**CHECKLIST/INSTRUCTION GUIDE FOR:**

**Adoption Subsidy / Subsidized Guardianship (CD-AD and CD-SG)**

**ASCS and CSLG Attachments**

**18+ Adoption Subsidy One Year Agreements**

Policy regarding adoption subsidy and subsidized guardianship is contained in the Child Welfare Manual - Section 4, Chapter 9 (Adoption and Guardianship Process), Subsection 6 – Subsidizing an Adoption/Legal Guardianship https://dssmanuals.mo.gov/child-welfare-manual/section-4-chapter-9-adoption-and-guardianship-process-subsection-6-subsidizing-an-adoption-legal-guardianship/

An Adoption Subsidy Agreement must be approved by the DSS Authorized Signature PRIOR to the final decree of adoption. According to Missouri statute, stepparent adoptions or children adopted internationally are NOT eligible for adoption subsidy.

An 18+ Adoption Subsidy Agreement, if needed, is to be completed 6 months prior to the 18th birthday of a youth covered by an Adoption Subsidy Agreement and accompanied by documentation of the youth’s physical, dental, or mental health need from professionals, physicians or psychiatrist/psychologist involved in the youth’s care. The life of the agreement begins with the effective date and continues for a maximum of one year. If another agreement is necessary at the end of the one year agreement, negotiation should begin 3 months prior to the expiration of the agreement and another 18+ one year agreement must be approved.

Subsidized guardianship services may be used to assist any grandparent, aunt, uncle, adult sibling, or adult first cousin, including any other person related to the child by blood or affinity or any close nonrelated person whose life is so intermingled with the child such that the relationship is similar to a family relationship. Subsidized guardianship agreements must be approved prior to the guardianship being awarded. Payment from subsidy funds must not be made until the guardianship has been awarded.

Please state the relationship of ***each*** guardian(s) **to the child** in the **explanation section** of the Agreement using the following language as it applies:

**Relative** (specify relationship, i.e., Grandparent(s), Sibling)

**Blood Relative within 3rd degree** (specify relationship, i.e. Great Grandparent(s), Aunts and Uncles)

**Blood Relative beyond the 3rd degree** (specify relationship, i.e., Cousins, Great-Great, Grandparent(s), Great Aunt/Uncle)

**Other Relative as defined in MO 210.565** (specify relationship., i.e. Teacher, Foster Parent, God Parent, Family Friend, etc.)

* **THERE WILL BE NO NEW INITIAL LEGAL GUARDIANSHIP AGREEMENTS APPROVED BEYOND THE LAST DAY OF THE MONTH OF THE 18TH BIRTHDAY UNDER ANY CIRCUMSTANCES.**
* **DELIVERY OF SERVICES AND PAYMENT FOR SERVICES INCLUDED IN THE AGREEMENT MAY NOT BEGIN UNTIL THE INITIAL CONTRACT HAS BEEN ENTERED INTO FACES, A CONTRACT NUMBER ASSIGNED, AND THE DEPARTMENTAL AUTHORIZED SIGNATURE HAS BEEN APPLIED. DOES NOT APPLY TO AMENDMENTS, ONLY INITIAL CONTRACTS.**
* **NO RETROACTIVE BEGIN DATES FOR INITIAL CONTRACTS**
* **MAKE SURE THE SS-60 (LICENSURE/CERTIFICATION) FOR AD OR LG IS CURRENT AND APPROVED IN THE CONTRACTING SYSTEM *PRIO***R **TO SENDING AN AGREEMENT. IF THIS IS AN INITIAL ADOPTION (INCLUDING NEW 18+) OR GUARDIANSHIP, OR IF A NEW CHILD IS BEING PLACED, THE LICENSURE/CERTIFICATION INFORMATION MUST BE CURRENT.**
* Use CURRENT revision of the forms for **NEW** initial contracts: Adoption:  ***CD-AD Revised 12/14 (with 8/2020 change)***

18+: ***CD-AD-18 Revised 11/09 (with 8/2020 change)***

Guardianship: ***CD-SG Revised 05/16 (with 8/2020 change)***

When completing an **amendment/attachment,** be sure the revision date matches the revision date on the initial contract (with the 8/2020 change). Previous revision dates are available on e-forms.

* No changes of any kind may be made to the pre-printed template contents of this Agreement or Amendment. (Including the childcare section)
* 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. One correction may be handled by “crossing out” the item, writing in the change and **requesting the adoptive parent(s)/guardian(s) to initial the change**. If more than one change must be made on any Agreement or Amendment, a new Agreement or Amendment will need to be prepared, signatures obtained and dated with a new date.
* Fill out the contract completely. Don’t skip boxes. (i.e., Managing/Residence County, DVN, Parent/Guardian's address, County Office/FCCM/Private Child Placing Agency address)
* Send paperwork separated by child. If you have documentation and it’s for more than one child, you MUST send separate paperwork and e-mails for EACH CHILD – not one copy for all.
* **NEW SUBSIDIES** start dates for all services MUST be the same. Service begin dates cannot be prior to the AD/LG approval begin date, nor prior to Agreement Effective Date. (Make sure end dates are correct – be sure the end date is not prior to begin date!)
* On initial contracts, send the first 4 pages of the Agreement. Don’t forget the backside of pages. Also, make sure that the DSS Authorized Signature lines are at the bottom of page 1, not pushed to a second blank page because of printing. These will not be accepted. Revision dates and page numbers must be visible on all pages.
* **AMENDMENTS:** Used only for changing/adding to a newer contract (CD-AD or CD-SG). You must include the approved/signed initial 4- page Agreement when completing and sending an Amendment. If prior Amendments have been approved, each previous signed Amendment must also be included. Please number the new Amendment in the space at the top to the left of “Amendment to Initial Subsidy”.
* **OLD CONTRACTS**: (ASCS or CSLG) All five pages of 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 the Attachment to the initial Agreement when changes to the existing services are being made. Use CURRENT version of the forms: Adoption Subsidy [*(CS-SA-2 and CS-SA-2 ATT*](https://dss.mo.gov/cd/info/forms/revised/CD-AD-adoption-subsidy-agreement-pv4.pdf)*): 11/03 (8/20)* Subsidized Guardianship *(*[*CS-LG-2 and CS-LG-2 ATT)*](https://dss.mo.gov/cd/info/forms/revised/cd_sg%2004-04.pdf)*: 4/04 (8/20)*
* **ATTACHMENTS:** Used only for changing/adding to an **old** contract. You do not have to include the original signed contract.
* **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 subsidy unit. A copy of this information is not returned with the approved copy of the contract/agreement or retained in the state office’s contract file.**

**Emergency Requests**. An emergency is defined as a subsidy request that is being submitted with five (5) or less business days from the begin date. Please see [***electronic submission guidelines***](https://dss.mo.gov/cd/info/forms/pdf/electronic-submission-guidelines.pdf)for directions on how to submit emergencies*.*

**Adoption Subsidy / Subsidized Guardianship Agreement Forms**

**Top Sections (Above the Grid)**

* 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 or FCCM agency via email to the worker listed on the subsidy clearance form.
* Residence County must be completed. **Please put County name and code, not just code**. Be sure FACES is showing the current address for the family and if the paperwork does not match send an explanation as to why the addresses are different.
* Make sure the Parent(s)/Guardian(s) Name and DVN match FACES. When completing amendments, if the marital status has changed, ensure that all changes have been made in FACES. Also provide Central Office with documentation regarding change of name, marriage certificate, order of protection or custody order, divorce decree, death certificate. A new spouse **should not** be added to the DVN or contract unless they have adopted or been given co-guardianship by the courts. No party may be removed from a subsidy contract or DVN without supporting documentation that they agree to be removed or court documentation that the subsidy has been awarded to the remaining party. Removal or addition of a person from the subsidy requires a new contract be completed with a statement in the explanation section of the agreement to explain the situation.
* 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).
* Effective date of an initial Agreement and service begin dates must be the same.
* A Copy of the child's profile/summary must be sent with the initial subsidy Agreement. The summary cannot contain any identifying information on the biological parents (no name at all, date of birth, location, etc.) and must be signed by the AD/LG parents.

**Services Section:**

**Basic subsidy includes:** MO Health Net (Medicaid) to end of month of 18th birthday

Standard maintenance to end of month of 18th birthday.

Daycare (provided by the Department of Elementary and Secondary Education)

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 (standard rate)

In the event that MO Health Net, or maintenance 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. MAINTENANCE must be included on all guardianship agreements.

**Above basic subsidy includes:** Special Maintenance

Residential Treatment

Above Standard Respite- units over the standard rate for maintenance level approved by Central Office

Non-recurring Other

Other services over and above basic services

**\*\*\*Regional Subsidy Liaison Designee** or **FCCM Oversight signature is required on the clearance form for all above basic services\*\*\***

* Services must be requested monthly (M), yearly (Y), or one-time only (O). Computer will not accept daily.
* There must be begin and end dates for ALL services requested on Agreements, Amendments, and Attachments. For services approved through the end of the month, make sure you are not a day short in those months that have 31 days and be mindful of leap years.

**MO HEALTH NET**

|  |  |
| --- | --- |
| **Code:** MEDI |  |
| **Payment Frequency:** Y | Yearly |
| **Maximum Amount** | Leave blank, no amount listed |
| **Approval time period:** Through the end of the child’s 18t**h** birth month |  |
| **Explanation: Suggested language:** *MO HealthNet (MEDI****)*** *is**requested* | Dates or timeframe are not required. If included, they must match the grid exactly. |
| **Documentation:** | No documentation is required |

**MAINTENANCE**

|  |  |
| --- | --- |
| **Code:** MAIN |  |
| **Payment Frequency:** M | Monthly |
| **Maximum Amount:** BASE RATE | As pre-printed on Agreement NOTE: By stating “base rate” a new amendment need not be completed as a child ages or should the rate increase. |
| **Approval time period:** Through the end of the child’s 18th birth month. |  |
| **Explanation: Suggested language:** *Maintenance has been requested.* | Dates or timeframe are not required. If included, they must match the grid exactly. |
| **Documentation:** | There is no documentation required for MAIN |

|  |  |
| --- | --- |
| **Code:** SMAS | For special maintenance (behavioral or medical) |
| **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 or should the rate increase |
| **Explanation:** *Must indicate this is above standard maintenance* | SMAS, Medical maintenance, behavioral maintenance, or above standard maintenance are all acceptable |
| **Approval time period**: For two years at a time or through the end of the child’s 18th birth month**.** | 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 **qualifying condition** is life long and will not improve then the subsidy may be written through the end of the child’s 18th birth month. |
| **Documentation required for 2-year SMAS approval** | CS-9 (Level A) or CS-10 (Medical) **or** FST meeting recommendations / staffing notes/form **or** Email/memo from Regional Director, RCST/YEN Coordinator, or FCCM Oversight Supervisor |
|  | For continued SMAS service after an initial two-year approval, submit an amendment along with documentation from family that they are not in agreement to lowering the amount, submit documentation form the family explaining how the additional funding is being used to support the child’s needs. This additional two-year extension does not require Level A staffing. If the family wishes to extend the SMAS to the end of the contract, documentation as listed below is required. |
| **Documentation If requesting approval of SMAS to 18** | Documentation **must include** verification from a medical, mental health or dental professional. This may be a signed letter that documents **a *qualifying* diagnosis, prognosis, and** states that thecondition is lifelong, or the qualifying condition may be documented on the CS-10 **and signed by the physician.** Agency staff signatures are required on the CS-10 as well. |
|  | Documentation for SMAS must be no more than 120 days prior to service begin date **unless a qualifying condition *is documented on the CS-10.*** Regional designee signature is required on the clearance form for this above basic service. For FCCM agencies, the FCCM Oversight Specialist will review the request and sign the clearance form as the designee. |

**CHILD CARE**

|  |  |
| --- | --- |
| **Code:** DAYC |  |
| **Payment Frequency:** M | Monthly |
| **Maximum Amount:** State Contracted Rate | As preprinted on Agreement. |
| **Approval time period:** To the day before the child’s 13th birthday. | Unless extraordinary need exists, which will be considered on a case-by-case basis, by DESE, after review of documentation from a physician or mental health professional that details the child’s need for daycare past age 13. |
| **Explanation Required Language:** “*Child care may be approved at the state contracted rate to the day before the 13th birthday. Payment may only be made to licensed, contracted or registered providers”*  *If you have approval for daycare past age 13 use “past age 13” instead of to the day before 13th birthday in the above explanation.* | In-state providers must be licensed and contracted **or** registered to be paid. Out-of-state providers can be licensed but **MUST** also be contracted with Missouri to be paid. |
| **Documentation:** Form CD-315 select “other” service | Only required if requesting daycare past 13th birthday |

**LEGAL FEES**

|  |  |
| --- | --- |
| **Code:** NRLG | Legal fees include attorney’s fees, court costs, publication expenses, and GAL fees. |
| **Payment Frequency:**  O | One time only |
| **Maximum Amount:** Adoption - $100 per hour up to $1,500.00 non-contested cases and up to $3,000 in contested matters  **Guardianship-**$100 per hour up to $2000.00 for all case**s** | See Practice alert PA20-AD-01 |
| **Approval time period:** for no more than one year from the begin date | May not be approved past the end of the 18th birth month |
| Explanation Required Language: *“Legal fees may be reimbursed up to $100 per hour to a maximum of $1500 in uncontested adoptions or $3000 in contested adoptions.” “Legal fees may be reimbursed up to $100 per hour to a maximum of $2000 in guardianships.”* | The required statement **MUST** be in the explanation section of the Agreement for both initial requests and amendments regarding legal fees. If adoption is not contested, you may leave out the $3000 part of the statement and if contested you may leave out the $1500 part of the statement. Please use the appropriate statement for the type of subsidy being completed. |
| **Documentation:** | Documentation required only if contested Adoption rate is requested – For example: Itemized invoice from attorney with explanation and copy of court order, or letter from the attorney stating the case is contested. |

**RESPITE CARE**

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| --- | --- |
| **Code:** RSCR |  |
| **Payment Frequency:** Y | Yearly. This a rolling year from the begin date. |
| **Maximum Amount:** STANDARD RATE | NOTE: By stating "standard rate" a new amendment need not be completed when there is a rate increase. |
| **Approval time period:** To the end of the 18th birth month | Please note Respite may not be backdated when being added or extended with an amendment. |
| **Explanation Suggested language:**Respite has been requested | **Do not put the actual rate on the contract or in the explanation section.** |
| **Documentation:** | There is no documentation required for RSCR |

**NON-RECURRING EXPENSES**

|  |  |
| --- | --- |
| Code: NROT | NROT services **should** be on the initial agreement to be approved by Central Office. If NROT is not on the initial agreement or an additional amount is determined to be needed within the approved rates per child, this may be added via amendment as needed. \* |
| **Payment Frequency:** O | One time only |
| **Maximum Amount:**  Travel Expenses up to $1000  Private agency fee reimbursement up to $3,500.00 | Pre-placement transportation, lodging, food  Adoption study, including health and psychological exam, and supervision of placement prior to adoption finalization. |
| **Approval time period:** for one year from the begin date | \*If adding with an amendment after the initial contract is approved, use the initial effective date as the begin date. |
| **Explanation Suggested language:** *NROT* *Travel Expenses are requested and/or Private agency fee reimbursement is requested.* | Whichever applies, only address what is requested in the grid. |
| **Documentation:** | Invoices/receipts required **at the time of payment request**. Regional designee signature is required on the clearance form for this above basic service. For FCCM agencies, the FCCM Oversight Specialist will review the request and sign the clearance form as the designee. |

**RESIDENTIAL TREATMENT**

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| --- | --- |
| **Code:** ASRT |  |
| **Payment Frequency:** M | Monthly |
| **Maximum Amount QRTP and Non QRTP:** State Contracted Rate | Must state “contracted rate”. Base rate, standard rate, or dollar amount will not be accepted. |
| **Maximum Amount Child Specific Contract:** use dollar amount | Total Daily rate approved x 31 (total daily rate is the highest rate approved for any day during the 31 days. For example, if non school days and school days or 1:1 rate is approved use the highest amount) |
| **Approval time period:** No more than six months at a time from the approval begin date on the Prior Authorization from the primary insurer, Child Specific Contract or Prior Authorization Waiver | No more than six months at a time from the approval begin date on the Prior Authorization from the primary insurer, Child Specific Contract or Prior Authorization Waiver. Please note necessary approval may expire prior to the contract end date and will need to be renewed for contracted dates to be covered. |
| **Explanation Required Language:**  **(Room and Board Only or Waiver):** ASRT has been approved at the state contracted rate for the approved level of care for the dates approved as necessary.    **Child Specific Contract:** ASRT has been approved through a Child Specific Contract.  **Aftercare:** ASRT Aftercare has been approved. | Do not include specific dollar amounts or dates in the explanation as they are not necessary. |
| **Documentation:**  **Prior Authorization (ONLY Room and Board):** Prior authorization document from the primary insurer  **Prior Authorization Waiver:**  CD-302  **Child Specific Contract:**  CD-302 and Child Specific Residential Services Placement/Contract Request  **Aftercare:**  Documentation of the residential facility’s approval for aftercare services | Regional designee signature is required on the clearance form for residential treatment services.  For FCCM agencies the FCCM Oversight Specialist will review the request and sign the clearance form.  **Prior Authorization (ONLY Room and Board):** When the child has an approved prior authorization for services from their primary insurer.  **Prior Authorization Waiver (Residential Treatment):** A Prior Authorization Waiver is required when the primary insurer has denied residential treatment, and the family has filed an appeal of the denial. **Do not submit all the required eligibility documentation to Central Office with the subsidy contract. The documentation must be maintained in the subsidy file.**  **Child Specific Contract:** The child has an approved Prior Authorization Waiver, CD-302, and a Child Specific Residential Services Placement/Contract Request approved by the Residential Unit. Both documents must be submitted with the Subsidy Agreement. Once the Subsidy Agreement is approved, the Child Specific Contract will be completed by Procurement. **Do not submit all the required eligibility documentation to Central Office. The documentation must be maintained in the subsidy file.**  **Aftercare:** Residential Aftercare is a covered service through MO HealthNet and Show Me Healthy Kids and does not require prior authorization. The subsidy agreement must include an approval for ASRT through the duration of Residential Aftercare services in order for Children’s Division to pay for aftercare or aftercare respite services. Documentation of the residential facility’s approval for aftercare services must be submitted with the subsidy agreement for approval.  If aftercare services begin within the approved ASRT subsidy contract service period, a new ASRT contract amendment is not needed unless aftercare services extend beyond the ASRT end date.  If aftercare services extend beyond the ASRT end date, then a new ASRT contract amendment is required, and the aftercare explanation statement should be used. |

**Subsidy Services Requiring Additional Review and Approval**

Additional approval from the Regional Director, Circuit Manager, Field Support Manager (as determined by your region), or Central Office may be required for some above basic services or special expenses that warrant review and authorization. (See below) The service or circumstance must meet the criteria set forth in Children’s Division policy or subsidy regulation. The worker shall obtain the required documentation and submit to their local level leadership for a review and determination based on policy and regulations. The ***Subsidized Special Expense Approval Form*** **(*CD-315)*** must be complete and signed by the authorized staff. If additional authorization from Central Office is required, please submit the completed signed form with all documentation to the subsidy PDS for a review and determination after local review is completed. Once all required approval signatures are obtained submit the completed form and supporting documentation with the subsidy paperwork to your regional subsidy liaison. Copies of Form CD-315 and supporting documentation are to be kept in the local subsidy file. **NOTE:** The signed CD-315 does not take the place of any documentation requirements for a particular service. When submitting the subsidy, the documentation must be included with the CD-315 form.

**Regional Approval Only:**  **Also Requires Central Office Approval:**

**18+ agreement for medical, mental health or dental need *Initial approvals* with a retroactive start date (ASRT excluded)**

***Extension of expired* services with a retroactive start date\* State funds subsidy (if child was IV-E eligible during AC)**

**\* (NRLG, SMAS and ASRT extensions excluded)** **Orthodontist**

**Additional respite hours over the maximum allowed Legal over the cap amount**

**Medical Equipment under $10, 000 Medical equipment $10,000 or over**

**Day Treatment (Consult CTS Contract for both codes and levels)** **Other (i.e., services not covered by Medicaid)**

**Personal Care Assistant (Consult CTS Contract for all codes and levels)**

**Explanation Section:**

**Complete the explanation section for all services requested in the grid section**. 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. Remember basic services must be addressed if not requested initially or if they are being declined altogether. (See page 1)

**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. If the reason for inactivation is to change a level of a service, the inactivation date and the begin date of the new level **cannot** be the same date.

**Successor Guardian (only LG contracts):**

Form ***CD-222 Successor Guardian Information for Legal Guardians*** *is* available on E-Forms to assist you with the successor guardianship discussion. This is a tool and is not part of the contract. The successor guardianship information must be on the actual agreement. The CD-222 should be kept in your local file; you do not need to send a copy with the subsidy agreement.

* **Initial LG agreements**- A successor guardian must either be named using the boxes provided on the 5/16 (8/20) 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, using the same revision date as the initial agreement (with the 8/20 revision) 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 a service or making a change to existing services.
* **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 (8/20) 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 (8/20) 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.*
* **The relationship of the successor guardian** **should** be the relationship to the child, **not to** the current guardian. (See page one for language)

**Certification/Signatures:**

Each parent/guardian named in the Agreement must sign THEMSELVES. If one cannot sign due to deployment, medical reasons, etc., provide documentation explaining the absence of a signature **and** 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. Use the check box on the subsidy clearance form to verify signatures.

Parent/Guardian should ensure their current address is completed on the form. It is the responsibility of the Parent/Guardian to notify CD of address changes. The worker should confirm the address in the system is current.

**County Office Address for Notification:**

The Managing County/FCCM/Private Child Placing Agency office address should be included so the parents/guardians have an address for notification of changes to the agreement.

**All completed contracts must be reviewed and submitted with a Subsidy Clearance Form**:

A completed ***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 full name is written legibly so we know who to contact if there are questions.

A basic subsidy requires the signature of the worker’s supervisor on the clearance from

An above basic subsidy requires the signature of the worker’s supervisor **AND** CD Regional Subsidy Liaison Designeeor FCCM Oversight Specialist on the clearance form.

**FCCM** agencies ***must*** complete all the. information at the bottom of the Subsidy Clearance Form. Do not leave blanks. This ensures the approved copy is returned to the appropriate office.

**Approved Copies:**

**A contract is not effective/approved until it has been signed by the adoptive parent(s)/legal guardian(s) and the authorized Department of Social Services signature has been applied.** A copy of the signed Agreement/Amendment will be returned via email, to the Managing County Office, FCCM agency, or private child placing agency after the DSS authorized signature has been applied. The e-mail will be addressed to the worker listed on the subsidy clearance form. **Workers should ensure that the authorized departmental signature has been applied, a contract number assigned, and that the contract has been entered into FACES correctly upon receipt of the approved copy.**  If anything is missing or incorrect reply to the e-mail you received to notify them of the omission or error and wait for a corrected copy. The Managing County Office/ FCCM/Private Child Placing Agency should forward a copy to the adoptive parent(s)/guardian(s) once you have an approved contract with a cover letter as explained in Section 4 Chapter 9.6.9 Subsidy Approval Process.

**OTHER:**

Please allow 30 days for Central Office to process subsidy paperwork. Your start date should reflect the time needed to obtain the signatures from the family for you to meet the 30-day requirement. This also allows time for correction of errors if needed.

**Workers should monitor FACES, prior to the effective date of the subsidy, to determine if a submitted contact has been approved. If you have not received the signed copy within a reasonable time frame and you find the contract is not entered, contact the Central Office Subsidy Unit.**

**NOTES:**