

Iowa Department of Human Services
ADOPTION SUBSIDY AGREEMENT

Agreement Type:			
<input type="checkbox"/> Presubsidy/preadoptive <input type="checkbox"/> Initial <input type="checkbox"/> Revision IV-Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subsidy <input type="checkbox"/> Initial <input type="checkbox"/> Revision 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.	
For Special Needs Child:			
Name	Birth Date	Placement Date	Adoption Date
Special Needs Covered by Agreement. Check all that apply.			
<input type="checkbox"/> Sibling Group <input type="checkbox"/> Emotional or behavioral disability <input type="checkbox"/> Over age 8 (Caucasian) <input type="checkbox"/> Mental retardation <input type="checkbox"/> Physical disability <input type="checkbox"/> Minority/biracial over age 2			
Summary of Benefits:			
<input type="checkbox"/> Maintenance *	Daily Subsidy Payment \$	Special Allowance Daily Rate \$	Effective Date
<input type="checkbox"/> Medical assistance	Eligibility <input type="checkbox"/> IV-E <input type="checkbox"/> Not IV-E		Effective Date
<input type="checkbox"/> Nonrecurring expenses	Attorney Fees \$	Court Costs \$	
<input type="checkbox"/> Total daily amount of subsidy payments \$			
<input type="checkbox"/> Other special services needed by the child: ** (Explain)			
* Non-Medicaid providers shall be paid at Medicaid rates. * Child's unearned income is subtracted from the monthly maintenance. ** Prior approval must be requested for any special service costing over \$500 per service or annually. Special services are limited to services listed in 441 IAC 201.6(600).			

PROVISIONS OF AGREEMENT

A. Purpose

This agreement has been entered into 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 adoptive parents are residing.

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 an adoption subsidy.

C. Maintenance Payments

If provided for by this agreement, the amount of the daily cash payment (i.e., maintenance subsidy) is based on the age and needs of the child and the circumstances of the adoptive parents. The amount of payment has been negotiated by mutual agreement between the adoptive parents and the Department. This amount shall not exceed the maximum allowable maintenance payments this child received in foster care.

Adjustments in subsidy payments may be made automatically to reflect “across the board” changes and changes in the age of the child.

D. Medical Assistance

Medical benefits will be available to this child through Medicaid. If this child moves to another state and the child is IV-E eligible, medical assistance will be provided by the state of residence. If this child moves to another state and the child is not IV-E eligible, 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 Department adoption subsidy worker will instruct the family as to procedures to follow in Iowa or another state for obtaining medical assistance. The family’s medical 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

Reimbursement is provided to the adoptive family, or direct payment may be made to a provider for supplies, therapy, counseling, or other allowable special services required by the child’s special needs and not covered by Medicaid. Inpatient services shall not be provided with subsidy funding.

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. Special services costing over \$500 must have prior approval, whether the child resides in the state of Iowa, or out of state.

If a family resides in another state, allowable special services needed by the child will be provided by Iowa, 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.

F. Responsibilities of the Family

The family 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 and private assistance programs, before the expenditure of subsidy funds.

The family shall add the adopted child on their private health insurance, unless prohibited by the insurance company.

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

The family shall pay service providers (i.e., attorneys) for services provided when the Department has paid the family directly for the cost of special services.

The family 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 family shall notify the Department within 30 days of a change of address. If the family is moving to a state other than Iowa, the family should also request information on how to apply for medical assistance and special services (if applicable) in the new state of residence.

For subsidy negotiation, the family shall also provide a written description of the family's circumstances and an explanation of how meeting the special needs of the children affects the family's circumstances.

The family shall immediately notify the Department in writing, if they are no longer legally responsible for the support of the child or are no longer supporting the child.

G. Termination

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

- ◆ The child reaches the age of 18, 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 adoptive family is no longer using the maintenance payments to support the child.
- ◆ The child dies or the adoptive family of the child dies (one parent in a single-parent family; both in a two-parent family).
- ◆ The terms of this agreement are concluded.
- ◆ The family submits a written request for termination.
- ◆ The family is no longer legally responsible for the child's needs.

I. Appeal

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

The family may appeal the Department's decision to reduce, change, 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	Mother	Date
Service Area Administrator	Date	Father	Date
Effective Date of Agreement		Date Signed Agreement Given to Family	