

**CHECKLIST/INSTRUCTION GUIDE FOR:**  
**Adoption Subsidy / Subsidized Guardianship (CDAD and CDSG)**  
**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, step-parent adoptions or children adopted internationally are NOT eligible for adoption subsidy

An 18+ Adoption Subsidy Agreement is to be completed 6 months prior to the 18th birthday of a youth covered by an Adoption Subsidy Agreement (CD-AD) 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, 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 the 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, Sibling)

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

**Blood Relative beyond the 3<sup>rd</sup> degree** (specify relationship, i.e. Cousins, Great-Great, Grandparent, 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 LEGAL GUARDIANSHIP AGREEMENTS APPROVED BEYOND THE LAST DAY OF THE MONTH OF THE 18<sup>TH</sup> BIRTHDAY UNDER ANY CIRCUMSTANCES.**

➤ **DELIVERY OF SERVICES AND PAYMENT FOR SERVICES INCLUDED IN THE AGREEMENT MAY NOT BEGIN UNTIL THE DEPARTMENTAL AUTHORIZED SIGNATURE HAS BEEN APPLIED TO HAS SIGNED THE AGREEMENT. NO BACKDATING OF SERVICES.**

- Use CURRENT revision of the forms for NEW initial contracts: Adoption: CD-AD Revised 12/14 (with 8/2020 change)  
18+: CDAD-18 Revised 11/2009 (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)
- No changes of any kind may be made to the pre-printed template contents of this Agreement or Amendment.
- 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 Amendment, a new Agreement or Amendment will need to be prepared and signatures obtained again.
- Fill out the contract completely. Don’t skip boxes. (i.e. Managing/Residence County, DVN, Parent/Guardian’s address, County Office/Contractor/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-mail for EACH CHILD – not one copy for all.
- **NEW** subsidy start dates for all services MUST be the same. Service begin dates cannot be prior to license 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 ALL 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 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 (CDAD or CDSG). You must include the approved/signed initial 4 page Agreement when completing and sending an Amendment. If prior Amendments have been completed, each previous approved/signed Amendment must also be included. Please number the Amendment in space at top left next to “Amendment to Initial Subsidy”.
- **OLD CONTRACTS:** All five pages of his 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 Attachments 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): 11/03 Subsidized Guardianship (CS-LG-2 and CS-LG-2 ATT): 4/04

- **ATTACHMENTS:** Used only for changing/adding to an **old** contracts. 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 or retained in the state office’s contract file.**

**Emergency Requests.** An emergency is defined as a subsidy request that is being submitted with less than five (5) business days from the begin date. Please see electronic guidelines for how to submit emergencies.

**Make sure the SS-60 (licensure/certification) for AD or LG is in contracting system *prior* 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 needs to be current.**

**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 via email.
- 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.
- 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.

**Services Section:**

Basic subsidy includes:                      MO Health 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 - \$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, 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. MAINTENANCE must be on guardianship agreements.

Above basic subsidy includes:              Special Maintenance  
     Residential Treatment  
     Above Standard Respite (when units above the standard rate for the level of maintenance have been approved by Central Office.)  
     Non-recurring Other  
     Other services over and above basic services

**\*\*\*Regional Designee signature is required on the clearance form for all 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 Agreements, Amendments and Attachments.

**MO HEALTH NET**

<b>Code: MEDI</b>	
<b>Payment Frequency: Y</b>	Yearly
<b>Maximum Amount</b>	Leave blank, no amount listed
<b>Approval time period: To end of month of 18<sup>th</sup> birthday</b>	
<b>Explanation: Suggested language: <i>MOHealthNet (MEDI) is requested</i></b>	
<b>Documentation</b>	No documentation is required

### MAINTENANCE

<b>Code: MAIN</b>	
<b>Payment Frequency: M</b>	Monthly
<b>Maximum Amount: BASE RATE</b>	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
<b>Approval time period: To the end of month of 18<sup>th</sup> birthday</b>	
<b>Explanation: Suggested language: <i>Maintenance has been requested.</i></b>	
<b>Documentation:</b>	There is no documentation required for MAIN

<b>Code: SMAS</b>	for special maintenance (behavioral or medical)
<b>Payment Frequency: M</b>	monthly
<b>Maximum Amount: BASE RATE</b>	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
<b>Explanation: <i>Must indicate this is above standard maintenance</i></b>	SMAS, Medical maintenance, behavioral maintenance, or above standard maintenance are all acceptable
<b>Approval time period: For two years at a time or through the end of the child’s 18<sup>th</sup> birth month.</b>	For initial agreements requesting <b>behavioral SMAS</b> the approval time period should be two years, unless otherwise stated by the staffing team. For initial agreements requesting <b>medical SMAS</b> 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 <b>qualifying condition</b> is life long and will not improve then the subsidy may be written through the end of the child’s 18 <sup>th</sup> birth month.
<b>Documentation required for 2 year SMAS approval</b>	CS-9 (Level A) or CS-10 (Medical) <b>or</b> FST meeting recommendations / staffing notes/form <b>or</b> 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 from 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.
<b>Documentation If requesting approval of SMAS to 18</b>	Documentation <b>must include</b> a verification from a medical, mental health or dental professional. This may be a signed letter that documents <b>a <u>qualifying diagnosis, prognosis, and documentation</u></b> the condition is lifelong or the qualifying condition may be documented on the CS-10 <b>and signed by the physician.</b> Agency staff signatures are required on the CS10 as well.
	Documentation for SMAS must be no more than 120 days prior to service begin date for both time frames.

### CHILD CARE

<b>Code: DAYC</b>	
<b>Payment Frequency: M</b>	Monthly
<b>Maximum Amount: STATE CONTRACTED RATE</b>	As preprinted on Agreement.
<b>Approval time period: To the day before the child’s 13<sup>th</sup> birthday.</b>	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 13.
<b>Explanation Required Language: “<i>Child care may be approved at the state contracted rate to the day before the 13<sup>th</sup> birthday. Payment may only be made to licensed, contracted or registered providers</i>” <i>If you have approval for daycare past age 13 use “past age 13” instead of to day before 13<sup>th</sup> birthday in the above explanation.</i></b>	In-state providers must be licensed and contracted <b>or</b> registered to be paid. Out-of-state providers can be licensed but <b>MUST</b> also be registered with Missouri to be paid.
<b>Documentation: Form CD-315 select “other” service</b>	Only required if requesting daycare past 13 <sup>th</sup> birthday

**LEGAL FEES**

<b>Code: NRLG</b>	Legal fees include attorney’s fees, court costs, publication expenses, and GAL fees.
<b>Payment Frequency: O</b>	One time only
<b>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 cases</b>	
<b>Approval time period: for one year from the begin date</b>	May not be approved past the end of the 18 <sup>th</sup> birth month
<b>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.”</b>	The required statement <b><u>MUST</u></b> be in the explanation section of the Agreement for both initial requests and amendments regarding legal fees. <i>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.</i> Please use the appropriate statement for the type of subsidy being completed:
<b>Documentation:</b>	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.

**NON-RECURRING EXPENSES**

<b>Code: NROT</b>	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 per child this may be added via amendment as needed.
<b>Payment Frequency: O</b>	One time only
<b>Maximum Amount:: Travel Expenses up to \$1000  Private agency fee reimbursement up to \$3,500.00</b>	Pre-placement transportation, lodging, food  Adoption study, including health and psychological exam, and supervision of placement prior to adoption finalization
<b>Approval time period: for one year from the begin date</b>	
<b>Explanation Suggested language: NROT Travel Expenses are requested and/or Private agency fee reimbursement is requested</b>	Whichever applies, only address what is requested in the grid.
<b>Documentation:</b>	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**

<b>Code: ASRT</b>	
<b>Payment Frequency: M</b>	Monthly
<b>Maximum Amount QRTP and Non QRTP: State Contracted Rate</b>	Must say contracted rate. Base rate, standard rate, or dollar amount will not be accepted
<b>Maximum Amount Child Specific Contract: use dollar amount</b>	Total Daily rate approved x 31
<b>Approval time period: No more than six months at a time</b>	Dates must be within the approval dates on the documentation. Please note medically necessary approval may expire prior to the contract end date and will need to be renewed for contracted dates to be covered.
<b>Explanation Required Language: ASRT has been approved at the state contracted rate for the approved level of care for the dates approved as medically necessary by the primary insurer.” Child Specific Contract: ASRT has been approved through a Child Specific Contract”</b>	Do not include specific dollar amounts or dates in the explanation; as they are not necessary.
<b>Documentation: Adoption Subsidy Residential Referral CD-302, signed by the RCST. Approval from the Residential Service Manager is also required for Child Specific Contracts.</b>	Documentation for residential services must be no more than 90 days PRIOR to service begin dates Regional designee signature is required on the clearance form. For FCCM agencies the FCCM Oversight Specialist will review the request and sign the clearance form.

**RESPIRE CARE**

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

**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.

**Regional Approval Only:**

- 18+ agreement for medical, mental health or dental need
- Extension of expired services with a retroactive start date
- Additional respite hours over the maximum allowed
- Personal Care Assistant (Consult CTS Contract for codes and levels)
- Day Treatment (Consult CTS Contract for codes and levels)
- Medical Equipment under \$10, 000

**Also Requires Central Office Approval:**

- Initial SMAS approvals with retroactive start date
- State funds subsidy
- Orthodontist
- Legal over the cap amount
- Medical equipment \$10,000 or over
- Other (i.e. service not covered by Medicaid)

**Explanation Section:**

**Complete 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):**

- **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, using 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 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 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*
- **The relationship of the successor guardian** must 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:**

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.

**All completed contracts should 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 signatures of the Children's Services worker, and the worker's supervisor signatures are required on the clearance form.

An above basic subsidy requires signatures of the Children's Services worker, worker's supervisor and Circuit Manager (or Supervisor if a contracted agency) **AND** CD Regional Director's, designee, or FCCM Oversight Supervisor's approval/signatures are required on the clearance form.

Contracted agencies must also complete the FCCM Subsidy Contract Cover Sheet. The agency office name, worker and supervisor's names, e-mail address for both, consortium and 6Z Code needs to be included so that the approved copy can be 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 Agreement/Amendment will be returned via email to the Managing County Office, contracted agency, or private child placing agency after the DSS authorized signature has been applied. 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 contact the Adoption Subsidy Unit in Central Office.

**NOTES:**