

 <p>Michigan Department of Human Services</p> <p><b>CSA</b></p> <p>Children's Services Administration Communication Issuance</p>	<b>Type:</b> <input type="checkbox"/> Informational Memorandum (IM) <input checked="" type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)	
	<b>Issuance Date:</b> 10/28/13	<b>Obsolete Date:</b> 9/30/14
	<b>Response Due:</b> None	
	<b>Log No.:</b> 13-133	
	<b>Contact:</b> Nancy Rostoni, rostonin@michigan.gov	
	<b>Originating Office:</b> Foster Care Program Office	
	<b>Subject/Title:</b> Relative Licensing Incentive	
	<b>Distribution:</b>	<input checked="" type="checkbox"/> DHS Child Welfare Staff <input checked="" type="checkbox"/> BCAL <input checked="" type="checkbox"/> Private Agency Child Welfare Staff <input type="checkbox"/> CWTI <input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> SACWIS <input type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input checked="" type="checkbox"/> DHS County Directors <input type="checkbox"/> Adult Services Staff <input type="checkbox"/> Other:

Public Act 59 of 2013, Sec. 574(1) appropriates \$2.5 million "to support contracts with child placing agencies to facilitate the licensure of relative caregivers as foster parents. Agencies shall receive \$2,300.00 for each facilitated license. The agency facilitating the licensure would retain the placement and continue to provide case management services for at least 50% of the newly licensed cases for which the placement was appropriate to the agency. Up to 50% of the newly licensed cases would have direct foster care services provided by the department."

To ensure the appropriate expenditure of funds for this purpose, full reimbursement will be made for the completed licensure of a relative caregiver. Exceptions to the full reimbursement for a facilitated license will be granted in the following circumstances:

- The family has begun the licensing process and during the process receives an approved waiver.
- The family is in the licensing process and during the process, the child moves to another placement.

Placement Agency Foster Care (PAFC) providers are eligible to receive a reimbursement of \$1,000 for an approved exception.

#### Documentation Requirements

To receive reimbursement of \$1,000 for an exception, submit the following documents:

- Payment Voucher (DHS-1582).
- Invoice on agency letterhead (include child's name, date of birth, agency contract number and service date). The service date is the date the waiver was approved, or if the child moved, the date the home assessment was completed.
- A copy of the application.
- A copy of the home assessment.
- A copy of the approved waiver or a letter on agency letterhead indicating the reason the child no longer resides in the home and date the child was moved.

To receive reimbursement of \$2,300, submit the following documentation:

- Payment Voucher (DHS-1582).
- Invoice on agency letterhead (include child's name, date of birth, agency contract number and service date). The service date is the license effective date.
- A copy of the application.
- A copy of the license.

Submit reimbursements to:

Nancy Rostoni

MDHS – Foster Care Program Office

Grand Tower, Suite 510

P.O. Box 30037

Lansing, MI 48909

or [rostonin@michigan.gov](mailto:rostonin@michigan.gov)

**NOTE:** The related child must be placed in the relative home at the commencement of the licensing process to receive reimbursement. Interstate cases are exempt from this requirement.

#### **Relative Licensing for Permanent Wards with a Goal of Adoption**

If all of the children placed in a relative's home meet the following criteria, do not refer the case to a private agency for licensure:

- All parental rights to the children have been terminated.
- The relative is planning to adopt the children.

DHS shall pursue a waiver for the relative to forego licensure.

Completion of the Initial Foster Home/Adoption Evaluation (BCAL-3130) is a service unit included in the adoption contract and covered under the unit definitions and payments. When an unlicensed relative home is being evaluated for adoption using the BCAL-3130, the agency is not required to send the completed evaluation to BCAL. The payment of \$2300 for licensing a foster home will not be made. Only local office and MCI approval of the evaluation are required for adoption.

If one child placed in the relative's home does not meet the criteria listed above but the cases of other relative children in the home have been referred for adoption services, refer the licensing matter to the same agency that is providing the adoption services. County offices must coordinate the referral process for adoption and licensing to ensure there is not a duplication of services.

If the child's permanency goal changes from adoption after the BCAL-3130 has been completed, the evaluation should be sent to BCAL for foster home license approval, and the private agency shall be reimbursed for completing the licensing process.

**PAYMENT VOUCHER**  
Department of Human Services

FOR DHS ACCOUNTING USE ONLY

Voucher Number
----------------

**Instructions:**

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

1. a. Payee / Vendor Names Agency Name		3. Department Code 4 3 1 6 4 4 1 0		4. Audited	5. Due Date
b. Supplemental Name (If Applicable)		6. Payee Type (Check One) <input checked="" type="checkbox"/> BUSINESS →		2	6A. Federal Employment ID No. agency fill in
c. Supplemental Address (If Applicable)		<input type="checkbox"/> INDIVIDUAL →		3	6B. Social Security No.
d. Delivery Address (If Applicable)		7. Purchase Order Number		8. Address/Mail Code	9. Date Prepared
e. City	f. State	g. Zip Code		I certify the goods/services shown below were provided and the amount of this voucher is proper.	
h. Country (If Other Than U.S.)		2. Special Handling Needed? <input checked="" 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)

12. Vendor Invoice No. Agency fills in		14. Message/Notepad: (Additional Information to the Payee, If Needed) Relative Name-	
13. Blanket Purchase Order No.		Child's Name and Date of Birth-	

15. This Area is Reserved for Intradepartmental Information

Relative Licensing Incentive		Include Contract Number	
16. N.I.G.P. Commodity Code	17. CS-138	18. Complete Description of Item or Service	19. Item Amount
95247	431S01300034	Licensure or Approved Exception	\$ \$ \$ \$ \$ \$

21. Contact Person Name Nancy Rostoni	22. Phone No. (517) 388-3910	20. Voucher Total \$
--	---------------------------------	-------------------------

23. Location / Address  
GTB Ste. 510

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	25. Authorized / Approval Signature of DHS Employee	Date
---	------	---	------

26. Print Name Nancy Rostoni	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 1 4	6 4 4 1 0	7 2 3 0 4	6 1 5 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					\$

36. Total → \$

## INSTRUCTIONS

### IMPROPER OR INCOMPLETE PAYMENT VOUCHERS WILL BE RETURNED AND REQUIRED

**RESUBMISSION.** It is especially important to assure that the account coding structures are accurate and that the payment voucher has proper authorized signature(s). **NOTE:** Remove all paper clips and staple the original vendor invoice, billing, etc., to the back of the DHS-1582 Payment Voucher. **DO NOT** attach payment envelopes, payment stubs, or additional copies of the DHS-1582 to the payment voucher. Payment Vouchers submitted without the original documentation require two PAL (Payment Authorization Listing) signatures. Print clearly or type payment voucher.

- 1a. Enter **FULL** legal name of business or **FULL LEGAL** name of individual.
- 1b. Enter supplemental name.
- 1c. Enter supplemental name.
- 1d. Enter address where payment will be sent. **DO NOT** address payments to DHS address in accordance with DMB policy.
- 1e. Enter city name in full.
- 1f. Enter the two-character abbreviation only.
- 1g. Enter either 5 or 9 digit zip code.
- 1h. Central office use only.
2. Central office use only.
3. Enter 5 digit department code after the 431#.
4. Central office use only.
5. Central office use only.
6. Enter payee FEIN#.
- 6b. Enter payee Social Security number.
7. Enter Purchase Order number if applicable.
8. Enter mail code if known or check ADPIGS.
9. Enter date prepared.
10. If an invoice is not submitted, vendor **MUST** sign here.
11. Enter information needed by the payee to identify the payment, i.e., account number, names of persons or program for which payment is being made.
12. Enter vendor invoice number. This box **MUST** be filled out. If no invoice number is applicable, use date of service, receipt number, account number, etc.
13. Enter Blanket Purchase Order number if applicable.
14. Enter Message/Note Pad additional information to payee that will appear on the check stub or note pad.
15. Enter information important to the department.
16. Enter N.I.G.P. Commodity Code. **DO NOT** leave blank.
17. Enter CS-138 number if the commodity code being used in Box 16 starts with the number '9'. For assistance, please see state intranet site [http://www.michigan.gov/mdcs/o,1607,7-147-6879\\_9331---,00.html](http://www.michigan.gov/mdcs/o,1607,7-147-6879_9331---,00.html)
18. Enter Complete Description of item or service.
19. Enter amount.
20. Enter total dollar amount of payment voucher.
21. Enter full name of contact person.
22. Enter phone number of contact person.
23. Enter location/address of contact person.
24. Signature of authorized DHS employee from the PAL (Payment Authorization Listing). **DO NOT** use black ink. Signature must be exactly as it appears on payment authorization list. Person signing must not have authorized procurement. When signing the voucher you are verifying that the expenditures were pre approved and necessary to accomplish the DHS mission according to the Executive Directive criteria. You must check only one of the 4 categories certifying that costs have been incurred in accordance with the Executive Directive 2007-17.
25. Second authorized PAL signature is needed if original invoice is a copy or fax.
26. Authorized signer **CLEARLY PRINT** name.
27. Second authorized signer **CLEARLY PRINT** name if applicable.
30. Enter appropriation year.
31. Enter index code.
32. Enter program cost account (PCA).
33. Enter agency object code.
34. Enter AC2 code if applicable.
35. Enter dollar amount.
36. Enter total dollar amount of payment voucher.