
OVERVIEW

A family may access supportive services to ensure the safety of the children in the home and improve family's well-being. Various funding sources are available to finance service provision.

Individuals and families may be eligible for assistance payments programs, including healthcare coverage, Food Assistance Program (FAP), cash assistance, Child Development and Care (CDC), and State Emergency Relief (SER).

Purchased services are those services purchased for a family through contracts negotiated between the Michigan Department of Health and Human Services (MDHHS) and community-based service providers. The local office negotiates purchased service contracts. Within federal and/or state guidelines, local offices determine what services will be purchased with local contract funds, select service providers, negotiate and monitor contracts, assess provider performance, evaluate the effectiveness of contract services, and determine the continuance or termination of contracts.

ASSISTANCE PAYMENTS PROGRAMS

Individuals can request assistance for Medicaid, food assistance, childcare, and cash assistance on the [MiBridges](#) website. Individuals are also able to apply by using the MiBridges app on their mobile device. Individuals can apply for assistance, upload documents, report changes to their current assistance case, and explore resources in the area.

State Emergency Relief (SER)

State Emergency Relief (SER) is a statewide resource to prevent serious harm to individuals and families. SER assists applicants with housing costs and other essential needs when an emergency arises that threatens health or safety. SER, when applicable, is a first resource to individuals and families and is often sufficient to resolve an emergency.

Eligibility for SER is determined by MDHHS family independence specialists/eligibility specialists. SER program information, covered services, and department policy is detailed in the [State Emergency Relief Manual \(ERM\)](#).

**FAMILY
REUNIFICATION
ACCOUNT (FRA)**

The Family Reunification Account (FRA) is a flexible funds sub-account under the local office Child Safety & Permanency Plan (CSPP) allocation. The local office determines the amount of CSPP funds designated for FRA. FRA funds are for the individualized needs of families and must avert/prevent unnecessary removal of children from their home, facilitate return home, or achieve permanency through relative placement. The local office is responsible for certifying that the concrete/direct service purchase meets eligible use criteria.

For FRA eligibility requirements and request and exception processes; see [FOM 722-12, Financial Supports](#).

**SUBSTANCE USE
DISORDER
SERVICES**

[The MDHHS website](#) has information on substance use disorder services available in each county. Contact information is also available for regional Prepaid Inpatient Health Plan (PIHP) units. The PIHPs help administer substance use disorder prevention and treatment services to Michigan residents who have Medicaid insurance coverage or are underinsured. Collaboration between local child welfare staff and their regional PIHP units should occur to facilitate timely access to substance use disorder services.

Under MCL 330.1275(1), substance use disorder treatment agencies that have a waiting list for services, must give priority to a parent whose child has been removed or is in danger of being removed due to substance use disorders. Problems with particular treatment agency providers should be forwarded to the identified treatment coordinator in your region.

**Substance Use
Disorder Family
Support Program**

The Substance Use Disorder Family Support Program (SUDFSP) provides intensive services for substance affected families that are at risk of experiencing a removal due to child abuse and/or neglect. SUDFSP provides skill-based interventions and support for

families when a parent is alcohol- or drug-affected or has a co-occurring disorder.

A Family Support Specialist works directly with participating families in their home and community. Interventions may focus on communication, family functioning, increased awareness of the impact that alcohol and/or substance abuse has on the parenting relationship with children, reduction of the use of substances, physiology and cognitive functioning, and recovery supports.

A family can be eligible for SUDFSP services if a parent is determined to be substance affected and:

- The substance affected parent is responsible for the care and supervision of minor child(ren) and has an open MDHHS Children's Protective Services (Category I, II, III and IV), foster care case or,
- The substance affected parent had an open CPS case that was closed within the past 18 months or,
- The substance affected parent had a CPS investigation within the past 18 months or,
- The substance affected parent had three or more rejected CPS complaints.

This service is available in nine counties across the state of Michigan: Clare, Isabella, Gladwin, Midland, Grand Traverse, Missaukee, Kalkaska, Antrim and Wexford.

PSYCHOLOGICAL OR PSYCHIATRIC ASSESSMENTS AND EXAMINATIONS

Psychiatric or psychological diagnostic assessments/examinations may be used to assist in determining the capacity of the parents to participate in and benefit from services, identify the parent's strengths and any areas of concern and assist with developing a treatment plan for further services, as appropriate. The DHS-93, Examination Authorization for Services, may be used for assessment/examination costs in Children's Protective Services cases.

Funding for a psychiatric or psychological assessment/examination may be requested using the DHS-93 if **all** the following apply:

- The service is not available without charge through local resources, including community mental health agencies.
- The service is not a covered service through Medicaid (MA). If MA eligibility exists and the service is covered under the MA program, the provider must bill the MA program.
- The parents are unable or unwilling to pay and do not have Medicaid or private insurance that will cover the needed service.

Bill private insurance prior to using the DHS-93. In unusual circumstances, if a unique assessment/examination is required, an exception may be made with prior approval, even though third party payment is available. Obtain prior approval from the MDHHS county director, district manager, or designee.

Use of the DHS-93 for payment of psychological and psychiatric services is restricted to psychological and psychiatric assessment/examination only. Treatment services may not be authorized using the DHS-93. Treatment services may be funded through MA, when it is a covered service, private insurance, or appropriate purchase of service contracts.

Payment maximums for psychological and psychiatric assessments can be found in [SRF 800, DHS-93 Medical Service Authorization](#).

An estimated cost of the assessment/examination must be obtained prior to the provision of service. The vendor's fee for service should not exceed the estimated cost. The estimate and the billing for service must include a detailing of services, including the cost of:

- Individual testing.
- Clinical interviews.
- Writing the report.
- Recommendations for treatment.

Note: Treatment recommendations **must** be included in each assessment or examination report.

Court ordered assessments/examinations must be paid for by the court issuing the order or from county funds. The DHS-93 must not be used to access state funds to pay for court-ordered assessments/examinations unless the department has specifically requested that the court order the assessment or examination.

**COMPREHENSIVE
TRAUMA
ASSESSMENTS**

For information on Comprehensive Trauma Assessments; see [FOM 802, Mental Health, Behavioral and Developmental Needs of Children](#).

In order to make a referral for a Comprehensive Trauma Assessment, the service will need be completed while the case remains open.

FAMILIES FIRST

Families First of Michigan (FFM) offers families home-based, intensive, short-term crisis intervention and family education services for four weeks using the FFM model. FFM services are designed to support the family unit and to protect the well-being of the child(ren) to ensure the family remains safely intact or that the child(ren) can remain safely in the home. Families First will provide a minimum of 10 hours of contact with the family per week. An extension of up to two weeks may be available.

**FAMILIES
TOGETHER/
BUILDING
SOLUTIONS (FTBS)**

Families Together/Building Solutions (FTBS) offers in-home, solution-focused clinical interventions designed to serve families with multiple problems to enhance the family's well-being, improve safety of the child(ren) and address family issues and risk factors in the home. FTBS services require family participation of three hours per week, or as needed, to address any risks that arise. FTBS intervention is available for up to 90 days with an option to extend for another 90 days.

WRAPAROUND

Wraparound is a team planning process that creates an individualized plan to meet the needs of children and their families by utilizing a strengths-based approach. Wraparound is an established practice of coordinating services and supports for families and their children, who have a serious emotional disturbance, are involved with multiple systems and where other forms of intervention have not had successful outcomes. Community Mental Health determines if a child is eligible for

Wraparound services. Wraparound is available to eligible children/youth from birth-21 and their families involved in the Community Mental Health system and are available in every community in Michigan.

FAMILY REUNIFICATION PROGRAM (FRP)

Family Reunification Program (FRP) services are available to families with a child(ren) residing in an out-of-home placement due to abuse or neglect. A court order must exist allowing return of a child(ren) to a permanent family home. A referral may be made to FRP within 30 calendar days prior to a scheduled court hearing where a recommendation for the child(ren) to be returned home will occur. The return home must be planned **within 30 calendar days of the referral** to FRP, **or** if the child(ren) was previously returned home unexpectedly at a court hearing. The child(ren) must be in out-of-home placement due to wardship for abuse, neglect, or as a dual ward (in out-of-home placement due to abuse or neglect **and** delinquency). Through various services and supports, FRP aims to help the child(ren) and family achieve and maintain permanency in the family home. FRP services may reduce the risk of further Children's Protective Services (CPS) involvement and out-of-home placement.

PARENT PARTNERS

Parent Partners is a program that assists parents whose children have been placed in foster care by teaming them with peers who have first-hand experience navigating through the child welfare system. This is done through the guidance and mentorship of other parents who have successfully reunified with their own children. Referrals to the program can be made by the CPS caseworker when a petition has been filed to remove the child(ren).

Parent Partners is currently available in Wayne, Macomb, Oakland, Genesee and Washtenaw counties.

POST-ADOPTION SERVICES

Families who have adopted children from the Michigan child welfare system, adopted in Michigan through an international adoption or through direct placement adoption can utilize resources through the Post-Adoption Resource Centers (PARC). The PARCs

provide a variety of services including, in-home crisis intervention free of charge to families who adopted children or have an active guardianship assistance agreement for a child from Michigan's child welfare system.

MDHHS also maintains a post-adoption resource toolkit that contains a list of services available to adoptive families, including adoption education resources, parent support groups, and social media safety, among others.

Information on PARCs and the post-adoption resource toolkit can be found in the MDHHS website under [Post Adoption Parent Resources](#).

Adoption Medical Subsidy

Adoption medical subsidy is intended to assist with payment for necessary services related to the treatment of a physical, mental or emotional condition certified by the Adoption Subsidy Office of a child who has been placed for adoption [MCL 400.115f]. Related expenses may include therapies, prescriptions, medical supplies or laboratory expenses; [see AAM 640, Post Placement Use of the Adoption Medical Subsidy Program](#).

U NONIMMIGRANT STATUS CERTIFICATION

A U Nonimmigrant Status (U Visa) is a United States nonimmigrant visa set aside for victims of certain crimes (and their immediate family members) who have suffered mental and/or physical abuse and are willing (or have been willing) to assist law enforcement and government officials in the investigation of a qualifying criminal activity. Individuals who do not have legal status can request U Nonimmigrant Status certification from a qualifying agency when they are a victim of a qualifying crime, an indirect victim, or a bystander who suffered unusually severe harm and was helpful, are helpful or is likely to be helpful in an investigation of abuse or neglect.

The MDHHS Children's Services Agency Executive Director has delegated authority to each county director to act as a designee to authorize certifications on behalf of the Department by completing [Form I-918, Supplement B, U Nonimmigrant Status Certification](#). The I-918, Supplement B form, along with instructions, can be found on the U.S. Citizenship and Immigration Services [website](#).

For information on completing U Nonimmigrant Status Certifications see the U Nonimmigrant Status Protocol.

POLICY CONTACT

Questions about this item may be directed to the [Child Welfare Policy Mailbox](#).