

POLICY

All Programs

The Michigan Department of Health & Human Services (MDHHS) must periodically redetermine or renew an individual's eligibility for active programs. The redetermination/renewal process includes thorough review of all eligibility factors.

Redetermination, renewal, semi-annual and mid-certification forms are often used to redetermine eligibility of active programs.

However, the client **must** complete a MDHHS-1171, Assistance Application, and program specific supplement form(s) to request a program that is not active at the time of redetermination or a DCH-1426, Application for Health Coverage and Help Paying Costs, to request Medicaid.

Local offices must assist clients who need and request help to complete applications, forms and obtain verifications; see [Bridges Administrative Manual \(BAM\) 130, Verification and Collateral Contacts](#), Obtaining Verification.

Medicaid

A redetermination is an eligibility review based on a reported change.

A renewal is the full review of eligibility factors completed annually.

PASSIVE RENEWAL

MAGI MEDICAID

MDHHS must use information currently available in State of Michigan systems to renew eligibility.

Do not request information from the beneficiary if the information is already available to MDHHS. This includes completing a renewal form.

Note: Any income information currently available in State of Michigan systems must have been verified within the 12 months previous to the renewal date in order to be used for a passive renewal. If the income information available was verified more than 12 months before the renewal date, then new income information must be requested.

Individuals must be able to select how many years to opt in to allowing MDHHS to access tax information to determine continuing eligibility, up to a maximum of 5 years.

Individuals must also have the opportunity to opt out of allowing the use of tax information. Do not include individuals in the passive renewal process if this question is not answered on the application.

Only information that has changed or is missing may be requested from the beneficiary. The beneficiary is not required to take any action, such as signing or returning a notice if there has been no change in their circumstances.

If the information is not sufficient to renew eligibility, MDHHS must send a pre-populated renewal form to the beneficiary.

Allow the beneficiary 30 calendar days to respond and return the renewal form.

MDHHS must notify the beneficiary of their eligibility and the basis for the determination.

EX-PARTE REVIEW

Medicaid/Medical Assistance (MA) Only

An ex parte review (see [Glossary](#)) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid.

When possible, an ex parte review should begin at least 90 calendar days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see [BAM 115, Application Processing](#) and [BAM 220, Case Actions](#).

Asset Verification Program

MA Only

Electronic asset detection will occur at the time of an individual's annual renewal and anytime an individual is added to healthcare coverage on an existing case.

Asset detection may include the following sources at financial institutions: checking, savings, and investment accounts, individual retirement accounts (IRAs), treasury notes, certificates of deposit

(CDs), annuities, and any other asset that may be held or managed by a financial institution.

REDETERMINATION/ RENEWAL CYCLE

All Programs

A complete redetermination/renewal is required at least every 12 months. Bridges sets the redetermination/renewal date according to benefit periods; see Eligibility Decisions in [BAM 115](#). Redeterminations/renewals may be scheduled early or are scheduled less than 12 months apart when necessary for:

- Error-prone cases, in response to supervisory case readings, quality assurance data or quality enhancement data.
- **MA only**, newborn cases must be renewed no later than the month of the child's first birthday; see [Bridges Eligibility Manual \(BEM\) 145, Newborns](#).
- **Food Assistance Program (FAP)** cases with unstable circumstances assigned a three-month benefit period.

Exception #1: Some MA groups do **not** require a renewal; see *No MA Renewal* in this item.

Exception #2: Some FAP groups are assigned a 24-month benefit period and **require only** a mid-certification contact in the 12th month; see *Mid-Certification Contact* in this item. For MA, a companion case for a spouse may also be given the extended benefit period once the mid-certification notice has been received and reviewed. Michigan Combined Application Project (MiCAP) cases are assigned a 36-month benefit period.

FAP Only

Benefits stop at the end of the benefit period **unless** a redetermination is completed **and** a new benefit period is certified. If the client does not begin the redetermination process, allow the benefit period to expire. The redetermination process begins when the client files a MDHHS-1171, Assistance Application and MDHHS-1171-FAP, Supplement- Food Assistance Program; MDHHS-1010, Redetermination and MDHHS-1010-FAP; MDHHS-1171, filing form. See *Subsequent Processing* in this item.

Child Development and Care (CDC) Only

A redetermination for CDC cannot be completed earlier than the 12-month continuous eligibility period.

Medicaid

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

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

In a Special N/Support, Title IV-E or Foster Care TMA case, an ex parte review should begin at least 90 days prior to the date the case is scheduled to close; see [BAM 220](#).

In a Healthy Michigan Plan (HMP) case, if a beneficiary will reach age 65 before the month the case is scheduled to be renewed, an ex parte review should begin at least 90 days prior to the date the beneficiary turns 65; see [BAM 220](#).

No Medicaid Renewal

Medicaid Only

Do **not** renew the following:

- Special N/Support; see [BEM 113](#).
- Title IV-E recipients; see [BEM 117](#).
- Special needs adoption assistance recipients; see [BEM 117](#).
- Department wards; see [BEM 117](#).
- Supplemental Security Income (SSI) recipients; see [BEM 150](#).

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

INTERVIEW REQUIREMENTS

FIP, State Disability Assistance (SDA), Refugee Cash Assistance (RCA), CDC and FAP

Interview requirements are determined by the program that is being redetermined.

FAP Only

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

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

If an interview is completed, the client or authorized representative (AR) must be offered a copy of their completed application. The copy must have the Social Security numbers for anyone listed and/or any mention of domestic violence redacted.

Medicaid

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

CDC Only

There is no redetermination interview requirement for CDC.

Telephone

FIP Only

Note: The specialist must conduct a telephone interview with the head of household at redetermination before certifying continued eligibility. However, conduct an in-person interview if the client requests one. When conducting a telephone interview, ask the head of household a question only the head of household could answer (such as last four digits of their Social Security number, date of birth, etc.) to ensure the identity of the caller. Document the case record with the answer.

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

The local office may exempt a relative caretaker or unrelated caretaker ineligible grantee and dependent child member adds from the FIP interview requirements.

Member Add at Redetermination

FIP Only

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

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

FAP Only

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

Conduct a telephone interview at redetermination before determining ongoing eligibility.

However, conduct an in-person interview if one of the following exists:

- The client requests one.
- It is determined appropriate. For example, information on the application is suspected to be fraudulent.

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

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

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

In-Person

State Disability Assistance (SDA)

All individuals with an SDA Eligibility Determination Group (EDG) participation status of eligible or disqualified adult who are physically able must be interviewed and must sign and date the MDHHS-1010 or MDHHS-1171 in the specialist's presence.

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

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

Jointly Redetermined SDA/RCA and FAP Cases

SDA/RCA and FAP

Conduct a telephone or in-person interview at redetermination before determining ongoing eligibility.

The head of household or authorized representative must sign and date the MDHHS-1010 or MDHHS-1171 in the presence of a MDHHS specialist even if it was already signed if an in-person interview is conducted. Sign and date the application as a witness.

Exception: For FAP, do **not** require an in-office interview if the client is experiencing a hardship which prevents an in-office interview. Instead, conduct the in-person interview by telephone or

at the client's home or another agreed upon location. Hardship conditions include but are **not** limited to illness, transportation difficulties, work hours, etc.

SCHEDULING

All Programs

Bridges generates a redetermination packet to the client on the fourth day of the month before the redetermination is due. The packet is sent to the mailing address in Bridges. The packet is sent to the physical address when there is no mailing address. The packet is also sent to the MA authorized representative on file.

Redetermination/renewal forms may include:

- MDHHS-1010, Redetermination (all programs) and program specific supplement form(s):
 - MDHHS-1010-CASH- Cash Assistance.
 - MDHHS-1010-CDC- Child Development and Care.
 - MDHHS-1010-FAP-Food Assistance.
 - MDHHS-1010-HC- Health Care Coverage.
- MDHHS-1046, Semi-Annual Contact Report (FAP).
- MDHHS-1171, Assistance Application and program specific supplement form(s).
 - MDHHS-1171-Cash, Supplement- Cash Assistance.
 - MDHHS-1171-CDC, Supplement- Child Development and Care.
 - MDHHS-1171-HCC, Supplement- Health Care Coverage.
 - MDHHS-1171-FAP, Supplement- Food Assistance Program.
- MDHHS-2240-A, Mid-Certification Contact Notice (MA and FAP).
- DCH-1426, Application for Health Coverage and Help Paying Costs.
- OMB 0938-1213, A federal application for Health Coverage and Help Paying Costs.

- DHS-4574, Medicaid Application (Patient of Nursing Facility).

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

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

FAP Only

If the MDHHS-1171, and the MDHHS-1171-FAP must be manually sent, mail them **no later** than two workdays before the first day of the redetermination month. If the forms are **not** mailed within that time, adjust the timely filing date; see FAP Timely and Untimely Filing Date in this item.

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

CDC Only

At redetermination if the CDC asset question is not addressed, the client will need to be contacted to certify the program group's assets do not exceed \$1 million.

Early Redetermination

FIP, SDA, RCA, MA and FAP

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

- Case is found to be error prone as a result of supervisory case reading, quality assurance data or quality enhancement data.
- Specialist's schedule requires early redetermination of active program.

- To align dates to simultaneously process redeterminations for multiple programs. Bridges does this automatically for all programs except certain MA programs such as TMA.

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

CDC Only

A redetermination for CDC cannot be completed earlier than the 12-month continuous eligibility period.

FAP Only

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

Children Under 19 (U19) and MICHild

Do **not** shorten a beneficiary's 12-month eligibility period.

Once eligible, children under 19 years of age will remain eligible until the next redetermination unless any of the following occurs:

- Reaches age 19-aged out.
- Moves out of state.
- Death.
- Request closure.
- Eligibility was based on erroneous information.

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

Note: Note: If a child on CHIP (MICHild) becomes eligible for and transfers to a Medicaid program, they must remain on Medicaid for the duration of the 12-month period.

Exceptions: Continuous Eligibility does not apply to the following;

- Children in TMA.
- Children in Presumptive Eligibility
- Children in a Group 2 Medically Needy category (spend-down).

MID- CERTIFICATION / SEMI-ANNUAL CONTACT

FAP Only

Bridges sends a MDHHS-2240-A, Mid-Certification Contact Notice, for groups assigned a 24-month benefit period during the 11th month of their benefit period and a MDHHS-1046, Semi-Annual Contact Report, the beginning of the fifth month for cases assigned a 12-month benefit period.

Note: Manually send from Bridges and track the MDHHS-1046 if it is discovered that a case was not correctly assigned as a simplified reporter by the last day of the fourth month of the benefit period.

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

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

A report is considered complete when signed and all of the sections on the MDHHS-1046 or the MDHHS 2240-A are answered completely or the no changes box on the first page is selected **and** required verifications are returned by the group or group's authorized representative. If an expense has changed and the group does not return proof of the expense, if required, but all of the sections on the report are answered completely, remove the expense in Bridges before certifying..

24-Month Benefit Period

The mid-certification contact notice must be recorded, data collection updated and eligibility results certified in Bridges by the last day of the 12th month after a completed MDHHS-2240-A and all required verifications are received.

Note: Run eligibility even if the group indicates no changes so Bridges will recognize the MDHHS-2240-A has been processed.

12-Month Benefit Period

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

Processing MDHHS-1046

The group's gross earned income from their most current budget is pre-filled on the MDHHS-1046. If the client's gross income has changed by more than \$125 from the pre-filled amount on the form, they must return verification of past 30 days of earnings with completed MDHHS-1046.

If the group indicates their gross earned income has **not** changed by more than \$125, verification of the past 30 days is not required. However, income **must** be budgeted and eligibility run if the group checks "No" to the questions but supplies proof of income.

Note: Run eligibility so Bridges will recognize the MDHHS-1046 has been processed.

Medicaid only

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

**REDETERMINATION
PACKET RECEIVED****FIP, State Disability Assistance (SDA), Refugee Cash Assistance (RCA), CDC and FAP**

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

Exception: For FIP, SDA and FAP only, if any section of the redetermination/review packet has not been completed but there is a signature, consider the redetermination/review complete. Complete any missing sections during the interview.

When a complete packet is received, record the receipt in Bridges as soon as administratively possible.

If the redetermination is submitted through MI Bridges, the receipt of the packet will be automatically recorded.

Medicaid Only

A redetermination/review packet is considered complete when all of the sections of the redetermination form including the signature section are completed and all requested verifications needed for determination are returned.

Failure to Record Receipt of Redetermination Packet

CDC Only

When redetermination packets are not logged by the 10th day of the redetermination month, the DHS-5322, Notice of Potential Child Development and Care (CDC) Closure, will be generated by Bridges to the client. This notice informs the client that CDC benefits will end the pay period that holds the last day of the month.

FIP, SDA, and CDC

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

FAP only

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

Medicaid only

Benefits are not automatically terminated for failure to record receipt of the renewal packet.

Failure to Record Receipt of the Mid-Certification Contact Notice

FAP Only

If the MDHHS-2240-A is **not** logged in Bridges by the 10th day of the 12th month, Bridges will generate a DHS-2240-B, Notice of Food Assistance (FAP) Closure, to the client. This notice explains that the client must return the MDHHS-2240-A and all required verifications by the last day of the month, or the case will close.

If the client fails to return a complete MDHHS-2240-A by the last day of the 12th month. Bridges will automatically close the case. If the client reapplies, treat it as a new application and Bridges will prorate the benefits.

If the completed MDHHS-2240-A and verifications are returned by the last day of the 12th month, process the changes to ensure the client's benefits are available no later than 10 days after their normal issuance date in the 13th month of the benefit period.

Failure to Record Receipt of the Semi-Annual Contact Report

If the MDHHS-1046 is not logged in Bridges by the 10th day of the sixth month, Bridges will generate a MDHHS-1046-A, Notice of Food Assistance (FAP) Closure, to the client. This reminder notice explains that the client must return the MDHHS-1046 and all required verifications by the last day of the month, or the case will close.

If the client fails to return a complete MDHHS-1046 by the last day of the sixth month. Bridges will automatically close the case. If the client reapplies, treat it as a new application and Bridges will prorate the benefits.

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

Conducting the Interview

FIP, SDA and FAP

- Obtain a complete redetermination/review packet from the client.

- Compare the redetermination/review document to the existing MDHHS-1171 and program specific supplement form(s) or previous MDHHS-1010 and applicable program specific supplements and other case data.
 - Reconcile any discrepancies and ensure anything omitted is completed.
- Review the verifications and reconcile discrepancies.
- Verbally cover the rights and responsibilities with the client and refer them to view online, the following sections of the PUB-1010, Important Things About Programs and Services:
 - Your Responsibilities.
 - Your Rights.
 - Resources.
 - Privacy Details.
 - Penalties.

FIP Only

- Review the Family Self-Sufficiency Plan (FSSP) for compliance.
- Identify any barriers to the family's self-sufficiency and strategies for client to overcome them.
- Update each FSSP to identify the specific steps the individual will take towards family self-sufficiency.
- Review work participation requirements. Identify any potential deferrals listed in; see [BEM 230A, Employment and/or Self-Sufficiency Related Activities: FIP](#).
- Review direct support service opportunities, including transportation and child care; see [BEM 229, Path Program Referrals & The Application Eligibility Period](#).
- Review penalties for non-compliance; see [BEM 233A, Failure To Meet Employment And/Or Self-Sufficiency Related Activities: FIP](#).
- Review FIP time limits; see [BEM 234, FIP Time Limits](#).

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

FAP TIMELY AND UNTIMELY FILING DATE

FAP Only

Timely Filing Date

In order to receive uninterrupted benefits (benefits available on their scheduled issuance date), the client must file the redetermination through MI Bridges or file either a MDHHS-1010, Redetermination and MDHHS-1010-FAP, MDHHS-1171, Assistance Application and MDHHS-1171-FAP supplement, or a signed MDHHS-1010-FAP, FAP 1010 supplemental filing form, by the fifteenth of the redetermination month.

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

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

When processing a redetermination for FAP and FIP, SDA, or MA, consider the FAP redetermination filed timely if it is filed timely for the other program; see *FAP Client Failure to Meet Redetermination Requirements* in this item.

Untimely Filing Date

FAP Only

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

VERIFICATIONS DEADLINE

FIP, SDA, CDC and MA

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

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

MAGI Medicaid beneficiaries have 30 calendar days to return the pre-populated renewal form.

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

FAP Only

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

Note: The DHS-3503, Verification Checklist, should be sent after the redetermination interview for any missing verifications allowing 10 days for their return.

Example: Client returns a complete MDHHS-1010 and program specific supplement on the last day of the benefit period and fails to provide verification of income. Request income verification allowing the client 10 days to return verification.

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

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

CDC Only

If a signed redetermination form is received prior to the end of the redetermination month, and verifications are missing or are incomplete, send a VCL. Verifications are due by the end of the redetermination month, or within 10 days after they are requested, whichever allows more time.

COMPLETING THE REDETERMINATION/ RENEWAL

All Programs

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

- Obtain a MDHHS-1010 and program specific supplement form(s), MDHHS-1171 and program specific supplement form(s), or other review document.
- Record packet received by selecting that item from the left navigation in Bridges and entering the date received.
- Review, document and verify eligibility factors as required.
- MAGI Medicaid uses the H79, Redetermination & Renewal Verification (RRV) Service, to perform income verifications.
- **Except for** Children Under 19 (U19) and MICHild (MCD), check **all** available automated systems matches to see if income has started, stopped or changed, such as consolidated inquiry, State On-line Query (SOLQ), etc.

Note: Equifax Verification Services (formerly known as The Work Number) is **not** an automated system match which must be checked at application, redetermination, semi-annual or mid-certification contact. The client has primary responsibility for obtaining verification. However, if, for example, verification of income is not available because the employer uses Equifax Verification Services and will not provide the employment information, it is appropriate to use Equifax Verification Services.

FAP Only

If the income information reported by Equifax differs from what the client reported, verification must be requested or a documented discussion with the client must be completed.

FAP groups must verify all countable income before a redetermination can be denied for exceeding the income limit. A VCL must be sent giving the group 10 calendar days to provide the income verification. If the group does not provide income verification by the VCL due date, the redetermination must be denied for failure to provide verification. If income verification is provided, the redetermination can be denied for exceeding the income limit, if applicable.

Do not deny or terminate assistance because an employer or other source refuses to verify income; see [BAM 130, Verification and Collateral Contacts](#), and [BEM 702, CDC Verifications](#).

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

Generate a verification checklist (VCL) for any missing verifications.

Upon Certification

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

Exception: Do not send to FAP groups assigned to simplified reporting.

- Bridges sends a MDHHS-2240, Report Changes, as needed.

Exception: A MDHHS-2240, Report Changes, is not sent to FAP groups assigned to Simplified Reporting, Children under 19 (U19).

- Bridges sends a DHS-1605, explaining simplified reporting and household income limit, and a DHS-1045, Simplified Six-Month Review, to FAP groups assigned to simplified reporting.
- Bridges produces and sends a DHS-198C, Child Development and Care (CDC) Client Notice, to the client.
- Bridges produces and sends a DHS-198, Child Development and Care (CDC) Provider Notice, to the provider(s).
- Bridges produces and sends a DHS-1606, Health Care Coverage notice which details the information used to determine eligibility.

STANDARD OF PROMPTNESS

All Programs

Bridges generates a redetermination packet to the client on the fourth day of the month before the redetermination is due. If the fourth day occurs on a holiday or on a Sunday, then the packet is sent on the next business day. This allows time to process the redetermination before the end of the redetermination month.

Reinstatements in Month Prior to Redetermination Month

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

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

FAP Only

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

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

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

CDC CLIENT FAILURE TO MEET REDETERMINATION REQUIREMENTS

CDC Only

If income reported at redetermination exceeds program eligibility limits, and all other eligibility criteria are met, determine if the increase is temporary excess income or is expected to continue; see [BEM 505, Prospective Budgeting/Income Change Processing](#), Temporary Excess Income. If the increase is temporary, a policy exception and assistance from the Bridges Resource Center (BRC) are required to certify the case. Set the family contribution amount at the highest level.

If a case with previously established temporary excess income crosses over redetermination, and all other eligibility criteria are met, a policy exception and assistance from the BRC are required to certify the eligibility. The family contribution will be set at the highest level.

A CDC income eligible case that closes for failure to meet redetermination requirements will not be eligible for re-entry into the program if the family's income exceeds the Maximum Monthly Income by Family Size associated with the program entry limit; see [RFT 270, CDC Income Eligibility Scale and Provider Rates](#).

FAP CLIENT FAILURE TO MEET REDETERMINATION REQUIREMENTS

FAP Only

Delays

The group loses its right to uninterrupted FAP benefits if it fails to do any of the following:

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

Any of these reasons can cause a delay in processing the redetermination. When the group is at fault for the delay, the redetermination must be completed within 30 days of the compliance date.

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

Subsequent Processing

If a client files an application for redetermination before the end of the benefit period, but fails to take a required action, the case is denied at the end of the benefit period. Proceed as follows if the client takes the required action within 30 days after the end of the benefit period:

- Re-register the redetermination application using the date the client **completed** the process.
- If the client is eligible, prorate benefits from the date the redetermination application was registered.

Example 1:

- On January 5, client returns MDHHS-1010 and program specific supplement for a certification period ending January 31.
- On January 31, redetermination is denied for failure to return verifications.
- On February 10, client returns required verifications.
- Re-register the original redetermination application with the February 10 date and issue prorated benefits from February 10.

Example 2:

- On January 3, client returned MDHHS-1010 and program specific supplement for a certification period ending January 31.
- On January 31, redetermination is denied for failure to return verifications.
- On February 2, client files a new application.
- On February 10, client returns required verifications from January redetermination.
- Use the February 2nd date to process benefits.

Example 3:

- Client has a redetermination due for February with the certification period ending February 28.
- On February 28, case closes for failure to return the MDHHS-1010 and program specific supplement.
- On March 10, client returns completed MDHHS-1010 and program specific supplement.
- Client must complete a new application for FAP since they returned the completed MDHHS-1010 and program specific supplement after the end of the benefit period.

**REPORT OF
REDETERMINA-
TIONS****All Programs****RD-093**

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

- FIP, SDA, MA, and CDC cases that are past due more than one month.
- FIP, SDA, MA, and CDC cases that are past due one month.
- FIP, SDA, MA, CDC, and FAP cases that are due this month.
- FIP, SDA, MA, CDC, and FAP cases that are due next month.

- FIP, SDA, MA, CDC, and FAP cases that are due in two months.
- FAP and MA cases that are due for a mid-certification contact.

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

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

**RD-093, Deductible
Case Identification****MA Only**

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

LEGAL BASE**FIP**

MCL 400.32, MCL 400.43, MCL 400.55(f), MCL 400.57d(5)

SDA

Annual Appropriations Act
Mich Admin Code, R 400.3151-400.3180

FAP

7 CFR 273.10(g)(2)
7 CFR 273.12(a)(5)(iii)(C)
7 CFR 273.14
7 U.S.C. 2020

MA

42 CFR 435.916(a)

CDC

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

45 CFR Parts 98 and 99

Social Security Act, as amended 2016