

## SUBSIDIZED GUARDIANSHIP AGREEMENT AND ATTACHMENT

### PURPOSE

To specify the terms and conditions under which a legal guardianship subsidy is granted and to provide a mechanism for formally agreeing to a subsidy plan with legal guardian(s). When completed, it sets out, in an attachment, the basic subsidy plan, which includes maintenance, Medicaid, day care, as well as services (which may include services not covered under the Missouri Medicaid plan) and the amounts to be paid for those services by the Division.

NOTE: The agreement must be reviewed with and interpreted to, as necessary, the legal guardian(s) before signatures are entered since it serves as a contract between the two parties (i.e., the Division and the legal guardian(s)). Also note that eligibility for Medicaid is automatic via inclusion in Part I.C.

The agreement and its attachments(s) are completed by the Children's Services Worker at the time an application has been made and a proposed subsidy plan has been agreed upon. The data entered is based on data included in the CS-LG-1, Legal Guardianship Subsidy Application. The agreement is prepared for each child for whom the family receives guardianship. An attachment is completed for each eligible child and amendments are made for each child as needed.

Changes to the original attachment are permitted during the "life" of the agreement. A new attachment is submitted as a result of revising the original attachment. Revision can occur at the request of the legal guardian(s), (e.g., to add a service) at the time of the annual review, or at the time an authorized price or service needs to be increased or lowered. No attachment is completed if the legal guardian(s) are not requesting services beyond those covered in the agreement.

NOTE: The "life" of the agreement begins with the date of the director's signature and continues until the agreement is terminated or the child is no longer eligible for a subsidy.

### NUMBER OF COPIES AND DISTRIBUTION:

The CS-LG-2 is comprised of five (5) individual pages numbered 1 - 5 and is completed for each eligible child placed for the purpose of legal guardianship. An attachment is also completed for each eligible child placed under legal guardianship.

When completed, the agreement and the attachment to the CS-LG-2 are stapled together in the proper sequence and submitted to the Regional Office with the CS-LG-1.

After review and approval by the regional director or the designated regional staff member, the CS-LG-2 and attachment are submitted to the Contract Management Unit (CMU) in Central Office. Review and approval includes evaluation of the information provided in the CS-LG-1. When an attachment to the agreement is subsequently

modified or a new one added, it is only necessary to complete and sign any modified or new attachment(s). The modified or new attachment is submitted to CMU, not the entire agreement or old attachments.

CMU will screen the CS-LG-2, including the attachment submitted at a later date, for completion of all required items and submit them to the division director for his/her approval, signature and date. After the director's signature is affixed, the form will be returned to CMU.

At the time the agreement is first submitted, a contract number is assigned and entered, and the necessary data is entered in the automated Children's Services Contract System. CMU will not assign new contract numbers unless a complete new agreement is submitted for the legal guardian(s). Data from attachment(s) submitted as amendments to the agreement (at a later date) will be used to update the automated contract system.

After signature by the director, CMU will make copies of the agreement and any attachment(s). These are distributed by CMU as follows:

- |          |   |
|----------|---|
| Original | Maintained by CMU   |
| Second   | Sent to the county office for forwarding to the legal guardian(s).                      |
| Third    | Sent to the county office for maintenance in the legal guardian(s) subsidy case record. |
| Fourth   | Sent to the county office for forwarding to the appropriate regional office.            |

**INSTRUCTIONS FOR COMPLETION:**

**GENERAL INSTRUCTIONS:**

This form is completed for and with legal guardian(s) who are applying for an eligible child. An attachment to the agreement is completed for the child and is subject to renegotiation and change at the required annual review or at the request of the legal guardian(s).

If changes in services are to be made, it is necessary to complete a new attachment, but not a new agreement.

Entries must be typewritten or printed in black ink. Signatures and dates must be entered with black ink.

NOTE: In the event a requested service (including maintenance) entered on any of the attachment(s) is not approved by the Regional or Division Director or the amount of payment is changed, or a correction needs to be made, the change may be handled by "crossing out" the item, writing in the change and requesting the legal guardian(s) to

initial the change and date their initials. If more than two simple changes must be made on any attachment, it is best to prepare a new attachment and obtain the needed signatures again. **The guardian must initial the change and date their initials.**

**CHANGES OF ANY KIND CANNOT BE MADE TO THE PRINTED CONTENTS OF THE FIRST FIVE (5) PAGES OF THE CS-LG-2.**

It will be necessary to complete an additional attachment for a child when additional space is needed to accommodate the specified services authorized for that child.

The attachment is used, as necessary, for the following purposes:

- a. For the basic subsidy plan of maintenance, Medicaid and day care if included in the agreement.
- b. For the expense of other recurring services if the agreement will include such services. These services must be covered by a CD contract with the provider or have prior authorization.
- c. For the payment of nonrecurring services if the agreement will include such expenses. These must be covered by a CD contract with the provider or have prior authorization.

NOTE: Examples of recurring or nonrecurring services include:

<u>Recurring</u>	<u>Nonrecurring</u>
Respite	Transportation
Residential Care	Cost of Legal Proceedings
Daycare	Pre-Placement Expenses

Prior Authorization (For the purpose of a subsidy agreement only) means approval for the service and the service price is included in the attachment to the agreement prior to purchase or delivery of the service and payment. Approval is given via signature on the attachment by the division director.

The CS-LG-2 ATT is to be completed, as needed, due to changes requested by the legal guardian(s), changes resulting from the annual review, changes resulting in differing prices of services, or the need to add services.

NOTE: Attachment(s) do not need to be amended when the Missouri General Assembly authorizes an increase in the standard maintenance rate.

**SPECIFIC INSTRUCTIONS:**

**SUBSIDIZED GUARDIANSHIP AGREEMENT (CS-LG-2):**

**Page One (1):**

**Contract Number:** This space does not require an entry by the worker. The number is assigned and entered by CMU in Central Office. Each time a new CS-LG-2, excluding attachment(s) amending an existing agreement, is received by CMU, a new number is assigned.

**Dept'l Vendor Number:** Enter the Departmental Vendor Number (DVN) for the legal guardian(s) as assigned in the Alternative Care Vendor Sub-System.

**Legal Guardian(s) Name:** Enter the first name, middle initial, and last name of the legal guardians as follows: John D. and Jane P. Smith. If a single legal guardian is the applicant or payee for the subsidy, enter the first name, middle initial, and last name for that single parent.

**Child's Name:** Enter the child's name as known to the Alternative Care Tracking System (ACTS).

**Child's DCN:** Enter the child's Departmental Client Number (DCN) for the child as assigned in the Alternative Care Tracking System (ACTS).

**Child's DOB:** Enter the child's date of birth.

**Page Five (5):**

**Legal Guardian and Date:** In the spaces provided, the legal guardian(s) are asked to enter the residence address. This may be entered by the county office, if desired.

**County:** Enter the name of the county of residence of the legal guardian(s).

**Reviewed By:** Self-explanatory. However, if an individual other than the county director or the regional director is reviewing the agreement, this individual should enter their position title, after entering their signature.

**Approved By:** Self-explanatory.

**SUBSIDIZED GUARDIANSHIP AGREEMENT ATTACHMENT (CS-LG-2ATT):**

**Contract No. (Number):** This space does not require an entry by the worker at the time the first attachment to the agreement is submitted. The number is assigned and entered by CMU in Central Office. The worker enters the assigned contract number on any attachment submitted as an amendment to the original agreement.

NOTE: Each new attachment must use this number unless a new agreement is prepared. If a new agreement is negotiated, a new contract number will be assigned. Subsequent amendments must then use the new contract number.

Child's Name, DOB, and DCN (Departmental Client Number): Enter the child's name, date of birth, and the child's DCN as known, or as it will be reported, in ACTS in the space provided.

Legal Guardian(s) Name: Enter the first name, middle initial, and last name of the legal guardians as follows: John D. and Jane P. Smith. If a single guardian is the applicant or payee for the subsidy, enter the first name, middle initial, and last name for that single parent.

DVN: Enter the DVN (Departmental Vendor Number) for the legal guardian(s) as assigned in the Alternative Care Vendor Sub-System.

Service Description, Code, Cont. Serv. (Contracted Service), Medicaid Provided Service, Recurring (Yearly, Monthly, One-Time Only), Maximum Amount, and Approval Time Period: Each of these items will require an entry for every service for which payment will be authorized as part of the agreement. Specific instructions follow for each of these items.

Service Description:

- a. The worker must enter the amount (e.g., \$65.00) for which the child is eligible and which has been negotiated with the legal guardian(s) if less than the standard maintenance rate. If no maintenance amount is included in the agreement, enter a "none" in the "\$\_\_\_\_\_" space.

NOTE: The basic subsidy plan includes maintenance, Medicaid, and day care.

- b. In the spaces provided for up to eight services, enter one or two words, which describe the service which has been negotiated as part of the agreement.

Whenever Residential Treatment Services are being authorized, staff must also authorize reimbursement to local school districts for special education services by using the Service Description Special Education.

NOTE: A complete listing of all four letter codes and a brief description of each code will be available through the automated contract system by using the ZCSV screen.

NOTE: Levels of service (i.e., "A, B, or C") as attributed to Contractual Treatment Services are not necessary when completing the attachment.

Code: In the "Code" space, enter the appropriate four letter code from the instructions for the CS-65 or the CS-67A. The SEAS Code must always be used for contracted service.

NOTES: When authorizing (contracted or non-contracted) Residential Treatment Services, use the CSIPS Code, ASRT.

When authorizing any other type of Children's Treatment Services (either contracted or non-contracted) use the specific SEAS Code for the type of service listed on the CS-67A code sheet.

The codes from the CS-65 and the CS-67A most commonly used for recurring and nonrecurring expenses in legal guardianship subsidy cases are as follows:

NRLG            Nonrecurring Legal

NOTE: Enter a brief service description in the "Explanation Section" for all the legal costs in as many spaces as needed. In adoption subsidy cases these include only:

- Filing fee
- Attorney Fee
- Guardian ad litem (GAL) fee
- Publication Fees

NROT            Nonrecurring Other

- Supervision of relative placement; and
- Transportation, food and lodging costs for the relative(s) and the child(ren) when necessary to complete the child's placement.

NOTE: The CS-65 Code, TRAN (Transportation), must not be used for any transportation expenses related to a child's placement when these expenses are included as a nonrecurring adoption expense.

MPRE            Medications and Prescription  
MDTR            Medical - Doctor  
MDEN            Medical - Dental

MHSP	Medical - Hospital
MORT	Medical - Orthodontic
TRAN	Transportation
ASRT	Legal Guardianship Subsidy Residential Treatment Services
RSCR	Respite Care
LGDC	Legal Guardianship Day Care (non-contracted)

NOTE: Enter a brief one or two word description of integrative services for which payment is to be made. For example: "respite". The Code "OTHR" should be used on the CS-65.

OTHR	Other: Enter a brief one or two word description of any other service for which payment is to be made. For example, wheelchair, insurance deductible, etc. This code should also be used when authorizing Special Education for children in residential care. This code must be used for any recurring or nonrecurring service authorized which does not have a specific code.
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NOTE: Refer to the CS-65 and CS-67A Code Sheets for additional Service Codes.

Cont. (Contracted) Serv. (Service): Enter a "yes" in the appropriate space if the service will be provided by a contracted provider. A "no" should be entered if the service will be provided by a vendor not under contract. Enter "no" in the space for Special Education Services for children in residential treatment.

Medicaid Provided Service: Enter a "yes" if the services can be provided by Medicaid but are not locally available to the child and requires prior authorization. Enter a "no" if the service requested is not provided by Medicaid and requires prior authorization.

NOTE: An example of services provided by Medicaid but not locally available and requiring prior authorization include:

1. Medical or dental services not contracted through the Missouri Medicaid Plan (includes both providers and uncovered Missouri Medicaid Plan services).

NOTE: Services covered through the Missouri Medicaid Plan shall not be entered in the attachment unless they are not locally available to the child.

NOTE: Examples of a service not provided by Medicaid and requires prior authorization are as follows:

1. Respite care, maintenance, day care.
2. Nonrecurring adoption expenses related to the child's placement.
3. Special education services authorized for children in residential treatment.

Recurring: Enter a "yes" or "no" in the space provided to indicate whether the service authorized will be paid for yearly, monthly or one-time only. For the service description "Special Education," enter "yes." If the service authorized will be paid for one-time only, then entry must always be a "no." An entry must always be made.

Maximum Amount: Enter the amount of the payment, which cannot be exceeded yearly, monthly or one-time only. For example: If day care is paid one time per month, the price of that day care should be entered.

**NOTE: SUCH PHRASES AS "ONGOING" OR "AS NEEDED" ARE NOT PERMITTED. CHANGES IN SERVICES OR THE SERVICE PRICE WILL REQUIRE THE PREPARATION OF A NEW ATTACHMENT.**

HOWEVER, IN ALL CASES WHERE CHILDREN HAVE BEEN AUTHORIZED FOR SPECIAL EDUCATION SERVICES (OTHR), NO ENTRY SHOULD BE MADE IN THIS SPACE.

Approval Time Period: Enter the time period for which a recurring expense is authorized for payment. For Example:

- a. Begin: 01-01-04
- b. End: 01-01-05

NOTE: Estimates may be made for the length of time a service may be needed. However, at the time of the next review, workers must discuss the continued need with the legal guardian(s). Attachments should be amended if the estimate is changed.

Enter the phrase "one time only" when applicable to the service.

Explanation: Enter brief statements about the use of contracted or non-contracted service providers, which will enhance understanding of the purpose of the service provided. For non-contracted providers, the name of the vendor should be included. If extraordinary expenses are being requested, an explanation for the need must be documented in this section as well as documentation supporting that request.

For special education services enter "Special Education Services" for a child in residential treatment outside the parent's domicile school district, on an as needed, if needed basis.

Reviewed By: Signatures, and Director Approval and Date: Enter signatures and other information as required in the spaces provided. The Children's Services Worker should also enter the worker ID used in ACTS next to their signature. Each person reviewing must enter the date they reviewed the attachment next to their signature.

Addresses: Enter the address of the Children's Division county office, which will be responsible for the agreement and its attachment. Also, enter the address of the legal guardian(s).

INSTRUCTIONS FOR RETENTION: This form and any related correspondence must be retained permanently. Any subsequently revised agreements and attachments must be retained permanently.

MEMORANDA HISTORY: CS99-30; CD04-77