MDHHS-5977, RESIDENTIAL FUNDING REQUEST APPLICATION

Michigan Department of Health and Human Services
(Revised 3-22)

SECTION 1 – IDENTIFYING INFORMATION

Child's Name		Date of Birth	Age
Child's Identified Race	Child's Identified Gender	Child's Preferred Pronouns	
Date of Adoption	County of Adoption		
Adoptive Parent Name	Adoptive Parent Name		
Marital Status			
Adoptive Parent(s) Address	City	State	Zip Code
Adoptive Parent(s) Phone Number(s)	Adoptive Parent(s) Email(s)		

SECTION 2 – WORKERS ASSISING WITH THIS APPLICATION (IF ANY)

Name	Phone Number
Agency	Email

SECTION 3 – FAMILY COMPOSITION

List family members in the home: Information about family composition (e.g., adults and children, including foster children and their placement dates).

Name	Relationship	Age	Child with Special Needs?	Placement Date	Currently in the home?
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No
			☐ Yes ☐ No		☐ Yes ☐ No

SECTION 4 – CHILD STATUS

1. Does the child you are requesting residential funding for have an active Medical Subsidy Agreement? ☐ Yes ☐ No

   If yes, list the certified conditions

   a.

   b.

   c.

   d.

   e.

   f.

2. Does the child you are requesting residential funding for have pending charges or have they been placed under juvenile court supervision? ☐ Yes ☐ No

   If yes, attach copies of police report(s), all court orders, probation reports, and any assessments.

3. Is the child covered by private insurance? ☐ Yes ☐ No

   If yes, list the private insurance:

SECTION 5 – APPLICATION REQUIREMENTS AND SUPPORTING DOCUMENTATION

Out of home treatment must be for the purpose of supporting and maintaining the adoptive relationship. To request coverage through the adoption medical subsidy program, the parent **must** submit a request in writing with **all** supporting documentation to the Adoption Subsidy Office within 90 days of initial receipt of the application.

1. The parent(s) must write a letter that includes:

   ☐ Information about family composition (for example, adults and children, including foster children and their placement dates).

   ☐ A request for treatment outside the family home.

   ☐ Their proposed involvement in the child's treatment while outside the home.

   ☐ Their proposed aftercare involvement in the child's treatment while outside of the home.

   ☐ How they intend to maintain the parent-child relationship with their child if they are receiving treatment outside the home.

   ☐ A statement that they agree to participate in the treatment plan as determined by the treatment facility.

   ☐ A statement that they understand that they are responsible for making the actual placement outside the family home, and if approved, the Adoption Subsidy Office will authorize payment.

   Letter from one or more of the following professionals: a licensed physician, psychologist, psychiatrist or limited or fully licensed master's social worker to support the following:

   - The child's condition cannot currently be treated in a less restrictive setting.

- The child's behaviors must warrant a treatment outside the family home. The memo must include specific behaviors and when the behaviors occurred, both within the home and the community.
- How the identified residential treatment program would meet the child's needs, if the child has the cognitive functionality to learn from the residential program, and how the residential program will meet the following:
  - The age-appropriate needs of the child.
  - The developmental needs of the child.
  - The child's medical needs, if applicable.
- How the child would benefit from residential treatment.
- The family's active participation in prior efforts to treat the child in their own home or in an in-patient setting. Supporting documentation of participation must be provided to the Adoption Subsidy Office.
- Prior efforts must include active engagement and full utilization of community-based services family's region with at least one in-home service within the last six months. Examples of services include:
  - Outpatient psychotherapy and family counseling.
  - Inpatient psychotherapy, in addition to outpatient psychotherapy.
  - Behavioral services.
  - Wraparound services.
  - Families First services.
  - Aftercare services following a previous placement outside the family home.
  - Step-Up services.
  - Intensive in-home services.
  - Day treatment, if available and covered under the child's insurance plan.
  - Early intervention services.

2. A detailed description of the in-home services that were provided to the family and the outcome of the interventions and participation by all family members.
3. A school report supporting the contention that a serious school problem exists.
4. Documentation that the child is demonstrating difficulties within the community. Examples may be dysfunctional peer relationships within the school or neighborhood setting and/or involvement with law enforcement agencies.
5. Documentation that the child's need for a placement outside the family home is not due primarily to the adoptive family's functioning.
6. Copies of the child's treatment reports (for example, progress notes, psychological or psychiatric evaluations) dated within the last twelve months for all community services.
7. Has the child received Community Mental Health (CMH) services within the last year? ☐ Yes ☐ No

   If yes, list types of services and submit copy of all treatment documentation.

   a.

   b.

   c.

d.

e.

- AAM 640, Post Placement- Use of the Adoption Medical Subsidy Program, provides that MDHHS must not make a medical subsidy payment unless all other available public money and third-party payment such as Medicaid, Children's Special Health Care Services, CMH, and private insurances have been exhausted.
- Provide a letter from the CMH treatment team that indicates their inability to meet the child's service needs in a community setting, why the child's condition cannot currently be treated in a less restrictive setting, and all available Medicaid/SED services that have been attempted and exhausted; those services include but are not limited to, Home Based Services, Wrap Around Services, Parent Support Partners, Community Living Supports, and Respite.

8. Has the child been hospitalized due to a mental health condition within the last year? ☐ Yes ☐ No

   If yes, list dates and submit copies of all inpatient treatment documentation and discharge summaries.

   a. Hospital: Date:

   b. Hospital: Date:

   c. Hospital: Date:

   d. Hospital: Date:

SECTION 6 – ADDITIONAL DOCUMENTATION

DHS-1100, must be completed and signed by adoptive parents. The facility must be licensed in the state where it is located.

DHS-1555cs, must be completed and signed by adoptive parents. See example form for how to fill out.

SECTION 7 – SIGNATURES

A completed packet includes ALL supporting documents. Submit documents together in one packet.

The family is required to provide the documentation, within 90 calendar days of their written request for residential treatment being received by the Adoption and Guardianship Assistance Office (AGAO). If the documentation is not received within 90 calendar days, the request will be denied.

Parent Signature Date

Parent Signature Date

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.