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|  <p>Michigan Department of<br/>Human Services</p> <p><b>CSA</b></p> <p>Children's Services<br/>Administration<br/>Communication<br/>Issuance</p> | <b>Type:</b> <input checked="" type="checkbox"/> Informational Memorandum (IM)<br><input type="checkbox"/> Program Instruction (PI)<br><input type="checkbox"/> Policy Guide (PG)  |                           |
|   | <b>Issuance Date:</b> 6/11/12  | <b>Obsolete Date:</b> n/a |
|   | <b>Response Due:</b> n/a   |                           |
|   | <b>Log No.:</b> 12-076   |                           |
|   | <b>Contact:</b> Mary Gallagher <a href="mailto:GallagherM4@michigan.gov">GallagherM4@michigan.gov</a>  |                           |
|   | <b>Originating Office:</b> Child Welfare & Adult Field Operations  |                           |
|   | <b>Subject/Title:</b> Counseling Contractor Renewals   |                           |
|   | <b>Distribution:</b> <input checked="" type="checkbox"/> DHS Child Welfare Staff<br><input type="checkbox"/> Private Agency Child Welfare Staff<br><input checked="" type="checkbox"/> CSA Central Office Managers/Staff<br><input type="checkbox"/> Native American Tribes<br><input type="checkbox"/> Data Management<br><input checked="" type="checkbox"/> DHS County Directors<br><input type="checkbox"/> Other: |                           |

The purpose of this communication is to address the renewal of services with counseling contractors. In December, 2011 a CI was sent to over 400 contractors. The CI provided step by step instructions for the renewal process, along with the necessary documents, with a completion date of February 1, 2012 (see attachment). Not all of the contractors responded to this request.

It is important that all contractors/counselors submit the requested documentation to the DHS Office of Logistics & Rate Settings (OLRS) as soon as possible to avoid termination of services.

Please review your list of counseling providers to ensure that they have renewed the contracts with OLRs by June 22. All contract renewals need to go through the identified approval process with CWFO. The Contract Tracking System can be utilized if you are uncertain of a specific contractor's status.



STATE OF MICHIGAN

DEPARTMENT OF HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

MAURA D. CORRIGAN  
DIRECTOR

Dear Provider:

Your counseling contract expires March 31, 2012. The enclosed materials are being forwarded for the issuance of a new counseling contract with the Department of Human Services (DHS) for the period April 1, 2012 through March 31, 2015. The materials include:

- Application form, including required documentation for contract execution
- Required form and instructions for the National Child Protection Act (NCPA) clearance requirement

Please note the following information:

- The Provider cannot bill for more than one unit per therapy session.
- Reimbursement will only be made for referrals received directly from DHS.
- Each individual provider under this contract must receive written approval from the Office of Logistics and Rate Setting (OLRS) before services can be provided. DHS will not reimburse for any services provided by non-approved providers.
- The geographic area to be served will indicate "Statewide" for every contract. Your contract will be listed on the internal provider listing of the county/counties where you have been approved to provide services. This list will be used by local DHS offices as the basis for referrals.
- Execution of a contract does not guarantee receipt of referrals.
- State employees cannot be reimbursed either directly or indirectly for services under these agreements.
- Providers may only provide services under one DHS counseling contract.

*Please be aware that your contract number will change when a new contract is issued. Please make note of the new contract number for billing.*

All contracts will include a total contract value based on previous billings for services rendered. Contract expenses will be monitored and the contract value may be adjusted by amendment if needed.

Service descriptions will continue to be combined into three major categories: Clinical, Outreach & Group Counseling.

Service descriptions may be viewed on-line by using the following links:

[www.michigan.gov/dhs](http://www.michigan.gov/dhs)

Click on Doing Business with DHS

Click on Contractor Resources

Click on Counseling Contractors

OR

[http://www.michigan.gov/dhs/0,1607,7-124-5455\\_7199\\_17182---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5455_7199_17182---,00.html)

Complete the enclosed application form and return it with the required documentation to the address listed on the application. All required credentials and documentation must be sent with the application, even if you have recently submitted or updated this information. Information currently on file will not be carried over to the new contractual agreement.

NCPA clearances that are less than a year old will be considered valid and carried over to the new contract period.

To receive a new contract with an April 1, 2012 start date; the application, required documentation and clearances must be received in this office no later than February 1, 2012.

For materials received after February 1, 2012, the start date of the contract will be determined according to the date the completed application was received. If the new contract has not been renewed by April 1, 2012, you must cease providing services until a new contract is in place.

If you have any questions about this process, please call Dawn Akers at (517) 335-6366.

Sincerely,

Christine Sanches, Director  
Office of Logistics and Rate Setting

Attachments

State of Michigan  
Department of Human Services  
Counseling contract  
Required information

*These requirements apply to all providers providing services under the counseling contract. Each provider must be approved by the Office of Logistics and Rate Setting (OLRS) before any services are provided. The Department of Human Services (DHS) will not reimburse for any services provided by non-approved providers.*

- Proof of master's degree (or higher)
- Proof of state of Michigan master's level license or limited license to provide counseling services
- Proof of liability insurance (individual policy or agency)
- Proof of social security number for each provider; Federal ID# for agencies
- Central Registry clearance –prospective providers must go to the local DHS office and request this clearance. It is only released to the requestor and will need to be mailed/faxed to OLRs (fax #517-335-6390). You may also scan as a .pdf and send as an attachment to [akersd@michigan.gov](mailto:akersd@michigan.gov)
- National Child Protection Act (NCPA) clearance – completed through fingerprint process. Results are completed 5-7 days from the date of the scan and are sent to the agency requested. You must indicate our agency number – **9533J** – as results must be sent directly to the OLRs office. We are unable to accept results that have been received by other agencies. Any fees incurred are the responsibility of the applicant.
- Per Michigan State Police (MSP) guidelines, we are able to provide the individual **only** with a copy of their scan results by written request. Requests will only be sent to a home address – not an agency or school.

## Fingerprint Process Instructions

Information and instructions are listed below for Cogent Systems and L-1 Identity Solutions. These agencies will process fingerprints electronically and forward them to the Michigan State Police. The State Police will perform the clearances on the state database and forward to the FBI for federal processing. The combined responses are then sent directly to our office as the requesting agency. You may select either agency. Locations are available on their websites. All fees involved in this total process are responsibility of the applicant.

### Cogent Systems

All applicants must be registered for fingerprinting, have their fingerprinting payment type determined and possess a unique confirmation/registration number prior to travelling to a fingerprinting location. An appointment is not needed.

Information is available at [www.cogentid.com](http://www.cogentid.com)

- Select Michigan
- Select Cogent MAPS (Michigan Applicant Processing Service)  
The applicant Processing Service page provides information on fees, locations and hours. Registration can also be done from this page.

To register online:

- Select Register Online
- Complete application
  - Payment type – select credit card or money order only. All applicants will make payment decision during registration. Payment may be credit/debit card. Money order or cashier check ONLY should be made out to COGENT SYSTEMS and brought to the fingerprint site.
  - Reason – **MUST BE CPE (NCPA/VCA- National Child Protection Act)**. The Livescan Request form is enclosed. You MUST take this form with you to the site.
  - MSP Agency ID: 9533J

Upon completion of the application you will receive a unique code (registration ID#). This code MUST be brought to the fingerprint site with a valid form of picture ID to conduct the scan.

Once at the site, your Registration ID will be used to gather your registration information. This information MUST match the information included on your valid picture ID. You will not be able to be scanned unless this information matches.

Please take extra care while entering your information. Scans that are completed for the wrong reason would have to be re-done – at an additional cost. Please make sure you select **CPE-NCPA/VCA – National Child Protection Act** as the reason for the scan. Scans that are completed using an incorrect MSP Agency ID cannot be accessed by this office. The scan would have to be re-done – at an additional cost.

Registration can also be done by calling 1-877-838-4903.

## **L-1 Identity Solutions**

Applicants may set an appointment online at [www.mi.ibtfingerprint.com](http://www.mi.ibtfingerprint.com)

- Select Michigan
- Locations can be found by area. Select site and time.
- Complete registration form
  - Agency ID: 9533J

Applicants may also call 1-866-226-2952 to set up an appointment. L-1 Identity Solutions will provide the applicant with a date and location closest to the applicant within 10 business days.

The applicant completes the Applicant Information portion on the enclosed Livescan Fingerprint Request Form. **The form and payment need to be brought to the appointment.**

**At no time will Cogent Systems or L-1 Identity Solutions have access to criminal records.**

## LIVESCAN FINGERPRINT REQUEST

Return completed form after fingerprint capture to:  
Employer or state licensing authority \*\*\*

| <b>I. CJIS Information:</b> Type or clearly print answers to all fields. |  |
|--|--|
| 1. Date Printed  | 2. Picture ID Type Presented                               |
| 3. TCN Number  | 4. Live Scan Operator                                      |
| 5. Requesting Agency ID<br>9533J   | 6. Agency Name<br>DHS/OFFICE OF LOGISTICS AND RATE SETTING |

| <b>II. Applicant Information:</b> Type or clearly print answers to all fields. |                    |               |
|--|--------------------|---------------|
| 1a. First Name   | 1b. Middle Initial | 1c. Last Name |
| 2. Date of Birth   | 3. Race            | 4. Sex        |
| 5. Address   |                    |               |
| 6. City  | 7. State           | 8. ZIP Code   |

| <b>Fingerprint Reason</b>          |                |
|------------------------------------|----------------|
| Code:<br>CPE-NCPA/VCA (PL 105-243) | \$49.25+LS Fee |

**I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.**

**I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**\*\*DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. \*\***

|   |
|---|
| AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162  |
| COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request. |

# DEPARTMENT OF HUMAN SERVICES COUNSELING CONTRACT APPLICATION

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

U.S. Congressional District: \_\_\_\_\_ DUNS#: \_\_\_\_\_  
(Required) (Required)

Email address: \_\_\_\_\_

Please note that the above is public information subject to FOIA (Freedom of Information Act) requests.

Please provide Social Security number (for individuals) or Federal Identification Number (for organizations) on line below.

Federal I.D. \_\_\_\_\_ Social Security Number \_\_\_\_\_  
True False

1.   Neither you nor any of your employees or sub-contractors are providing services under another counseling contract through the State of Michigan.
2.   You are not an employee of the State of Michigan.
3.   No employee of yours who is a state employee will be assigned work pursuant to any counseling contract you may have with the State of Michigan.

Answers to all questions must be "True" to be eligible to receive a contract.

Please list ALL counties where you wish to provide services: \_\_\_\_\_

\_\_\_\_\_

Please provide the address(es) of location(s) where services will be provided: \_\_\_\_\_

\_\_\_\_\_

If you have the capacity to provide bi-lingual or multi-lingual services, please indicate the languages other than English:

Please check to indicate type of agency:

Private, Non-Profit       Private, Proprietary       Public

Please check next to each service you intend to provide under this contract:

Clinical Counseling      \$63/Unit  
 Outreach Counseling      \$73/Unit  
 Group Counseling      \$120/Unit

NOTE: The unit definition for Clinical and Outreach services is:

One unit equals one session of not less than fifty (50) minutes of a provider's time in a face-to-face counseling session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the DHS referral).

The unit definition for Group Counseling services is:

One unit equals 1 ½ hour of a provider's time in a face-to-face group counseling session to a group of referred clients. Partial units are allowed per contract language.

Contracts do not permit billing for missed appointments.

All required information must be received before a contract can be processed or a provider can be added to a current contract.

Please include the following required documentation for each person who will be providing service under the contract:

- A copy of each person's master's degree (or higher)
- An up-to-date copy of each person's master's level State of Michigan license to provide counseling or psychotherapy
- An up-to-date copy of the liability insurance policy for each person/agency
- Proof of social security number or federal ID#
- Current Central Registry Clearance – prospective contractors must go to the local DHS office and request this clearance. Results are released only to the individual and will need to be mailed/faxed to OLRS. Fax # is: 517-335-6390. You may also scan as a .pdf and send as an attachment to [akersd@michigan.gov](mailto:akersd@michigan.gov)
- The National Child Protection Act (NCPA) clearance - completed through fingerprint process. Results will be sent directly to this office 5-7 days from the date of the scan.

***NO THERAPIST IS ELIGIBLE TO PROVIDE SERVICES UNTIL WRITTEN APPROVAL IS RECEIVED FROM OLRS.***

\*\*Macomb, Genesee, Oakland, Wayne and Lapeer Counties are NOT accepting new providers.

The completed application form and required credentials/clearances may be sent to:

**Michigan Department of Human Services  
Office of Logistics and Rate Setting  
Grand Tower Suite 1201  
PO Box 30037  
Lansing, MI 48909  
Attn: Dawn Akers**

**OR**

**email to:**

**[akersd@michigan.gov](mailto:akersd@michigan.gov)**

Date: 3/22/12