

**DHS-1341-A, PARENT APPLICATION FOR ADOPTION  
MEDICAL SUBSIDY FOR AN ADOPTED CHILD**

Michigan Department of Health and Human Services (MDHHS)  
(Revised 11-23)

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**DIRECTIONS – TYPE OR PRINT CLEARLY**

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- Adoption medical subsidy may be requested for physical, mental health, or emotional conditions which existed, or the cause of which existed, prior to the adoption.
- A child may be eligible for medical subsidy if:
  - The child is being adopted or was adopted from the Michigan public child welfare system.
  - The child is under the age of 18 at the time of the certification of the medical subsidy condition(s) by the Adoption and Guardianship Assistance Office (AGAO).

**Note:** The medical subsidy agreement must be fully executed prior to the child's 18th birthday.

- The identified physical, mental health, or emotional condition or its cause existed before the PCA 320, Order Placing Child, was issued by the Court.
- If the required documentation is not received with the application but it's received **within** 90 days of receipt of this application by the AGAO, **and** medical subsidy is approved, the effective date of eligibility will be retroactive to the date the application was received.
- If documentation is **not** received within 90 days, the application will be denied. **Note:** Reapplication can be made; however, this may affect the date of certification for the condition.
- **To establish an adoption medical subsidy agreement, parents must:**
  - Complete, sign, and date the application on the bottom of page 3.
  - Obtain professional documentation identifying the condition and documenting that the condition, or the cause of the condition existed prior to the adoption. **Current documentation must be signed by a professional** (dated in the last 12 months) and must be attached to application. See **Specific Documentation Requirements** on the last page of this application or [AAM 400, Medical Subsidy Eligibility](#), for acceptable professionals based on the child's condition(s).
  - Complete and submit application and supporting documentation to:
    - Michigan Department of Health and Human Services  
Adoption and Guardianship Assistance Office, Ste. 612  
PO Box 30037  
Lansing, MI 48909                      Telephone: 517-335-7801

**OR**

- Email to assigned post adoption medical subsidy analyst per the AGAO contact list found at [https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Adoption/DHS-AdoptionSubsidy-Contacts\\_253834\\_7.pdf](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Adoption/DHS-AdoptionSubsidy-Contacts_253834_7.pdf).

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**ADOPTION MEDICAL SUBSIDY COVERAGE**

(See [AAM, 640, Post Placement – Use of Adoption and Guardianship Medical Subsidy Program](#), for more information on the use of medical subsidy and services covered.)

Adoption medical subsidy may provide payment for necessary treatment of conditions certified eligible under the Adoption Medical Subsidy Program. Services must be provided by a licensed and/or trained person or by a licensed facility. Parents are responsible for the selection of service providers and obtaining any required preauthorizations.

**Most services require prior authorization once determined eligible for medical subsidy and medical subsidy agreement is in place. Prior authorization can be obtained through your ongoing adoption assistance analyst. Medical subsidy cannot reimburse for services rendered prior to finalization of the medical subsidy agreement and prior authorization of some services.**

Examples of services include, but not limited to outpatient psychotherapy/counseling; transportation; physical care services; respite services; educational services, such as speech therapy, physical therapy, occupational therapy, tutoring, or educational equipment/supplies; residential treatment or placement outside the family home; durable medical equipment, such as wheelchairs, or ramps.

**DO NOT ATTACH MEDICAL BILLS TO THIS APPLICATION.**

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## SECTION A – IDENTIFYING INFORMATION

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Child's Name (Last, First, Middle Initial)		Child's Date of Birth	
Adoptive Parent #1 Name (Last, First, Middle Initial)		Adoptive Parent #2 Name (Last, First, Middle Initial)	
Complete Address (Number and Street)	City	State	Zip Code
Telephone Number	Adoptive Parent's Email		

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## SECTION B – ELIGIBILITY INFORMATION

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- Has the child previously been determined eligible for the Michigan Adoption Assistance Program and/or the Medical Subsidy Program?  
 Yes, complete sections C, D, E  
 No, complete sections B2, B3, C, D, E
  - Was the child in the legal custody of the Michigan public child welfare system at the time the adoption petition was filed?  
 Yes  No  
Date of Adoption Finalization:  Not finalized
  - Copies of the following documents must be submitted (if the child is not currently receiving adoption assistance):
    - Order of Adoption
    - Birth Certificate
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## SECTION C – CONDITION(S) FOR WHICH A MEDICAL SUBSIDY IS BEING REQUESTED

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List specific physical, mental health, or emotional **condition(s)** for which medical subsidy is being requested.

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|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |
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## SECTION D – OTHER PAYMENT RESOURCES INFORMATION

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Has the child been determined eligible for any of the following resources?

- 1. Family Support Subsidy administered by Community Mental Health (CMH)?  Yes  No
  - 2. Children's Special Health Care Services (CSHCS) administered by CMH?  Yes  No
  - 3. Medicaid program administered by the MDHHS?  Yes  No
  - 4. Private health insurance?  Yes  No
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**SECTION E – ACKNOWLEDGEMENT**

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I (we) understand the eligibility requirements for Adoption Medical Subsidy as described on this form.

I (we) understand if the child is found eligible for Adoption Medical Subsidy, all available resources including private insurance, Medicaid, CSHCS, other available public monies and local or intermediate school district services, must be exhausted before requesting a Medical Subsidy payment to service providers or to reimburse the family.

I (we) understand that some services may require prior authorization in order to be reimbursed or have services paid for through the Medical Subsidy Program.

I (we) understand the medical subsidy application must be received and eligibility must be approved by the AGAO before the child's 18th birthday.

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Adoptive Parent's Signature (required)

Date (required)

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Adoptive Parent's Signature (required)

Date (required)

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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

**AUTHORITY:** P.A. 292 of 1980

**RESPONSE:** Voluntary

**PENALTY:** Form must be received by the Adoption Subsidy Office, in order to be considered for medical subsidy.

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## SPECIFIC DOCUMENTATION REQUIREMENTS

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The documentation must identify the condition and explain how the condition or its cause, existed prior to adoption. The AGAO will determine if the documentation submitted for any of the conditions below is sufficient to meet certain criteria for medical subsidy and may request additional documentation.

All documentation (with exception of medical birth records of prenatal drug exposure) **must** be signed by the appropriate diagnosing professional:

- **Physical conditions** must be documented by a licensed physician or licensed physician assistant.
- **Emotional conditions** such as anxiety disorder, adjustment disorder, oppositional defiant disorder, post-traumatic stress disorder, autism, or attachment disorder must be documented by a licensed psychologist, psychiatrist, licensed clinical social worker (LCSW), licensed master social worker (LMSW), licensed physician, or licensed physician assistant. In cases where the diagnosing professional is not in Michigan, an equivalent state license is required.
- **Psychiatric conditions** such as bipolar disorder or schizophrenia must be documented by a licensed psychiatrist, licensed psychologist, limited licensed psychologist, LCSW, or LMSW.
- **Education/learning conditions** such as mental impairment, learning disability, developmental delay/disorder, emotional impairment, or autism must be documented by a current Individual Education Program (IEP) or Individual Family Service Plan (IFSP) document or a comprehensive evaluation by a licensed psychologist or licensed psychiatrist.
- **Speech and language conditions** must be documented by a licensed speech and language pathologist, licensed psychologist, or licensed psychiatrist.
- **Development delays/disorders** must be approved by a licensed physician, licensed physician assistant, licensed psychologist, or licensed psychiatrist.
- **Attention deficit disorder/attention deficit hyperactivity disorders** must be documented by either a licensed physician, licensed physician assistant, fully licensed psychologist, or licensed psychiatrist. When the diagnosis is by a fully licensed psychologist, a comprehensive evaluation is required.
- **Fetal alcohol spectrum disorders** must be documented by a medical geneticist, licensed physician, licensed neurologist, or licensed psychiatrist.
- **Hearing loss** must be documented by an audiologist, licensed physician, or licensed physician assistant.
- **Vision problems** must be documented by an optometrist, ophthalmologist, licensed physician, or licensed physician assistant.
- **Motor impairments and sensory problems** must be documented by an occupational therapist, licensed physician, or licensed physician assistant.
- **Prenatal drug exposure** must be documented with lab reports or hospital records from birth.
- **Orthodontic problems** must be documented by an orthodontist or dentist.
- **Dental conditions** must be documented by a dentist. Note: Medical subsidy does not certify dental cavities.

**Note:** Applications may be mailed or emailed to the AGAO.

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