



Adoption Subsidy Agreement

Agreement Type:						
<input type="checkbox"/> Presubsidy/preadoptive <input type="checkbox"/> Initial <input type="checkbox"/> Revised IV-Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subsidy <input type="checkbox"/> Initial <input type="checkbox"/> Revised IV-Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Future Needs IV-Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parties to the Agreement:						
<i>Iowa Department of Human Services</i>		<i>Adoptive Parents</i>				
Address		Address				
Phone No.		Phone No.				
Child:						
Name	Birth Date	Placement Date	Adoption Date			
Documented Special Needs Covered by Agreement. Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Diagnosed medical disability <input type="checkbox"/> Diagnosed intellectual disability <input type="checkbox"/> Diagnosed psychiatric condition <input type="checkbox"/> Diagnosed behavioral or emotional disorder <input type="checkbox"/> Age five and older <input type="checkbox"/> Sibling group of three or more </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> At risk of developing an emotional or behavioral disability <input type="checkbox"/> At risk of developing a medical or physical disability <input type="checkbox"/> Is at risk of developing an intellectual disability </td> </tr> </table>					<input type="checkbox"/> Diagnosed medical disability <input type="checkbox"/> Diagnosed intellectual disability <input type="checkbox"/> Diagnosed psychiatric condition <input type="checkbox"/> Diagnosed behavioral or emotional disorder <input type="checkbox"/> Age five and older <input type="checkbox"/> Sibling group of three or more	<input type="checkbox"/> At risk of developing an emotional or behavioral disability <input type="checkbox"/> At risk of developing a medical or physical disability <input type="checkbox"/> Is at risk of developing an intellectual disability
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Summary of Benefits:						
Maintenance:	Daily Subsidy Payment \$	Special Daily Allowance \$	Total Daily Rate \$	Effective Date		
Medical Assistance:	Eligibility: <input type="checkbox"/> IV-E <input type="checkbox"/> Not IV-E			Effective Date		
Medical coverage is necessary to meet the child's medical/rehabilitative needs						
Nonrecurring Expenses:	Attorney Fees \$					
Special Services Needed by the Child			Amount	Duration		
			\$			
			\$			
			\$			

Provisions of Agreement

A. Purpose

This agreement has been entered into between the Iowa Department of Human Services, hereafter called the Department, and the adoptive parents, hereafter called the parents, for the purpose of facilitating the legal adoption of the named child and to aid the adoptive family in providing proper care for this child. This agreement shall remain in effect regardless of the state in which the parents or child are residing.

Signing this agreement signifies the responsibility of the parents and the Department to adhere to the terms.

B. For Initial Agreements

Each prospective adoptive parent agrees that he or she intends to adopt the named child and has signed this document before finalization of the adoption for the purposes of receiving adoption assistance.

C. Maintenance Payments

If provided for by this agreement, the amount of the daily cash payment (i.e., adoption subsidy maintenance) is based on the age and needs of the child and the circumstances of the parents. The amount of payment has been negotiated by mutual agreement between the parents and the Department. This amount shall not exceed the maximum allowable maintenance payments this child received, or would be eligible to receive in family foster care. The Department shall make payments to the parents prospectively on the first business day of the month.

The Department may make adjustments in adoption subsidy maintenance payments automatically to reflect "across the board" adjustments in accordance with foster family care maintenance rates.

Adjustments to the daily adoption subsidy maintenance rate due to the child's age must be requested by the parents. The rate is not automatically changed.

Any changes to the daily adoption subsidy maintenance rate become effective the first day of the month following the change.

D. Medical Assistance

Medical benefits will be available to this child through Medicaid. Parents may add this child to the family's private insurance but are not required to do so in order to receive adoption subsidy maintenance payments.

If this child moves to another state, with or without the parents, and is IV-E eligible, medical assistance will be provided by the state of residence.

If this child moves to another state, with or without the parents, and is not IV-E eligible, medical assistance may be provided by the resident state if there is a reciprocal agreement with Iowa. If the resident state does not have a reciprocal agreement with Iowa, medical assistance will continue to be provided by Iowa. This is in compliance with the federal Consolidated Omnibus Budget Reconciliation Act (P.L. 99-272).

The family's medical insurance, should the parents choose to add this child to their private insurance, or services that meet the child's needs and are available free of cost to the family, shall be used before the expenditure of subsidy funds.

E. Special Services

The Department shall reimburse the parents or issue direct payment to a provider for supplies, outpatient therapy and counseling, or other allowable special services required by the child's special needs and not covered by Medicaid.

The family's insurance or services that meet the child's needs and are available free of cost to the family shall be used before the expenditure of subsidy funds.

Parents shall provide documentation of expenses to the Department before reimbursement of any expenses.

If the child, with the parents or without the parents, resides in another state, allowable special services needed by the child will be provided by the Department, if they are not provided by the state in which the child resides. To access special services, the family should contact the public agency worker in the state of residence to apply for the special services. If the special service is unavailable to the family in the state of residence, the family shall contact the Department adoption subsidy worker in Iowa for procedures to follow.

The cost of inpatient psychiatric services, residential treatment, boarding school, foster family care or other out-of-home placement settings shall not be paid with special services subsidy funding.

Special services that exceed \$500 per state fiscal year (July 1 to June 30) must have prior approval by the Department, whether the child resides in the state of Iowa or out of state. The parents will contact the Department adoption subsidy worker to initiate the process for approval.

F. Responsibilities of the Parents

The parents shall explore and use other services available to them free of charge to meet the needs of the child, such as federal, state, and local governmental programs, private assistance programs, or the parents' private insurance, if the child has been added to their insurance, before the expenditure of subsidy funds.

The parents shall provide verification of payment, such as receipts, for special services paid directly by the parents.

The adoptive parents shall pay their attorney any fees and costs related to finalizing the adoption. The Department will reimburse the adoptive parents for non-recurring expenses at the allowable rate. Fees in excess of the maximum reimbursement are the responsibility of the family.

Should the child be placed in a Medicaid funded placement, such as Psychiatric Medical Institutions for Children (PMIC), the subsidy payment is considered income to the child and subject to payment to Medicaid to offset the cost of care. Adoptive parents either reduce the amount of subsidy to the personal care allowance or pay the facility.

The parents may request a review of the subsidy agreement whenever there is a change in the family's circumstances or a change in the child's needs. The parents shall provide a written description of the change in the child's needs and how renegotiation will assist the family in meeting the child's needs.

The adoptive parents agree they shall notify the Department within 30 days of a change of address.

The parents shall report any changes in the child's living situation to the Department within 30 days of the child leaving the home.

The parents shall use the adoption subsidy maintenance and Department special services funds to financially support the medical, educational, and basic living needs of the child.

The parents shall immediately notify the Department in writing when they are no longer legally responsible for the child or no longer using adoption subsidy maintenance funds to meet the medical, educational, and basic living needs of the child.

The parents shall cooperate when the Department initiates a review of the adoption subsidy agreement when the child enters out-of-home care, such as residential care, foster family care, or informal relative or kinship care. The review may result in the Department renegotiating with the parents for the payment of a lower adoption subsidy maintenance amount. The rate may be renegotiated based on the needs of the child and reunification efforts of the adoptive parents with the child.

G. Responsibilities of the Department

The Department shall issue adoption subsidy payments to the adoptive parents on the first business day of the month.

The Department will inform the adoptive parents of any changes in laws, rules or policies that may affect the adoption subsidy payment.

The Department will notify the adoptive parents when the child turns 17½ to initiate a review of eligibility for adoption subsidy to age 21 based on a diagnosed medical, mental or intellectual disability.

H. Review of Adoption Subsidy Maintenance Payments

Eligibility for continuation of adoption subsidy shall be evaluated when the Department has reasonable cause to suspect the parents are not using adoption subsidy maintenance funds to support the medical, educational, and basic living needs of the child, or parents are no longer legally responsible for the child. This includes, but is not limited to, the following circumstances:

- ◆ The child is placed in out-of-home care.
- ◆ A person alleges the parents are not financially supporting the child's medical, educational or basic living needs.
- ◆ A person other than the parent is awarded legal custody of the child.
- ◆ A person other than the parent is appointed as the guardian of the child.
- ◆ The child has applied for food assistance or other benefits.
- ◆ The child has not resided with the parent for the past 30 consecutive days.
- ◆ The parent is awaiting trial for criminal charges related to harm caused to a child in the home.

The Department will work with the parents to determine if adoption subsidy maintenance funds are being used to financially support the medical, educational, and basic living needs of the child. The parents shall provide documentation, such as receipts, as part of the review.

The Department may suspend adoption subsidy maintenance payments if the parents cannot be located or do not cooperate with the review.

The Department shall pay in full the suspended subsidy funds to the parents when it is determined the funds are being used to support the child.

I. Termination of Adoption Subsidy Maintenance Payments

Adoption subsidy maintenance payments will cease upon termination of this agreement. Termination will occur in any of the following circumstances:

- ◆ The child reaches the age of 18, regardless of the completion of high school, and does not have a physical, mental, behavioral, or emotional disability which warrants continued assistance until the child reaches age 21.
- ◆ The child marries.
- ◆ The child enlists in the military.
- ◆ The adoptive family is no longer using the adoption subsidy maintenance payments to support the child’s medical, educational, and basic living needs.
- ◆ The child dies,
- ◆ The parents of the child dies (one parent in a single-parent family; both in a two-parent family).
- ◆ The parents submit a written request for termination.
- ◆ The parents are no longer legally responsible for the child’s needs.

J. Appeal

The Department will provide an *Adoption Notice of Decision*, 470-0745, to the parents that includes their appeal rights.

The family may appeal the Department’s decision to reduce, change, suspend or terminate adoption assistance in accordance with rules and procedures of the Department’s appeal process. Information on the appeal process may be obtained from the Department adoption subsidy worker or from the Department liaison for appeals.

<i>Signed for the Department by:</i>		<i>Signed for the family by:</i>	
Adoption Worker	Date	Parent	Date
Service Area Administrator	Date	Parent	Date
Effective Date of Agreement	Date Signed Agreement Given to Parent		