bridges, this is done electronically on the disposition screen.

CERTIFIED GROUP

One or more individuals within a single *eligibility determination group* (EDG), who are eligible for a particular type of assistance. This is a Bridges term.

CERTIFIED SUPPORT

Court-ordered child support that the Michigan State Distribution Unit (MiSDU) forwards to MDHHS when FIP is approved for child. The client agrees to this when they sign the DHS 1171, Assistance Application.

Related Terms: Child Support.

CHAMPS

Community Health Automated Medicaid System. Bridges will interface with this payment system to exchange information about our clients.

CHANGE(S)

An alteration in the circumstances of a group member(s) which may affect program(s) eligibility and/or the amount of program benefits.

Related Terms: Change Report Form, Determination, Redetermination.

CHANGE REPORT FORM

A department form that may be used by a client to report changes.

CHILD CARE

The provision of child care for any portion of the day or night, in or out of the child's own home, during a 24-hour period.

CHILD CARE CENTER

A facility other than a private residence licensed by Bureau of Children and Adult Licensing to care for one or more children for periods of less than 24 hours a day. A child care center may be called a:

- Day care center.
- Day nursery.
- Nursery school.
- Parent cooperative preschool.
- Play group.
- Drop-in center.
- Migrant seasonal center.

CHILD DEVELOPMENT AND CARE PROGRAM (CDC)

The department's unified child care program. Qualified families may receive assistance when the parent(s), or substitute parent(s) is unavailable to provide care because of employment, approved education/training and/or because of an approved health/social condition for which treatment is being received.

CHILD-IN-COMMON

The legal child of a specified man and woman.

CHILD SUPPORT

Monies paid by an absent parent for the living expenses of a child(ren).

Related Terms: Certified Support, Parent, Support Action.

CI

County Infirmary, consolidated inquiry.

CLAIM

A claim is an amount owed to the State of Michigan because of benefits that were overpaid or trafficked.

CLAIM NUMBER

A unique number assigned to each overpayment claim when established in Bridges.

CLAIM TYPE

The overpayment claim type identifies the cause of an overpayment.

Related terms: Agency Error, Client Error, Intentional Program Violation.

CLAIMANT/CLIENT

In the decision & orders (D&O) issued as a result of an administrative hearing, the term **claimant** is used to refer to the MDHHS client.

CLASSIC VEHICLE

A vehicle which is between 25 and 44 years old.

CLIENT

A person(s) applying for, currently receiving program benefits, inquiring about benefits or is part of a base group.

CLIENT ERROR (CE)

A client error is a type of overpayment or underissuance resulting from inaccurate reporting on the part of the household. The establishment of a client error claim does not rule out the possibility of a future finding of intentional program violation.

Related Terms: Overpayment, Intentional Program Violation.

COLLATERAL CONTACT

Contact with an information source (other than the client) through written correspondence, a telephone interview or an in-person interview.

Related Terms: Document, Documentary Evidence, Home Call, Interview, In-Person Interview.

COMMERCIAL ROOM AND BOARD HOME

A group living facility that offers meals and lodging to the public for compensation with the intent of making a profit and that meets all applicable licensing and regulatory requirements.

Related Terms: Special Living Arrangement.

COMMINGLED ASSETS OR INCOME

To combine, mix or blend together more than one asset or source of income for an individual. Policy may require an asset or income be separate in order to exclude from consideration when determining program eligibility.

COMMUNAL DINING FACILITY

A public or nonprofit private organization that prepares and serves meals for persons 60 years of age or older and their spouses or for SSI recipients and their spouses.

COMMUNITY SPOUSE

L/H or waiver patient's spouse when the spouse:

- Has **not** been, and is **not** expected to be, in a hospital and/or Long-Term Care (LTC) facility for 30 or more consecutive days, and
- For waiver patients only, the spouse is **not** also approved for the waiver.

COMPLAINT (GENERAL)

A statement or inquiry by a client, an interested party or the general public objecting to an eligibility determination, program benefits or an assertion of an IPV.

Related Terms: Discrimination Complaint, Hearing, IPV.

CONFIDENTIALITY

Restrictions on the disclosure of information concerning a MDHHS client(s).

Related Terms: Release of Information.

CONTACT DAY

Any day within the biweekly period in which child care is to be provided.

**CONSOLIDATED
VENDOR WARRANT**

A weekly warrant sent to a heat and/or utility vendor which combines the payment for many individual clients into a single payment.

**CONTRACTUAL
INCOME**

The amount of money paid for hours worked or activities completed as specified in a contract.

CO-PAYMENT

That portion of the cost of a service for which payment must be made by an eligible group.

Related Terms: Patient-Pay Amount, Deductible Amount.

CORE RELATIVE

A parent including step or grand, sibling, niece, nephew, aunt, uncle, cousin, may also be known as a specified or qualified relative.

**CORRECTIVE
ACTION PERIOD**

The time span between the date a MDHHS administrative hearing request is filed due to a Medicaid denial and the date of an eligibility determination resulting from the hearing request.

**COSTS OF
PRODUCING SELF-
EMPLOYMENT
INCOME**

Expenses that are directly related to producing self-employment income.

**COUNTABLE
INCOME**

Available income remaining after applying the policies in the BEM 500 series.

**COVERED
(MEDICAL)
SERVICES**

The range of health care services which will be paid for MA / eligible group members and for recipients of medical aid under programs I, R and J.

**CREDIBLE
COVERAGE**

Health insurance coverage under any of the following: a group health plan; individual health insurance; student health insurance; Medicare; Medicaid; CHAMPUS and TRICARE; the Federal Employees Health Benefits Program; Indian Health Service; the Peace Corps; Public Health Plan (any plan established or maintained by a State, the U.S. government, a foreign country); Children's Health Insurance Program (CHIP); or, a state health insurance high risk pool.

CSHCS

Children's Special Health Care Services (formerly Crippled Children).

DCH

Michigan Department of Community Health, now known as Michigan Department of Health and Human Services (MDHHS) as of 4/2015.

DDS

Disability Determination Service.

DEBT COLLECTION HEARING

An administrative hearing requested by MDHHS.

DECISION TABLES

Policy rules within Bridges that support eligibility decisions.

DEDUCTIBLE AMOUNT**MA**

The amount of income which must be applied to the cost of medical care before MA can be authorized.

Related terms: Patient-pay amount, Deductible case, Deductible period.

DEDUCTIBLE CASE

An active MA case with no ongoing MA eligibility or coverage. The case meets all other eligibility requirements, but income exceeds allowable limits. Periods of coverage are added when the client becomes income eligible by incurring medical expenses.

Related terms: Patient-pay amount, Personal care co-payment, Deductible amount, Deductible period.

DEDUCTIBLE PERIOD

Each deductible period is a calendar month.

Related terms: Patient-pay amount, Deductible amount, Deductible case.

DEEM

To consider income or assets available from one person to another without proof of actual contribution.

DEFERRED ACTION(S)

Any action(s) which must be initiated at the time of a determination, but which may be completed at a later date.

Related Terms: Expedited Services, Support Action.

DENIAL (OF PROGRAM BENEFITS)

Disapproval of an application or reapplication for program benefits based on a determination that one or more of the eligibility factors is not met.

DEPARTMENT WARD

Any child who:

- Has been committed to, or placed with, the department by a court order.
- Does not live with parent(s).
- Is not a title IV-E recipient.
- Not placed in Shawano or Bay Pines.

DESIGNATED STAFF PERSON (DSP)

A local office staff person assigned to perform certain specific functions as stated in policy.

DESTITUTE FAP GROUP

FAP groups containing migrants and/or seasonal farm workers who have been determined eligible for expedited services and to whom specific income tests, as specified in policy, are applied.

Related Terms: Expedited Service, Migrant.

DETERMINATION (OF ELIGIBILITY)

The process of evaluating all eligibility factors to determine if eligibility exists for program benefits.

DHS

Department of Human Services, now known as Michigan Department of Health and Human Services (MDHHS) as of 4/2015.

**DISABILITY
DETERMINATION
SERVICE**

The Disability Determination Service (DDS), which includes the Medical Review Team (MRT) and associated staff, develops and reviews medical evidence for disability and/or blindness and certifies the client's medical eligibility for assistance.

DISABLED**FAP**

A person who receives one of the following:

- A federal, state or local public disability retirement pension **and** the disability is considered permanent under the Social Security Act.
- Medicaid based on being blind or disabled - which requires a disability determination by DDS or Social Security Administration.

Note: Breast and Cervical Cancer Prevention and Treatment Program Medicaid cases are **not** considered disabled.

- Railroad Retirement **and** is eligible for Medicare or meets the Social Security disability criteria.

Individuals who receive or have been certified and awaiting their initial payment for one of the following:

- Social Security disability or blindness benefits.
- Supplemental Security Income (SSI), based on disability or blindness, **even if** based on presumptive eligibility.

Related Terms: Impairment, SDV, SDV Member.

DISABLED VETERAN**FAP**

A person who is:

- A veteran of the armed services with a service or non-service-connected disability rated or paid as total by the VA.
- A veteran considered by the VA as permanently housebound or needing regular aid or attendance.
- A veteran's surviving spouse or child who:
 - Receives or is approved for VA disability benefits, or
 - Is entitled to VA death benefits and has a disability considered permanent under the Social Security Act.

DISCOVERY DATE

Discovery date is the date when a claim is known to exist, and the amount of the claim can be reasonably determined.

Exception: The discovery date for a trafficking-related claim and any other claim not already established in Bridges as a client error is determined by the individual's signed and dated repayment agreement, administrative hearing decision, or court order. For any claim established as a client error but then later converted to an IPV, the discovery date does not change upon conversion to an IPV.

DISCRIMINATION COMPLAINT

A written statement of grievance (protest) alleging unequal treatment by MDHHS in the administration of a program(s) with respect to race, creed, etc.

Related Terms: Complaint (General).

DISPOSITION

The final process of approval or denial of an application, or the completion of a positive or negative action for an active program.

Related terms: Qualified Group, Intentional Program Violation.

DISQUALIFICATION HEARING

A hearing before a MDHHS administrative law judge initiated by MDHHS when:

- Documentary evidence suggests that an IPV has resulted in a benefit overpayment of \$500 or more and prosecution was declined, but lack of evidence was not cited; or
- The total overpayment is \$37 to \$499 and an OIG referral was not appropriate or was returned with prosecution declined, but not for lack of evidence, and
- The group has a previous IPV, or
- An apparent previous willful withholding overpayment was under \$500 and so not pursued.

Related Terms: Documentary Evidence, Hearing, Intentional Program Violation.

DISQUALIFICATION PERIOD

The length of time established by MDHHS during which eligibility for program benefits does not exist.

Related Terms: Disqualified Person, Program Benefits, Support Disqualified.

DISQUALIFIED PERSON(S)

A person(s) who is ineligible for program benefits because an eligibility factor is not met or because the person refuses or fails to cooperate in meeting an eligibility factor (e.g., child support, SSN, IPV, citizenship/alien status, etc.).

D.O.

Doctor of Osteopathy.

DOB

Date of Birth.

DOCUMENT

The entry or recording of evidence establishing the accuracy of statements in the case record.

Related Terms: Documentary Evidence, Verify.

**DOCUMENTARY
EVIDENCE**

Written confirmation in the case record of the client's circumstances.

Related Terms: Document, Verify.

**DOMESTIC
VIOLENCE
PREVENTION
SERVICES (DVPS)
CATEGORIAL
GROUP**

FAP groups, whose members are **not** all FIP and/or SDA and/or SSI, require an income and asset test.

Related Terms: Categorical Eligibility, Traditional Categorical Group.

DOMICILIARY CARE

A type of care given to residents of an AFC home whose principal need is supervision, as they are generally able to perform the basic activities of daily living, such as eating, bathing and dressing.

Related Terms: Adult Foster Care Home, Personal Care Services.

DSP

Designated staff person.

DURABLE GOODS

Items that are generally useful for a long period of time.

**EARNED INCOME
CREDIT**

A tax credit that is available to persons with limited income who have children living with them. The credit can be received either as part of the person's wages or when the annual income tax forms are filed.

EDBC

Eligibility determination and benefit calculation. The Bridges function that determines program eligibility and benefit level, after data collection has been completed.

EDG

Eligibility determination group. The EDG is composed of all individuals in a Bridges case whose information is needed to determine eligibility for a particular type of assistance. Within a case, there is an EDG for each type of assistance.

EDOD

Expected date of delivery.

EDUCATIONAL EXPENSES

Costs incurred specifically because of a person's school attendance.

EDUCATIONAL INCOME

Income received for educational purposes, e.g., grants, fellowships, scholarships, veterans' educational benefits and certain student educational loans.

EFFECTIVE DATE

Refer to Negative Action Date.

EIC

Earned Income Credit.

ELECTRONIC FORM

A form on Microsoft Word in template form (requires Forms Management, Central Office approval). A template will create a document which may be completed on the user's PC and printed or printed and completed by hand.

ELIGIBLE GROUP

The person(s) who meets all of the non-financial and financial eligibility factors.

Related Terms: Disqualified Person(s), Fiscal Group, Program Group, Qualified Group.

ELIGIBILITY FACTOR

A criterion or condition which must be met before eligibility can be certified. Eligibility factors are of a financial, nonfinancial or procedural nature (e.g., citizenship, income).

ELIGIBLE IMMIGRATION STATUS

Immigrants with eligible or qualified status are generally eligible for full coverage Medicaid if they meet all other eligibility factors. See BEM 225 for list of statuses.

Related term: Qualified immigration status.

EMERGENCY SHELTER

A facility that provides temporary housing for individuals or families who are homeless or facing a crisis that prevents occupancy of their home.

EP

Early Payment.

ES

Eligibility Specialist.

ESCHEATED BENEFITS

EBT cash assistance benefits that are removed from an EBT account because the benefits were not accessed by the individual for one year. Escheated benefits are returned to Treasury. The only cash benefits that are escheated are those which are entirely state-funded (for example, SDA).

**ESTABLISHMENT
DATE**

The establishment date for an overpayment is the date a claim is created in Bridges.

**EXCESS MEDICAL
EXPENSE****FAP**

A deduction from countable income for allowable medical expenses exceeding \$35 incurred by SDV members.

Related Terms: Allowable Medical Expense.

EXCESS INCOME**FIP, SDA, Medical Assistance (MA)**

The amount by which the group's income exceeds their needs as specified in policy.

Related Terms: Income Limit.

**EXCLUDED
REIMBURSEMENT**

That portion of a payment for past or future expenses other than normal living expenses (rent, personal clothing, etc.) provided the payment is for a specifically identified expense and is used for the purpose intended.

EX PARTE REVIEW

A determination made by the department without the involvement of the recipient, the recipient's parents, spouse, authorized representative, guardian, or other members of the recipient's household. It is based on a review of all materials available to the specialist that may be found in the recipient's current Medicaid eligibility case file.

**EXPEDITED
SERVICE**

A determination of FAP eligibility that, due to the circumstances of the applicant group, has a shorter standard of promptness and fewer verification requirements than are normally required.

Related Terms: Standard of Promptness.

**EXPUNGED
BENEFITS**

EBT cash assistance benefits that are removed from an EBT account because the benefits were not accessed by the individual for one year.

**FAILURE TO
COOPERATE**

Neglecting (without intent) to comply with a required action.

Related Terms: Refusal to Cooperate.

FAIR HEARING

See Administrative Hearing.

**FAIR MARKET
VALUE**

The amount of money the owner would receive in the local area for his asset (or his interest in an asset) if the asset (or his interest in the asset) was sold on short notice, possibly without the opportunity to realize the full potential of the investment. That is, what the owner would receive, and a buyer be willing to pay on the open market and in an arm length transaction; see definition in this glossary.

**FAMILY
AUTOMATED
SCREENING TOOL**

A web-based screening tool completed by the FIP/RCA client to meet program eligibility. Information gathered from the FAST is displayed on the Family Self-Sufficiency Plan (FSSP).

**FAMILY CHILD CARE
HOME**

A private home licensed by Bureau of Community and Health Systems to care for up to six children for periods of less than 24 hours a day.

FAMILY SELF-SUFFICIENCY PLAN

An automated plan developed with the FIP/Refugee Cash Assistance (RCA) family to include activities that will lead them to self-sufficiency.

FEDERAL SUBSIDIZED HOUSING FOR THE ELDERLY

Housing for the elderly that was built under either Section 202 of the Housing Act of 1959 or Section 236 of the National Housing Act.

FEIN

Federal Employer ID Number, commonly referred as a “38 number.”

FFM

Federally Facilitated Marketplace.

FIELD HELP

In Bridges, information about the data being requested by fields on data collection screens. Access field help by clicking on the field label, or using CTL/SHIFT/H.

FIM

Family Independence Manager.

FINAL SSI DISABILITY DETERMINATION

A determination made after 1/1/90 by Social Security Administration (SSA) that a person is not disabled for SSI purposes which supersedes the MDHHS Medical or state review team certification that the person is disabled for MA. SSA's determination becomes **final** when:

- No further appeals can be made at SSA, **or**

- The client failed to file an appeal at any step within SSA's 60-day time limit, **and**
- The client is Now claiming:
 - A totally different disabling condition than the condition SSA based its determination on, **or**
 - An additional impairment(s) or change or deterioration in his condition that SSA has **not** made a determination on.

FINANCIAL ELIGIBILITY FACTORS

Eligibility factors dealing with income and assets.

Related Terms: Eligibility Factor(s), Nonfinancial Eligibility Factor.

FIP

Family Independence Program.

Related terms: Aid to Families with Dependent Children (ADC).

FIP RECIPIENT

A recipient of Family Independence Program (FIP) who is **not** an ineligible grantee.

FIS

Family Independence Specialist.

FISCAL GROUP

MA

The group of persons living with each other whose income and needs are considered together in determining eligibility for the qualified group.

Related Terms: Eligible Group, Qualified Group.

FHA

Farmers Home Administration.

FLEEING FELON**FIP, SDA and FAP**

A fleeing felon is an individual who is intentionally fleeing to evade prosecution, custody, or confinement for a felony and is actively being pursued by federal, state or local law enforcement.

For FIP, SDA, and FAP purposes, an individual can only be considered a fleeing felon if they meet all of the criteria below and have been determined to be a fleeing felon by Office of Inspector General (OIG) and MDHHS central office review:

- A federal, state or local law enforcement officer acting in their official capacity, presents to MDHHS an outstanding felony arrest warrant that conforms to one of the following offense descriptors and/or their corresponding Uniform Offense Classification Codes, as published by the National Crime Information Center, to obtain information on the location of and other information about the individual named in the warrant:
 - Escape (4901);
 - Flight to Avoid (prosecution, confinement, etc.) (4902); or
 - Flight-Escape (4999)
- Law enforcement intends to arrest the fleeing felon within 20 days of the date they are contacted by OIG and;
- Law enforcement unsuccessfully attempts to enforce the warrant within that 20-day period, as verified by OIG based on contact with law enforcement.

See BEM 203, under Fleeing Felons

FNS

Food and Nutrition Service.

FUGITIVE FELON

Related Terms: Fleeing Felon

**FULL-TIME
STUDENT**

A student regularly attending school for the number of hours the school considers full-time.

Related Terms: Half-time Student, Regularly Attending, Student.

FUTURE MONTH

Any calendar month for which MA eligibility is being determined that is after the processing month.

Related Terms: Past Month, Processing Month.

GOOD CAUSE

A circumstance which is considered a valid reason for not complying with a requirement.

GRANT AMOUNT

The sum of the FIP/SDA cash benefit, amount recouped, and the vendor payments issued on behalf of the FIP/SDA eligible group.

Related Terms: Cash Benefit, Recoupment, Vendor Payments.

GRANTOR

Any person who creates a trust. It includes anyone who furnishes real or personal property for the creation of the trust.

Related Terms: Settlor.

GROSS EARNED INCOME

The amount of earned income before taxes, union dues, etc. are deducted or, for self-employment, the amount of earned income remaining after the costs of producing the self-employment income are deducted from the total proceeds.

GROUP CHILD CARE HOME

A private home licensed by Bureau of Community and Health Systems to care for up to 12 children for periods of less than 24 hours a day.

GUARDIAN

A person lawfully invested with the power, and charged with the duty, of taking care of the person and managing the property and rights of another person, who, for defect of age, understanding, or self-control, is considered incapable of administering his affairs.

One who legally has the care and management of the person, or the estate, or both, of a child during its minority.

HALF-TIME STUDENT

A student regularly attending school for the number of hours the school considers half-time.

HEAD OF HOUSEHOLD (HOH)

The person who is customarily responsible for the verbal and written communication(s) between the eligible group and MDHHS, and in whose name program benefits are generated and received.

FIP

The person program benefits are issued to, but not necessarily the person the benefits are intended to cover.

Related Terms: Ineligible Grantee.

HEALTH INSURANCE

An insurance policy that pays money because the insured person has a medical expense. **Long term care insurance is considered health insurance.** It does **not** matter if the money will be paid to the insured person or to the provider of the medical service (such as a nursing home).

Comprehensive health insurance covers at a minimum inpatient and outpatient hospital services, laboratory, x-rays, pharmacy and physician services. The following are **not** health insurance:

- An insurance policy which pays a flat rate without regard to actual charges or expenses (sick and accident Insurance).
- An insurance policy which pays just because a person is unable to work (for example, State Employee's Long-Term Disability and Income Protection Benefit Plan).
- Automobile insurance, even though it may cover medical expenses.

HEARING

The process whereby clients who are dissatisfied with a MDHHS action may appeal the action to MOAHR.

Related Terms: Administrative Hearing, Administrative Review, Prehearing Conference.

HEARING DECISION

The decision of an administrative law judge to uphold, modify or reverse a department action(s) or, as a result of a disqualification hearing, the administrative law judge's decision whether or not a person has committed IPV.

Related Terms: Administrative Hearing, Debt Collection Hearing, Disqualification Hearing, Hearing.

**HEARINGS
COORDINATOR**

A **hearings coordinator** is a person in the local MDHHS office who is responsible for logging, routing, and monitoring all hearing requests. Refer to BAM 600, Hearings for more information.

Related Terms: Administrative Hearing.

**HEAT AND UTILITY
STANDARD**

An amount for heat and utilities, established by policy, which is used in determining the total shelter expense of a FAP group.

Related Terms: Shelter Expense.

**HEAT/UTILITY
ARREARAGE
AGREEMENT**

An agreement signed by the client to pay a heat or electric arrearage to the utility company via the arrearage vendoring process.

HMO

Health Maintenance Organization.

HMP

Healthy Michigan Plan.

HOME

The structure in which a person lives (i.e., keeps his personal belongings and sleeps), which generally contains sleeping, cooking and bathroom facilities.

Related Terms: Homestead.

HOME CALL

An in-person interview between a specialist and a client outside of the local MDHHS office.

Related Terms: Collateral Contacts, In-Person Interview, Interview.

**HOME EQUITY LINE
OF CREDIT**

A revolving line of credit in which the home serves as collateral. Also referred to as HELOC.

**HOME HELP
SERVICES**

Personal care provided for the client in the client's home.

Related Terms: Personal Care Services.

HOMELESS

Persons that do not reside in a permanent dwelling or have a fixed mailing address. A homeless person is an individual who lacks a fixed and regular nighttime residence or whose nighttime residence is:

- A supervised public or private shelter designed to provide temporary accommodations for the homeless.
- A halfway house or similar accommodation which provides a temporary residence for individuals released from institutions.
- Home of another person.

- Place not designed or ordinarily used as a dwelling (e.g., building entrance or hallway, bus station, park, campsite, vehicle).

HOMELESS MEAL PROVIDER

A state-approved public or private nonprofit establishment which feeds homeless people. Any individual or organization may request FNS authorization to accept food assistance benefits for payment of meals to the homeless. Upon request, local offices must assist such individuals or groups by verifying their tax-exempt status, certifying that they provide meals to the homeless, providing them with a letter for FNS stating that the above requirements are met, and directing them to the regional FNS office for a formal application.

HOMESTEAD / HOME

The shelter that a person owns (or is buying) where they usually live and which is their principal place of residence. The homestead includes the shelter, the land on which the shelter is located, and related building on such land, but does not include other shelters on the property.

Related terms: Principal place of residence.

HOSPITAL

A facility (including any psychiatric ward of the facility) that is licensed by the MDHHS and that offers inpatient medical care and services. (A long-term care facility and a facility operated by the MDHHS are not considered hospitals.)

ICF/ID

Intermediate Care Facility for Individuals with Intellectual Disability.

IMMIGRATION STATUS

The classification given by the United States Citizenship and Immigration Services (USCIS) for aliens and refugees admitted into the U.S.

Related Terms: Alien, Refugee, Eligible and Qualified Immigration Status.

IMPAIRMENT

A condition resulting from anatomical, physiological or psychological damage which can be demonstrated by medically acceptable clinical and laboratory diagnostic techniques. This can range from mild to severe.

INA

Immigration and Nationality Act.

INCOME

Benefits or payments measured in money.

INCOME LIMIT

The maximum amount of net income that the group can have and establish eligibility for or remain eligible for program benefits.

Related terms: Program Benefits.

INCOME MONTH

The calendar month determined by policy, from which income information is used in determining eligibility for or level of program benefits.

**INCOMPETENT
PERSON**

A person who has been adjudicated by a probate court as unable or unfit to manage his own affairs.

**INDEPENDENT
LIVING**

An SDA recipient not residing in an SLA, or a client residing in a county infirmary who is not certified for domiciliary or personal care.

Related Terms: Special Living Arrangements.

**INDICATED OR
DEMONSTRATED A
DISABILITY**

Information in the recipient's current Medicaid eligibility case file shows the recipient has alleged a serious mental or physical impairment or injury. A condition, impairment, or injury will not be considered serious if information in the case file shows it is so minor it cannot reasonably be expected to interfere with the individual's mental or physical functioning, or cannot reasonably be expected to last more than a year, or to result in death.

Following a disability review an individual who has indicated or demonstrated a disability may or may not be determined to meet the definition of disability used to determine eligibility for Medicaid under SSI related disability-based Medicaid types of assistance (TOA).

INDIVIDUAL ID

A ten-digit number used to identify each client in legacy systems as well as Bridges.

**INELIGIBLE
GRANTEE**

The person who acts as grantee but who is not an eligible group member. In Bridges terms, this means the payee/applicant who is not a member of the Certified Group.

Related Terms: Grantee, Specified Relative.

**INITIAL
APPLICATION**

The most recent application used to establish eligibility at the time any currently active assistance program was opened.

Related Terms: Determination of Eligibility.

**INITIAL ASSET
ASSESSMENT**

A determination of the total amount of countable assets owned by a client and/or his spouse as of the day of the first continuous period of care that began on or after 9-30-89.

**IN-PERSON
INTERVIEW**

A face-to-face conversation with another person in which information is obtained.

Related Terms: Collateral Contact, Interview, Home Call.

INSTITUTION

An establishment which furnishes food, shelter and some treatment or services to more than three people unrelated to the proprietor. For example: licensed foster care homes, nursing homes, etc.

**INSTITUTION OF
HIGHER EDUCATION**

A college, junior college, community college, university, vocational or technical school.

Related Terms: Post-High School Level, Post-Secondary Education Institution.

**INSTITUTION FOR
MENTAL DISEASES**

A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases.

**INSURANCE
AFFORDABILITY
PROGRAMS**

Medicaid, MIChild, advanced premium tax credits, cost sharing reductions, insurance.

**INTEGRATED CARE
ORGANIZATION**

A health plan which provides all Medicare and Medicaid services, including long term care services.

**INTENTIONAL
PROGRAM
VIOLATION (IPV)**

Intentional program violation consists of having intentionally:

- Made a false or misleading statement, or misrepresented, concealed or withheld facts.
- Committed any act that constitutes a violation of FAP, FAP regulations, or any state statute for the purpose of using, presenting, transferring, acquiring, receiving, possessing, or trafficking of FAP benefits or EBT cards.

Related Term: Disqualified Person(s), Overpayment.

INTER-OFFICE CLIENT MOVE

When a client moves from the jurisdiction of one local office to the jurisdiction of another local office.

INTERSTATE COR- RESPONDENCE

Communication by letter with a person or agency in another state.

INTERVIEW

A conversation with another person in which information is obtained.

Related Terms: Collateral Contact, Home Call, In-Person Interview.

INTRA-STATE COR- RESPONDENCE

Communication by letter with a person or agency within the State of Michigan.

IRREVOCABLE TRUST

A trust that cannot, in any way, be revoked by the grantor, court, trustee, or any other person or entity.

LADY BIRD DEED

Also called an Enhanced Life Estate Deed or a Transfer on Death Deed. Allows a property to transfer on death without probate. The owner/grantor still owns the property and can sell, rent or make other changes to the property without restriction until their death. Because they still have unrestricted interest in the property a Lady

Bird deed is not considered a divestment when an applicant is in a divestment penalty situation.

LEFT NAVIGATION

A menu, of possible Bridges actions, on the left side of Bridges data collection screens.

LEGACY SYSTEMS

MDHHS eligibility determination and benefit issuance systems in existence before Bridges, (ASSIST, CIMS, LOA2).

LEGAL GUARDIAN

A person either appointed by a court or designated by a will to exercise powers over the person of an individual who is less than 18 years of age or a legally incompetent person.

LEGALLY INCOMPETENT PERSON

A person over the age of 18 for whom a legal guardian has been appointed by a court.

L/H PATIENT

The Medicaid client who was in the hospital and/or long-term care facility (LTC) in a hospital and/or long-term care facility (L/H) month. Mr. Jones in the examples below is the L/H patient.

L/H MONTH

A calendar month containing:

- At least one day that is part of a period in which a person was (or is expected to be) in an LTC facility and/or hospital for at least 30 consecutive days, **and**
- **No** day that the person was a waiver patient.

Example: 1

Mr. Jones is admitted to an LTC facility on October 5th and is discharged December 1st.

October, November and December are L/H months.

Example: 2

Mr. Jones is admitted to a hospital October 31st, transferred to an LTC facility in November and discharged from the LTC facility December 15th.

October, November and December are L/H months.

Example: 3

Mr. Jones is admitted to a hospital October 28th and discharged December 11th. He is approved for the waiver effective December 17th.

October and November are L/H months. Reminder: The Patient Pay Amount (PPA) is **not** reduced or removed in the month the person leaves the facility.

**LICENSE EXEMPT
CHILD CARE
PROVIDERS**

Certain child care centers, homes and individuals that provide child care do not require licensure and are enrolled by the Michigan Department of Education (MDE) to receive CDC subsidy payment for the care of eligible children. These include the following:

License Exempt-Tribal

Facilities located on tribal land.

License Exempt-Military

Facilities located on federal land, including military installations.

License Exempt-Related

A license exempt-related provider must be all of the following:

- An adult who is 18 years or older.
- Provides care for no more than six children at one time.
- Related to the child(ren) by blood, marriage or adoption as one of the following:
 - (Great) Grandparent.
 - (Great) Aunt or Uncle.
 - Sibling (allowable only if the provider lives at a different residence).

Note: A divorce ends a relationship gained through marriage.

License Exempt-Unrelated

A license exempt-unrelated provider must be all of the following:

- An adult who is 18 years or older.
- Provides care for no more than six children at one time.
- Provides care where the child(ren) lives.

LIHEAP

Low Income Home Energy Assistance Program.

LIMITED LIABILITY COMPANY (LLC)

A limited liability company is an entity formed under state law by filing articles of organization. Generally, for income tax purposes, a single-member LLC is regarded as an entity separate from its owner and reports its income and deductions on its owner's federal income tax return.

LIQUID ASSETS

Liquid assets include cash on hand, checking or savings accounts and savings certificates.

Related Terms: Assets.

LIVE-IN ATTENDANT

A person who lives with a group for the purpose of providing medical, housekeeping, child care or other similar personal services, for a member of the group.

LO

Local office.

LOGICAL UNIT OF WORK

Bridges data collection screens are divided into "Logical Units of Work" (LUW). One LUW may contain multiple tabs across the top of the Bridges screens. The entire LUW must be completed before the data is saved to the data base.

**LONG-TERM CARE
(LTC)**

LTC means being in any of the following:

- A nursing home that provides nursing care.
- A county medical care facility that provides nursing care.
- A hospital long-term care unit.
- A MDHHS facility that provides active psychiatric treatment.
- A special MR nursing home.
- A MDHHS facility for individuals with intellectual disability that provides ICF/ID nursing care.

A person may receive hospice care in one of these facilities. He is still considered in LTC.

LTC

Long-Term Care.

LUMP SUM

A one-time payment that is **not** an accumulation of monthly benefits. Examples: Income tax refunds, inheritances, insurance settlements, injury awards, Medical Loss Ratio Rebates, Keepseagle Track A payments.

Related Terms: Accumulated Benefits.

MAGI

Modified Adjusted Gross Income. A methodology used to determine financial eligibility for Medicaid. It is based on Internal Revenue Service rules and relies on federal tax information.

**MAGI-RELATED
MEDICAID**

Medicaid for children under 19, parents or caretakers, former foster children, adults 19-64.

MAIL DATE

The date a regular assistance warrant was issued.

**MAJOR WAGE
EARNER (MWE)**

The FAP group member (including disqualified members) who:

- Earned the greatest amount of income in the two months before the month of the noncooperation, provided
- The job involved at least 20 hours per week or earnings of at least the Federal minimum wage times 20 hours per week.

A person who was **not** in the group when he/she received the earnings may be the MWE.

Exception: No person of any age can be considered the MWE/grantee **for purposes of determining an employment-related disqualification** if:

- There is another person in the FAP group who is an adult who is registered or exempt, **and**
- At least one of the adults is a parent of children of any age, or acting as a parent for a child under 18, in the FAP group.

MANDATORY FEES

An educational expense that all students in a certain curriculum must pay, for example, uniforms, lab fees and equipment fees required for a chemistry course.

Related Terms: Educational Expense.

**MANDATORY
PARTICIPANT**

A FIP applicant or recipient who must, unless temporarily deferred, fulfill the federal work participation requirement through employment, school attendance and/or participation in Work First (or equivalent contracted activities in a tribal, refugee or transitional housing program).

Related Terms: Work First.

**MANUAL
CORRESPONDENCE**

Notices/forms available for the specialist to initiate in Bridges when needed.

Related term: System-generated correspondence.

MCI

Master Client Index. This is a database containing data on all clients known to legacy systems. It is used in converting cases/clients to Bridges and preventing issuance of multiple individual ID's.

**MEDICAID (MA)
ELIGIBILITY CASE
FILE**

All written information received or maintained electronically in the Bridges eligibility determination system or in hard copy by the worker in connection with the most recent redetermination or application, and within 12 months prior to the most recent redetermination or application and at any time after the most recent redetermination or application. The case file also includes all medical packets compiled for a disability determination, or other disability review, by the DDS at any time, and all information available electronically from SSA regarding SSI or SS disability benefits or claims. Also included is all written information available electronically to MDHHS through the Family Self Sufficiency Plan.

MEC

Minimum Essential Coverage.

Any insurance that meets the Affordable Care Act requirement for having health coverage. Examples include: Health Insurance Marketplace plans; most individual plans bought outside the Marketplace; employer sponsored insurance, Medicare, Medicaid, CHIP, TRICARE, and COBRA.

MEDICAL GROUP

The persons whose health insurance and medical expenses may be considered in determining MA eligibility.

**MEDICAL REVIEW
TEAM (MRT)**

See Disability Determination Service (DDS).

MEMBER ADD

The process by which a person not currently a member of an eligible group is added to an existing eligible group and a determination of eligibility is made for the new group.

MDHHS

Michigan Department of Health and Human Services.

MICSES

Michigan Child Support Enforcement System. Office of child support system with which Bridges exchanges data.

MIGRANT

A person who:

- Works or seeks work in agriculture or a related seasonal industry, and
- Moves away from his usual home to a temporary residence as a condition of employment or because the distance from his usual home is greater than 50 miles.

Migrant status continues as long as the migrant:

- Is employed in agriculture or a related seasonal industry, or
- Has a commitment of employment or is actively seeking employment.

Migrant status continues for 30 days from the date the migrant last worked in an agricultural activity or entered Michigan whichever is more recent.

Exception: Migrant status continues beyond 30 days when:

- Legal circumstances require a migrant to remain in the area (for example, labor relations dispute, immigration, incarceration), or
- Illness or hospitalization prevents a migrant from leaving the area, or
- Unusual agricultural circumstances affect farm work or crops in Michigan or the migrant's home base (for example, weather conditions or natural disasters, etc.).

**MIGRANT
RECRUITER**

A migrant recruiter is a person who works for a child care center who has a written agreement with MDHHS to accept a CDC application on behalf of the department.

Related Terms: Migrant.

MI HEALTH LINK

A program for individuals dually enrolled in Medicare and Medicaid.

MINOR PARENT

A person under age 18 who is not emancipated and is either the parent of a dependent child living with him/her or pregnant.

Related Terms: Teen Parent.

MMIS

Michigan Medicaid Information System. Bridges interfaces with this payment system to exchange information about our clients.

MOAHR

Michigan Office of Administrative Hearings and Rules. Formerly known as Michigan Administrative Hearings System (MAHS).

**MODEL PAYMENTS
SYSTEM (MPS)**

An on-line system which makes payments to certain providers who furnish services to MDHHS clients. The following payments are made by MPS:

- Home help services.
- SDA special living arrangements.
- AFC/HA personal care/supplement payments.

The provider must be enrolled as an MPS provider, the care or service must be authorized and the provider must submit a billing to central office to receive payment.

Heat and electric providers and shelter providers who receive vendored shelter payments are enrolled on the MPS provider file, but payments are made by the vendor payment system, not by

MPS. Child Care providers are also enrolled on the MPS provider file, but payments are made by the child care payment system, not by MPS.

Related Terms: Provider, Provider ID Number.

MONEY MISMANAGEMENT

Budgeting habits which result in money designated for basic living expenses, such as food or shelter, not being used to meet these needs.

MONTH OF APPLICATION

The calendar month in which an application or DHS-1171-F, Filing Document, is received by the local office.

Related Terms: Application, Application Date.

MPS

Model Payments System.

MSWC

Medical Social Work Consultant.

NEGATIVE ACTION

An action taken by MDHHS to deny an application or to reduce or terminate a benefit.

Related Terms: Positive Action.

NEGATIVE ACTION DATE

The current date plus 12 days.

If the 11th day falls on a weekend or holiday, the date is the first subsequent date preceded by a workday.

Related Terms: Effective Date.

NON-CITIZEN

A person who is not a United States citizen.

Related Terms: Refugee.

NONFINANCIAL ELIGIBILITY FACTORS

All eligibility factors except income and assets.

Related Terms: Eligibility Factor(s), Financial Eligibility Factors.

NONPROFIT GROUP LIVING FACILITY

Facilities with nonprofit (tax-exempt) status under the Internal Revenue Code that are either a substance abuse treatment center, an adult foster care home or a shelter for battered women and children.

Related Terms: Adult Foster Care Home, Substance Abuse Treatment Center.

NON-QUALIFIED EXPENSE

An allowable medical expense used to meet a deductible but not billable to MA. Such expenses include those incurred:

- For services not covered by MA, and
- By fiscal or medical group members who are not eligible for MA coverage.

OI

OI refers to overissuance.

Related Terms: Overpayment.

OP

OP refers to overpayment.

Related Terms: Overissuance.

OUT-OF-HOME CHILD CARE

Care provided outside the child's own home in regulated child care facilities including family child care homes, group child care homes, and child care centers.

OVERISSUANCE

See *Overpayment*.

OVERPAYMENT

The amount of benefits issued to the client, household, or provider in excess of what the recipient(s) was/were eligible to receive. For FAP benefits, an overpayment is also the amount of benefits trafficked or attempted to be trafficked.

Related Terms: Overissuance.

**OVERLAPPING OF
NEGATIVE ACTIONS**

The process of initiating one or more negative actions prior to the end of the first negative action period, when the negative actions have different negative action effective dates and/or codes.

Related Terms: Negative Action, Pend Period, Pending Negative Action.

PAGE HELP

In Bridges, information about an individual data collection screen that is accessed by clicking on the question mark icon.

PARENT**FIP, MA**

In FIP and MA, a person who has a legal duty to provide parental support to the child because the person:

- Gave birth to the child, or
- Was married to the woman who gave birth to the child at the time of the child's conception or birth, or
- Legally adopted the child, or
- Had his legal duty to support the child established by paternity action or acknowledgment and the legal duty has not been permanently terminated by a court order.

**PAST-DUE
AMOUNTS**

An unpaid expense for a period of time prior to the period of time covered by the current expense.

PAST MONTH

Any calendar month for which MA eligibility is being determined that is before the processing month.

Example:

January 28 - Application date. Application also made for the 3 retro MA months.

March 5 - Processing date.

Past months are:

- October, November and December (retro MA months), and
- January and February (months during the current period that are before the March processing month).

Related Terms: Future Month, Processing Month.

**PATIENT-PAY
AMOUNT (PPA)**

The monthly amount of a person's income which Medicaid considers available for meeting the cost of hospital or LTC services. Medicaid reduces its payment to the hospital/LTC facility by the patient-pay amount.

There are different types of PPAs: hospital, and post-eligibility. Hospital PPAs are used to establish income eligibility; see BEM 545. A post-eligibility PPA is determined only after MA eligibility is established; see BEM 546. A person can have only one type of PPA for any given calendar month.

Related Terms: Co-payment; Deductible.

PAY PERIOD

A semi-monthly period from the 1st of the month through the 15th or from the 16th through the last day of the month, for which cash benefits are paid.

**PAYMENT
PROCESSING UNIT**

Refers to formally known Warrant Control Unit, Accounting Division, in MDHHS central office.

**PAYMENT
STANDARD****FIP, SDA, RCA**

The established need amount based on eligible group size which is compared to the program group's countable income, when determining eligibility.

In Bridges terms: The established need amount based on certified group size which is compared to the countable income of EDG members with an EDG participation status of eligible or disqualified, when determining eligibility.

PEND PERIOD

The period between the date a negative action is initiated and the date the negative action becomes effective during which the eligible group has an opportunity to react to the proposed action.

Related Terms: Negative Action, Overlapping of Negative Actions, Pending Negative Action, Timely Notice.

**PENDING NEGATIVE
ACTION**

A negative action that is scheduled to be effective on a later date.

Related Terms: Negative Action, Pend Period, Timely Notice.

**PERMANENT
DISABILITY**

A condition which is not expected to improve, certified by a physician.

**PERSONAL CARE
CO-PAYMENT**

Group 2 MA excess income that is paid directly to a personal care services provider by clients who meet all the criteria in BEM 545, Exhibit II.

Related Terms: Deductible Amount, Deductible Case, Deductible Period, Patient-Pay Amount.

PERSONAL CARE SERVICES

Assistance that is provided to a person who needs help in performing his own personal daily activities (for example, eating, grooming, medication, shopping, laundry, cooking).

Related Terms: Adult Foster Care Home, Home Help Services.

PERSONAL RESPONSIBILITY PLAN AND FAMILY CONTRACT (PRPFC)

The Personal Responsibility Plan and Family Contract (PRPFC), DHS-4783, is a two-part case management tool completed by the client and the FIS to mutually arrive at a plan which helps the family reach its goals for self-sufficiency. The plan outlines the family's goals, strengths, needs, options, and steps to take to reach those goals. It also highlights department actions to support the family's goals, such as contacting other agencies, making referrals, and advocating for the family.

PHYSICALLY AND MENTALLY CAPABLE

A person who does not appear to be limited by physical or mental impairment which could cause an inability to understand and perform the person's reporting responsibilities.

Related Terms: Impairment, Intentional Program Violation.

POLICY EXCEPTION

An instruction given by MDHHS central office staff to apply a specified policy in an identified case when the policy to be applied is different than, or is not covered by, existing written policy.

Related Terms: Policy Interpretation.

**POLICY
INTERPRETATION**

An explanation provided by MDHHS central office staff regarding the application of existing policy.

Related Terms: Policy Exception.

POSITIVE ACTION

An action taken by the department to approve an application or increase a benefit.

Related Terms: Negative Action.

**POST-HIGH SCHOOL
LEVEL**

The level of education after graduation from high school.

Related Terms: Institution of Higher Education.

**POST-SECONDARY
EDUCATION
INSTITUTION**

A public or private educational institution which admits persons who are beyond the age of mandatory school attendance. The institution must be legally authorized by the state to provide an educational program beyond secondary education or to provide a program of training to prepare students for gainful employment.

**POWER OF
ATTORNEY**

An instrument authorizing another to act as one's agent or attorney. The agent is attorney in fact and his power is revoked on the death of the principal by operation of law. Such power may be general or special.

PPA

Patient-Pay Amount.

**PRE-ELIGIBILITY
MEDICAL EXPENSE**

Unpaid medical expenses incurred in the three months prior to application for Medicaid. The offset is only allowed if used to pay the provider(s) for the medical expense and will be terminated if the recipient fails to pay the provider. In general, the allowable expenses are the same as allowed for a group 2 deductible case. In addition, the medical expense(s) must be:

- Unpaid, and an obligation still exists to pay.
- Cannot be from a month where Medicaid eligibility existed.
- Cannot be covered by a third-party source (public or private).
- Cannot be from a month in which a divestment penalty has been imposed.
- Cannot have been used previously as a pre-eligibility medical expense to offset a patient pay amount.
- Can include cost of room and board for Medicaid long term care (LTC) facilities, remedial care and other medical expenses recognized by Michigan law but not covered under the Michigan state plan.
- Must be reported prior to the first Medicaid redetermination following the initial eligibility.
- MDHHS will terminate offsets if there is a failure to pay the medical provider with the funds.

**PREHEARING
CONFERENCE**

A meeting between the client, Authorized Hearings Representative (AHR) and appropriate local office staff to discuss the reason for the hearing request and the department's basis for its action.

Related Terms: Authorized Hearings Representative, AHR.

**PRIMARY
CAREGIVER**

A person, other than the child's parent, who functions as a parent for the child.

Related Terms: Parent.

PRINCIPAL

The assets in a trust. The assets may be real property or personal property.

PRINCIPAL PLACE OF RESIDENCE

An individual's principal place of residence is the dwelling the individual considers his/her established homestead/home and to which they intend to return if absent. If the individual owns more than one residence it is the residence in which they spend the most time.

PROCESSING DATE

The date the specialist determines eligibility.

Related term: Homestead.

PROCESSING MONTH

The calendar month during which the specialist determines MA eligibility.

Related Terms: Future Month, Past Month.

PRODUCER

A person required to be licensed under the laws of this state to sell, solicit, or negotiate insurance.

PROGRAM (FIP/SDA/MA/FAP) BENEFITS

All client benefits administered by MDHHS in the form of cash, mihealth card, food assistance, vendor payments, etc.

Related Term: MA card replaced by mihealth card April 2003.

PROGRAM GROUP

Those persons living together whose income and assets must be counted in determining eligibility for assistance.

Related Term: Eligible Group, Fiscal Group, Qualified Group.

PROTECTIVE PAYEE

A person who receives warrants, mihealth cards and other systems-produced correspondence that would otherwise go to the eligible group. This person was formerly referred to as the third-party payee.

PROVIDER

A person or agency that furnishes a service to a client. May also be referred to as a vendor.

Related Terms: Provider Payment, Provider ID Number.

PROVIDER ERROR

A provider error is a type of claim resulting from a client receiving more benefits than he/she was eligible to receive because the client/CDC provider gave incorrect or incomplete information or failed to notify the department of required information, believed to be unintentional.

PROVIDER ID NUMBER

A number assigned to a provider enrolled in Provider Management. This number is also referred to as a vendor number.

MA

A seven-digit number assigned to an MA-enrolled provider.

Related Terms: Provider, Model Payments System, Tax Identification Number.

PROVIDER PAYMENT

A MDHHS payment (for covered medical services to a client) made directly to a provider enrolled in the MA program.

A MDHHS payment for SDA special living arrangement care made to a facility enrolled as a provider in Provider Management.

Child Development and Care payments are issued directly to the provider.

Related Terms: Vendor Payment.

PRT

Program Reference Tables, obsolete 6/30/2007. Tables moved to Reference Tables (RFT).

Related Terms: Reference Tables (RFT).

PSYCHIATRIC FACILITY**FIP, SDA, MA**

An institution primarily engaged in diagnosing or caring for persons with mental disease. It may be privately operated or operated by the government. It does not include the psychiatric ward of a hospital.

PURSUIT OF BENEFITS

To apply for, and try to make available, income and assets for which a person may be eligible.

QUALIFIED GROUP

The person or persons living together who meet all of the required nonfinancial eligibility factors.

Related Terms: Disqualified Person(s), Eligible Group, Fiscal Group, Program Group.

REAL PROPERTY

Land and objects affixed to the land, such as buildings, trees, and fences. Condominiums are real property.

RECIPIENT

A person(s) receiving program benefits.

Related Terms: Beneficiary, Client.

RECOUPMENT

Identification, establishment, and recovery of benefit overpayments.

Related Terms: Overpayment.

REDETERMINATION**FIP**

The periodic case review which focuses on self-sufficiency issues and fulfillment of the Personal Responsibility Plan and Family Contract, and which also reestablishes the group's eligibility.

SDA, MA, FAP

The periodic, thorough re-evaluation of all eligibility factors to determine if the group continues to be eligible for program benefits.

Referred to as a renewal for Medicaid and Healthy Michigan Plan. A passive renewal does not require any action from the beneficiary.

REDETERMINATION MONTH

The month in which the redetermination process is scheduled for completion.

REFUGEE

A person who has been admitted into the U.S. with an immigration status of refugee, asylee, parolee, conditional entrant, Cuban/Haitian Entrant, Amerasian or victim of trafficking.

Related Terms: Alien, Eligible or Qualified Immigration Status.

REFUSAL TO COOPERATE

Having the ability to comply with a required action but choosing not to comply.

Related Terms: Failure to Cooperate.

REGULAR ASSISTANCE WARRANTS

The semi-monthly checks received by recipients.

**REGULARLY
ATTENDING**

Attendance at all scheduled class meetings except for excused or acceptable absences as allowed by the school.

Related Terms: Institution of Higher Education, Secondary School, Student.

REINSTATEMENT

Restoring a closed program to active status without a new application form for specific reasons, as defined by policy.

**RELEASE OF
INFORMATION**

- A MDHHS employee's verbal or written statements attesting to a client's name or amount of a benefit which is furnished to an inquirer under specific procedures as described in policy, or
- A client's written permission for MDHHS to obtain information from an outside party or to provide information to an outside party.

Related Terms: Confidentiality.

REOPENING

Returning an inactive program to active status when a new or updated application form is required and the program cannot be reinstated.

REPAY AGREEMENT

- A written obligation signed by the client to repay program benefits when a specified source of income is received, or
- Shelter and/or utility deposit agreements which are signed by landlords or utility companies.

**REPAYMENT
AGREEMENT**

An agreement approved by MDHHS containing the terms of repayment by the debtor.

REPLACEMENT OF PROGRAM BENEFITS

The process of providing the eligible group with a replacement for warrants, checks, food and cards which have been reported lost, destroyed, damaged, not received or stolen. MA cards can be replaced by contacting MDHHS at 1-800-642-3195.

REPORTED SSN

A social security number (SSN) provided by a client when Bridges determines that the SSN is already being used by another client, enter reported number in this data collection screen field until the duplicate SSN can be resolved.

REPRESENT

Represent means to present the administrative hearing case for the client, in whole or in part, by questioning witnesses, offering exhibits and making legal arguments.

Related Terms: Administrative Hearing, Authorized Hearings Representative (AHR).

REQUEST FOR ASSISTANCE

Any contact (by telephone, in person or by mail) with the local office in which a person states that he wishes to apply for program benefits on behalf of himself or someone else.

Related Terms: Authorized Representative.

RESPITE CARE

Child care provided for the sole purpose of relieving the caretaker of child care responsibilities in order to reduce stress.

Note: The Child Development and Care Program does **not** pay for respite care.

RESOURCE

Resource means all the client's and the spouse's assets and income. That is, all cash and any other personal property, as well as any real property, that an individual (or the spouse): owns, has the right or power to convert to cash, and is not legally restricted

from using for the individual's support and maintenance. An asset does not stop being a resource just because it has no current market value.

RESTRICTED PAYMENTS

Payments made to someone other than the client in the form of vendor payments or third-party payments, because of third party resource disqualification or money mismanagement.

Related Terms: Third Party Payments, Vendor Payments.

RETRO MA

- The first, second, or third calendar month prior to the most recent application for MA or FIP.
- The first, second or third calendar month prior to entitlement for SSI or title IV-E.
- The first, second or third calendar month prior to the date the court order was received by MDHHS for department wards.

RETROACTIVE BENEFIT

Any client benefits in the form of retroactive MA, cash assistance or food assistance issued to cover a period from the beginning date of eligibility up to the first regular food or cash assistance benefit or early payment.

REVOCABLE TRUST

A trust that can, under state law, be revoked or modified by the grantor, court, the trustee, or any other person or entity. This includes a trust that allows for revocation or modification only when a change occurs, such as the grantor leaves the LTC facility or the client becomes competent.

RFT

Reference Tables (RFT).

ROOMER

An individual(s) who pays for lodging but not meals and who is not furnished meals.

Related Terms: Independent Living, Rooming House.

ROOMING HOUSE

An establishment that rents, for lodging, rooms without private, unshared kitchens and bathrooms and that does not provide the tenants meals.

Related Terms: Roomer.

RR

Railroad Retirement.

RSDI

Retirement, Survivors, and Disability Insurance.

RUN EDBC

A Bridges command that when selected initiates the process of determining program eligibility and benefit level, after data collection has been completed.

SANCTION

A penalty imposed resulting from a failure to follow program rules.

Related Terms: Disqualification Period, Disqualified Person(s).

SATC

Substance Abuse Treatment Center.

SATISFACTORY IMMIGRATION STATUS

Those immigration statuses that meet the eligibility criteria for the program requested.

S-CORPORATION

S-corporations are corporations that elect to pass corporate income, losses, deductions, and credits through to their shareholders for federal tax purposes. Shareholders of S-corporations report the flow-through of income and losses on their personal tax returns and are assessed tax at their individual income tax rates.

To qualify for S-corporation status, the corporation must meet the following requirements:

- Be a domestic corporation.
- Have only allowable shareholders
 - May be individuals, certain trusts, and estates and
 - May not be partnerships, corporations or non-resident alien shareholders.
- Have no more than 100 shareholders.
- Have only one class of stock.
- Not be an ineligible corporation (certain financial institutions, insurance companies, and domestic international sales corporations).

SDV

Senior/Disabled/Disabled Veteran Member.

Related Terms: Senior, Disabled, Disabled Veteran.

SENIOR/DISABLED/ DISABLED VETERAN (SDV) MEMBER

A person who is senior, disabled, a disabled veteran or certain disabled relatives of veterans.

Related Terms: SDV, Senior, Disabled, Disabled Veteran.

SDX

State Data Exchange.

SEASONAL FARMWORKER

A person who:

- Works in agriculture or a related seasonal industry, and
- Is **not** required to be absent overnight from his permanent place of residence.

SECONDARY SCHOOL

Junior high school, high school or other equivalent level of cooperative or apprenticeship training.

SELF-ATTESTATION

No documentation is required. The individual's statement is sufficient proof.

SENIOR

A person who is 60 years of age or older.

SENIOR IMPAIRED**FAP**

A senior person who meets the definition of disabled and who is unable to purchase and prepare meals.

SGA

See: Substantial Gainful Activity.

SHELTER EXPENSE

The amount of money that must be paid for the home for rent or for a mortgage or land contract or for condominium or cooperative housing fees, property taxes, home insurance and special assessments.

SLA

See: Special Living Arrangements.

SOP

See: Standard of Promptness.

**SPECIAL LIVING
ARRANGEMENTS
(SLA)**

Commercial residences and living facilities where sleeping accommodations and all meals are furnished.

Related Terms: Independent Living.

**SPECIAL
TRANSPORTATION**

Transportation for medical purposes other than by private motor vehicle, such as ambucab.

SPONSOR OF AN ALIEN

A person who signed an affidavit or other statement accepted by the United States Citizenship and Immigration Services (USCIS) as an agreement to support an alien as a condition of the alien's admission for permanent residence in the U.S.

SPONSORED ALIEN

An alien whose sponsor's income and assets must be considered in determining the eligibility of the alien.

SPONSORED ALIEN'S ENTRY DATE

The date established by the United States Citizenship and Immigration Services (USCIS) as the date the sponsored alien was admitted into the U.S. for permanent residence.

SRT

See: State Review Team.

SSA

Social Security Administration.

SSB

Social Security Benefits.

Related Terms: RSDI.

SSI

See: Supplemental Security Income.

SSI RECIPIENT

Person receiving (or eligible for, as determined by SSA) an SSI benefit issued by SSA.

SSI-RELATED MA

Those Medicaid categories in which eligibility depends on a person being aged (65 or older), blind, disabled or entitled to Medicare, or formerly blind or disabled.

SSN

Social Security number.

STANDARD DEDUCTION

An amount established by policy that is subtracted from the countable income of FAP groups.

Related Terms: Countable income, Eligible Group, Qualified Group.

STANDARD OF PROMPTNESS (SOP)

The number of days (as prescribed in each program's policy) which a local office is allowed for completing a determination of eligibility and/or other case action.

Related Terms: Application Date, Approve, Denial, Determination of Eligibility.

STARTING INCOME

Income that is received for the first time and that is expected to continue indefinitely.

STATE SSI PAYMENTS (SSP)

State-funded payments issued quarterly by MDHHS to federal SSI recipients in independent living or household of another.

Related Terms: SSI, SSI Recipient.

STOP PAYMENT STOP PAYMENT

A MDHHS directive to Treasury to **not** honor a warrant.

STOPPED INCOME

Income that was being received on a continuing basis, but which will no longer be received.

STRIKE

A concerted stoppage, slowdown or interruption of work activities or employment operations by employees (including a stoppage by reason of the expiration of a collective-bargaining agreement).

STUDENT

A person enrolled in and regularly attending a school.

Related Terms: Institution of Higher Education, Regularly Attending, Secondary School.

**SUBSTANCE ABUSE
TREATMENT
CENTER (SATC)**

A special living arrangement which provides a complete program for the treatment of addiction to drugs and/or alcohol.

Related Terms: Special Living Arrangement, SATC.

**SUBSTANTIAL
GAINFUL ACTIVITY
(SGA)**

The performance of significant duties over a reasonable period of time for remuneration or profit or engaging in work of a type generally performed for remuneration or profit. Caring for one's self or one's household does not, in and of itself, constitute substantial gainful activity.

**SUBSTANTIAL
LOTTERY OR
GAMBLING
WINNINGS**

A cash prize won in a single game, before taxes or other amounts are withheld, which is equal to or greater than the SNAP resource limit for elderly or disabled households.

**SUPPLEMENTAL
PROGRAM
BENEFITS**

Benefits authorized to correct underissuances in specific situations prescribed in program policy.

**SUPPLEMENTAL
SECURITY INCOME
(SSI)**

A cash benefit to needy aged, blind and disabled persons. In Michigan, SSI benefits include a basic federal benefit and an additional amount paid with state funds. SSA issues the:

- Basic federal benefit to all SSI recipients, and
- State-funded benefit to SSI recipients in AFCs, homes for the aged and institutions.

MDHHS issues the state-funded benefit (state SSI payment) to SSI recipients in independent living and household of another.

Related Terms: SSI Recipient, State SSI Payments.

SUPPORT ACTION

All of the activities required to obtain child support for an eligible child from an absent parent.

Related Terms: Certified Support, Child Support, Parent.

**SUPPORT-
DISQUALIFIED**

Ineligibility for program benefits because of failure or refusal to cooperate in pursuing support action.

Related Terms: Disqualified Person(s), Failure to Cooperate, Refusal to Cooperate, Support Action.

**SYSTEM
(GENERATED)
CORRESPONDENCE
SYSTEM
(GENERATED)
CORRESPONDENCE**

Notices/forms that are produced by Bridges without the specialist action.

TAX FILER

The individual(s) who file a federal income tax return.

TAX DEPENDENT

An individual claimed as a dependent on a tax filer's federal income tax return.

TAX IDENTIFICATION NUMBER

The federal employer identification number, Michigan temporary identification number, or social security number of a provider. The tax identification number is used to enroll providers on the Model Payments System (MPS). A seven-digit provider ID number is assigned by MPS upon enrollment.

Related Terms: Provider, Provider ID Number, Model Payments System.

TECHNICAL COURSE

A program that provides training in a specific trade or occupation and awards the student a training certificate upon successful completion of the course.

Related Term: Vocational Course.

TEEN PARENT

A person under age 20 who is the parent of a dependent child living with him/her or who is pregnant.

Related Terms: Minor Parent.

TEMPORARY INELIGIBILITY

Suspension of program benefits if the ineligibility is likely to exist only for one or two months and the ineligibility is due to reasons specified in policy.

THIRD-PARTY PAYEE

A person who receives warrants, mihealth cards and other systems-produced correspondence that would otherwise go to the eligible group. This person is now referred to as the protective payee.

Related Terms: MA card replaced by mihealth card April 2003.

**THIRD-PARTY
PAYMENT**

Payment of the FIP/SDA/RCA grant to a protective payee.

Related Terms: Protective Payee, Restricted Payments, Vendor Payments.

**THIRD-PARTY
RESOURCE**

An individual or entity that is or may be liable for all or part of a client's medical expenses.

Related Terms: Health Insurance.

THRESHOLD

The amount of overpaid benefits that must be exceeded before the department will establish an overpayment claim.

TIMELY NOTICE

An adequate notice which is mailed at least 11 days prior to the effective date of an intended negative action.

Related Terms: Adequate Notice, Negative Action, Pending Negative Action.

**TIMELY HEARING
REQUEST DATE**

The date by which an Administrative Hearing request must be received, to continue receipt of program benefits until a hearing decision is issued. It is the last workday, prior to the negative action effective date.

**TIMELY
REAPPLICATION
DATE**

Date by which the eligible group must submit an application to have its eligibility for FAP redetermined without an interruption of program benefits.

Related Terms: Application, Program Benefits, Redetermination.

**TRADITIONAL
CATEGORICAL
GROUP**

FAP groups whose members are all FIP and/or SDA and/or SSI do not require an asset test. Their asset test requirements are met by the FIP/SDA/SSI program.

TRAFFICKING

- The buying, selling, stealing, or otherwise effecting an exchange of FAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINs), or by manual voucher and signature, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or actioning alone.
- The exchange of firearms, ammunition, explosives, or controlled substances, as defined in section 802 of title 21, United States Code, for FAP benefits.
- Purchasing a product with FAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product and returning the container for the deposit amount, intentionally discarding the product, and intentionally returning the container for the deposit amount.
- Purchasing a product with FAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with FAP benefits in exchange for cash or consideration other than eligible food.
- Intentionally purchasing products originally purchased with FAP benefits in exchange for cash or consideration other than eligible food.
- Attempting to buy, sell, steal, or otherwise affect an exchange of FAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINs), or by manual voucher and signatures for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone.

TRAINING PROGRAM

A program providing education and/or instruction for the purpose of preparation for employment.

TREASURY

Refers to the Michigan Department of Treasury.

TREATMENT PLAN

Medical treatment and rehabilitation services which will help a person overcome the effects of impairment and improve the person's ability to support and provide care for themselves and/or others.

TRUSTS

Any arrangement in which a grantor transfers property to a trustee with the intention that it be held, managed, or administered by the trustee for the benefit of the grantor or certain designated persons. The trust must be valid under state law and manifested by a valid trust instrument or agreement. This includes any legal instrument or devise that is similar to a trust.

Related Terms: irrevocable trust, revocable trust, annuity.

TRUSTEE

The person who has legal title to the assets and income of a trust and the duty to manage the trust for the benefit of the beneficiary.

TWO-PARENT FAMILY

All Family Independence Program cases with two adults receiving assistance. This includes cases in which a child is living with caretaker relatives. The only exception is when one of the adults is deferred from employment-related activities with an Employment code of NC, NS, or DQ code A; see BEM 230A.

TYPE OF ASSISTANCE (TOA)

A subsection of Bridges programs that can be requested. For example, when the Bridges user indicates the client's cash program request status is yes, Bridges evaluates eligibility for each type of cash assistance.

**UNEMPLOYMENT
BENEFITS**

Unemployment insurance benefits are administered by the Unemployment Insurance Agency (UIA) within the Department of Labor & Economic Growth (DLEG). Unemployment benefits were formerly known as unemployment compensation benefits (UCB). Disaster unemployment assistance (DUA) is also administered by UIA.

**UNIFORMED
SERVICE**

The U.S. Army, Navy, Air Force, Marine Corps, Coast Guard and National Guard and the National Oceanographic and Atmospheric Administration and the Public Health Service of the U.S.

UNIT

A unit of care is defined as one hour of care.

USCIS

U.S. Citizenship and Immigration Services.

**UNSUITABLE
EMPLOYMENT**

A job that is inappropriate for one of the reasons specified in policy and for which good cause would be found for quitting.

**UTILITY ONLY
STANDARD**

An amount for utilities, established by policy that is used in determining the total shelter expense of an FAP group. To qualify for the utility only standard a combination of two of these is required: water, non-heat electric and/or telephone.

Related Terms: Shelter Expense.

VA

Department of Veterans Affairs.

VCL

Verification Checklist. DHS-3503.

VENDOR PAYMENT

A payment made by MDHHS directly to a person or company providing a service other than medical (for example, shelter, utilities, home repairs) to the client.

Related Terms: Provider Payment.

VERIFICATION CHECKLIST

A MDHHS form telling clients what is needed to determine or redetermine eligibility.

VERIFY

Document or action taken that provides evidence establishing the accuracy of statements in the case record.

Related Terms: Document, Documentary Evidence.

VOCATIONAL COURSE

A program that provides training in a specific trade or occupation and awards the student a training certificate upon satisfactory completion of the course.

Related Term: Technical Course.

WAIVER

Home and Community based waiver; see BEM 106, MIChoice Waiver.

WAIVER PATIENT

Person whose month being tested is a waiver month.

WAIVER MONTH

Calendar month containing at least one day that the person is (was) approved for the waiver (see BEM 106). The Extended-Care category (BEM 164) **cannot** be used if the person's waiver medical approval date is unknown.

WARRANT

A check issued as a regular assistance warrant, a supplemental program benefit, or a vendor payment.

Related Terms: Regular Assistance Warrant, Supplemental Program Benefit, Vendor Payment.

WARRANT DATE

The date shown on the warrant. For regular client and vendor warrants, this is the expected date of delivery. For replacement warrants, this is the date the warrant was mailed.

WORK FIRST

A program of employment-related activities for mandatory and volunteer participants, administered by Michigan Works! Agencies under the Michigan Department of Labor and Economic Growth.

Related Terms: Mandatory Participant.