
GENERAL INSTRUCTIONS

Decisions about post-investigative services to a family are based on multiple factors, including category designation.

Category V Cases

Category V cases involve one of the following:

- **No** evidence of child abuse and/or neglect (CA/N) is found; see [PSM 713-01, CPS Investigation-General Instructions and Checklist, Abbreviated Investigations section](#).
- The family cannot be located.
- The Family Division of Circuit Court was asked to order the family to cooperate with the investigation, but the court declined.

Category IV Cases

For Category IV cases, the worker must inform the family about available community resources commensurate with the risk to the child; such as cases with identified safety factors on the Safety Assessment, or causes identified as high risk.

Category III Cases

CPS must refer the child's family to community-based services commensurate with the risk of harm as determined by the risk assessment. If the family does not voluntarily participate in services, or fails to make progress to reduce the risk level, the department may reclassify the case as Category II; see Escalation of Category section in this item.

Note: Families First referrals are inappropriate for Category III cases. Families First services must only be used when imminent risk of removal is present.

One of the following options must be used based on the individual needs of the family and the results of the safety assessment.

Services Not Monitored

OPTION 1: Child is safe and services do not need to be monitored.

The worker must:

- Open/close on MiSACWIS CPS.
- Refer family to community-based services.
- Document reasons why the child is safe and services do not need to be monitored.

Services Monitored for up to 90 Days

OPTION 2: Child is safe with services; services need to be monitored.

Category III cases may be opened to monitor and obtain feedback from community-based services to which the family has been referred for a period that should not exceed 90 days from the initial date of complaint. See exception below allowing an extension of the 90-day monitoring period.

Open a Category III case when child safety issues warrant monitoring of the case to ensure that the family is making progress in community-based services.

The worker must:

- Open the case in MiSACWIS.
- Refer the family to community-based services.
- Provide direct services and/or monitor referred services for a period that should not exceed 90 days. See exception below allowing an extension of the 90-day monitoring period.

During the time the case remains open, contact standards for low- and moderate-risk cases must be followed. The worker must monitor whether the parent participates in and benefits from services. The worker may close the case during the 90-day period after face-to-face contact has been made with all appropriate household member(s), and after completing the risk and safety reassessments, the reassessments of the family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS). A determination must be made that the risk remains low or moderate and the child is safe. When the case is closed, a closing DHS-152, Updated Services Plan (USP), must be completed, including:

- The reasons the case was closed, including the impact of services on previously identified safety and risk factors, and needs.
- The progress, or lack of progress made as a result of the services and supports.
- The need for follow-up or further services as indicated on the safety reassessment.

See [PSM 714-4, CPS Updated Services Plan and Case Closure](#), for more information on USPs and case closure.

Exception: The 90-day monitoring period may be extended up to 90 additional days in limited circumstances, such as the service provider was unable to begin services during the first 90 days. The extension request must be submitted **prior** to the end of the initial 90-day monitoring period. Complete a safety reassessment and then submit the request for supervisory approval of an extension of the 90-day monitoring period by completing the Exception Request. The request must document the reasons for the extension. This exception applies only if factors that would cause escalation to a Category II are **not** present.

Escalation of Category

If the family does not participate in, or benefit from services, the worker must determine whether to escalate the case to a Category II or I by completing the risk and safety reassessments and/or by using discretionary overrides. The decision to escalate the case must be based on the current family situation and the risk to the child. The worker must document the reasons for escalating the case to Category II or I in the USP. The reason must include the child safety issues identified within the safety and risk reassessments and the reassessment of the FANS-CPS and CANS-CPS.

Escalated cases must be served with contact standards applicable to their new risk level (for example, if a Category III, moderate-risk case is escalated to a Category II, high-risk case, adhere to the contact standards for high-risk cases). **Note:** Any time a petition is filed the case must be escalated to a Category I.

The worker must:

- Complete the safety and risk reassessments at or before 90 days from the date of the initial complaint.

- A risk-reassessment cannot be completed until contact has been made with the family. If the worker is unable to locate the family, workers must document this in the assessment as well as efforts that have been made to locate the family.
- Escalate the case to Category II or I in MiSACWIS CPS. The perpetrator's name will automatically be added to central registry. **Note:** If the case is escalated to a Category I, the Legal module in MiSACWIS CPS must be completed. See [PSM 713-13, Child Abuse and Neglect Central Registry \(CA/NCR\)](#), for information on providing notice to the perpetrator that his/her name has been listed on central registry.
- Provide and/or refer to services and family supports.

Category II Cases

For Category II cases, the role of the worker varies depending on the availability and accessibility of community resources and supports. If resources are limited, the worker may provide direct services to the family. If community resources are available, the worker may act as a case manager by coordinating the delivery of various services provided by others. Regardless of whether services are provided directly or purchased, the worker must monitor the child's safety.

Category I Cases

For Category I cases, a petition must be filed with the Family Division of Circuit Court. Depending on the living arrangement of the child, the case must be transferred to foster care or maintained by CPS.

FAMILY TEAM MEETINGS

[See FOM 722-06B for information about Family Team Meetings.](#)

ENGAGEMENT OF SERVICES

When a social work contact with the client/family includes an attempt to engage the client/family in services, the Engagement of Services option must be selected for that contact purpose. Document in the social work contact narrative **how** the family/client engaged in services.

REQUIRED REFERRAL TO EARLY ON®

As a requirement of the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC 5101 et. seq., when a CPS case is classified as a Category I and II CPS must refer all children under age 3 who are identified as victims to *Early On*® for evaluation and services. This referral must be done at the time of disposition or when the child has been identified as being directly affected by substance abuse; see [PSM 716-7-Substance Abuse Cases](#). CPS must notify the family of the referral to *Early On* and ask the family to sign the DHS-1555-CS, Authorization to Release Confidential Information. Completion of the DHS-1555-CS allows MDHHS to receive the *Early On* evaluation results and any plan for services, if applicable.

MiSACWIS CPS will prompt workers to complete a referral to *Early On* when required.

When completing the referral, workers should identify developmental, cognitive, social, emotional and/or medical concerns. Information provided in the developmental/medical concern sections of the referral should be regarding the child, not the family or family situation. Information regarding the family may be included in the child resides section of the referral. Care must be taken not to release confidential information; see SRM 131, Confidentiality.

Note: Special consideration must be given to children under the age of 3 who have pre-existing conditions such as toxic exposure, failure to thrive or other known medical conditions such as cerebral palsy, Down syndrome or others. **These children must be referred to *Early On*, regardless of CPS case status.**

SERVICE LEVEL AND CONTACT STANDARDS

Risk Level	Required Number of Face-to-Face Contacts with the Family Per Month	Maximum Number allowable by a Contracted Agency Per Month	Number of Visits Required Per Month with Victim and Non-Victim Children in the Home	Minimum Number of Face-to-Face Contacts with a caregiver per participating household
Intensive	4	3	1	1
High	3	2	1	1
Moderate	2	1	1	1

Low	1	0	1	1
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Monthly service level and contact standards are:

The total required visits with the family are based on the risk level.

Contact with the family must be made within 7 business days of case transfer to on-going.

A risk-reassessment cannot be completed until contact has been made with the family.

Regardless of the risk level, each victim and non-victim must be seen at least once a month.

Low risk level

One face-to-face contact by the CPS worker with the family per month.

One collateral contact by the CPS worker on behalf of the family per month.

Moderate risk level

Two face-to-face contacts by the CPS worker with the family per month.

Two collateral contacts per month by the CPS worker on behalf of the family.

High risk level

Three face-to-face contacts by the CPS worker with the family per month.

Three collateral contacts per month by the CPS worker on behalf of the family.

Intensive risk level

Four face-to-face contacts by the CPS worker with the family per month.

Four collateral contacts per month by the CPS worker on behalf of the family.

CPS WORKER VISITS

During open cases, the CPS worker must visit the child (ren) according to the requirements described below. Information obtained during visits must be used when completing the DHS-152, Updated Services Plan.

In order for a case contact to meet contact requirements, the contact must occur in person with the perpetrator, victim or caretaker (parent, guardian or other person responsible). During the contact the worker must engage the individual by creating an environment of empathy, genuineness and empowerment that supports them with entering into a helping relationship and actively working to mitigate risk and safety concerns.

Visit Requirements

To ensure child-centered safety planning, a face-to-face contact must be made by the CPS worker with the primary caregiver, from each participating household, every 30 days following the date of disposition. The visit and discussion must include child-centered safety planning, addressing the child's needs, continued services and discussion of identified case goals.

Attempts to have at least quarterly contact with the identified perpetrator should occur to address child safety concerns and assess service provision.

Each child must have a face-to-face visit by the CPS worker a **minimum of once** every 30 day period, beginning at the dispositional date (or in the event of an overdue report or where an extension was granted, from the original dispositional due date). The initial visits with the family must take place within 7 business days from case assignment to the on-going worker. The majority of visits must take place in the child's residence. Each visit must include a private meeting between the child and the CPS worker. During the monthly visit the areas to be discussed at least once a month must include:

Child Visit (age-appropriate/verbal children):

The child's perception of all issues and concerns, including:

- Child's opinion about what led to CPS involvement.
- Issues pertaining to the child's needs, services and case goals.
- Education.
- Family interactions with parents/siblings.
- Safety concerns.
- Discuss parenting time and/or sibling visitation plan as applicable.
- Extracurricular/cultural activity/hobby participation.
- Medical/dental/mental health needs since last visit.
- Permanency plan and how the plan has been shared with the child.

Caregiver Visit:

- Progress toward reaching goal as addressed in the service plan/risk assessment.
- Caregiver's perception of the challenges they are experiencing and their ideas for addressing.
- Medical/dental/mental health concerns, appointments, treatment and follow-up care for child (ren) and caregiver(s).
- Child behaviors: Worker and parent concerns, developmental achievements or concerns, and any behavioral management plan, if applicable.
- Education: School status/performance, behaviors and services provided.
- Tasks required to meet child's needs.
- Inquire about non-custodial parents.
- Address any safety concerns.

General Information:

- Risk assessment completed and risk level.
- Additional CPS complaint(s) made since last visit.

- Law enforcement involvement since last visit.
- Unmet needs or services to be provided.
- View child's bedroom.
- Observe and record child's physical appearance.

Safe Sleep

- For every home visit during an ongoing CPS case involving a child 12-months of age or younger living in the home, CPS must observe the infant's sleep environment and record the observation in their social work contacts. The documentation should address whether:
 - The infant is sleeping alone.
 - The infant has a bed, bassinet, or portable crib.
 - There is anything in the infant's bed.
 - The mattress is firm with tight fitting sheets.
- If the infant is not provided with a safe sleep environment, the worker will make attempts to assist the family in obtaining one and document those attempts. MDHHS may utilize the following to help secure the safe sleep environment.
 - The family's friends/family members.
 - Community resources.
 - Local office funds.

Documenting Visit Information

The information gathered during the monthly visit must be documented in the DHS-152, Updated Services Plan.

Caseworker Visit Tools

Two CPS caseworker visit tools have been developed to assist workers in gathering the above required information during the monthly calendar visit. The tools are:

- DHS-903-A, Children's Protective Services Caseworker/Child Visit Tool. This form may be used to take notes during the visit.
- DHS-903, Children's Protective Services Caseworker/Child Visit Quick Reference Guide. This guide lists the information that must be covered in the monthly visit.

The above caseworker visit tools provide structure and reminders of the required topics during the monthly child visit. The information from the tool is to be documented in MiSACWIS CPS. The tools are not to be used as documentation in the case record.

Face-to-Face Contact

A face-to-face contact is defined as an in-person contact with the perpetrator, victim or caretaker (parent, guardian or other person responsible) for the purpose of observation, conversation or interview about substantive case issues. Risk reassessment, reassessments of FANS-CPS and CANS-CPS, treatment planning, service agreement development and/or progress review are examples of substantive case issues. A face-to-face contact must occur in the family's home at least every other month (every 60 days) and in the 30 days prior to case closure.

Note: In the first month of service provision, an attempt must be made by the caseworker to have at least one face-to-face contact that includes all children and all caretakers residing in the home.

When providing services to cases identified as intensive, high or moderate risk level, a minimum of one face-to-face contact with all children must be conducted each month by the caseworker as part of the required face-to-face contacts with the family. In low risk level cases, the CPS worker must at least verify and document the well-being of the children in the household on a monthly basis.

Note: A face-to-face contact in the home must be made with each child victim on all risk level cases in the 30 days prior to case closure.

See [PSM 713-03, Face-to-Face Contact](#), Entering a Home When a Parent/Adult is Not Present section for restrictions on entering a home.

Collateral Contact

Collateral contacts refer to all other contacts the worker may need to make, such as contacts with the extended family, a relative, the school, any service providers, other agencies or the foster family. These contacts may be face-to-face, by telephone or email.

Contacts by Contracted Agencies

If a client is referred to services that are contracted for with local purchase of service monies (such as CA/N contracts) for the purpose of reducing risk to the child, face-to-face contacts by a contractual worker with the client may be counted as a face-to-face contact to replace a CPS worker's contact, as outlined above. Contacts the client has with other local agencies which are not under contract with MDHHS, such as a public health department or community mental health, may not be counted as face-to-face contacts to replace the worker's contacts.

Note: If MDHHS employs service providers (such as parent aides, homemaker aides, etc.) to work with clients for the purpose of reducing risk to the child, the local office director may approve that face-to-face contact by the MDHHS-employed service provider with the client be counted as a face-to-face contact to replace a CPS worker's contact as outlined above in Service Level and Contact Standards.

Note: If the worker becomes aware that the service providers have not been able to meet the required number of contacts, the CPS worker **must** ensure the safety of the children by conducting a home visit. In addition, the CPS worker must notify his/her supervisor so that the supervisor may attempt to resolve the issue with the service provider. Until the issue is resolved, the worker is responsible for meeting all of the face-to-face contact standards.

The initial FANS-CPS and CANS-CPS outcomes and the development of the service agreement must be discussed during the initial planning conference between the CPS worker, the service provider and client family. The service provider must obtain the CPS worker's approval of the proposed service plan prior to implementation.

The CPS worker must make monthly visits with the children, caretaker(s) and/or perpetrator(s) to measure treatment progress. The conferences should be used to discuss the reassessment outcomes, the revised services agreement and updated services plan. It is also recommended that the CPS worker and service provider meet with the client family for quarterly review of the case plan.

Contacts

Families First and Families Together/ Building Solutions

In cases in which the family is referred for Families First or Families Together/Building Solutions services, those two programs are responsible for complying with all the required service standards. The CPS worker must have one contact per month with the Families First or Families Together/Building Solutions worker, either face-to-face or by telephone.

Note: If the worker becomes aware that the Families First or Families Together/Building Solutions service providers have not been able to meet the required number of contacts, the CPS worker must ensure the safety of the children by conducting a home visit. In addition, the CPS worker must notify his/her supervisor so that the supervisor may attempt to resolve the issue with the service provider. If the local office supervisor is unable to resolve the issue directly with the service provider, the supervisor must notify CPS and Family Preservation Program Office (located at central office). Until the issue is resolved, the worker is responsible for meeting all of the face-to-face contact standards.

MONTHLY CASE CONSULTATION

The CPS worker must meet with his/her supervisor at least monthly for case consultation for every ongoing case. To record in MiSACWIS that the conference occurred, select Supervisor in the contact type and in the narrative only document that the conference occurred.

The DHS-1156, CPS Investigation Supervisory Guide; DHS-1157, CPS Investigation Supervisory Tool; DHS-1158, CPS Ongoing Supervisory Tool, and DHS-1159, CPS Ongoing Supervisory Guide, are each available to assist supervisors during monthly case consultations in gathering information and assessing whether a child's needs of safety, permanency and well-being are met.

The DHS-1156, CPS Investigation Supervisory Guide, and DHS-1159, CPS Ongoing Supervisory Guide, contain the information that must be addressed during case consultations, but are not intended for recording notes. The items in the guides are listed as prompts to guide discussion and should be supported by case documentation.

The DHS-1157, CPS Investigation Supervisory Tool, and DHS-1158, CPS Ongoing Supervisory Tool, **may** be used to take notes on items for follow-up.

Note: The guides and tools and discussion details are not to be included in the case file.

DOMESTIC VIOLENCE CASES

Interventions

Interventions in cases where domestic violence (DV) is a factor should be consistent with the following three principles:

1. Safety of the child and adult victim must be the primary consideration in all phases of the intervention.
2. The perpetrator of DV must be held accountable for acts of violence and coercive and controlling behavior.
3. Safety and service plans should build on the survival strategies of the adult victim to increase his/her likelihood of remaining safe and protecting the child.

Workers should assist and support the victim of DV in recognizing and furthering all safety efforts. If the child is at risk of harm by the perpetrator, the adult victim of DV must be informed that child safety is the priority. However, separation from the batterer might place the victim of DV and the child at increased risk of harm.

Information necessary to develop an intervention in cases involving DV include the:

- Impact of the DV on the child.
- Perpetrator's assaultive and coercive conduct.
- Impact of the DV on the victim of DV.
- Safety assessment and risk of lethality.
- Protective factors available for use by the victim (such as use of protective orders, police involvement, family support, shelters, etc.).

Note: Separate service plans must be developed for the victim of DV and the perpetrator of DV. See Ongoing Protective Service Responsibilities section for more information on the development of service agreements.

As a group, perpetrators of DV may use manipulative tactics to use the CPS system to further abuse and retaliate against the victim of DV or to gain leverage in possible custody disputes. Perpetrators of DV may file false allegations of child abuse and neglect against the victim of DV. This behavior may be a warning sign that the danger to the adult victim and child is increasing.

See also [PSM 712-6, CPS Intake-Special Situations](#), Domestic Violence section, and [PSM 713-08, Special Investigative Situations, Domestic Violence section](#).

Court Involvement

For information concerning court involvement, see PSM 715-3, Family Court: Petitions, Hearings, and Court Orders.

HOME VISITS - SERVICES CASES

There are certain circumstances when providing services to a family that either a scheduled or an unscheduled home visit is appropriate. The following guidelines give examples of when to use these types of home visits most effectively. CPS should use unscheduled home visits with the family as much as possible and when appropriate.

Scheduled Home Visits

Use announced home visits when:

- Several attempts to make contact have been unsuccessful.
- The worker and family have agreed upon a time frame for completion of a specific goal.

Unscheduled Home Visits

Use unscheduled home visits to:

- Determine actual home conditions and monitor child safety.
- Assess risks to the child when caretakers are allegedly allowing the child to be exposed to harmful or undesirable situations or persons, such as sex offenders, substance abusers, known perpetrators of child abuse and neglect or DV.

- Monitor child safety if there are concerns that the parent may not be following through on mutually agreed upon actions which would ensure child safety.

ONGOING PROTECTIVE SERVICE RESPONSIBILITIES

Ongoing protective service responsibilities for Category II and I families include:

1. Developing the service agreement by using the risk assessment/reassessment and the FANS-CPS and CANS-CPS to negotiate a plan that may help to reduce future risk of abuse/neglect. Services should be relevant, sufficient in frequency and duration and should address, at a minimum, the top three needs (identified by the FANS-CPS) that contributed most to the child's maltreatment.

See [PSM 714-2, CPS Supportive Services](#), for information on services purchased for child abuse and/or neglect cases.

See [PSM 714-2, CPS Supportive Services](#), Confirmed Sexual Abuse Cases section, if the case is open due to sexual abuse.

See [PSM 714-2, CPS Supportive Services](#), Substance Abuse Treatment Services section..

2. Helping the parents identify goals for reducing risk to the child and enhancing their ability to provide adequate care of their child.
3. Assisting parents to identify resources within their extended family support system and, if necessary, facilitate access to and use of those resources. Ensure that extended family clearly understands the need to provide appropriate services identified in the service agreement.
4. Supporting the caretaker's efforts. Help the caretakers assess and be responsive to the needs of their child. Support and encourage the caregivers by helping them to recognize their own strengths and encouraging them to apply these strengths to reach identified goals.
5. Working with the caretakers to assist them in learning new skills in the following areas: home management, child care,

parenting skills, household budgeting, preparation of nutritious meals, household organization, child development, discipline, etc. In addition to the worker's direct services in this area, these services may be effectively provided by homemakers, family life education programs, schools, voluntary agencies, etc.

6. Improving the environment. Environmental problems may exist which require the use of other resources such as financial assistance, medical assistance, family planning services, housing, legal aid, employment, etc. The worker should facilitate locating such resources by making appropriate referrals and helping the family make use of community resources.
7. Evaluating the need for continued ongoing protective services. Conduct an ongoing evaluation of the service agreement and services objectives and determine whether the child is safe and persons responsible for their health and welfare are benefiting from the service agreement. Include the use of extended family members for respite and ongoing family support.

If a petition for removal or substitute setting becomes necessary, work with the parent(s) to identify relatives as a priority for placement and as an alternative to licensed foster care, whenever possible. Attention should be given to a non-custodial parent as a possible placement option. See [PSM-715-2, Removal and Placement of Children](#), for more information on placement with relatives and non-custodial parents.

8. Involving the Family Division of Circuit Court and/or law enforcement agencies whenever services fail to adequately protect the child.
 - If court action is necessary for removal, the department must document the reason(s) why services did not prevent removal; see [PSM 714-2, CPS Supportive Services, Reasonable Efforts section](#), and [PSM 715-2, Removal and Placement of Children, Reasonable Efforts section](#).
 - The petition must give facts to document that custody with the parent presents a substantial risk of harm to the child.
 - Case documentation must indicate:

- a. Efforts made to identify, develop and use the family's support relationships. If no efforts were made, document why not.
- b. Reasons a relative caregiver placement is not in the best interest of the child, if applicable.
- c. The likely harm to the child if removed from the extended family system.

Service Agreement

The service agreement must be completed for all cases which are **Category I or II**.

Exception: If all the children are in court-ordered, out-of-home placement, a service agreement does not need to be completed.

With family input, develop a strength-based service agreement which focuses on the issues identified on the risk and needs and strengths assessments. The plan must be structured to reduce the risk to the child and to meet service agreement goals that will lead to case closure. Specific goals and activities for the parents, child and worker must be identified in the service agreement.

After completing the FANS-CPS and CANS-CPS, up to three prioritized needs will automatically be identified by MiSACWIS CPS. For each prioritized need identified, enter a service for that need. Once the service is selected, enter the goal in the Goals box. Be specific and state goals clearly. Goals must be realistic and achievable within a reasonable amount of time. List the necessary steps and activities parents, other persons responsible, child and worker must take to achieve the defined goals, including time frames in the Activities/Steps box.

In most cases, the purpose is to help the parent change a practice that has resulted in neglect or abuse. Express activities in behaviorally specific terms to keep the focus on the changes necessary to reduce future risk of CA/N. Include the frequency of worker contact with the child and family.

State expected and measurable outcomes. Use descriptive language to explain what the results from positive goal achievement will be when the identified problems are successfully resolved.

The service agreement must be printed and a copy provided to the family. The family should be asked to sign a copy of the service

agreement to document that they received a copy of the service agreement. In open cases in which contractual services are actively involved in assisting the family, the contractual services service agreement or family plan may be used in place of the CPS service agreement. If the contractual services plan/agreement is used, the services plan/agreement must meet the needs identified by CPS assessment tools (risk, FANS-CPS, CANS-CPS and safety assessments) and should be documented. If the contractual services plan does not address needs identified by CPS assessment tools, the CPS worker must address the needs in a separate CPS service agreement or incorporate the issues into the contractual services plan/agreement. The family should be actively involved in the identification of needs, as well as the development and implementation of any service plan/agreement.

CASES INVOLVING MULTIPLE COUNTIES

In cases involving multiple counties, the county of residence may request that another county make a service referral, supervise services, etc., in the other county (for example, the custodial parent resides in County A and the non-custodial parent lives in County B and both parents are receiving services). Requests for courtesy supervision, service referrals, etc., must be honored. The worker requesting the courtesy supervision or other activity on the case should document what he/she wants done by the other county as a social work contact. The supervisor will request the assignment of a courtesy worker by contacting the appropriate county and processing the request in MiSACWIS CPS through the Case Listing module. Courtesy services must be agreed upon by the county of residence and the county providing courtesy services. All activities done by the courtesy worker must be documented in MiSACWIS CPS by entering any contacts in the Social Work Contacts module, completing any safety and/or risk reassessments or reassessments of the FANS-CPS and CANS-CPS, etc., as necessary. Any contacts between the workers/supervisors of different counties should also be documented in social work contacts by the worker/supervisor initiating contact.

When a family with an ongoing protective services case is absent from the county for a period of 30 days or more, moves, or is temporarily visiting out of the county, see [PSM 716-2, When Families In CPS Cases Move Or Visit Out Of County.](#)

Disputes between counties must be immediately referred for resolution to the Business Service Center.