

INDIVIDUAL SERVICE AGREEMENT

State of Michigan Department of Human Services

INSTRUCTIONS:

- Local DHS office completes form.
- Gives PART 1 to the Contract Agency.
- Retains PART 2 in the case record.

Note to child placing agencies: This form is not to be used for adoption services.

In accordance with the DHS Foster Care Master Contract and Service Agreement the following agreement for the purpose of:

Child Placing Agency Services Child Caring Institution Services

Has been entered between: Local DHS Office Name and: Name Contract Agency

Contract Agency Address (number, street, city, state, zip code) Provider Number

The Contract Agency Agrees to provide services, as specified in the Master Contract and Service Agreement, for the child identified as:

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| Name of Child | Birth Date | Case Number |
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Specific Services Included:

Required Reports:
 The Contract Agency agrees to submit the following child specific reports: Initial Service Plan in 30 calendar days, Updated Service Plan every 90 days thereafter, Placement Change Reports, Termination Report, Other

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| Date of Anticipated Next Placement (if more than ten months, this agreement is to be renegotiated and a new one signed before the end of the tenth month.) | Anticipated Next Placement |
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The Local Department of Human Services agrees to:

1. Comply with the terms of the Master Contract and Service Agreement and with the policies and procedures published in the Department's Services Manual.

2. Local Agency placing the youth will be responsible for the following services:

3. Local Agency in the county where provider is located, will be responsible for the following services:

4. Provision of the appropriate payment documents based on the child's legal status:

Court Ward Primary funding is through the individual county payment process; a DHS-626 will be provided by the local DHS office if the child becomes eligible for federal funds

State Ward The Department of Human Services is responsible for payment; a DHS-626 will be provided by the local DHS office.

If a child's legal status changes during the term of this individual service agreement, a new agreement must be negotiated and signed by both the agency and the local DHS office.

REIMBURSEMENT RATE

The Department agrees to pay the Contract Agency the established per diem rate for the above service.

If the child is placed in family foster care, the Department further agrees to pay the age appropriate per diem rate for foster parent reimbursement, or such other amount as may be authorized by the Department subsequent to the signing of this individual service agreement.

REQUIRED DOCUMENTATION:

- **Contract Agency** - The Contract Agency agrees to retain documentation to support all charges and expenditures and to immediately report changes to the Department which may affect the payment status of the child. Documentation of Agency prior approval for any nonscheduled payment is to be maintained by the Contract Agency.
- **Local Department Office** - The Department agrees to submit the following documentation: Referral Material as required in the Master Agreement. Payment Authorization/Billing Document, Acknowledgment of Receipt and approval of Initial Service Plan and Updated Service Plan, a Quarterly Report if providing primary family services

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| APPROVALS | DHS Local Office Director or Designee Signature (If two offices involved, both signatures required) | Signature Date |
| | Contract Agency Director or Designee Signature | Signature Date |

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| AUTHORITY: Public Act 280, 1939 COMPLETION: Required. PENALTY: No payment for services | Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |
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