



Beneficiary Eligibility Bulletin

Distribution: Health Care Eligibility Policy 04-03
(Family Independence Agency)

Issued: March 24, 2004

Subject: Home Help Policy Clarification

Effective Date: As Indicated

Programs Affected: Medicaid

This bulletin is to clarify the effective dates noted in HCEP 04-01 dated January 15, 2004.

Clarification

All of the policy changes in HCEP 04-01 must be applied to any new case openings on or after March 1, 2004. Policy changes will be applied to ongoing cases at the time of next 6-month review or annual redetermination, whichever is earlier. This does not preclude the Adult Service Worker from reviewing the case and applying the new policy earlier than the scheduled review or redetermination date.

Manual Maintenance

Retain this bulletin along with HCEP 04-01 for future reference.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approval

A handwritten signature in black ink, appearing to read "Paul Reinhart".

Paul Reinhart, Director
Medical Services Administration