



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
ADOPTION SUBSIDY AGREEMENT

FOR STATE OFFICE USE ONLY

CONTACT NUMBER

DEPT'L VENDOR NO.

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

PARENT(S) NAME

(hereinafter "adoptive parent(s)"), enter into this Agreement for the Department to subsidize the adoption of (child's name)

CHILD'S NAME

DCN

DOB

(hereinafter the "child"), who is certified by the Department as having special needs as defined in Section 453.065, RSMo, is legally available for adoption, is eligible for the Missouri Medicaid Plan, and is eligible to have certain expenses met through the Title IV-E Adoption Assistance Program of the Social Security Act and/or 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 adoptive parent(s) for the following expenses related to the care of the child:

1. Maintenance, if any, which includes room and board, clothing and incidental personal expenses, Medicaid and Day Care at agency contracted rates, 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 the Agreement;and/or,
2. Recurring expenses for special services, if any, and not to exceed the amounts specified in policy and previously approved 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 child's adoption not to exceed an amount determined by the Department's policy and so specified in the agency's approval of this Attachment(s) to the 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 the Agreement;and/or,
5. Recurring or nonrecurring expenses for services provided to the child, which may include, but not be limited to, medical or medically necessary 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. Adoptive parent(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 adoption shall be paid to the adoptive parent(s) and include only:
 If the adoptive parent(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 adoption petition. At its option, the Department may consider reimbursement of certain legal costs incurred in unsuccessful adoptions.
4. The Department will reimburse for approved services provided the adoptive family submits paid receipts or invoices within six months of the service being provided.
 - 1) The costs of the legal proceedings after the adoption has been granted including court filing, publication, attorney and guardian ad litem fees not to exceed current agency maximums in policy;
 - 2) The adoptive family assessment (home study) and health and psychological examinations, if necessary for the assessment for families adopting through private agency not to exceed the current agency maximum;and,

- 3) Transportation, food, lodging costs for the adoptive parent(s) and the child when necessary to complete the child's placement and adoption not to exceed the current agency maximum.
- 5. Unless written documentation of the need has been provided to the Department 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, or for which should be covered by Medicaid.
- 6. 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 been placed with and had remained in the custody of the Department. [RSMo 453.065]
- C. The Department agrees to provide the necessary authorization for participation in the Missouri Medicaid Plan so that payment for medical, medically necessary 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 been signed by 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 services upon application, and as approved by the Department to the family on behalf of the child covered by this Agreement.
- B. The Department agrees to comply with the requirements of this Agreement, should the adoptive parent(s) move outside Missouri during the term of this Agreement and while the child is eligible for an adoption subsidy.
- C. The Department agrees to comply with the requirements of this Agreement should the child named in this Agreement be placed with adoptive parent(s) who are not residents of Missouri at the time of placement for adoption.
- D. The Department agrees to apply the provisions of the Interstate Adoption and Medicaid Assistance Compact (ICAMA) as authorized in Sections 453.500-453.503, RSMo in those instances when the adoptive parent(s) have moved to another state, or the child has been placed in another state which is a compact member.
- E. The Department agrees to cooperate with the adoptive parent(s) in reviewing or modifying this Agreement.

Part III. Responsibilities of the Adoptive Parent(s):

- A. The adoptive parent(s) agree to provide a permanent adoptive home for the child and to carry out their parental rights, responsibilities and privileges of same as granted in Chapter 453, RSMo.
- B. The adoptive parent(s) agree, for the child named in this Agreement, to secure services for which the Department has agreed to make payment.
- C. The adoptive parent(s) agree to use a Missouri Medicaid Plan or their state's Medicaid Plan contracted provider if the child in their care has 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 adoptive parent(s) understand the Department will not cover costs above those 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 partial reimbursement is available through private insurance or other funds, the adoptive parent(s) agree to request prior authorization.
- E. Should the adoptive parent(s) choose to maintain a private medical or dental insurance plan for the child, they understand their medical provider will utilize their private insurance prior to accessing Medicaid.

- F. The adoptive parent(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 adoptive parent(s) to obtain prior authorization before the delivery of the services, the adoptive parent(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 adoptive parent(s) make a satisfactory showing, the Department may consider making payment for all or a portion of these costs.
- G. The adoptive parent(s) agree to provide invoices or "paid receipts" for any previously approved services to the Department for any expenses incurred, within six months of the service being provided, other than maintenance, as provided in any current Attachment(s) to this Agreement.
- H. The adoptive parent(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 circumstances when this Agreement and its Attachment(s) authorize the adoptive parent(s) to contract directly with such service providers on behalf of the child, any payment authorized under this Agreement will be made directly to the adoptive parent(s). In turn, the adoptive parent(s) shall have the legal responsibility and duty to make full payment to the service provider. The adoptive parent(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 adoptive parent(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 adoptive parent(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, child no longer in home or parental custody, 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 adoptive parent; 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 adoptive parent; or,
 4. Legal emancipation of the child; or,
 5. Termination of Parental Rights occurs.
 6. Child moves out of the home.
- K. The adoptive parent(s) understand and agree that the Agreement and its Attachment(s), may result in necessary recoupments of payment and/or be modified or terminated as a result of failure to provide the required notification in Part III J, depending on the circumstances warranting the change.
- L. The adoptive parent(s) agree to participate in and use financial assistance programs available to the child 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 adoptive parent(s) are residents.
- M. The adoptive parent(s) agree to participate and cooperate in the review of this Agreement and its Attachment(s), and to provide the Department any information regarding the adoptive parent(s) circumstances and that of the child which would assist the Department in determining the amount of payment and the needed services for the child for which payment shall be made.
- N. The adoptive parent(s) understand and agree that the Department, in agreeing to meet certain expenses of the care of the child, has taken into consideration the needs of the specified child and the circumstances of the adoptive parent(s). Further, the adoptive parent(s) understand that the payments made are exclusively to benefit the child covered by this Agreement and its Attachment(s).

- O. The adoptive parent(s) agree to hold the Department harmless for any losses, costs, or liability attributable to the adoptive parent(s) negligent or intentional acts and/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 adoptive parent(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 service, 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's or adoptive parent(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's or adoptive parent(s)' status make it appropriate, and any resulting amendments shall be subject to mutual agreement. In the event that the agency and the adoptive parent(s) are unable to agree upon the terms of this Amendment or any Amendments proposed by either party, the adoptive parent(s) may appeal the Department's decision. The adoptive parent(s) may request a fair hearing under the Department's current and applicable hearing procedure and policies.
- F. The hearing procedure shall be initiated by a written request from the adoptive parent(s) within ten (10) days after receiving written notice of the decision from the agency through the Department's authorized representative.
- G. If this Agreement terminates with respect to any child for reasons stated in Part V of this Agreement and the adoptive parent(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 adoptive parent(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 parent(s) agrees to terminate or ineligibility is evident; (Note: If parent continues to receive subsidy past the child's 18th birthday without an approved attachment, the funds paid are subject to recoupment.) or,
 2. The parent's rights to the child have been terminated; or,
 3. The parent is no longer financially responsible for the child; or,
 4. The child is no longer in the **legal** custody of the parent (i.e., legally emancipated, married); or,
 5. Child moved out of the home; or
 6. Death of the child or both adoptive parents.




B. 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 Adoption 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 | ADOPTIVE PARENT SIGNATURE  |
| DATE | ADOPTIVE PARENT SIGNATURE  |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | |
| COUNTY | |

REVIEWED BY:

| | | |
|---|--------|------|
| CHILDREN'S SERVICES WORKER (PLEASE PRINT AND PROVIDE SIGNATURE)  | COUNTY | DATE |
| CIRCUIT MANAGER OR DESIGNATED REPRESENTATIVE OF PLACING AGENCY  | | DATE |
| CD CENTRAL OFFICE (WHEN REQUIRED)  | | DATE |

| | |
|--|------|
| AUTHORIZED SIGNATURE OF THE DEPARTMENT OF SOCIAL SERVICES | |
|  | DATE |



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
ADOPTION SUBSIDY AGREEMENT ATTACHMENT

CONTRACT NUMBER

| | | | | |
|--------------|-----|-----|-------------------------|-----|
| CHILD'S NAME | DOB | DCN | ADOPTIVE PARENT(S) NAME | DVN |
|--------------|-----|-----|-------------------------|-----|

THIS DOCUMENT REPLACES ANY PRIOR ATTACHMENT TO AN ADOPTION SUBSIDY AGREEMENT BETWEEN THE DEPARTMENT AND THE ADOPTIVE PARENT(S) CONCERNING THE CHILD NAMED ABOVE.

| SERVICE DESCRIPTION | CODE | CONTRACTED SERVICE (Y/N) | MEDICAID PROVIDED SERVICE (Y/N) | RECURRING YEARLY = Y MONTHLY = M ONE TIME ONLY = O | MAXIMUM AMOUNT | APPROVAL TIME PERIOD |
|---|------|--------------------------|---------------------------------|--|----------------|----------------------|
| BASIC SUBSIDY - MEDICAID (MEDICAL PROVIDER WILL UTILIZE THEIR PRIVATE INSURANCE PRIOR TO ACCESSING MEDICAID) | | | | | | BEGIN |
| | | | | | | END |
| MAINTENANCE | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| DAYCARE | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |
| | | | | | \$ _____ | BEGIN |
| | | | | | | END |

EXPLANATION

| | | | |
|---|------|---|------|
| REVIEWED BY | | SIGNATURES | |
| CHILDREN'S SERVICES WORKER | DATE | ADOPTIVE PARENT | DATE |
| CIRCUIT MANAGER OR PLACING AGENCY/DESIGNATED REPRESENTATIVE | DATE | ADOPTIVE PARENT | DATE |
| REGIONAL DIRECTOR OR DESIGNATED REPRESENTATIVE | DATE | ADDRESS | |
| CENTRAL OFFICE UNIT MANAGER (WHEN REQUIRED) | DATE | | |
| ADDRESS | | APPROVAL BY | |
| | | AUTHORIZED SIGNATURE OF THE DEPARTMENT OF SOCIAL SERVICES | DATE |