
PURPOSE

Michigan Department of Health and Human Services (MDHHS) assists families to achieve self-sufficiency. The primary avenue to self-sufficiency is employment. MDHHS and Partnership. Accountability. Training. Hope. (PATH) provides Direct Support Services (DSS) to help families become self-sufficient.

POLICY

FIP, CDC, MA Family, FAP Family, FAP Non-Family

DEFINITIONS

Direct Support Services (DSS)

Goods and services provided to help families achieve self-sufficiency. DSS **includes** Employment Support Services (ESS) and Family Support Services (FSS) that directly correlates to removing an employment-related barrier.

There is no entitlement for DSS. The decision to authorize DSS is within the discretion of the MDHHS or PATH program, based on local office funding.

Employment Support Services (ESS)

Include, but are not limited to, transportation, special clothing, tools, physical exams, vehicle purchases, vehicle insurance and vehicle repair. ESS may be authorized by MDHHS or PATH program; see *availability and clients served by MDHHS* or *clients served by PATH* in this item.

Family Support Services (FSS)

Include, but are not limited to, classes and seminars, counseling services and commodities. FSS may only be authorized by the family independence specialist. FSS services are provided to clients when the primary reason for providing a service is to remove an employment-related barrier preventing the client from participating in activities leading to self-sufficiency. Clients experiencing barriers directly tied to other services such as children's services or housing must be charged or funded by those funding sources.

FAP Family and FAP Non-Family

For purposes of this item, a distinction is made between FAP-Family and FAP-Non-Family.

- FAP Non-Family is an eligible group that does not include a child under age 18 or a pregnant person.
- A FAP Family is an eligible group that include a pregnant person, a child under age 18, or a child aged 18 who is in high school full time.

Note: The definition of FAP Family is the same for MA, FIP, and CDC.

Ineligible Grantees

An ineligible grantee (the person who acts as grantee but who is not an eligible group member) in a FIP family may be eligible for DSS if the ineligible grantee receives CDC, MA Family and/or FAP and otherwise meets DSS eligibility requirements and there are no other resources available.

OVERVIEW

Funds for direct support services for FIP, CDC, MA Family, and FAP Families, are allocated to local offices annually. Local offices must prioritize the services provided to assure expenditures do not exceed their allocation. This allocation is published each year for MDHHS staff.

Local offices in need of additional DSS funding during the year may request this funding through their Prosperity/Business Centers (BSC) at and carbon copy (Cc:) the DSS policy mailbox, Policy-Employment@michigan.gov. The decision to transfer DSS funding amongst counties is within the discretion of the BSC's, based on existing county funding. DSS allocation balances may be viewed in Bridges under **data collection, miscellaneous, DSS allocation**.

FAP employment and training reimbursements to FAP applicants and recipients and FSS provided under the statewide counseling contract are not included in the direct support services allocation since services are funded by another source. Payments issued for these reasons do not reduce the local office DSS allocation.

Any adult group member who has been found guilty of an Intentional Program Violation (IPV) for any program in the last five

years is not eligible for DSS assistance. If a participant who is serving an IPV needs DSS funding for either transportation or child care assistance to attend orientation at PATH, a policy exception is required. Email the DSS policy mailbox, at Policy-employment@michigan.gov with a detailed explanation of the exception request.

REFUGEES

Refugee families receiving FIP, CDC, MA Family, and/or FAP.

Refugee families receiving FIP and participating in PATH receive ESS from the PATH provider. Refugee families receiving CDC, MA Family, and/or FAP benefits and who are otherwise eligible for direct support services, receive DSS payments from MDHHS using local office DSS allocation funds.

Refugee non-families and refugee families not receiving FIP, CDC, MA Family or FAP.

Refugee non-families and refugee families not receiving FIP, CDC, MA Family or FAP who are requesting employment-related services, including support services must be served by a refugee contractor. See BEM 230C, Employment And/Or Self-Sufficiency Related Activities: RCA, for the Refugee Contractor Provider Table that identifies the Refugee Contractors for each county that provides consultation services either in person or by phone. Provide the client with the contact information for the contractor of service.

AVAILABILITY

FIP, CDC, MA Family, FAP Family, FAP Non-Family.

This section explains when MDHHS provides services and when PATH provides services.

MDHHS CLIENTS

FIP

MDHHS may authorize ESS and FSS to applicants and recipients. MDHHS may authorize services to clients who are:

- Referred to orientation.

Note: It is critical for the specialist to evaluate DSS transportation and child care to a client who identifies a need

for assistance with these services in order to participate in orientation requirements. Assistance will continue until local PATH program policies allow them to provide transportation or until the specialist is able to approve Child Development and Care (CDC) services. Use the DHS-619, Jobs & Self-Sufficiency Survey, to evaluate client need for services.

- Completing a compliance activity assigned by MDHHS.
- Participating in a PATH program activity when both MDHHS and PATH agree that it is in the client's best interest to have MDHHS make the DSS payment. MDHHS and PATH program staff should locally determine when and under what circumstances this should occur. MDHHS and PATH may collaborate to jointly fund services to clients when necessary.
- Dependent children aged 16 to 18 who are full-time students in elementary or high school by policy exception.
- Teen parents who are attending high school full-time.
- Participants in Volunteers in Service to America (VISTA), Job Corps or Americorps who are not participating in a PATH approved education or training program but are meeting work participation requirements.

CDC, MA Family, FAP Family

Employment Support Services are available **only if** all these apply:

- All other appropriate resources have been considered. The family is applying for or receiving CDC, MA Family or FAP.
- The CDC, MA Family or FAP recipient did not receive DSS for more than four consecutive months.

Example: Client requests ongoing transportation funds to attend a specialist assigned FSS activity each week for five months. The specialist can approve transportation funds to support this activity for only four months in a row when the client is not active FIP.

The above example would also be true if the group requested any DSS service or combination of services each month for four months in a row.

Example: The specialist approves a single request for a vehicle repair, vehicle insurance and payment of a towing bill for one client in May. May counts as one month. Count months, not services.

FIP, CDC, MA Family, FAP Family Applicants

When providing DSS to an applicant of FIP, CDC, MA Family or FAP Family, use form DHS-3043, Temporary Assistance for Needy Families (TANF) Income Eligibility Declaration, to determine financial eligibility. There is no verification required. The DHS-3043 is a client declaration only. File the original copy of the declaration in the electronic case record.

FAP

FAP clients who are not applicants or recipients of FIP and do not qualify for DSS may be eligible for the FAP employment and training reimbursement as noted below. The purpose of this reimbursement is to provide support services to FAP clients who are in self-initiated job search or self-initiated community service, not related to meeting Time Limited Food Assistance (TLFA) work requirements Employment and Training (E&T) reimbursement services may not be provided to any client for the purpose of support services related to a job regardless if that job is in exchange for money, goods or services (in-kind).

The following type of support services may be provided at a combined maximum of \$50 each month:

- Transportation/travel (for non-TLFA participation).
Interview clothing for job interviews.
- Personal safety items: for example, safety glasses and welding glasses for the purpose of the education/training program assigned by PATH.
- Books or training manuals.
- Tools: for example, mechanic's tools for the purpose of the education/training program assigned by PATH.
- Other necessary preparatory items.

PATH CLIENTS***FIP***

PATH may authorize ESS to any mandatory or voluntary work participant program participant who is active on the One-Stop

Management Information System (OSMIS). This includes clients who are deferred, but volunteering for PATH.

CDC, MA Family, FAP Family

PATH may authorize ESS to non-cash recipient (NCR) parents and caretakers in CDC, MA Family, and FAP Family cases when members are participating in PATH employment and training program.

FAP Non-Family, TLFA

PATH may authorize the FAP employment and training reimbursement to both Time Limited Food Assistance (TLFA) and non-TLFA recipients participating in a FAP employment and training program.

**DOCUMENTING
AUTHORIZATIONS**

FIP, CDC, MA Family, FAP Family, FAP Non-Family

All support service payments are entered on Bridges. However, actual payments are recorded in Statewide Integrated Government Management Application (SIGMA). A nightly file is sent to MIS to ensure the payments do not exceed time limits or payment maximums.

**PAYMENT
AUTHORIZATIONS**

FIP, CDC, MA Family, FAP Family, FAP Non-Family, TLFA

Follow the authorization procedures below for ESS, FSS, and the \$50 FAP employment and training reimbursement payments.

Bridges Entries

MDHHS must enter all payments on Bridges, including the FAP \$50 reimbursement.

To expedite DSS payment processing, the use of a Procurement Card (PCard) is recommended. Use of a PCard will eliminate the need for the provider to be registered in SIGMA. This will allow for almost immediate payment to the provider and help families remove employment related barriers. A MDHHS-5602 is not required when using PCard for payment.

The PCard can only be used with providers that accept payments via credit card. . Payment to providers who do not accept payments via credit card will continue to require the provider to register as a vendor with the state using SIGMA.

All Bridges entries must be input prior to sending the MDHHS-5602 to the accounting unit for payment. At this time, Bridges does not process DSS payments. Continue to enter payments through SIGMA. Accounting office's follow instructions outlined on the MDHHS-5602 completed by the specialist.

Use Bridges to complete the MDHHS-5602, Payment voucher for SIGMA payment.

Note: Upon receipt of the final invoice from the provider, the specialist updates the original authorization using Bridges left navigation, *Benefit Issuance > DSS > DSS Payments* option and then prints a copy of the MDHHS-5602 for the local office fiscal until to process the payment per instructions outlined by the specialist. The specialist submits the MDHHS-5602 and the final invoice and any other required documentation to accounting for final processing.

Bridges sends a DHS-1605, Client Notice, informing the client of the outcome of his/her DSS request.

Payment Maximums

Payment maximums are the combined total of the payments made by MDHHS and PATH program.

Example: If MDHHS pays \$1400 for a vehicle repair and PATH later pays \$600 for the same client within the same calendar year, the payment maximum of \$2000 has been reached. The specialist must confirm that the payments made are not duplicate from those made by PATH.

Note: Bridges will pre-fill any data fields on the MDHHS-5602 known to the system. Bridges edits prohibit support service entries that exceed payment maximums, frequency limits, or local office allocation limits.

DSS payment maximums by service can be viewed under benefit issuance, DSS, payment caps. Specialist must review payment maximums prior to approving a new request for a capped service.

Overcap Payment Requests

When an overcap policy exception is required, an overcap approval is needed. The specialist should email the DSS policy mailbox, at Policy-Employment@michigan.gov with a detailed explanation regarding the over cap exception request. Upon approval the local office will contact the Bridges Resource Center (BRC) and request a payment override.

Actual Cost

For authorizations based on actual costs supported by an invoice, use the MDHHS-5602 in Bridges to direct the accounting office to issue a vendor payment.

Estimated Cost

For authorizations based on an estimated cost, use the MDHHS-5602 on Bridges. The accounting office will inform the specialist when the final bill or purchase order is received, if the amount is different. The specialist then re-processes the payment amount in Bridges.

BSC's and Local Office Procedures and Records

BSC's and Local offices should use standard accounting and internal control procedures to ensure that spending limits are not exceeded.

BSC's and Local offices must also maintain records of payment authorizations, and client Bridges records must reflect the payment authorizations.

Bulk Purchases

Bulk purchased items are managed by designated local office staff. An inventory of bulk items is maintained outside of the Bridges system. When purchasing bulk items, designated staff complete a MDHHS-5602, Payment Voucher, attaching the original bill. Designated staff or accounting staff should email the DSS policy mailbox or send a copy of the MDHHS-5602 to:

MDHHS Central Office
Program Policy Unit
Suite 1307
Lansing, MI 48909
Attention: Heidi Norfleet

Policy staff use the MDHHS- 5602 to reduce the local office DSS allocation in Bridges. It is not necessary for the specialist to enter individual bulk purchase items in Bridges as expenditures are recorded at the time of the bulk purchase. The specialist must enter a case comments indicating what bulk purchased item was given to a client and the reason. Accounting staff or other designated staff must maintain a sign-out process to ensure an item is associated to a client(s) for auditing purposes.

Contracts.

When referring a client to a statewide counseling contract provider, send the Bridges DHS-839, Statewide Counseling Contract Referral, and a signed copy of the DHS-1555, Authorization to release Protected Health Information for Employment Services, both in Bridges. See *soft skills classes, seminars and counseling referrals*, in this item.

COVERED SERVICES

Child Care for Orientation, Compliance Activity, or to Attend FSS Activity

FIP, CDC, MA Family, FAP Families

Upon reviewing the DHS-619, Jobs and Self-Sufficiency Survey, local offices may use either CDC and/or DSS child care payments to complete:

- The first week of the assigned PATH program or tribal program.
- An employment-related compliance activity for FIP or FAP families See BEM 233A, Failure to Meet Employment Requirements: FIP, and BEM 233B, Failure to Meet Employment Requirements.
- Specialist-assigned FSS activities.

MDHHS must provide child care when a client identifies this barrier to attending PATH or other employment-related activity.

Note: Determine eligibility for the CDC program for assignments beyond the first week or for employment; see BEM 702, 703, 704, 705 and BEM 710.

Authorize DSS child care payments on a MDHHS-5602, Payment Voucher, through MIS.

Advise clients that to be eligible for DHS payment, they must use an eligible provider. Eligible providers are those monitored by the MDHHS Bureau of Children and Adult Licensing or enrolled by MDHHS; see BEM 704.

Medical Exams, Immunizations and Tests

FIP, CDC, MA Family, FAP Family

Certain services which are not defined as medical services may be needed to overcome barriers to employment or training. See *prohibited expenditures* in this item for the definition of medical services.

Pre-Employment and Training Medical Exams

Use the DHS-54A, Medical Needs, form or the DHS-54E, Medical Needs-PATH Program form, to obtain general physical examinations by an MD or DO statement to determine client's employment limitations.

Use a DHS-93A, Medical Services Authorization Invoice, to authorize payment. See RFT 285, Diagnostic Examination Fee Schedule, for employment-related activities payments.

Immunizations and Tests

When an immunization or test is required to obtain, maintain or enhance employment, and cannot be obtained free of charge, authorize payment via DHS-93A; see *fee schedules* in this item.

Note: Local office DSS allocations are not reduced by issuance of the payments listed below.

Coding The DHS-93A

Program Code	Reason Code	Service Code	MPS Provider Code	Service Code Description	Payment Maximum
C	D	01	45, 46	DSS - Photo Copies	\$100

Program Code	Reason Code	Service Code	MPS Provider Code	Service Code Description	Payment Maximum
C	D	02	45	DSS - Existing Records	\$12
C	D	21	45	DSS - Other	\$00
C & NCR Family	D	22	45	DSS - Immunization & Lab Tests	\$100
C	D	04	45, 46	DSS General Medical	

Dental Services

Dental services, not defined as medical services, may be needed to overcome barriers to employment or training. See *prohibited expenditures* in this item for the definition of medical services.

To access information about the types of dental services that are covered under Medicaid, contact a local Medicaid Provider or email-mail Kyle Norman the Medicaid dental policy specialist at the Michigan Department of Health and Human Services, at NormanK3@michigan.gov.

Relocation

FIP, CDC, MA Family, FAP Family

Relocation assistance may be available to FIP/CDC/MA Family and FAP families. Moving expense allowances may be provided to persons who obtain verified employment beyond commuting distance; see BEM 233A, Long Commute in Good Cause for Noncompliance or Refusing Employment.

Funds may be used for:

- Trailer or truck rental.
- Compensation for persons assisting in the move.
- Mileage allowance.
- Rental of moving equipment such as dollies.
- Security deposit and first month's rent at the new location.
- Other expenses of the move the local office determines necessary.

Expenses are limited to \$1,500 per participant. In two-parent families, both parents may receive the service, simultaneously or on

separate occasions, if they both obtain employment requiring relocation.

Clothing

FIP, CDC, MA Family, FAP Family

The following items may be authorized for work projects, training or employment.:

- Work gloves, work boots, work shoes and hard hats.
- Other protective/special clothing or personal safety items needed for training or employment.
- Clothing needed in training or to prepare for or accept employment.
- Appropriate clothing to successfully participate with PATH or other employment-related activity.

The total cost of clothing for FIP, CDC, MA Family, or FAP family clients may not exceed \$250 per participant, including any clothing authorized in the previous 12-month period. In two-parent families, both parents may receive the service if both have a need.

Note: Individuals served by the MWA's via the PATH program may be eligible for clothing assistance up to \$500 in a 12-month period, as determined by the MWA.

FAP Non-Family

See *clients served by MDHHS, FAP* in this item.

Transportation Allowance

FIP, CDC, MA Family, FAP Family

This allowance includes, but is not limited to, travel between the person's home and:

- Participation in PATH or other employment-related activity until PATH is able to provide transportation.
- Child care provider.
- Educational facility.

- Job club.
- Training site.
- Specific job interview.
- Community service site (except for TLFA recipients participating in a Food Assistance Community Service Program).
- Specialist-assigned FSS activity site or state-wide counseling contract assignment.
- Job site.

Note: Job site transportation is limited to three months. Before the three-month limit is reached, the MDHHS specialist, PATH case manager and client should address transportation issues to ensure the client can meet these expenses when the allowance ends.

Transportation Costs

MDHHS is responsible for transportation costs:

- To participate in PATH or other employment-related assignment until PATH is able to serve the client's transportation needs.
- To complete a compliance activity.
- For teen parents attending school full time if the client cannot use the school transportation system because of the need to arrange transportation to child care.

For FIP, CDC, MA Family or FAP family clients, compensation is actual cost for public transportation or based on the IRS standard mileage reimbursement (currently 58 cents a mile) for a private vehicle. In two-parent families, both parents may receive the service if both have a need.

A flat rate is allowed but must be based on public transit costs or actual miles. Local offices may use a formula to devise a method for issuing a bulk purchased flat rate method using, for example, gas cards in-town or out-of-town or rural approach to average the costs per issuance.

See *clients served by MDHHS*, FAP in this item.

Bus Tickets/ Tokens

FIP, CDC, MA Family, FAP FAMILY, FAP NON-FAMILY

Bus tickets/tokens are part of a bulk purchase already paid for by the local office designee. Bridges does not require entry of a dollar amount or unit amount, but a case comment should be entered on what was provided and the reason. Bus tickets/tokens are distributed in units that reduces the inventory of this bulk purchased item.

Bus tickets/tokens may be given for a client to transport children to child care facilities when the client is working or participating in employment-related activities.

Local offices must develop a sign-out method to track issuance of bulk purchased items (for audit purposes) to associate a particular client to the service. PATH and TLFA bulk purchase requests must be completed on separate MDHHS-5602 payment request forms.

Payment Methods for Transportation

Local offices should develop the payment method(s) to best meet local needs and resources. Examples include:

- Payment directly to the participant.
- Payment to a provider for a specific participant.
- Payment to a provider for a number of participants.
- Bulk purchase of bus tickets/tokens or gas cards to be issued to individual participants but paid for or redeemed as a group.

If more than one payment method is used, the local office must ensure against duplicate assistance. Standard accounting procedures and security for vouchers and bus tickets/tokens must be in place.

Note: Care should be taken when purchasing bulk gas or gift-type cards that guarantees clients are not able to purchase prohibited items. Best practice is to work with a provider and obtain cards that only allow for the purchase of gas, clothing, or other expense intended by the card.

Vehicle Repair

FIP, CDC, MA Family, FAP Family

Authorize vehicle repairs for each participant for a vehicle that is the primary means of transportation for employment-related activities, even if public transit is available. The total MDHHS/PATH program cost of repairs may not exceed \$2000 including any repairs done in the previous 12 months. Clients may contribute any amount over \$2000 prior to MDHHS payment.

Prior approval is required by MDHHS before authorizing a major repair, ensure that all of the following conditions are met:

- An eligible group member owns the vehicle.
- The client requesting the service has a valid Michigan driver's license.
- The repair is expected to make the vehicle safe and roadworthy including new tires, headlamps, batteries, etc.

Note: If the client requesting the service does not have a valid Michigan driver's license but has someone else use their vehicle to drive them, document the name of the person driving the vehicle. Verify a valid Michigan driver's license for the individual that will be operating the vehicle.

A vehicle may be repaired for a currently employed client if the client needs a vehicle to accept a verified offer of a better job or needs a vehicle to retain current employment; and has a demonstrated ability to maintain a job.

A vehicle may be repaired for a client who is not currently employed if the client needs a vehicle to accept a verified job offer; or needs a vehicle to participate in family self-sufficiency activities that will prepare the client for employment

Note: For non-FIP families requesting DSS, job searching is not considered a family self-sufficiency activity for DSS vehicle repair

A lease vehicle may be repaired for a client when there is at least 12 months left in the lease agreement and the client is current with the lease payments.

An estimate of the vehicle repair is required and must be placed in the electronic case file.

Do not authorize any vehicle repair for a vehicle that has been purchased within the last 60 calendar days.

Note: Any payment authorized by MDHHS for estimates or towing are **not** included in the \$2000 limit; see *other ESS* in this item.

Vehicle Purchase

FIP, CDC, MA Family, FAP Family

Authorize up to \$5000 to purchase, not lease, a vehicle to be used as a participant's primary means of transportation for work or employment-related activities. For FIP recipients, see *clients served by PATH* in this item. Vehicle purchase is limited to once in a client's lifetime. Prior approval through Bridges is required for this service.

In a two-parent family, if both parents are required to participate and need separate vehicles, a policy exception must be requested prior to approving a vehicle purchase for a second parent.

A vehicle may be purchased for a currently employed client if the client needs a vehicle to accept a verified offer of a better job; or needs a vehicle to retain current employment; and has a demonstrated ability to maintain a job.

A vehicle may be purchased for a client who is not currently employed if the client:

- Has a demonstrated ability to maintain a job.
- Needs a vehicle to accept a verified job offer.
- Needs a vehicle to participate in family self-sufficiency activities that will prepare the client for employment.

Note: For non-FIP families requesting DSS, job searching is not a self-sufficiency activity for vehicle purchase.

In addition, ensure all of the following before authorizing the purchase:

- Public transportation is not reasonably available (such as, considering the location and hours of the employment, child care or long commute as defined as good cause in BEM 233A), and the person has no other means to reach the job site reliably.

- The client has the ability to afford any payments, insurance and other expenses associated with owning the vehicle.
- The client has a valid Michigan driver's license.
- Verify via the Secretary of State records that the client does not own an unusable vehicle
- The vehicle must be registered to an eligible group member and insured, at a minimum, for public liability and property damage (PLPD). Vehicle insurance, license plates, or vehicle registration are covered under *other ESS* in this item and do not reduce the \$5000 lifetime limit.

A vehicle inspection by a licensed mechanic is required and must be placed into the case file.

Vehicle purchases made by MDHHS are not exempt from use and sales tax collected by the Secretary of State.

Note: Any payment authorized by MDHHS for the inspection or sales tax is not included in the \$5,000 limit; see *other ESS* in this item.

Before approving a vehicle purchase, the specialist must ensure that any additional payments above the allocation from the department are affordable by the client and will in no way hinder the client's progress towards self-sufficiency and financial independence. Confirm co-pay by client prior to approval.

Michigan Department of Health and Human Services employees are prohibited from selling any vehicle to any program recipient for DSS funds.

Deceptive Motor Vehicle Dealer Practices

If MDHHS personnel become aware that a recipient is being victimized regarding deceptive motor vehicle dealer practices, advise the:

- Secretary of State's Bureau of Regulatory Services at (800) 292-4204.
- Attorney General's Consumer Protection Division at 877-765-8388.

OTHER ESS

FIP, CDC, MA Family, FAP Family

You may authorize other ESS directly needed to obtain, maintain, or enhance a person's employment when it has been verified that funds are **not** available from other sources.

Examples:

One-time work-related expenses such as:

- Payment for license fees (vehicle, trade certification).
- Purchase of professional tools.
- Business start-up expenses.
- Vehicle inspection, sales tax on vehicle purchases, estimate or towing.
- License plates.
- Driver's education, by policy exception only.

Vehicle Insurance

Limited up to a \$2,000 maximum lifetime cap.. Allow for ongoing payment of the insurance, up to 90 days at one time. If an additional 90 days is required, it can be allowed with manager's approval.

Note: Complete a DHS-110, DSS Repay Agreement, when authorizing vehicle insurance premiums. Send the original copy to the Accounting Office with the MDHHS-5602, Payment Voucher. Retain a copy in the case record

Tools

FAP Non-Family

See *clients served by MDHHS, FAP* in this item.

FAP EMPLOYMENT AND TRAINING REIMBURSEMENT

All FAP-only Clients

See *clients served by MDHHS*, FAP in this item.

Note: Do not use the FAP employment and training reimbursement if the family/recipient meets the requirements under *Clients Served by MDHHS*, *CDC/MA FAMILY/FAP Family* or *Clients served by PATH*, *CDC/MA FAMILY/FAP Family* in this item.

FAMILY SUPPORT SERVICES

FIP, CDC, MA Family, FAP Family

Family support services (FSS) may be used to address specific family barriers to self-sufficiency not otherwise covered by ESS for:

- FIP, CDC, MA Family, FAP families, regardless of whether they are served by PATH or MDHHS. These families must meet the **family** definition and resource requirement. There is no employment requirement for FSS. An FSS-participating FIP client's significant other is eligible for these services, even if that person is not in the FIP eligible group. Determination of significant other status is by client declaration.
- FIP clients completing a compliance activity.
- Statewide counseling contract services.

Do not use FSS to provide specific services identified as *prohibited expenditures* in this item. Services provided under FSS must be primarily related to an employment-related barrier. If the primary reason for services is related to children's services, prevention, housing or other primary reason requiring service, other fund sources must be used. When a client is pending or active with children's services or prevention or the client has a housing emergency, DSS must not be used to fund the service.

To ensure coordination with PATH employment support services, when relevant, local offices should convey to PATH staff the specific FSS provided to FIP clients with whom they are working. Only a specialist may approve and process FSS payments.

There are no dollar maximums on these services. Local offices must follow MDHHS contract and purchasing guidelines when providing FSS services.

FSS EXAMPLES

FSS may include but are not limited to the services outlined in this section.

Child Care

ESS funds can be used to provide child care and transportation to participate in FSS activities. Do not use FSS to provide child care or transportation for education or training activities, other than FSS activities.

Soft Skills Classes, Seminars and Counseling Referrals

Soft skills are personal attributes that enhance an individual's interactions, job performance and career prospects. Unlike hard skills, which tend to be specific to a certain type of task or activity, soft skills are broadly applicable and a necessary part of a successful job interview or placement.

Soft skills have to do with how people relate to each other: communicating, listening, engaging in dialogue, giving feedback, cooperating as a team member, solving problems, contributing in meetings and resolving conflict. Leaders at all levels rely heavily on people skills such as setting an example, team building, encouraging innovation, solving problems, making decisions, planning, delegating, observing, instructing and motivating.

When evaluating a client for referral to a service provider, consider soft skills and areas the client may need assistance in preparing for participation in an employment-related activity or referral to PATH. The specialist should review the results of a client's Family Automated Screening Tool (FAST) when coordinating services and completing a referral for service. Assignments should be recorded when completing Family Self-Sufficiency Plan (FSSP) with the client.

Counseling services may be used to provide strategies for addressing behaviors that may impede efforts to seek or maintain employment. When referring clients with barriers for counseling services

either with a statewide counseling contract provider or through a locally developed DSS contract, consider the following when designing and referring clients for service.

State-Wide Counseling and Intervention Services Contract Referrals

Counseling services provide a brief intervention or treatment that is focused most upon behavior. It often targets a particular symptom or problematic situation and offers suggestions and advice for dealing with the problem. The service involves the application of clinical counseling principles, methods or procedures for the purpose of achieving social, personal, career and emotional development and with the goal of promoting and enhancing healthy self-actualizing and satisfying lifestyles.

Counseling contract services must be one of the following:

- **Clinical counseling:**
A counselor meets with a referred client and/or family members or a person significant to the client (if specified in the MDHHS referral) at a confidential space such as in the counselor's usual place of business, the client's home or with prior MDHHS approval, at a mutually agreed upon site.
- **Group counseling:**
A counselor meets with a group of referred clients. In addition to the counselor, each group shall include not fewer than three or more than ten individual members and shall include not fewer than three unrelated family groups.

In order to achieve success and self-sufficiency related to employment and relationships, many MDHHS clients would benefit from personalized, one-on-one therapeutic and educational intervention aimed at addressing specific needs. Topics that address such issues as soft skills education, anger and impulsivity control, prospering in a work environment and developing a balance between work and personal life demands can all contribute to increased success and self-sufficiency.

The specialist should evaluate which type of counseling would best serve the client's needs. The type of counseling requested must be

included on the Bridges DHS-839, DSS Counseling Contract Referral, located in Bridges, under correspondence in left navigation. Attach a signed DHS-1555 to the DHS-839 when referring clients for counseling services.

Employment and training coordinators or other local office staff may want to organize group counseling sessions, or the specialist should contact the provider of service to ensure that group counseling is available from the provider.

The contractor shall certify eligibility for counseling based on client declaration that a need exists for them to fill out the FAST. Client(s) must be willing to participate in case management activities as required by their FSSP or could be found in noncompliance as outlined in BEM 233A.

Counseling treatment may be used for active or pending FIP, CDC, MA or FAP families to provide the following types of services:

- Strengthen family systems, which are not related to children's services, in order to increase employability or stability.
- Reduce emotional instability and impulsivity and develop professional work skills and standards.
- Provide opportunities for self-exploration, adaptation and new functional behaviors for both the workplace and personal lives.
- Provide acceptable solutions to anger management-related barriers.

Referral Process

The specialist determines the client's eligibility for services, type of service needed and reason for referral. A counseling contract provider cannot accept DSS funded referrals from any source other than an Employment and Training coordinator or specialist. Providers can be located by accessing the MDHHS-Net, Department Site, Central Office, Financial Services Administration, Office of Contracts and Purchasing, Counseling Contractors. Select the county and type of counseling desired.

When it is determined that counseling services are necessary and the client is eligible, the specialist contacts the counselor by phone to discuss the referral. If the counselor agrees to see the client, a written referral must be sent to the counselor using the Bridges

DHS-839, DSS Counseling Services Referral, in the Bridges application under the correspondence tab in left navigation. Counseling services cannot begin until the counselor receives the DHS 839 and the signed DHS-1555. The DHS-839 must be completed accurately and signed by a FIM before it is sent to the counselor. The case copy of the referral is stored in Bridges.

Upon receipt of the DHS-839 and the DHS-1555, the counselor must contact the referring specialist to discuss the client's circumstances and preliminary goals and objectives.

Maximum Number of Units

The period of eligibility and number of counseling units must be listed. The maximum number of units is 12. An extension above the maximum must be in writing, listing the number of counseling units authorized and the dates that the service is authorized. Extensions must be signed by the referring specialist, the manager and approved by the local office director.

Service Delivery

Within ten working days of receipt of a written referral from MDHHS, an initial session shall occur between the counselor and the client. This initial session shall assess the client's circumstances, developmental history, family structure, support system, physical health, employment, emotional and mental status and client's view on presenting concern.

Within ten working days of the initial session with the client, the counselor shall submit a Counseling Services Assessment and Treatment Plan Report, DHS-840, to the referring specialist. The DHS-840 should address:

- Record of client sessions kept and unkept appointments.
- Phone or other case contacts.
- Individual and/or family assessment.
- Diagnosis, identification of employment-related barriers.
- Identified concerns and client strengths.
- Specific objectives and time frames.

The objectives listed in the treatment plan should be behaviorally based and measurable. The objectives should reflect interventions and strategies employed to achieve the overall goals of the counseling treatment. For example, a client working toward employment stability may have an overall goal of addressing anger

and impulse control in the workplace. A measurable objective for this goal may be to participate in anger management activities assigned by the counselor in the assigned time frame. By tracking the number of assigned anger management activities, the client completes the objective can be measured and a decision made about progress or lack of progress on the goal.

The DHS-840, Counseling Services Assessment and Treatment Plan Report, shall be completed monthly by the counselor and submitted to the specialist within ten working days following the end of a month. The monthly report shall also include progress made toward treatment objectives and indicate if any changes were made in the treatment plan. This monthly submission affords the specialist the opportunity to closely monitor the client's progress or lack of progress with the service.

Medical/Psychological Treatment Recommendations

When a counselor identifies the need for a Medicaid-covered service such as mental illness, the counselor and the specialist should work together to connect the client with the appropriate provider/service. When barriers are identified that result in the need for IQ or other outside testing, refer the client to a provider of service outlined under *medical exams, immunizations and tests* in this item when Medicaid does not cover the service.

Counseling Service Termination

When counseling services are terminated, the counselor must complete a DHS-841, Counseling Services Termination Summary, no later than ten working days following termination of services. The DHS-841 addresses the following:

- Diagnosis/employability determination at termination.
- Treatment summary.
- Objectives and progress toward objectives.
- Total number of sessions.
- Number of sessions attended.
- Cooperation in treatment.
- Reason for closure.
- Recommendation of employability and future self-sufficiency.

Monitoring Service Provisions

Ongoing communication between the specialist and the counselor provides the best assurance for a good working relationship and

effective service for the referred client. The specialist needs to keep the counselor informed when there are changes in specialists, legal statuses, address changes or significant changes in the case plan. The counselor needs to be notified when the FIP case is closed or denied.

The specialist must review reports submitted by the counselor. The reports should include all of the information listed in the service delivery section. The reports should be specific to the client, reflecting updated information. There are other contract requirements that need to be monitored:

- Did the counselor contact the client within three working days of a missed appointment?
- Did the counselor notify the specialist by phone each time two consecutive appointments were missed?

Note: Missed appointments are considered noncompliance. Follow policy outlined in BEM 233A when this occurs.

Contract Noncompliance

Each contractor signs a counseling services contract that outlines the counselor's responsibilities, including the services to be delivered and actions for failure to deliver services. If a counselor is not meeting the requirements, the following action(s) must be taken:

- The specialist contacts the counselor and discusses the concern(s) and documents the contact in the affected case record.
- If the counselor does not address the concern(s), the specialist notifies the manager, in writing, of the issue.
- The manager or designated local office contract monitor files a report, in writing, to the MDHHS Financial and Administrative Services Administration, Division of Contracts and Rate Setting, Grand Tower Building, Lansing. The report must include:
 - The name, address and phone number of the counselor.
 - A narrative explaining the specific contract violation and a chronology of attempts to work with the counselor to rectify the concern.

Contract Payment

The contractor must bill the client's health insurance for reimbursable services identified and performed under this contract when able. If the client does not have insurance, or insurance is unable to cover the counseling services, the contractor will bill the contract through the completed DHS-880. The contractor will submit a monthly invoice to the local MDHHS office liaison for processing. All invoices submitted to MDHHS must include:

- Date.
- Contract number.
- Description and date of contract activities performed.
- Unit price.
- Number of units.
- Total cost.

The contractor cannot bill for more than one unit per counseling session and cannot bill for missed appointments. For questions regarding billing, please contact the contract administrator.

Note: If the contracted counselor accepts Medicaid, Medicaid must be billed. The contract may only be billed when the client does not have Medicaid or if the contractor does not accept Medicaid.

DSS Contracts

Local offices may continue to design and develop DSS contracts using their DSS allocation. Services vary from location to location and state-wide counseling service providers may not be available in all locations. Local offices may encourage providers to sign up with the state as a COUN/counseling contract provider. Once providers are approved by the Division of Contracts and Rate Setting (DCRS), billings will no longer affect the local office's DSS allocation. Local offices should use the same guidelines outlined above for statewide counseling and intervention services contract referrals, when establishing a DSS-related contracted service.

PROHIBITIONS RELATED TO CONTRACTED SERVICES

Specialists may refer clients via the statewide or locally developed FSS/DSS contracts for counseling services provided the services

are unrelated to a medical need or sexual abuse and not available through Medicaid or Community Mental Health (CMH).

FSS/DSS referrals for counseling must not be medically related or intended for diagnosis, treatment or prevention of any physical or mental illness, regardless of the cause. Clinical outreach, group and family counseling are appropriate if not medically related.

Do not use FSS/DSS for outreach, clinical or group counseling related to sexual abuse. Refer the client to a children's protective services unit.

All contracts using DSS funding (81117) must comply with the DSS program guidelines which are available on the DCRS website. The fact that a service can be associated with an employment and training barrier is not sufficient to qualify for DSS funding.

There needs to be a clear designation and a primary reason for a client's referral for services. If a DSS/TANF eligible client is pending or active with children's services, then that is the primary reason for the service referral and the referral should be funded using a PCA that identifies the other fund source such as Strong Families/Safe Children (SF/SC) or Child Safety and Permanency Planning (CSPP/CAN).

When evaluating funding associated with DSS contracts, distinguish between services that are primarily children's services or that are related to another fund source, and services that are employment and training related as the primary reason for referral or service.

Commingled Contracts

The Office of Contracts and Purchasing will no longer approve any new commingled contracts to be executed (PCA 81117). All contracts using DSS funds will require the DSS fund source designation. When two fund sources are used for the same provider, two separate contracts must be executed to enforce the financial requirements and limitations of each fund source.

Commodities

Household items may include calendars, alarm clocks, booklets and other articles which are directly tied to an employment-related barrier and support a family's goal of self-sufficiency.

Note: These items should not be purchased for a general resource room or for the purpose of volunteer services. Clients must be tied to a service provided with this fund source and must meet TANF eligibility in order to receive service.

Indirect FSS

Indirect services are services which cannot be attributed to specific clients. Examples include but are not limited to household items (tools, carpet cleaners), newspaper subscriptions, periodicals, instructional video tapes, motivational items (books, videos, cassettes) to be loaned, and equipment and supplies used for providing indirect client services. All indirect client service expenditures are subject to department purchase requirements. See Administrative Handbook Manual purchasing AHR 425, Purchasing - Purchase Authority Delegated to MDHHS Worksites.

Note: These items should not be purchased for a general resource room or for the purpose of volunteer services. Clients must be tied to a service provided with this fund source and must meet TANF eligibility in order to receive service.

PROHIBITED EXPENDITURES

FIP, CDC, MA Family, FAP Family, FAP Non-Family

DSS funds, including FSS and ESS, **cannot** be used for:

- Financial incentives (or the equivalent) to clients to participate in employment-related activities.
- Fines arising from charges against clients.
- Bail for clients who have been arrested.
- Fees to reinstate driver's licenses.
- Medical services.

Note: Medical services are services to diagnose, treat or prevent disease. Disease refers to any condition of physical or mental ill health, regardless of the cause. Typically, medical services are covered by the Medicaid program, other health insurance plan or a community public health agency. DSS may be used for services not covered by Medicaid.

- Substance abuse counseling or urine screens.
- Children’s Services related sexual abuse counseling (outreach, clinical or group). When a client is active or pending with children’s services, this is considered the primary reason for referral for services. DSS funds must not be used to purchase services. Children’s Services funding must be used when the primary reason for referral/service is related to Children’s Services.
- Enrollment fees for ESS child care or CDC.
- Services provided under other funding sources such as state emergency relief (SER), emergency services (ES) funds, strong families/safe children (SF/SC), child safety and permanency planning (CSPP/CAN), volunteer services or any other funding source. This includes housing related services that should be covered using SER or ES funds.
- Food related items.
- Gift or gas cards that are not restricted to specific purchases or services.
- Resource room or clothes closet items that do not restrict access to TANF-eligible clients only for the purpose of removing a barrier that is linked to an employment-related purchase or service.

**PROPERTY
LIABILITY FOR
COMMUNITY
SERVICES
PROJECTS**

FIP, CDC, MA Family, FAP Family, FAP Non-Family

MDHHS is **not** liable for property damages incurred while community service project (CSP) work crews perform assigned duties.

**WORKERS
COMPENSATION****FIP, CDC, MA Family, FAP Family, FAP Non-Family**

In general, employers pay worker's compensation for persons they employ. The State of Michigan is the worker's compensation insurer for clients, while they are assigned to unpaid work-related activities through MDHHS or PATH, including compliance test activities. Former TLFA recipients participating in PATH employment and training program are covered by workers' compensation.

Workers' compensation is a benefit that pays for reasonable and necessary medical care for work-related injuries or illness; and compensates clients for work related injuries and illnesses that result in wage loss or more than 7 days. The State of Michigan has the right to choose who will provide the client's medical treatment for the first 28 days following initial treatment of the injury and is not required to pay for any medical bills from other providers during this time. After 28 days, the client has the right to choose any treating provider qualified to treat his or her injury or illness.

Former TLFA clients in self-initiated community service are **not** covered.

Persons participating in FSSP, and other non-work activities are **not** covered. Examples: ABE, high school completion, GED, post-secondary education, vocational education/training.

Using a State of Michigan Workers' Compensation Claim Form (Accident and Illness Report) from the [Civil Service Commission, Disability Management Office website](#).

The MDHHS local office must report any injury from a client's unpaid work-related activity as described above, to the Civil Service Commission, Disability Management Office within twenty-four hours of becoming aware of the incident.

Michigan Civil Service Commission
Disability Management Office
Capital Commons Center
400 South Pine Street
P.O. Box 30002, Lansing, MI 48909
Phone; 877-766-6447, option 2
Facsimile:517-241-9926

All medical bills should also be sent to the Michigan Civil Service Commission Disability Management Office.

MDHHS

Staff responding to a request for case record information about an accident must apply confidentiality policy in BAM 310, especially as contained in **Access by Government Officials, Client Access to Case Records, and Court Proceedings**. Refer attorneys seeking information **not** contained in the case record to York Risk Services Group inc..

In representing MDHHS and PATH, staff of York Risk Services Group, Inc. may review the participant's client's case record and obtain copies of case materials. A signed DHS-27, Release of Information, is not needed.

OVERISSUANCE

FIP, CDC, MA Family, FAP Family, FAP Non-Family

Initiate a referral to the Office of Inspector General (OIG) when a suspected intentional program violation (IPV) results in an overissuance of MDHHS-authorized DSS, including FSS and ESS of \$500 or more. Take no action to recoup the overissuance until notified by the OIG.

When the OIG indicates that an IPV caused the overissuance, initiate cash recoupment by notifying the local office fiscal unit, which has sole authority for the collection. DSS, including FSS and ESS overissuances are not recouped via the automated recoupment system.

When initiating cash recoupment, create case comments regarding the DSS overissuance details in the electronic case file and the DHS-1171 specifying the overissuance date/s, type/s, recipient/s and amount/s.

VERIFICATION REQUIREMENT

FIP, CDC, MA Family, FAP Family, FAP Non-Family.

Verify participation in PATH, employment, job offer or other employment-related activity if questionable.

Verify receipt or application of FIP, MA Family, FAP or CDC.

Relocation

Verify out-of-town employment exists and requires relocation, by written statement from, or phone call to, the employer.

Verify all moving expenses by a written estimate or phone call.

Vehicle Repair

- Verify that the cost of the vehicle repairs will not exceed the vehicle's retail value. Acceptable verifications are a written statement from, or phone call to, a vehicle dealer or via the NADA Appraisal Guide or Kelly Blue Book. [
- Verify that the repair is expected to make the vehicle safe and roadworthy.
- The client requesting the service has a valid Michigan driver's license. If the client requesting the service does not have a valid Michigan driver's license but has someone else use their vehicle to drive them, document the name of the person driving the vehicle. Verify a valid Michigan driver's license for the individual that will be operating the vehicle.
- Verify employment or job offer.
- A completed MDHHS-5945-A Vehicle Repair Information (completed by specialist).
- Verify the vehicle is titled and actively registered in the client's name (this information can be verified via SOS Clearance, if questionable request copy of registration and/or title as needed). A Client can self-attest via signed written statement to any vehicles that are not safe and roadworthy or they no longer own.
- Proof of insurance
- Vehicle repair estimate that states the vehicle repairs will make the vehicle safe and roadworthy
- For a leased vehicle, Verify the length of lease agreements when a vehicle repair is approved.

Vehicle Purchase

The client requesting the service has a valid Michigan driver's license.

- Proof of insurance.
- SOS clearance confirming the client does not own any other vehicles.
- A vehicle inspection by a licensed mechanic.
- If the client is financing a portion of the vehicle purchase, the specialist must complete an affordability determination and place it in ECF.
- A completed MDHHS- 5946, Vehicle Purchase Information.

REFERENCES**FIP**

MCL 400.57a et. seq.
R400.3603, MAC
42 USC 604(a)
P.A. 280 of 1939, Social Welfare Act

FAP-Only

R400.3603, MAC
7 CFR 273.7

RCA

45 CFR 400.154, 400.155