

PAYMENT VOUCHER

FOR DHS ACCOUNTING USE ONLY

 <p>Michigan Department of Human Services</p> <p>CSA</p> <p>Children’s Services Administration Communication Issuance</p>	Type: <input type="checkbox"/> Informational Memoranda (IM) <input checked="" type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)	
	Issuance Date: 08/20/12	Obsolete Date:
	Response Due: None	
	Log No.: 12-128	
	Contact: Rachel Richards; RichardsR@michigan.gov	
	Originating Office: Office of Adult Services	
	Subject/Title: APS Legal Representation	
	Distribution: <input type="checkbox"/> DHS Child Welfare Staff <input type="checkbox"/> Private Agency Child Welfare Staff <input type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input checked="" type="checkbox"/> Other: Adult Services Managers/Staff	
	<input type="checkbox"/> BCAL <input type="checkbox"/> CWTI <input type="checkbox"/> SACWIS	

This communication outlines the following processes as they relate to Adult Protective Services (APS) fees for legal representation in contested guardian and conservator hearings:

1. End of fiscal year (FY) 2012 billing procedures.
2. Example Payment Voucher (DHS-1582).

End of FY 2012 Billing Procedures

Billing for legal representation that occurred during FY12 (10/1/2011 thru 9/30/2012) must be received by the Office of Adult Services no later than Monday, October 8, 2012 to comply with the DHS Accounting Divisions’ deadline of October 15, 2012 for submission of payment vouchers.

For cases where legal representation for an APS case extends beyond FY12, the Adult Services worker must request an itemized billing for services provided during FY12 from the representing attorney, providing sufficient time to meet the October 8, 2012 deadline. Any services extending beyond FY12 (after 9/30/12) are to be submitted for FY13 on a separate Payment Voucher (DHS-1582).

All billings must be submitted to the APS Departmental Analyst with a completed DHS-1582 and a copy of the Central Office (email) approval. The DHS-1582 must include the signature of a local office individual approved on the Payment Authorization List.

NOTE: Failure to adhere to these guidelines, may delay payment to the service provider.

Example Payment Voucher

Below is a sample DHS-1582 with the coding required for payment of APS legal representation.

Department of Human Services

Voucher Number

Instructions:

* See Reverse Side for Non-Discrimination Statement and P.A. 431 Information

1. a. Payee / Vendor Names			3. Department Code 4 3 1 6 1 2 0 0			4. Audited	5. Due Date
b. Supplemental Name (If Applicable)			6. Payee Type (Check One)			6A. Federal Employment ID No.	
c. Supplemental Address (If Applicable)			<input type="checkbox"/> BUSINESS → 2			6B. Social Security No.	
d. Delivery Address (If Applicable)			<input type="checkbox"/> INDIVIDUAL → 3			7. Purchase Order Number	
e. City		f. State	g. Zip Code		8. Address/Mail Code		9. Date Prepared
h. Country (If Other Than U.S.)			2. Special Handling Needed? <input type="checkbox"/> NO <input type="checkbox"/> YES			10. Vendor Signature (To be signed if invoice is not submitted) Date	

11. Voucher Description: 32 Characters (Information Vendor Needs to Identify Payment)
Legal Services for: client name, case #, recipient ID #

12. Vendor Invoice No. [REDACTED]

14. Message/Notepad: (Additional Information to the Payee, If Needed)

13. Blanket Purchase Order No.

15. This Area is Reserved for Intradepartmental Information

16. N.I.G.P. Commodity Code	17. CS-138	18. Complete Description of Item or Service	19. Item Amount
961-50	431s9200027	Legal services for APS contested Guardianship And or/Conservatorship	\$ \$ \$ \$ \$ \$ \$

21. Contact Person Name: **AS worker or supervisor**

22. Phone No. () [REDACTED]

23. Location / Address [REDACTED]

20. Voucher Total: \$

I certify that these expenditures were pre-approved and necessary to accomplish the DHS mission according to the executive directive criteria. The most cost effective option available and that the items claimed represent proper charges.

Check one box only. 1. Legal Mandate 2. Health & Safety 3. Budgetary Savings 4. OPR Supplies/Services/Travel

24. Authorized / Approval Signature of DHS Employee Date: **ASW or supervisor**

25. Authorized / Approval Signature of DHS Employee Date: **PAL signature**

26. Print Name Date

27. Print Name Date

28. Distribution Method:	29. Agency Code	30. Approp. Year	31. Index Code	32. Program Cost Account (PCA)	33. Agency Object Code (AOBJ)	34. Agency Code AC2	35. Distribution (Dollar Amount)
A. <input checked="" type="checkbox"/> SINGLE	431	2 0	6 1 2 5 0	7 2 3 3 7	6 1 2 5		\$
	431	2 0					\$
B. <input type="checkbox"/> MULTIPLE (Enter Dollar Amounts In Column 35)	431	2 0					\$
	431	2 0					\$
	431	2 0					\$
	431	2 0					\$