

SUBSIDIZED GUARDIANSHIP PLAN

PURPOSE:

This form is designed to provide a record of:

- The subsidy plan for up to four (4) eligible children who are placed with the same legal guardian;
- The required local and Area Office review and approval of the proposed or revised Subsidy Plan; and,
- Major changes in the plan resulting from the required annual reviews.

See also, Procedure D-16 Attachment A, Missouri Adoption Subsidy Program, and Instructions for the CS-LG-1 and CS-LG-2, Children's Services Forms Manual.

NUMBER OF COPIES AND DISTRIBUTION:

After the form (and any needed additional forms because there are more than four children) is completed, two copies are made. The original and two copies are forwarded to the Area Office with the Subsidized Guardianship Application (CS-LG-1), and the completed Subsidized Guardianship Agreement (CS-LG-2) and Attachment(s). After the Area Office provides approval, the original and one copy are returned to the County Office. One copy is given to the legal guardian(s) and the original copy is retained in the legal guardian(s) case file. The Area Office retains one copy.

If changes in the plan result from the review, a copy of the modified plan is made and forwarded to the Area Office with any new Agreement Attachment(s) prepared reflecting the amendments made to the plan.

GENERAL INSTRUCTIONS FOR COMPLETION:

This form is completed by the worker with the assistance of the legal guardian applicant(s) at the time verification of legal guardianship has taken place and a subsidized guardianship application is made. All items must be completed as appropriate to the special needs of the child(ren), the circumstances of the guardian family, and the resources available to meet the needs of the child.

Modifications can be made, if necessary, at the time of the annual review or anytime changes occur in the Subsidy Agreement. Notations must be made in applicable spaces and the worker must initial the notation.

The form provides space for up to four children to be included in a Legal Guardianship Subsidy Plan. An additional form should be used if a subsidy plan involves more than four children.

If a family obtains legal guardianship of an additional child(ren) at a later time, the form may be updated to include that child(ren). As children are dropped from the agreement because they are no longer eligible, a notation must be made to indicate the children are no longer included in

the Agreement. The notation must include the date the information is entered and the reason the child is no longer eligible for subsidy. The Contract Management Unit (CMU) must be notified when a child is no longer eligible for a subsidy and is dropped from the plan and agreement.

Staff signatures are required at the initial plan development and at each review. The legal guardian signatures are required at the initial plan development.

The information supplied on the CS-LG-1 and through discussions with the family should be used to complete this form. The CS-LG-1 and this form should be used to complete the Legal Guardianship Subsidy Agreement and its Attachment(s).

INSTRUCTIONS FOR COMPLETION:

SECTION 1 - IDENTIFYING INFORMATION:

Much of the information is self-explanatory. However, the following items require special attention.

2. DVN (Departmental Vendor Number): Enter the DVN assigned to the legal guardian of the child(ren).

Note: A DVN must be assigned to the legal guardian(s) who are not known to the Alternative Care Vendor Sub-system. See instructions for the SS-60, Vendor Licensure/Placement Resource Form, for guidance in assigning this number.

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

Note: Children in the custody of other agencies must be entered into the Alternative Care Tracking System (ACTS). See instructions for the SS-61, Alternative Care Client Form, for guidance in entering the child in the system.

4. DCN (Departmental Client Number): Enter the child's DCN as reported in the Alternative Care Tracking System (ACTS).

Note: Children in the custody of other agencies who are eligible for subsidy must have a DCN assigned. See instructions for the SS-61, Alternative Care Client Form, for guidance in assigning this number.

8. Relationship at Time of Placement: From the list below, enter the words, which most accurately describe the child's relationship to the legal guardian(s).

- a. New Relative The grandparent, aunt, uncle or adult sibling with whom the child is placed or will be placed because the previous alternative care provider did not or could not elect to provide permanency for the child.

b. Current Relative The grandparent, aunt, uncle or adult sibling who was caring for the child at the time the child became available for a guardianship placement and has been granted legal guardianship by the courts.

9. Agency Custody at Time of Placement: From the list below, enter the initials for the agency or the name of the private agency, which holds custody of the child at the time of placement with the legal guardian(s).

- a. DFS (Division of Family Services)
- b. DYS (Division of Youth Services)
- c. DMH (Department of Mental Health)
- d. Specify the name of the private agency.

10. Explanation/Comments: Enter any explanation or comments, which will provide an interpretation of a child's unique characteristics or service background, which may need further clarification. If more than one child is included in the plan, specify the child being described.

SECTION II - PROPOSED PLAN FOR MEETING NEEDS OF CHILD(REN):

This section provides for a description of the services needed by the specific child and a determination of who will be assuming responsibility for meeting the cost of that service. It represents the conclusion of the negotiation with the family regarding the services needed by the child and for which the legal guardian or DFS will assume financial responsibility, or for which there is another available resource in the community for the child. All entries must include the range of potential needs (both present and future) which can be included in a subsidy plan and for which DFS could assume financial responsibility in a subsidy agreement during the life of the agreement. **AT LEAST ONE BOX MUST HAVE A CHECK MARK () ENTERED IN EVERY NEED CATEGORY. IF SEVERAL ITEMS ARE INCLUDED IN A NEED CATEGORY, AT LEAST ONE BOX MUST HAVE CHECK MARK () ENTERED.**

NOTE: Any item included in the DFS column must be included in the Attachment to the Agreement excluding those needs of a child for which cost will not occur until some future date. Authorization for payment for a future need will require the preparation and approval of a new Attachment prior to the time payment will be needed. (See instructions for the CS-LG-2 for further guidance).

The following specific instructions are to be used in completing each subsection of this Section.

- 1. Child's Name: Across the horizontal axis, enter the name of each child included in the plan.
- 2. F.R. (Financial Resources): Under each child's name enter a brief description of financial resources that will be available to the child after the court has granted legal guardianship. These financial resources will include SSI, OASDI or some other source of income not administered by DFS. In the space, \$ _____, enter the amount that is

available to the child on a monthly basis.

NOTE: This amount must then be included as the worker and family develop the specific plan and make the proper entries in the "need" boxes.

Under the child's name, note that three columns are provided for each child. These columns are defined as follows:

Legal Guardian: Enter a check mark () for the specific service if the legal guardian(s) are assuming responsibility for the meeting the cost of the service.

DFS (Division of Family Services): Enter a check mark () if the Division will be assuming responsibility for the cost of the service and the cost will be included in the attachment to the agreement.

N.A. (Not Applicable): Enter a check mark () if the child has an available resource which will meet the cost, a community agency will be providing the service, or there is no need for the service.

Need: In the vertical axis and for each child included in the plan, enter a check mark () in the appropriate boxes under each column as instructed.

3. Maintenance, Medicaid and Day Care: Enter a check mark () if basic subsidy is to be included in the subsidy plan.

4. Legal: Enter a check mark () for each item as appropriate to the negotiated plan.

NOTE: Legal costs may be authorized only one time per guardianship petition. Staff should request evaluation if the proposed fees appear unreasonable.

5. Integrative: Enter a one or two word description in the space provided for each integrative item necessary to meet the needs of the child or which will assist the legal guardian(s) in meeting the needs of the child. Enter a check mark () in the box under the appropriate column.

6. Medical/Dental Care (Not Medicaid Covered): Specify, with a one or two word description, the needed service in the space provided and then enter a check mark () in the box to identify who will be responsible for the service.

NOTE: Completing this section is required for any service needed by the child who requires prior authorization. Also, if the service will cost over \$500.00 it must be evaluated by the Division of Medical Services (DMS) and approval given by the Area Director or designee. Attachments to the Agreement will need to be prepared in accordance with the approval. Also, see any Memoranda issued for authorizing and paying for extraordinary services (e.g., psychiatric care, extended hospital stays, etc.).

7. Other Special: Enter a check mark () in the appropriate columns for all services that apply for each child. Note that Day Care and Residential Treatment are specified in this subsection. If "other" services are needed specify these with a one or two word description and enter a check mark () in the appropriate box.

NOTE: Staff should request evaluation of any proposed cost for services not under contract with the Division if, in their opinion, the cost appears unreasonable (i.e., not within the range of rates established under contracts).

8. Explanation/Comments: Enter any remarks which will aid in understanding the data entered in this section. Specify the child to which the remarks refer.

SECTION III - INITIAL PLAN/REVIEWS/APPROVAL:

Initial Plan: This subsection provides for various levels of staff to indicate review and approval of the initial subsidy plan and the annual reviews of the plan. The legal guardian(s) will sign to indicate their participation in developing the plan. Dates for these actions are required.

Reviews: This subsection permits a record of the annual reviews. The worker will:

- enter the date the legal guardian(s) were contacted and/or responded to the review notice in the first column;
- enter the date the review was completed in the second column;
- check the appropriate box in the third column to indicate if a change was made because of the review;

NOTE: If changes were made, which affect the Agreement Attachment, the CS-LG-1A must be copied and forwarded along with the revised Attachment to the Agreement to the Area Office for approval.

- enter a brief notation describing the reason for the change in the fourth column;
- enter their signature in the fifth column; and
- the Area Office staff enters initials in the sixth column to indicate approval of the amended plan.

SECTION IV - COMMENTS:

This section provides space for workers, supervisors, county directors, and Area Office staff to communicate with each other while processing a Legal Guardianship Subsidy Agreement. Columns are provided for the date, comments, response, and the initials of the individual staff making the comment or response.

INSTRUCTIONS FOR RETENTION:

This form and any supporting documentation relating to the subsidy plan must be retained permanently. Any subsequent revisions to the subsidy plan are retained permanently along with any supporting documentation.

MEMORANDA HISTORY: CS99-30