

## PLEASE RETURN THIS CHECKLIST WHEN SENDING CORRECTED SUBSIDY

FROM: Beth McQuaide – Executive I  
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County/Contractor/Agency: \_\_\_\_\_

Date: \_\_\_\_\_

### Adoption Subsidy / Subsidized Guardianship Agreement Checklist – OLD CONTRACT

Policy regarding adoption subsidy and subsidized guardianship is contained in the Child Welfare Manual – Section 4 Chapter 30 and Attachments A through F.

This Agreement should only be used when writing a new Agreement due to a change in family status where the initial subsidy was written using this version. Otherwise, the only paperwork that should be completed using this contract is Attachments to the initial Agreement. All other subsidies will need to be written using the new Agreement (Adoption: CD-AD 12/14 and Guardianship: CD-SG 12/14).

### **DELIVERY OF SERVICES AND PAYMENT FOR SERVICES INCLUDED IN THE AGREEMENT MAY NOT BEGIN UNTIL THE DIVISION DIRECTOR HAS SIGNED THE AGREEMENT. NO BACKDATING OF SERVICES.**

- Use CURRENT version of the forms: Adoption Subsidy (CS-SA-2 and CS-SA-2 ATT): 11/03  
Subsidized Guardianship (CS-LG-2 and CS-LG-2 ATT): 4/04
- No changes of any kind can be made to the pre-printed template contents of this Agreement or Attachment.
- Because these documents are contracts and are legally binding, NO pencil, white out, or other alterations may be made in the Agreement. This includes any changes or additions made in handwriting when all other information is typewritten on the form. Changes may be handled by “crossing out” the item, writing in the change and requesting the adoptive parent(s)/guardian(s) to initial the change and date their initials. If more than one change must be made on any Agreement or Attachment, a new Agreement or Attachment will need to be prepared and signatures obtained again.
- Fill out the contract completely. Don’t skip boxes. (i.e. DVN, address, county of residence of family)
- Send paperwork separated by child. If you have documentation and it’s for more than one child, you MUST send separate paperwork for EACH CHILD – not one copy for all. CMU does not make additional copies of the documentation. If you staple or paperclip single sheets of sibling groups together, please put a note on top stating that multiple children’s paperwork is included. This is to assure each page is date stamped.
- On initial or new child specific contracts send ALL 5 pages of the Agreement and 1 page of the Attachment. This applies scans also. Don’t forget the backside of pages.
- Scanning paperwork is to be done only in extreme emergency situations, such as immediate residential placement and short notice of court hearing. **Central Office needs to be called for prior approval before scanning.** All necessary documentation, must be scanned with contract for review. It is no longer required to follow a scanned copy with the original copy by mail.
- If completing a new Agreement due to a change in family status, make sure the SS-60 (licensure/certification) for AD or LG has been updated reflecting the change to vendor name(s).
- Parent(s)/Guardian(s) Name: Make sure that if the marital status has changed that all changes have been made in both PROD and FACES systems (system and contract need to be the same.). Also provide us with documentation regarding change of name, removal or addition of person from the subsidy – marriage certificate, order of protection or custody order, divorce decree, death certificate.
- Make sure the name of the child, DCN, and date of birth are for the same child (not name of one child and DCN/DOB for another). Also need to make sure that the Agreement and Attachment ID information are the same and agree with the automated system.

#### Part VI. Certification

- Each parent/guardian named in the Agreement needs to sign THEMSELVES. If one cannot sign due to deployment, medical reasons, etc., provide documentation giving spouse authority to sign such as Durable Power of Attorney.
- Parent/Guardian needs to include their current address. Be sure the address on the forms and in the system are current. Parent/Guardian needs to include their county of **residence** as this is needed to enter in the contracting system – not the Case manager county.

## **Adoption Subsidy / Subsidized Guardianship Agreement Attachment**

Services: Basic subsidy includes: MoHealth Net (Medicaid) to end of month of 18<sup>th</sup> birthday  
Standard maintenance to end of month of 18<sup>th</sup> birthday  
Day Care to end of month of 13<sup>th</sup> birthday  
Legal fees - \$1,500.00 for adoption and \$500 for guardianship  
Respite

Above basic subsidy includes: Special Maintenance  
Residential Treatment  
Above Standard Respite  
Non-recurring Other  
Other services over and above basic services

Services must be requested monthly, yearly or one-time only. Computer will not accept daily.

Make sure that the very last day of month is written for services, not day short in those months that have 31 days. (Thirty days hath September, April, June and November; all the rest have thirty-one, except February, which has twenty-eight, or twenty-nine in leap year.)

**NEW** subsidy start dates for all services MUST be the same. (Make sure year end dates are correct – not that end date is prior to begin date!)

**EXISTING** subsidy start dates for services may vary depending on the time period of each service. For services NOT changing, check ZCVR or ZCCN to make sure using EXACT dates from the most recent Attachment. For services you are extending, verify end date of previous Attachment by checking system to ensure that you don't have a gap in service; for example, if a service previously had an end date of 3/31, the new Attachment should begin on 4/1 and should be submitted with time to process so services are not backdated. Subsidies will also be accepted with all the same service begin dates. There must be begin and end dates for ALL services.

**Mo Health Net:** Code: MEDI  
Contracted Service: No  
Medicaid Provided Service: Yes  
Recurring: Y (yearly)  
Maximum Amount: Leave blank, no amount listed  
Approval time period: To end of month of 18<sup>th</sup> birthday

**Maintenance:** Code: **MAIN** for standard maintenance  
Contracted Service: No  
Medicaid Provided Service: No  
Recurring: M (monthly)  
Maximum Amount put word "standard" or "base rate"\*  
\*NOTE: By stating "standard", a new attachment need not be completed as a child ages to update maintenance amounts or if there is a rate increase.  
Approval time period: To end of month of 18<sup>th</sup> birthday. If maintenance beyond age 18 is requested, a letter with child's expected graduation date (month and year) MUST be provided by the school or documentation regarding the special needs/extraordinary need.

Code: **SMAS** for special maintenance (behavioral or medical)  
Contracted Service: No  
Medicaid Provided Service: No  
Recurring: M (monthly)  
Maximum Amount: "Base Rate" \*  
\*NOTE: By stating "base rate", a new amendment need not be completed if there is a rate increase.

Approval time period: For two years at a time or up to child's 18<sup>th</sup> birthday if it is determined that child's condition is a qualifying condition and will not improve and/or that adoptive/guardian family will not be in agreement to lowering maintenance amount. For initial agreements requesting behavioral SMAS the approval time period should be two years, unless otherwise stated by the staffing team. For initial agreements requesting medical SMAS the approval time period is based on the child's medical condition, if there is documentation stating that the condition is lifelong and will not improve then the subsidy shall be written to age 18.

Documentation Required: CS-9 (Behavioral) or CS-10 (Medical) or  
FST meeting recommendations / Staffing notes/form or  
Email/memo from Regional Director or RCST Coordinator.  
(IEP information is NOT necessary and shall not be included)

Documentation for SMAS must be no more than 90 days prior to service begin date.

If requesting approval of SMAS to age 18, must include a letter from a medical or mental health professional that includes diagnosis, prognosis and statement that condition not likely to improve.

For continued SMAS service, submit documentation from family for continued need. Does not require BFC staffing. If need cannot be documented, but family refuses to agree/concur with reduction, document accordingly.

**Day Care:** Code: DAYC  
Contracted Service: Yes  
Medicaid Provided Service: No  
Recurring: M (monthly)  
Maximum Amount: See below  
Approval time period: See below

Both parents must work in order to receive day care assistance. Parents attending college may be approved for day care assistance during hours they are in class.

Per CD06-98 new requests for day care with a service begin date after November 14, 2006, will not have a specific dollar amount listed. Use "state contracted rate only" in the maximum amount column. **The word "standard" or "\*\*\* and explanation listed below" will not be accepted.** The day care service can be written for 2 years or until the end of the month of the child's 13<sup>th</sup> birthday. No language regarding incentives should be included as incentives are included in the contracted rate and should not be specified implying an amount of childcare. The explanation section should simply state the following: *"Child care may be approved at the state contracted rate to age 13 when both parents/guardians are working. Payment may only be made to licensed, contracted or registered providers."*

Per PN06-42 subsidy attachments with **existing day care services** with a service begin date after December 6, 2006, should be completed including the EXACT dollar amount of day care from the expiring attachment, unless family agrees to reduce the amount to state contracted rate, and the end date is to be the last day of the month of the child's 13<sup>th</sup> birthday. The explanation section of the attachment should contain the following statement: *"Child care may be approved at the state contracted rate to age 13 when both parents/guardians are working. Payment may only be made to licensed, contracted or registered providers."* If parents choose to have the day care written for 2 years rather than to age 13 or choose state contracted rate rather than the dollar amount previously approved, document this thoroughly in the explanation section of the Attachment.

In-state providers must be licensed and contracted **or** registered to be paid. Out-of-state providers can be licensed but **MUST** also be registered with Missouri to be paid.

**Legal Fees:** Code: NRLG  
Contracted Service: No  
Medicaid Provided Service: No  
Recurring: O (one time only)  
Maximum Amount: Adoption - \$100 per hour up to \$1,500.00 non-contested cases (Up to \$3,000 in contested matters)  
Guardianship-\$100 per hour up to \$500.00 for non-contested cases (Up to \$1,500 if contested)  
Approval time period: May be authorized for 1 year.  
Documentation required if contested – Itemized invoice from attorney with explanation and copy of court order, if exists.  
Legal fees include attorney, court, publication and GAL costs.

The following statement **MUST** be in the explanation section of the Agreement regarding legal fees. Please use the appropriate statement for the type of subsidy being completed:

"Legal fees may be reimbursed up to \$100 per hour to a maximum of \$1500 in uncontested adoptions and \$3000 in contested adoptions."

"Legal fees may be reimbursed up to \$100 per hour to a maximum of \$2000 in all guardianships."

**Non-recurring Expenses:** Code: NROT  
Contracted Service: No  
Medicaid Provided Service: No  
Recurring: O (one time only)  
Maximum Amount: Non-recurring placement related expenses up to \$1,000 (pre-placement transportation, lodging, food)  
Private agency fee reimbursement up to \$3,500.00 (adoption study, including health and psychological exam, and supervision of placement prior to adoption finalization)  
Approval time period: One year

**Residential Treatment:** Code: ASRT  
Contracted Service: Yes  
Medicaid Provided Service: No  
Recurring: M (monthly)  
Maximum Amount: Put specific amount  
Approval time period: No more than 6 months at a time, however time period must match RCST's approval  
Documentation: Email/memo from RCST Coordinator

Documentation for residential services must be no more than 90 days PRIOR to service begin dates.

**Respite Care:** Code: RSCR  
Contracted Service: Yes or No  
Medicaid Provided Service: No  
Recurring: Y (yearly)  
Maximum Amount: Standard maintenance – Maximum of \$240 (12 units at \$20 per unit)  
Above standard maintenance – Maximum of \$399 (19 units at approx. \$21 per unit)  
Approval time period: For same length of time that maintenance has been approved

**Explanation:** Complete explanation section for all services. The explanation statements only need to address those services you are changing on that specific attachment. Do not include statements from previous attachments that do not apply to the changes on the new Attachment.

**Reviewed By:**  
A basic subsidy requires signatures of the parents/guardians. The Children's Services worker, and the Circuit Manager (or Supervisor if a contracted agency) must sign the subsidy clearance form.

Above basic subsidy requires signatures of the parents/guardians. The Children's Services Worker, Circuit Manager (or Supervisor if a contracted agency) **AND** CD Regional Director's or designee's approval must be on the subsidy clearance form.

Make sure that the worker's name is written legibly so we know who to contact if there are questions. Contracted agencies must complete the SS-60 and FCCM Cover Sheet for PBC Agencies so that we know where to return the copy of the subsidy. The County Office Name and address also needs to be included as well as the workers e-mail address so that the approved copy can be returned to the appropriate office.

**Signatures:**  
Each parent/guardian named in the Agreement needs to sign THEMSELVES. If one cannot sign due to deployment, medical reasons, etc., provide documentation giving spouse authority to sign such as Durable Power of Attorney. The check box on the subsidy clearance form may be used to verify illegible signatures.

Parent/Guardian needs to include their current address. Be sure the address on the forms and in the system are current.

It is the responsibility of the worker completing the subsidy to keep a copy of **all** subsidy paperwork (application, documentation, etc.) that is sent to Central Office. A copy of this information is NOT returned with the approved agreement copy.

**Approved Copies:**  
A copy of the Agreement/Attachment will be returned to the Managing County Office, Contracted agency, or private child placing agency after signed by the Division Director. The Managing County Office, Contracted agency, or private child placing agency should then forward a copy to the adoptive parent(s)/guardian(s) with a cover letter as explained in Section 4 Chapter 30.8 Approval Process.

**OTHER:**

Please allow 30-45 days for processing subsidy paperwork. The 30 to 45 day limit is not the time that it is mailed out to the family for signatures; it is the date that all signatures have been obtained and it is ready to be submitted to CMU with 30 to 45 days until the start date. This means if you still have to mail something to a family for signature, your start date may need to be 60 to 75 days in the future to allow for the 30 to 45 days needed by CMU.

If you want to know if a subsidy has been entered in the system, please check PROD/Green Screen (ZCVR or ZCCN).

**NOTES:**