



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
 SUBSIDIZED GUARDIANSHIP AGREEMENT

FOR STATE OFFICE USE ONLY	
CONTACT NUMBER	DEPT. VENDOR NO.

The Children's Division, Department of Social Services, State of Missouri (hereinafter "Department") and \_\_\_\_\_

(hereinafter "relative(s)"), enter into this Agreement for the Department to subsidize the guardianship of \_\_\_\_\_

(hereinafter the "child(ren)"), each of whom is certified by the Department as having special needs as defined in Section 453.065, RSMo, is legally in the guardianship of a relative, is eligible for the Missouri Medicaid Plan, and is eligible to have certain expenses met through the Missouri appropriations authorized by the Missouri General Assembly for the Missouri Adoption Subsidy Program.

Part I. Responsibilities of the Department:

- A. The Department agrees to subsidize the relative(s) for the following expenses related to the care of the child(ren):
  1. Maintenance, if any, which includes room and board, clothing and incidental personal expenses, Medicaid and Day Care, which shall be paid monthly in accordance with the rates determined by the amount of funds appropriated by the Missouri Legislature, unless otherwise specified in the Attachment(s) to this Agreement; and/or,
  2. Recurring expenses for special services, if any, and not to exceed the amounts specified in the Attachment(s) of this Agreement which payments shall be made monthly, or as otherwise specified in any Attachment; and/or,
  3. Nonrecurring expenses directly related to the children's placement not to exceed an amount per child determined by the Department and so specified in the Attachment(s) to this Agreement; and/or,
  4. Other nonrecurring expenses for other services, if any, which shall be paid on a one-time only basis, with such payment not to exceed the amount specified in the Attachment(s) to this Agreement; and/or,
  5. Recurring or nonrecurring expenses for services provided to the child(ren), which may include, but not be limited to, medical or dental care not covered by the Missouri Medicaid Plan, provided that prior authorization has been given in the Attachment(s) to this Agreement, and provided that payment shall not exceed the amount specified in the Attachment(s).
  
- B. Payments authorized or specified in the Attachment(s) of this Agreement will be made under the following conditions:
  1. Payment shall be made directly to service providers with whom the Department has a contract and in the amount specified for the service in the contract; and,
  2. Relative(s) shall be reimbursed for payments made to a service provider with whom the Department does not have a contract where that service has been included in this Agreement and provided that prior authorization has been given;
  3. Reasonable and customary nonrecurring expenses directly related to the successful placement shall be paid to the relative(s) and include only:
    - 1) The costs of the legal proceedings after the guardianship has been granted including court filing, and attorney fees;
    - 2) Transportation, food and lodging costs for the relative(s) and the child(ren) when necessary to complete the child(ren)'s placement.

If the relative(s) are unable to pay the initial fees and costs required by the court for the legal proceedings, the Department will consider authorizing these costs for payment directly to the court at the time of the filing of the guardianship petition.
  4. Unless written documentation of the need has been provided to the \_\_\_\_\_ by a qualified provider (e.g. physician, dentist, psychologist, etc.), no payment shall be made for counseling and treatment services for which prior authorization has been given.

5. Payment for maintenance, if any; special services, if any; and other expenses, if any; as specified in the Attachment(s) to this Agreement, shall not exceed those which would have been paid had the child(ren) been placed with and had remained in the custody of the Department.
- C. The Department agrees to provide the necessary authorization for participation in the Missouri Medicaid Plan so that payment for medical dental, or other care can be obtained from the Missouri Medicaid Plan according to the terms and conditions of that plan.
- D. The Department agrees that the payment as specified in the Attachment(s) to this Agreement, and authorized in this Part shall be effective on the date the Agreement has an authorized signature of the Department.

Part II. Further Responsibilities of the Department

- A. The Department agrees to provide social services as provided under Title XX of the Social Security Act pursuant to law; and other service upon application, and as approved by the Department to the Family on behalf of the children covered by this Agreement.
- B. The Department agrees to comply with the requirements of this Agreement, should the relative(s) move outside Missouri during the term of this Agreement and while the child(ren) are eligible for a subsidy.
- C. The Department agrees to comply with the requirements of this Agreement should the child(ren) named in this Agreement be placed with relative(s) who are not residents of Missouri at the time of legal guardianship.
- D. The Department agrees to cooperate with the relative(s) in reviewing or modifying this Agreement.

Part III. Responsibilities of the Relative(s):

- A. The relative(s) agree to provide a permanent home for the child(ren) and to carry out their parental rights, responsibilities and privileges of same as granted in Chapter 453, RSMo.
- B. The relative(s) agree, for the child(ren) named in this Agreement, to secure services for which the Department has agreed to make payment.
- C. The relative(s) agree to use a Missouri Medicaid Plan contracted provider if the child(ren) in their care have been designated as eligible for the Missouri Medicaid Plan, unless such a contracted provider is not available within a reasonably close geographic area and prior authorization in the Attachment(s) to this Agreement has been given by the Department to use a non-Missouri Medicaid Plan contracted provider.
- D. The relative(s) agree not to provide additional payment to a provider above those costs paid by the Department for medical or dental care through the Missouri Medicaid Plan for Medicaid-covered services. For other health care or special services, regardless of whether the partial reimbursement is available through private insurance or other funds, the relative(s) agree to request prior authorization.
- E. The relative(s) agree to use their private medical or dental insurance plan to meet medical or dental costs of the child(ren) within the stipulations of their insurance plan.
- F. The relative(s) agree to make payment for medical or dental care or other services for which prior authorization has not been received or which are not covered under the Missouri Medicaid Plan. In the case of emergency medical or dental care or other services where it was impossible or impracticable for the relative(s) to obtain prior authorization before the delivery of the services, the relative(s) must make a special claim for payment of these costs and show why prior authorization could not be obtained under the circumstances. If the relative(s) make a satisfactory showing, the Department will consider making payment for all or a portion of these costs.
- G. The relative(s) agree to provide invoices or "paid receipts" for medical and other services to the Department for any expenses incurred other than maintenance, as provided in any current Attachment(s) to this Agreement.

- H. The relative(s) understand and agree that the Department cannot make payment directly to service providers with whom it does not have a contract for such services. Therefore, in those instances where this Agreement and its Attachment(s) authorize the relative(s) to contract directly with such service providers for the benefit of the child(ren), any payment authorized under this Agreement will be made directly to the relative(s). In turn, the relative(s) shall have the legal responsibility and duty to make full payment to the service provider. The relative(s) understand and agree that if they are unable to find or contract with a service provider within the amounts authorized in the Attachment(s) to this Agreement, they are encouraged to contact the Department and discuss renegotiation of the amounts previously authorized for the services.
- I. The relative(s) agree to immediately notify the Department at the address specified in the Attachment(s) to this Agreement in writing of a change of address to ensure the proper mailing of payments.
- J. The relative(s) agree to notify the Department in writing at the address specified in the Attachment(s) to this Agreement within thirty (30) days of any change (e.g., divorce, loss of employment, payment from the Social Security Administration, etc.) which may affect the duration and amount of the subsidy, and if any of the following events affecting the child's status occur.
1. Marriage of the child or an legal guardian; or,
  2. Absence of the child from the home as a result of court action for any length of time, or for any other reason for a period of more than thirty (30) days; or,
  3. Death of the child or an legal guardian;
  4. Legal emancipation of the child.
- K. The relative(s) understand and agree that the Agreement and its Attachment(s), may be modified or terminated as a result of failure to provide the required notification in Part III. J.
- L. The relative(s) agree to participate in and use financial assistance programs available to the child(ren) including Veteran's Assistance, and Social Security benefits and the Supplemental Security Income Program as administered by the Social Security Administration in Missouri or any other state of which the legal guardian(s) are residents. Use of these programs will be made, if eligible, in place of payment from the Department.
- M. The relative(s) agree to participate and cooperate in the review of this Agreement and its Attachment(s), and to provide to the Department any information regarding the relative(s) circumstances and that of the child(ren) which would assist the Department in determining the amount of payment and the needed services for the child(ren) for which payment shall be made.
- N. The relative(s) understand and agree that the Department, in agreeing to meet certain expenses of the care of the child(ren), has taken into consideration the needs of the specified child(ren) and the circumstances of the legal guardian(s). Further, the legal guardian(s) understand that the payments made are exclusively to benefit the child(ren) covered by this Agreement and its Attachment(s).
- O. The relative(s) agree to hold the Department harmless for any losses, costs, or liability attributable to the legal guardian(s)' negligent or intentional acts or omissions.

Part IV. Term of Agreement and any Amendments, if necessary:

- A. The term of this Agreement shall begin on the date it is signed by the Department, or an earlier date if required by law, and shall terminate as provided in Part V of this Agreement. Any Amendments which are necessary shall become effective on the date or for the term specified within the Attachment(s).
- B. The relative(s) and the Department understand and agree that this Agreement shall not be binding upon the Department unless and until adequate appropriations have been made by the Missouri Legislature and, if applicable, funds have been received from the United States Government, for payment for maintenance, if any, and/or other special services, if any, under this Agreement for the fiscal period embracing the initial period or any renewal or renegotiation of this Agreement.



- C. This Agreement shall be amended whenever appropriate during the life of the Agreement. These Amendments shall typically occur during and following the annual review and/or when a change occurs in the child(ren)'s or relative(s)' status, See III. J.
- D. This Agreement shall consist of this document as executed by the parties, and its Attachment(s), where appropriate. Future Attachments, which shall serve as Amendments to this Agreement, must be signed by the parties. Further, in the event that the Agreement Attachment(s) contains a service(s) and the Department has renegotiated that contract, the Department reserves the right to reimburse the provider with the new contracted rate.
- E. Review of the Agreement by the parties shall occur annually or when changes in the child(ren)'s or relative(s)' status make it appropriate, and any resulting amendments shall be subject to mutual agreement. In the event that the Director and the legal guardian(s) are unable to agree upon the terms of this Agreement or any amendments proposed by either party, the legal guardian(s) may appeal the Department's decision. The relative(s) may request a fair hearing under the Department's current and applicable hearing procedures and policies.
- F. The hearing procedure shall be initiated by a written request within thirty (30) days after receiving written notice of the decision from the Director through the Department's authorized representative; or within ninety (90) days after receiving written notice if the relative(s) show good cause why the request was not submitted within thirty (30) days.
- G. If this Agreement terminates with respect to any child for reasons stated in Part V of this Agreement and the relative(s) receive any subsidy payment from the Department thereafter for that child, such subsidy received after termination of this Agreement shall be immediately due and payable to the Department, since the relative(s) are not entitled to such subsidy after termination of this Agreement.

Part V. Termination of Agreement:

- A. Assistance as agreed upon in this Agreement shall continue until:
1. The child's 18th birthday or the age of 21 years, provided that prior approval has been given each year to extend the subsidy plan beyond the child's 18th birthday because of the child's special condition, unless the relative(s) agrees to terminate or ineligibility is evident. (A time limit may be set in individual cases depending on the needs of the child and the circumstances of the relatives and with the agreement of the relatives); or,
  2. The child is no longer in the care, custody and control, or legal guardianship of the relative(s); or the child ceases to be legally dependent on them; or the child is emancipated.
- B. Further, this Agreement shall also terminate thirty (30) days after the Department, through its authorized representative, mails written notification to the relative(s) of the termination because the relative(s) failed to cooperate with the Department in reviewing the subsidy plan by June 30 of each year, or failed to submit necessary information as required and determined by the Department by June 30 of each year.
- C. Further, either party at any time may, upon thirty (30) days written notice, terminate this agreement without the necessity of showing good cause for this termination. The Department does not intend to terminate this Agreement unless legal, fiscal, or other circumstances necessitate some adjustment in the Missouri Subsidy Program expenditures or procedures.

Part VI. Certification:

I (We), the undersigned, certify that I (We) have reviewed the above statements and its Attachment(s), if appropriate, and understand the terms and conditions of this Agreement.

DATE	LEGAL GUARDIAN SIGNATURE ▶
DATE	LEGAL GUARDIAN SIGNATURE ▶
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
COUNTY	

REVIEWED BY:

CHILDREN'S SERVICES WORKER ▶	DATE
COUNTY DIRECTOR OR DESIGNATED REPRESENTATIVE OF PLACING AGENCY ▶	DATE
CHILDREN'S DIVISION REGIONAL DIRECTOR OR DESIGNATED REPRESENTATIVE ▶	DATE

AUTHORIZED SIGNATURE OF THE DEPARTMENT OF SOCIAL SERVICE S	
▶	DATE



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
 SUBSIDIZED GUARDIANSHIP AGREEMENT ATTACHMENT

CONTRACT NUMBER

CHILD'S NAME	DCN	LEGAL GUARDIAN(S) NAME	OVN
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THIS DOCUMENT REPLACES ANY PRIOR ATTACHMENT TO A SUBSIDY AGREEMENT BETWEEN THE DEPARTMENT OF SOCIAL SERVICES AND THE LEGAL GUARDIAN(S) CONCERNING THE CHILD NAMED ABOVE.

SERVICE DESCRIPTION	CODE	CONT. SERV.	PRIOR AUTH.	RECURRING	MAXIMUM AMOUNT	TIME PERIOD
BASIC SUBSIDY					\$ _____	
MAINTENANCE					\$ _____	
MEDICAID					\$ _____	
DAY CARE					\$ _____	
					\$ _____	
					\$ _____	
					\$ _____	
					\$ _____	
					\$ _____	

EXPLANATION

<b>REVIEWED BY</b>	<b>SIGNATURES</b>
CHILDREN'S SERVICES WORKER	LEGAL GUARDIAN
COUNTY DIRECTOR OR PLACING AGENCY/DESIGNATED REPRESENTATIVE	LEGAL GUARDIAN
CD AREA DIRECTOR OR DESIGNATED REPRESENTATIVE	ADDRESS
CENTRAL OFFICE UNIT MANAGER (WHEN REQUIRED)	
ADDRESS	<b>APPROVAL BY</b>
	AUTHORIZED SIGNATURE OF THE DEPARTMENT OF SOCIAL SERVICES    DATE