

**Counseling Services**  
**Department of Health and Human Services (MDHHS)**  
**Contract Language**

**Effective 4/1/16**

Service #1 of 2: COUNSELING (Individual/Family and Group)

a. Activities the Contractor shall perform:

The Contractor shall:

- 1) Accept only referrals made on a MDHHS counseling referral form. For the Contractor to accept a referral, each person to be provided service shall be identified by name in a written MDHHS referral format to the Contractor.
  - a. The Contractor cannot provide services in advance of receipt of a written referral from MDHHS.
  - b. The Contractor cannot provide or bill for more than one (1) unit per individual/family or group therapy session.
  - c. The Contractor cannot provide more than twelve (12) units (sessions) of service for any referral unless the referral is reauthorized by MDHHS.
- 2) Upon receipt of a written MDHHS referral, contact the MDHHS referring worker to discuss the client's circumstances and discuss preliminary goals and objectives.
- 3) Ensure that services accommodate the schedules of the client families. The Contractor shall be available for emergencies by telephone during nights and weekend hours.
- 4) For clients referred from Prevention or Protective Services programs, provide a counseling treatment sequence for abusive/ neglectful parents or potentially abusive/neglectful parents with instruction in some or all of the following:
  - a. Effective disciplinary methods providing alternatives to corporal punishment and neglect;
  - b. Reduction of family conflict and depression;
  - c. Development of age-appropriate expectations;
  - d. Display of greater parent/child affection and trust;
  - e. Appropriate expression and control of feelings;

- f. Opening and strengthening of the family support system;
  - g. Improvement of communication skills;
  - h. Parent as a role model;
  - i. Consequences of behavior;
  - j. Changing inappropriate family roles;
  - k. Ameliorating dysfunctional sexual behaviors;
  - l. Alleviating guilt or depression resulting from victimization;
  - m. Developing effective personal and interpersonal problem-solving methods;
  - n. Resolving individual and/or family concerns identified through assessment or ongoing treatment, which relate to mistreatment of children;
  - o. Strengthening the bond between victim and non-abusive parent;
  - p. Self-protection against further victimization;
  - q. Healthy sexuality;
  - r. Typical effects of sexual abuse and ways to assist their children;
  - s. The importance of:
    - 1) Personal/home hygiene;
    - 2) Recognition of and protection from potential harm to children;
    - 3) Attention to medical care;
    - 4) Age-appropriate parental attention and supervision;
    - 5) Attention to nutritional and clothing needs of children.
- 5) For abused/neglected children or potentially abused/neglected children referred from Protective Services or Prevention programs, provide counseling services to:
- a. Develop adaptive emotional expression skills;
  - b. Heal trauma, victimization and loss;
  - c. Develop self-control and decision-making skills;
  - d. Practice coping skills in family and community settings;
  - e. Support progress toward normative childhood experience.

- 6) For referrals from MDHHS Direct Support Services programs, provide instruction and address goals as specified in the referral. The Contractor shall provide a counseling treatment sequence for MDHHS recipients and families with instruction in specific areas of concern which adversely impact the ability to be self-sufficient and include some or all of the following:
  - a. Effective disciplinary methods providing alternatives to corporal punishment and neglect;
  - b. Reduction of family conflict and depression;
  - c. Development of age-appropriate expectations;
  - d. Display of greater parent/child affection and trust;
  - e. Appropriate expression and control of feelings;
  - f. Opening and strengthening of the family support system;
  - g. Improvement of communication skills;
  - h. Parent as a role model;
  - i. Consequences of behavior;
  - j. Developing effective personal and interpersonal problem-solving methods; consequences of decision; conflict resolution;
  - k. The importance of:
    - 1) Personal/home hygiene;
    - 2) Recognition of and protection from potential harm to children;
    - 3) Attention to medical care;
    - 4) Age-appropriate parental attention and supervision;
    - 5) Attention to nutritional and clothing needs of children.

Clients referred from MDHHS Direct Supportive Services programs cannot be provided counseling services to address any sexual or substance abuse issues. The intent of this counseling treatment is to address barriers preventing clients from successfully participating in the work force.

- 7) For referrals from other MDHHS programs, provide instruction and address goals as specified in the referral.
- 8) Base counseling upon established and recognized solution-focused methods such as rational-emotive therapy, family system therapy, interpersonal therapy, dialectical behavior therapy, cognitive-behavioral therapy, therapeutic play, role play, and parent counseling.
- 9) Meet with each referred client for a minimum of fifty (50) minutes within ten (10) working days of receipt of the written MDHHS referral. Complete an assessment of the client's circumstances (including client strengths), developmental history, family structure, support system, physical health, employment, emotional and mental status and the client's view of the presenting concern.

- 10) Within ten (10) working days following the end of the month of the initial interview with the client, submit to the referring MDHHS worker a Counseling Assessment and Treatment Plan Report (DHS-840), which shall address the following:
  - a. Record of client sessions with dates, including dates of all missed appointments;
  - b. Telephone or other case contacts;
  - c. Individual and/or family assessment;
  - d. Diagnosis;
  - e. Identified concerns and client strengths;
  - f. Specific objectives and times frames.

The objectives listed in the treatment plan shall be behaviorally based and measurable. The objectives shall reflect interventions and strategies employed to achieve the overall goals of the counseling treatment sequence.

- 11) Verbally evaluate with the client his/her progress, or lack of progress, in meeting counseling objectives during each counseling session and document in the case file.
- 12) Assist in maintaining attendance of clients at sessions by providing follow-up on missed appointments. All missed appointments shall be followed within three working days by a letter or telephone call to clients informing them of the missed appointment and scheduling a follow-up appointment. Each time two consecutive appointments are missed, the Contractor shall notify the referring MDHHS worker by telephone within 3 working days of the second missed appointment.
- 13) Failure to provide timely reports may, at MDHHS' option, result in sanctions, up to and including termination of the Agreement.
- 14) The Contractor shall have at least monthly contact with each client for a period of time determined by the MDHHS referring worker, in consultation with the Contractor. The duration of counseling services shall not exceed twelve (12) sessions unless approved in writing by the MDHHS referring worker's supervisor or designee.
- 15) Based upon client declaration or information from the MDHHS referring worker, and when available, bill the client's third party health insurance for reimbursable services identified and performed under this Agreement. Reimbursement received by the Contractor from third party carriers shall be utilized as follows:
  - a. Other third party funding sources, e.g., insurance companies, must be billed in lieu of the MDHHS for contracted client services. Third party reimbursement shall be considered payment in full except that the client or the

MDHHS may be required to pay a co-pay if required by the third party insurer. Reimbursements received WITHIN the period covered by this Agreement shall be credited to the MDHHS as an insurance adjustment, in the same month in which the payment is received, on the Contractor's monthly payment request. Credits shall be for the entire amount received, except that credits for services shall not exceed the rate(s) established for those service(s) under this Agreement.

- b. Reimbursements received AFTER the period covered by this Agreement shall be credited to any subsequent Agreement (less any co-pay required by the third party insurer as specified in Item #1, above), between the Contractor and the MDHHS for the same or similar service.
- c. Reimbursements received AFTER the period covered by this Agreement, and in the absence of a renewal Agreement, shall be returned to the State of Michigan as an overpayment (identified by Agreement number) within 30 days of receipt and mailed to:

Department of Health & Human Services  
Cashier Unit  
PO Box 30037  
Lansing, MI 48909

- d. Clients may be charged based on a sliding fee scale if the MDHHS office has indicated on the referral form that use of a sliding fee scale is appropriate for the referral. Under no circumstances may a sliding fee scale be used for clients referred under the Child Abuse and Neglect program. If a sliding fee scale is utilized, the portion of the fee paid by the client shall be deducted from MDHHS' fee.

- 16) The Contractor cannot bill for more than one (1) unit per counseling session.
- 17) The Contractor cannot bill for missed appointments.
- 18) The Contractor may be required to provide a copy of the client referral notice with the billings, on request by MDHHS.

b. Unit Definitions:

- 1) Unit Title: **Counseling (Individual/Family)**

Unit Definition(s):

One unit equals one session of not less than fifty (50) minutes of a counselor'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 MDHHS referral) at a confidential space such as the Contractor's usual place of business, the client's home or with prior MDHHS approval, at a mutually agreed upon site..

2) Unit Title: **Group Counseling**

Unit Definition(s):

One unit equals 1-½ hour session of face-to-face group counseling provided by a counselor to a group of referred clients. In addition to the counselor, each group shall include not fewer than three nor more than ten individual members and shall include not fewer than three unrelated family groups.

The Contractor may bill for partial units in increments of one-tenth of one unit if the group consists of non-eligible as well as MDHHS clients served under this Agreement. The portion to be charged to the MDHHS shall equal the percentage of MDHHS clients in the group times the unit rate.

3) Unit Title: **Ancillary Services**

Unit Definition(s):

One unit equals one hour of Contractor's time providing support services when authorized by the MDHHS referring worker, including off-site observations at schools or parent/child visits; family meetings; court preparation and participation; travel time; required on-line training (maximum of 12 hours annually); and preparation or review of written reports other than those already required in Section 2.5, 2.6 and 2.7.

Service #2 of 2: TRAINING

All individuals providing counseling services for child welfare cases under this Agreement must complete up to 12 hours of training annually as identified by the MDHHS Child Welfare Office. Training coursework will be made available through an on-line provider at no cost to the contractor. Contractors shall be reimbursed for time spent to accomplish this training coursework, up to 12 hours annually, at the rate for ancillary services established in Section 3.1 Payment. Documentation of completed training shall be submitted with the monthly payment request for the period during which it was completed. Training outside of the MDHHS approved coursework from the on-line provider is not eligible for reimbursement for time spent or training costs.