

Adoption Medical Subsidy Program Information Booklet



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INTRODUCTION

Welcome to the State of Michigan Department of Health and Human Services (MDHHS) Adoption Medical Subsidy Program!

Adoption medical subsidy is a reimbursement program that helps with medical or treatment costs for children adopted from Michigan's child welfare system who have an identified physical, mental, or emotional condition which existed, or the cause of which existed, prior to the adoption petition being filed and are listed on the medical subsidy agreement. Payments for services after the effective date of coverage may be made after the child's medical subsidy agreement is signed and the child is placed for adoption.

The Adoption Medical Subsidy Program guidelines and limitations are as follows:

1. Most services must have **prior approval** from the Adoption and Guardianship Assistance Office (AGAO). Please see each service for prior approval requirements.
2. The service is necessary to treat a condition that was certified by AGAO prior to the child's 18th birthday.
3. All other resources, including Medicaid and private health insurance, must be used first, and this documentation must be provided with the request for funding. State law (MCL 400.115h) prohibits MDHHS from making a medical subsidy payment unless all other available public money and third-party insurance, such as Medicaid, Children's Special Health Care Services (CSHCS) (Michigan.gov/CSHCS), Community Mental Health (CMH) and private insurance have been exhausted. The medical subsidy program is the payer of last resort.
 - a. Denials for specific services are valid for one year from the date of the denial.
 - b. For children who do not qualify for coverage through CSHCS, a denial of coverage from CSHCS will be used as proof of denial of eligibility for future requests for the same service for the child. The parent/guardian can contact CSHCS through their local CSHCS office, at 800-359-3722, or by email (cs hc sfc@michigan.gov).
4. Reimbursement may not cover 100% of the costs associated with the requested services.
5. Services may be reimbursed on or after the effective date of the adoption medical subsidy agreement.

AGAO CONTACT INFORMATION

If you need help with completing the application, please contact your assigned adoption assistance analyst. Analyst assignment is by the **parent's** last name. Please visit the [MDHHS Post-Adoption Parent Resources webpage](#) for the AGAO staff contact list or call AGAO at 517-335-7801.

(https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7116_63826_11423---,00.html).

SERVICES AVAILABLE THROUGH THE ADOPTION MEDICAL SUBSIDY PROGRAM

Medical Services

- **Prior approval is needed**, and the adoption medical subsidy program does **not** cover routine medical care.

- The maximum lifetime medical care benefit is \$5,000.
- Medical services include but are not limited to X-rays, blood draws/lab work, and medical procedures such as inpatient/outpatient surgeries.
- The child must have a condition certified through the medical subsidy program to be eligible for payment of the service.

Dental Services

- **Prior approval is needed**, and the adoption medical subsidy program does **not** cover routine dental care or cosmetic treatment.
- The maximum lifetime dental benefit is \$5,000.
- If the child's dental needs are part of an orthodontic treatment plan, the service would fall under the orthodontics service.
- Dental services include but are not limited to cleanings, X-rays, fillings, root canals, crowns, and extractions.
- The child must have a condition certified through the medical subsidy program to be eligible for payment of the service.

Orthodontics

- **Prior approval is not needed**, but **medical subsidy for a certified condition must be in place prior to the treatment date**.
- The maximum lifetime benefit through the medical subsidy program is \$5,000.
- A treatment plan from the proposed orthodontic provider must be submitted and include the following:
 - The presenting dental condition.
 - How the treatment will correct the presenting condition.
 - Timeline for treatment.
 - The expected treatment outcome.
 - Statement of total cost, including any needed extractions.

Durable Medical Equipment

- **Prior approval is needed.**
- Durable medical equipment includes items that can stand repeated use, are used to serve a medical purpose, are not useful to a person in the absence of illness or injury and can be used in the home.
 - Examples of durable medical equipment include but are not limited to wheelchairs, ramps, and walkers, and sensory equipment such as swings, trampolines, and weighted blankets/vests.
 - Excluded items include but not limited to elevators, vehicles, whirlpools, structural changes, or improvements to the home.
- Documentation verifying medical necessity based on a medical condition or diagnosis certified by AGAO must be sent with requests for prior approval.

Adaptive Equipment

- **Prior approval is needed**, and the benefit amount is unlimited during program eligibility.

- Adaptive equipment is an item that is designed to specifically help a child to compensate for a physical deficit.
- Adaptive equipment includes but is not limited to enhanced keyboard and feeding utensils.

Communication Aids

- **Prior approval is needed**, and the maximum benefit is \$1,500 every two years.
- These devices enhance and augment communication for the child and include but are not limited to computer software, speech enhancing devices, and noise canceling headphones.

Van Lifts

- **Prior approval is needed**, and the maximum benefit amount is \$5,000 every five years.
- An application to CSHCS must be submitted prior to requesting approval from AGAO, and the approval or denial from CSHCS must be sent to AGAO.

Educational Services

Physical, Occupational, and Speech Therapy

- **Prior approval is needed**, and the benefit amount is unlimited during program eligibility.
- Physical, occupational and speech therapy are limited to the same level as the services included in the child's current Individual Education Plan (IEP).
 - Physical, occupational, and speech therapy service providers must be licensed to provide these services.
 - Children who are home schooled or attend private schools must obtain an IEP and services from the local or intermediate school district before medical subsidy will approve these services.
 - The adoption medical subsidy program cannot authorize payment or reimbursement when private insurance, CSHCS, Early On® Michigan, the local public school district, and/or Medicaid are providing the services.
 - For **children ages 2 and under**, the adoptive parent must apply to Early On® Michigan (www.1800earlyon.org) before requesting prior approval from AGAO. Documentation of the request and/or denial must be provided to AGAO. If the child is enrolled in Early On® Michigan, medical subsidy will not pay for the service.
 - For pre-primary **children ages 3 to 5**, the adoption medical subsidy program may help with the cost of these services if all other resources have been exhausted. Payment for these services through AGAO will not exceed the Medicaid payment rate. A copy of the Early On® Michigan denial or pre-primary impairment (PPI) denial letter from the school district must be included with the application.
 - For school-age **children ages 6 and older**, adoption medical subsidy may help with the cost of physical, occupational or speech therapy if all other resources above have been exhausted.

Sensory Integration Therapy

- **Prior approval is needed**, and the benefit amount is unlimited during program eligibility.

- Sensory integration therapy is a form of occupational therapy intended to help the child regulate sensory responses.
- The adoption medical subsidy program may cover up to six months of sensory integration therapy for children who have medical subsidy for neurological conditions and a physician's prescription for the service, after all other payment resources have been exhausted.
- Payments for sensory integration therapy will not exceed the Medicaid rate for occupational therapy.

Tutoring

- **Prior approval is needed**, and the benefit cannot exceed \$150 per week.
- Services are available to children who attend public or private schools or are homeschooled. Limited tutoring may be approved for:
 - Children ages 7 and older to raise a failing grade (D or below) in a general education class, if related to a medical condition certified by the AGAO.
 - Children who are receiving educational services as part of their special education Individual Education Plan (IEP) or 504 plan who need specific help beyond parental assistance, if the related to a medical condition certified by the AGAO. If a child does not have an IEP or 504 plan, the parent will need to contact their local intermediate school district to obtain one.
- The request must include:
 - A written recommendation for tutoring from the child's teacher(s) with the specific subject(s) in which the child requires tutoring.
 - An estimated length of time that the tutoring will be needed.
 - A written syllabus or tutoring plan.
 - Documentation verifying that the tutor is qualified to tutor the child.
- Tutoring approved through AGAO must occur outside of regular school hours and may not be provided by a member of the adoptive household.
- Requests for more tutoring require a new prior authorization and a progress report from the child's teacher that evaluates the results of and need for more tutoring. The progress report must state the need for more remedial assistance.

Academic Credit Recovery/Summer School

- **Prior approval is needed**, and the benefit amount is unlimited during program eligibility.
- This service can be used during the school year or summer months.
- The courses must meet high school graduation requirements for the child, and the child must have a certified condition through AGAO related to academic performance.
- Documentation from the school must include the cost of course and a statement that completion of course is needed for high school graduation.

Glasses/Contact Lenses

- **Prior approval is not needed**, and the benefit amount is unlimited during program eligibility.
- Adoption medical subsidy may reimburse for one pair of glasses or one year's worth of contact lenses every 12 months.

- Glasses or contact lenses must be medically prescribed and related to a condition certified through AGAO.
- When sending a claim for reimbursement, the parent must include the invoice showing proof of payment and documentation that all other resources have been exhausted.

Hearing Aids

- **Prior approval is not needed**, and the benefit amount is unlimited during program eligibility.
- Adoption medical subsidy may reimburse for medically prescribed hearing aids once every 12 months for related conditions certified through AGAO.
- When sending a claim for reimbursement, the parent must include the invoice showing proof of payment and provide documentation that all other resources have been exhausted.

Incontinence Supplies

- **Prior approval is needed**, and the benefit amount is unlimited during program eligibility.
- Adoption medical subsidy may reimburse for diapers, pull-ups, or other incontinence supplies.
 - Supplies must be related to a condition certified through AGAO.
 - There must be written documentation of a medical need.
 - The child must be age 4 or older.

Medical Supplies and Prescriptions

- **Prior approval is needed for medical supplies but not for prescriptions**, and the benefit amount is unlimited during program eligibility.
- Medical supplies and prescriptions may be covered for treatment of a condition certified through the AGAO. Medicaid and private insurance must be used prior to sending a request to the AGAO.
- Medical subsidy does not pay for general over-the-counter medical or first aid supplies or for medications that have not been approved by the U.S. Food and Drug Administration.

Physical Care Services

- **Prior approval is needed**, and the maximum payment is \$15 per hour, up to eight hours per day, for a period of six months.
- Physical care services help with caring for a child's special physical condition with complex and continuing medical maintenance issues. Examples of complex and continuing medical maintenance issues are quadriplegia, tube feeding, ostomy care, and severe multiple impairments.
- Children with complex and continuing medical maintenance may be eligible for services while waiting to obtain ongoing care and/or services through Medicaid or CSHCS programs.
- This service can be used to prevent hospitalization or out-of-home care but is not authorized on an emergency basis.
- Approval of this service requires a written treatment plan from CSHCS which determines the total amount of treatment and time needed and whether the service can be covered through CSHCS.

- The service provider cannot be a member of the adoptive household and must be qualified by education, training, or experience as determined by the AGAO.
- Approval of this service may be granted if it is not included in the Determination of Care (DOC) rate on the child's adoption assistance daily rate.
- This service cannot be used for childcare for the adoptive parent to attend work, school, run errands, or provide care for foster children, or due to the incapacity of the adoptive parent to care for the child.

Camp

- **Prior approval is needed**, and the maximum benefit is up to \$500 per calendar year.
- Documentation is needed from one of the child's professional service providers verifying the camp would benefit the child and is related to a medical or mental health condition certified by adoption medical subsidy.
- Overnight and day camps must be licensed in the state where they are located.
- Transportation costs to or from the camp are not covered.

Travel Expenses

- **Prior approval is needed** and may be granted if the travel is:
 - More than 30 miles round trip.
 - Necessary for the treatment of a condition certified by AGAO.
- Reimbursement is limited to those family members whose presence is necessary for the treatment of the condition of the child that has been certified through the AGAO.
- Lodging may be approved if the family must be away from home overnight to obtain the medical care for the condition and the treatment is more than 50 miles from the family residence.
- Approval of this service may be granted if it is not included in the Determination of Care (DOC) rate on the child's adoption assistance daily rate.
- Payment for travel is based on the standard state rate for mileage, meals, and lodging, and the [DHS-1624, Adoption Medical Subsidy Travel Reimbursement Log](#), must be completed.

Mental Health Services

Mental Health/Developmental Assessment Evaluation

- **Prior approval is needed.**
- AGAO may approve an outpatient mental health or developmental assessment or evaluation up to a maximum of \$500.
- Medicaid via CMH services must be requested and used, when available, before approval by the medical subsidy program.

Trauma Assessment Evaluation

- **Prior approval is needed.**
- Trauma assessments must be completed by a trauma assessment program contracted by MDHHS, at the contracted rate.

- Prior to requesting a prior approval for a trauma assessment, the parent(s) must obtain a pre-screening assessment through their regional [Post Adoption Resource Center \(PARC\)](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7116_63826_63829---,00.html) (https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7116_63826_63829---,00.html) and have a related certified condition.

Medication Review

- **Prior approval is needed**, and the maximum allowable rate is \$24.
- Medication reviews may be covered through AGAO for medication related to an emotional/mental condition that has been certified through the medical subsidy program.

Outpatient Counseling

- **Prior approval is needed** except as noted below and may be granted for up to three sessions per week for a period of up to six months.
- Outpatient mental health and related services are those psychological, psychiatric, counseling, psychotherapy, or other similarly defined services for evaluation and/or treatment of emotional/mental conditions that have been certified eligible by AGAO, and may include:
 - Clinical counseling: A counselor meets with a child and/or family members and/or other person(s) significant to the child at a confidential space in the counselor's usual place of business.
 - Outreach counseling: A counselor meets with the child and/or family members and/or other person(s) significant to the child at the family's home or at a mutually agreed upon site.
 - Group counseling: A counselor meets with a group of clients with similar needs.
- Counseling services may be available through local community mental health providers, Medicaid providers, and private insurance providers.
- Payment for outpatient therapy does not require prior approval from AGAO for the first six months with a maximum of three times a week if:
 - The child is transitioning from foster care to adoption and will continue to receive services from the same counselor used during foster care; or
 - The child has not received counseling services in the past 12 months, and the parent(s) are currently seeking services for the child.

Note: Additional sessions will require prior approval.
- Medical subsidy reimburses the adoptive family to cover costs beyond the amount paid by the child's private insurance or Medicaid. Maximum reimbursement rates are:
 - \$63 per 50 to 60-minute individual counseling session.
 - \$81.81 per 50 to 60-minute family counseling session.
 - \$19 per person per 50 to 60-minute group session.

Behavioral Services

- **Prior approval is needed.**
- Behavioral services are educational and behavioral services (12 months or less) for the child and parent(s) to improve the parent's skills and modify the child's behavior related to the mental/emotional condition(s) certified by AGAO.

- For one child, the maximum payment is \$40 per hour, for a maximum of \$1,000 per calendar month, not to exceed \$4,800 in a 12-month period.
- When two or more children from the same family are being provided services at the same time, the maximum payment is \$50 per hour, with a maximum of \$1,400 per calendar month, not to exceed \$7,200 in a 12-month period.

Respite

- **Prior approval is needed.**
- The adoption medical subsidy program may reimburse up to \$50 per day, not to exceed four days per month or 24 days per 12-month period.
- Requests for prior approval of respite care must include:
 - Documentation from one of the child's professional service providers indicating need for the service in relation to a condition certified by the adoption medical subsidy program.
 - Documentation that respite care services through other programs such as CMH have been exhausted, are unavailable, or do not provide the recommended number of respite care hours.

Treatment Outside of the Family Home

- **Prior approval is needed.**
- Short-term treatment outside the family home can be covered as a last resort when treatment goals are not being achieved in the family setting. Adoption medical subsidy policy limits the amount of coverage to six months. Approvals may be granted for periods of up to 90 days at a time.
- The goals of treatment outside the family home are to address the child's emotional and behavioral problems, strengthen the adoptive family, and facilitate the reunification of the child with their adoptive family.
- Adoptive parents must be actively engaged in the child's treatment, including participation in family therapy, family weekends, phone calls, and home visits. Lack of family participation will result in discontinuation of funding for the out-of-home treatment by AGAO.
- The adoption medical subsidy program does not cover treatment outside the family home for young adults ages 18 or older or psychiatric hospitalization.
- For complete documentation requirements for treatment outside of the family home please see the [Adoption Assistance Manual AAM 640, Use of the Adoption Medical Subsidy Program](https://dhhs.michigan.gov/OLMWEB/EX/AA/Public/AAM/640.pdf) (https://dhhs.michigan.gov/OLMWEB/EX/AA/Public/AAM/640.pdf).

Step-Up Services

- Step-up services are used when a child requires temporary placement of 90 days or less outside the family home to de-escalate family conflicts, stabilize behaviors, and facilitate a return home to avoid a longer-term placement in a more restrictive environment.
- The adoptive parent is responsible selecting the step-up provider and arranging the placement.
- The step-up placement must be in a licensed foster care home or with an identified relative who is included in the therapeutic treatment plan.
- Step-up services cannot be provided by the child's adoptive or biological parent or anyone currently living in the adoptive home.

- Step-up services are based on the child's age.
 - Children ages 12 and under: up to \$50 per day, per child, to the licensed foster parent and the relevant administrative rate to the supervising agency, if applicable.
 - Children ages 13-17: up to \$60 per day, per child, to the licensed foster parent and the relevant administrative rate to the supervising agency, if applicable.

Residential

- Residential treatment services are used as a last resort when the child's emotional/behavioral needs and treatment goals are unable to be met in the home and community setting.
- A completed residential application must be sent to AGAO.
- Residential services cannot be used in lieu of court charges or for children with a pending delinquency case.
- This service is limited to 90 days. AGAO cannot provide coverage through the adoption medical subsidy program for residential treatment more than 90 days unless an extension, up to a maximum of an additional 90 days, is granted in writing by AGAO.
- Parents must:
 - Supply information about past treatment efforts.
 - Report any court or CPS involvement.
 - Participate in the child's treatment as required by the treatment plan.
 - Maintain a home living arrangement for the child while in treatment.
 - Continue regular contact/visitation with the child and allow the child to have home visits.
 - Follow the reunification plan/expectation that the child will return to their care and home.
- Before funding for residential treatment can be granted, the department's contractor must complete an independent third-party assessment of the child.

Note: For further questions or to request an application for residential treatment, parents can contact the residential treatment analyst listed on the AGAO contact sheet.

Step-Down Services

- Step-down services are used when a child needs a temporary placement of 90 days or less to support adjustment from a more restrictive residential setting, regardless of funding source, to community living and the family home.
- The adoptive parent is responsible selecting the step-down provider and arranging the placement.
- The step-down placement must be in a licensed foster care home, a licensed transitional placement program home, child caring institution, or with an identified relative who is included in the therapeutic treatment plan.
- Step-down services cannot be provided by the child's adoptive or biological parent or anyone currently living in the adoptive home.
- Step-down services are based on the child's age.
 - Children ages 12 and under: up to \$50 per day, per child, to the licensed foster parent and the relevant administrative rate to the supervising agency, if applicable.

- Children ages 13-17: up to \$60 per day, per child, to the licensed foster parent and the relevant administrative rate to the supervising agency, if applicable.

STEPS TO REQUEST PRIOR APPROVAL FOR MEDICAL SUBSIDY SERVICES

1. **Read this booklet and keep it for your records.** It has valuable information about our programs.
2. **Mail your preauthorization application to:**
MDHHS
AGAO – Medical Subsidy, Suite 612
PO Box 30037
Lansing, MI 48909
Fax: 517-335-4019 or 517-241-7042
3. **You may be asked to provide additional verification for some providers.**
4. **You will receive a letter** in the mail or by email, if an email address is provided, informing you if you are approved or denied for assistance. The letter has valuable information including the name, phone number, and email address of your AGAO adoption assistance analyst.

TIMELY DECISIONS

AGAO must make timely decisions to approve or deny your application for assistance.

Once your application is received by the AGAO, it will be processed within 30 calendar days and written notification will be provided to you. If approved, the effective date will be when a complete application is received. If your application is incomplete, a letter will be sent detailing the information that is needed. Parents have 45 days from the date of the letter to provide the analyst with the information. **Note: Residential applications allow parents 90 days to submit all documentation.**

If the information you provided is not correct, AGAO has the right to discontinue services and recoup funds for paid services.

If the above occurs or AGAO denies your request for preauthorization of services, you will be sent written notification. The written notification will include your right to request an administrative hearing.

GENERAL COMPLAINTS

You have the right to make general complaints about matters other than the right to apply, non-discrimination, or hearing issues. Written complaints can be sent to:

MDHHS
AGAO – Medical Subsidy, Suite 612
PO Box 30037
Lansing, MI 48909

HEARING RIGHTS

If you receive a denial for services and/or certification of a condition and believe that the action is incorrect or unlawful, you have the right to request an administrative hearing on this matter. You must submit your request in writing within 90 calendar days to:

MDHHS AGAO
Administrative Hearings Coordinator, Suite 612
PO Box 30037
Lansing, MI 48909

The hearing request must be signed by you or by your parent, spouse, attorney, court-appointed guardian, or conservator, or by someone else you name in a signed statement. You may represent yourself at the hearing, or you may be represented by an attorney, relative, friend, or other spokesperson; however, the department will not pay for costs of an attorney or other representative. For more information, refer to [Adoption Assistance Manual AAM 700, Adoption Assistance Administrative Hearings](#) (<https://dhhs.michigan.gov/OLMWEB/EX/AA/Public/AAM/700.pdf>).

Michigan Office of Administrative Hearings and Rules (MOAHR) may deny your hearing request if:

- Your request for a hearing is received more than 90 calendar days after the date of the written decision to deny, terminate, or reduce your benefits.
- The person who signed the hearing request cannot show a court order or signed statement from you that they may sign on your behalf or is not your lawyer, spouse, or parent.

BILLING PROCEDURES AND INFORMATION

Adoption medical subsidy payments are made in response to specific bills sent by the parent/guardian or by the services provider. Payments are made at the rates approved by the department and sent directly to the service provider or parent. Frequency and duration of treatment are subject to review by the AGAO. Payments may be audited for accuracy.

When a child **is not** covered by the parent's private health insurance and the family obtained prior authorization from the AGAO, bills must be submitted within four months after services are provided.

When a child **is** covered by the parent's private health insurance, bills must be submitted to the AGAO within three months of the parent or provider receiving documentation of partial payment or rejection of payment by the insurance company.

Medicaid-enrolled providers must bill Medicaid prior to billing the adoption medical subsidy program and accept Medicaid payment as payment-in-full for covered services.

[Adoption medical subsidy bills can be sent to:](#)

MDHHS
AGAO – Medical Subsidy, Suite 612
PO Box 30037
Lansing, MI 48909

Bills must include the following information:

- Child's name and date of birth.
- Parent's name(s) and address.
- Condition for which services were provided.
- List of the services provided.
- Date(s) and time(s) of service(s).
- Name and address of the service provider.
- Federal identification number or Social Security number of the service provider requesting payment.
- License or certification number of the individual therapist who provided the services, if applicable.
- If services have been rejected for coverage or for partial coverage by a private insurance carrier or by Medicaid, a copy of the rejection or partial coverage statement must be attached to the billing.
- If no other resources are available to help with the cost of services, the billing statement must say, "No other resources available."
- A parent signature verifying receipt of services. The bill must include the following statement: "I have reviewed this bill for accuracy and by my signature, I am verifying that the services were provided, and the times and dates of services billed are accurate."
- Provider signature verifying services were rendered on the dates and times shown on the bill.

Excluded Costs

- The adoption medical subsidy program does not reimburse an adoptive parent for providing treatment/services to their own adopted child.
- Adoption medical subsidy does not pay for missed appointments.
- Payment for physical care, behavioral care, and out-of-home services will not be extended beyond the child's 18th birthday.
- Services are not paid if the service is available from the public school system under the Michigan Mandatory Special Education Act [Act 198, P.A. 1971].
- Routine medical care, including well-child checks, and general over-the-counter medical/first aid supplies are not covered by medical subsidy.

REQUESTS FOR PRIOR APPROVAL

1. Most services must have prior approval from the Adoption and Guardianship Assistance Office (AGAO). Please see each service for prior approval requirements.
2. The service must be necessary to treat a condition that was certified by AGAO prior to the child's 18th birthday.

3. All other resources, including Medicaid and private health insurance, must be used first, and this documentation must be provided with the request for funding. State law (MCL 400.115h) prohibits MDHHS from making a medical subsidy payment unless all other available public money and third-party insurance, such as Medicaid, Children's Special Health Care Services (CSHCS) (Michigan.gov/CSHCS), Community Mental Health (CMH) and private insurance have been exhausted. The medical subsidy program is the payer of last resort.
 - a. Denials for specific services are valid for one year from the date of the denial.
 - b. For children who do not qualify for coverage through CSHCS, a denial of coverage from CSHCS will be used as proof of denial of eligibility for future requests for the same service for the child. The parent/guardian can contact CSHCS through their local CSHCS office, at 800-359-3722, or by email (cs hc sfc@michigan.gov).

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

PRIOR APPROVAL REQUEST: GENERAL INFORMATION

Child Name

Date of Birth

Condition(s) for which funding is being requested

Parent(s)/Guardian(s) Name

Email

Telephone Number

Address

City

State

Zip Code

Is the child covered by private insurance? Yes No

Is the child covered by Medicaid? Yes No

Is the child receiving assistance from Children's Special Health Care Services? Yes No

Parent/Guardian Signature

Date

PROVIDER INFORMATION

Provider Name

Provider FED ID#/SSN

License/Cert# (if applicable)

Provider SIGMA Vendor Code

Telephone Number

Email

Signature

Date

To complete the prior approval request, please complete the specific section below for the service you are requesting prior approval for. Attach listed documentation and/or fill out all information for that section only.

MEDICAL/DENTAL CARE

- Medical Care Dental (excluding orthodontics)
-

Required Documentation

- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS)
-

DURABLE MEDICAL EQUIPMENT**Required Documentation**

- Letter from a physician documenting medical necessity, including:
- Type of equipment, quantity, frequency of usage
 - Physician's prescription for the equipment
- Two estimates
- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS)
-

ADAPTIVE EQUIPMENT/ COMMUNICATION AIDS**Required Documentation**

- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS)
- One** of the following:
- Documentation from a physician verifying medical necessity of equipment
 - Physician's prescription for the equipment, including quantity and frequency of use.
- Two estimates
-

VAN LIFT**Required Documentation**

- Professional evaluation and recommendation
- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS)
-

PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY

- Physical Therapy Occupational Therapy Speech Therapy
-

Required Documentation

- Proof other resources have been exhausted (Medicaid, private insurance, CSHCS)
- Age 7 or older: copy of child's current IEP or 504 plan
- Age 6 or younger: letter of need from physician

Additional Required Documentation If Child Is Age 0-2:

- Proof parent has applied to Early On® Michigan and received a denial
-

TUTORING**Required Documentation**

- Recommendation from the child's teacher that includes:
- Identification of the subjects in which the child needs help.
 - Verification that tutoring will occur outside of regular school hours.
 - Estimated length of time tutoring will be needed.
 - Whether the teacher believes tutoring may be needed the next school year.
- Written syllabus or tutoring plan from the tutor.
- Credentials of the tutor.
- One of the following:
- Documentation of failing grade, when the purpose of tutoring is to raise a grade of D or lower.

Child's current IEP Or 504 plan, dated within the last year.

Note: Submission of a review within the last year is acceptable.

Check here if we have a current copy in our file.

For more tutoring, a progress report from the child's teacher evaluating the results of and continued need for more tutoring.

ACADEMIC CREDIT/SUMMER SCHOOL

Documentation from the child's school that includes:

Cost of the course.

Verification the course is needed for high school graduation.

Note: The parent must provide proof of completion with the claim to be paid.

INCONTINENCE SUPPLIES

Required Documentation

Professional documentation of a medical need.

Proof other resources have been exhausted (Medicaid, private insurance, CSHCS).

PHYSICAL CARE SERVICES

Required Documentation

Treatment plan developed by a licensed physician that includes the following:

Proof the treatment is related to a condition certified by AGAO.

Frequency and duration of treatment.

Proof application was made to private insurance, CSHCS, Medicaid, and Home Help through MDHHS.

Proof of denial or partial assistance from private insurance, CSHCS, Medicaid, and Home Help through MDHHS.

CAMP

Required Documentation

Cost of camp

One of the following:

Professional documentation verifying the camp will benefit the child and is related to a condition certified by AGAO.

Treatment plan or letter from child's therapist or physician.

Verification that the camp is licensed in the state where it is located.

TRAVEL EXPENSES

The travel meets both of the following criteria:

Travel is more than 30 miles round trip.

Travel expenses are not included in the child's Determination of Care (DOC).

Required Documentation

Proof other resources have been exhausted (private insurance, Medicaid, CSHCS, CMH).

MENTAL HEALTH/DEVELOPMENTAL ASSESSMENT EVALUATION

Outpatient Mental Health

Developmental

Trauma

Required Documentation

Proof other resources have been exhausted (private insurance, Medicaid, CMH).

MEDICATION REVIEW

Required Documentation

- Proof other resources have been exhausted (private insurance, Medicaid, CMH).
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OUTPATIENT COUNSELING

- Individual Family Group
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Required Documentation

- Current treatment plan (Initial treatment plan or Updated treatment plan)
 Proof other resources have been exhausted (private insurance, Medicaid, CMH).
 Copy of provider's current license, if outside of Michigan.

Note: Progress reports from outpatient counseling providers are needed every 90 days during the authorized coverage period.

BEHAVIORAL SERVICES

Required Documentation

- Treatment plan developed by a qualified treatment specialist (such as a licensed physician, psychologist, limited or fully licensed master social worker, or limited or fully licensed professional counselor) that includes:
- Assessment of the child's behavior.
 - Statement of intervention techniques to be used.
 - Expected parental involvement.
 - Expected outcomes at the end of the treatment period.
 - Signatures of the following individuals:
 - Treatment specialist
 - Service provider
 - Adoptive parent(s)
- Treatment specialist's signed recommendation of the service provider and the training and supervision plan.
- Copies of treatment specialist's and service provider's credentials.

Note: Progress reports from behavioral service providers are needed every 90 days during the approval coverage period.

RESPIRE CARE

Required Documentation

- Written request from the adoptive parent/guardian.
 Written payment agreement between adoptive parent/guardian and the respite care provider, who is not the child's adoptive or biological parent or a member of the adoptive family's household.
 Documentation from child's professional service provider indicating the need for respite care is related to a condition certified by the AGAO.
 Proof that respite care services through CMH have been exhausted, are unavailable, or do not cover the recommended number of respite care hours.
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