

- Managing County must be completed. Please put County name and code, not just code. Copies of approved subsidies will be returned to the Managing County via email.
- Residence County must be completed. Please put County name and code, not just code. Subsidy paperwork is entered in the contracting system and the files by the family's residence county. Be sure the address on the agreement matches FACES and is current.
- Parent(s)/Guardian(s) Name: Make sure that if the marital status has changed that all changes have been made in FACES and match the agreement. Also provide Central Office 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. Add statement in explanation section of agreement.
- Make sure the name of the child, DCN, and date of birth is for the same child (not name of one child and DCN/DOB for another).
- Effective date of Agreement and service begin dates should be the same.
- Copy of child's profile/summary must be sent to CMU with subsidy Agreement. The summary cannot contain any identifying information on the biological parents (no name at all, date of birth, location, etc.) and should be signed by the AD/LG parents.

Adoption Subsidy / Subsidized Guardianship Agreement/Amendment

Services: Basic subsidy includes: MO Health Net (Medicaid) to end of month of 18th birthday
 Standard maintenance to end of month of 18th birthday
 Day Care to end of month of 13th birthday
 Legal fees - \$100.00 per hour
 Adoption: \$1,500 for non-contested and \$3,000 for contested
 Guardianship: is \$2000 in non-contested as well as contested cases
 Respite (12 units at \$20 per unit- \$240)

In the event that MO Health Net, maintenance or daycare are declined, the parent(s)/guardian(s) must sign a dated statement indicating specifically which services they are declining. Those services can never be approved at any future date. All basic subsidy services must be addressed in the explanation section in some manner, if the family does not wish to decline a service as they may wish to utilize the service in the future it must be addressed in the explanation section. MAIN must be on guardianship agreements.

Above basic subsidy includes: Special Maintenance
 Residential Treatment
 Above Standard Respite (19 units at \$21 per unit-\$399 or additional units approved)
 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.)

There must be begin and end dates for ALL services on Agreement and Amendment.

MO Health Net: Code: MEDI
 Payment Frequency: Y (yearly)
 Maximum Amount: Leave blank, no amount listed
 Approval time period: To end of month of 18th birthday

Maintenance: Code: MAIN for standard maintenance
 Payment Frequency: M (monthly)
 Maximum Amount: "Base Rate" as preprinted on Agreement.
 *NOTE: By stating "base rate", a new amendment 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 18th birthday.

Code: SMAS for special maintenance (behavioral or medical)
 Payment Frequency: M (monthly)
 Maximum Amount: "Base Rate" as preprinted on Agreement. If it is any amount other than the current SMAS rate, that amount will need to be written on a separate line with appropriate coding.
 *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 18th birthday if it is determined that child's condition will not improve. 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 from a physician or mental health provider stating that the condition is life long and will not improve then the subsidy shall be written to age 18.

Documentation Required: CS-9 (Level A) or CS-10 (Medical)
 FST meeting recommendations / Staffing notes/form
 Email/memo from Regional Director or RCST Coordinator.

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

If requesting approval of SMAS Level A 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.

If requesting approval of SMAS Medical a letter is not necessary if the diagnosis, prognosis and documentation of a qualifying lifelong condition is documented on the CS-10 and signed by the physician.

For continued SMAS service, submit documentation from family that they are not in agreement to lowering the amount. Does not require Level A staffing. If need cannot be documented, but family refuses to agree/concur with reduction, document accordingly.

Child Care: Code: DAYC
Payment Frequency: M (monthly)
Maximum Amount: State Contracted Rate – as preprinted on Agreement.
Approval time period: To end of month of child's 13th birthday unless extraordinary need exists which will be considered on a case by case basis after review of documentation from physician or mental health professional.

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.

The explanation section must 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.”*

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
Payment Frequency: 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 \$2000.00 for all cases
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 and publication 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 guardianships.”

Non-recurring Expenses: Code: NROT
Payment Frequency: 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
NROT services should be on the initial agreement in order to be approved by Central Office. If NROT is on the initial agreement and an additional amount is determined to be needed (within the approved rates of \$1000.00 per child) this may be added via amendment as needed.

Residential Treatment: Code: ASRT
Payment Frequency: M (monthly)
Maximum Amount: Put specific amount
Approval time period: No more than 6 months at a time, however time period must match the 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
Payment Frequency: Y (yearly)
Maximum Amount: Standard maintenance – Maximum of \$240 (12 units at \$20 per unit OR ½ unit is minimum of 6 hours up to 12 hours at \$10 a unit)
Above standard maintenance – Maximum of \$399 (19 units at approx. \$21 per unit OR ½ unit is minimum of 6 hours up to 12 hours at \$10.50 a unit)
Approval time period: For same length of time that maintenance has been approved.

Explanation: Complete explanation section for all services. If the explanation will not completely fit on the Agreement form, you can put it on a separate sheet, but it **MUST** be signed by the parents/guardians as it is now considered a page of the Agreement.

Inactivating Services: A reason for parental request to inactivate a service must be included in the Explanation Section. The date to inactivate the service must be listed in the table, along with the parent(s) initials acknowledging this request.

Signatures: Each parent/guardian named in the Agreement needs to sign THEMSELVES. If one cannot sign due to deployment, medical reasons, etc., provide documentation explaining the absence of a signature or provide the Durable Power of Attorney giving spouse authority to sign. Each page of the Agreement must be signed. Signature should be legal name as shown in FACES.

Parent/Guardian needs to include their current address. Part II. Responsibilities of the Parent/Guardian (J.) requires them to notify CD of address changes. Be sure the address on the forms and in the system are current.

County Office Address for Notification: Managing County/Contractor/Private Child Placing Agency office address should be included so the parents/guardians have an address for notification of changes to the agreement.

Reviewed By:

The Subsidy Clearance Form (CD-SCF) must be attached, containing necessary supervisory approvals, on all subsidies submitted to Central Office. Make sure that the worker's name is written legibly so we know who to contact if there are questions.

A basic subsidy requires signatures of the parents/guardians, the Children's Services worker, and the Circuit Manager (or supervisor if a contracted agency).

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

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 Subsidy Agreement Cover Sheet for FCCM so that we know where to return the copy of the subsidy. The County Office Name, name, email, supervisor's name, e-mail and address also needs to be included so that the approved copy can be returned to the appropriate office.

Successor Guardian: Initial LG agreements- A successor guardian must either be named using the boxes provided on the 5/16 revision of the agreement or a statement should be placed in the explanation section that the option to name a successor was explained and the guardian declined to name a successor at this time but is aware they may do so with an amendment at any time.

Adding a successor guardian with an amendment. For agreements with revision date prior to 05/16 complete an amendment. Try to use the same revision date as the initial agreement. Place the successor guardian, as detailed in CD Memo 16-33, in the explanation section. Do not include information in the grid section **unless** you are also adding or making a change to existing services.

The relationship of the successor guardian must be the relationship to the child; not to the current guardian. (See page one for language)

Changing a successor guardian. Should the current guardian wish to withdraw a successor guardian they previously named and name someone different complete an amendment and use the following language in the explanation section if the contract is prior to the 5/16 revision: *Guardian wishes to withdraw (name of previous successor guardian) as the successor guardian and names (new successor guardians name, address, phone, e-mail) as the current successor guardian.* If using the 5/16 revision you may fill in the boxes provided with the new successor information and state in the explanation: *Guardian wishes to withdraw (name of previous successor guardian) as the successor guardian and names (see below) as the current successor guardian*

Approved Copies:

A copy of the Agreement/Amendment will be returned via email to the Managing County Office, contracted agency, or private child placing agency after signed by the Division Director. The Managing County Office/Contractor/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 30.6 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 Central Office Subsidy Unit with 30 to 45 days until the start date. This means if you still have to mail something to the 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 Central Office.

If you want to know if a subsidy has been entered in the system, please check FACES, or you can call the Adoption Subsidy Unit in Central Office.

NOTES: