

Child and Family Services Policy Manual: Adoption Post- Adoption

Post-Adoption Services

Post-adoption services are available to families who adopt children through the Department and may include (but are not limited to):

- referral to local service agencies or therapists
- referral to mentoring programs or support groups
- referral to local respite resources
- referral to Adoption Subsidy Negotiation Program Manager in Central Office for consideration of subsidy renegotiation or request for addition of State Medical Benefits to subsidy agreement
- collaboration with area KMAs (Kids' Mental Health Authority) and Medicaid Children's Mental Health Program staff
- FGDMs
- use of Safe and Stable Families funds, if needed to stabilize or maintain an adoptive placement at risk of disruption or dissolution. (Approval of the Regional Administrator is required).

Post-Adoption Services Referrals

Post-adoption services requests should be referred to the regional Permanency Planning Specialist, who will assess the situation and work with the family.

Referrals should include:

- adoptive family name, contact information, family constellation
- name and age of the adopted child
- what is being requested, who is requesting it, and why
- service providers or agencies currently working with the child and family, solutions already tried, circumstances currently affecting the child and the family, etc.

When the adoptive family lives outside the region that has financial responsibility for the adoption subsidy, the Permanency Planning Specialists for both regions will collaborate to respond to the referral.

Regional Administrator Approval Required

The Permanency Planning Specialist will seek Regional Administrator approval for any use of Safe and Stable Families funds to assist with stabilizing or maintaining an adoptive placement at risk of disruption or dissolution.

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For requests to use Safe and Stable Families funds to assist an adoptive family with room and board costs for a time-limited out of home placement for the adopted child, the Permanency Planning Specialist will work with the Adoption Subsidy Negotiation Program Officer and the adoptive family to assure that the child's subsidy is at the maximum rate appropriate to the needs of the child, that the subsidy will be applied first to the room and board costs and that any additional funds available for the child (Medicaid Children's Mental Health funds, youth court funds, SSI or SSB, etc.) are also applied to room and board costs before Safe and Stable Families funds are used.

A written contract is required to use Safe and Stable Families funds to pay room and board costs for placement of an adopted child in an out of home facility. The contract will be between the family, the Department, any other agencies assisting with funds and the facility. The contract must include:

- that the placement goal is reunification with the adoptive family
- that the family commits to participate in family therapy and visits with the child during placement
- the anticipated length of the placement
- start date and end date for use of the funds
- that the adoption subsidy will be used by the family to pay toward the child's room and board costs
- identification of all parties responsible to make payment to the facility, the amount each party is responsible to pay per month, the date payment is to be made, and to whom it will be paid,
- that the family will sign a release to allow exchange of information between the facility and the Department
- specific dates the Department will review the placement to assess whether funds will continue to be approved
- a disclaimer that the agreement is subject to the availability of the funds designated for this purpose
- signatures by the adoptive parents, any other agencies providing funding, the Regional Administrator, and the facility or service provider.

Two sample contracts follow this section.

References

Social Security Act Section 473 (b) (1-4)
Mont. Admin. R. 37.93.708, 5(d)

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ADOPTION SUPPORT AGREEMENT SAMPLE 1

This agreement is between (parent) _____ and the Montana Department of Public Health and Human Services (DPHHS), Child and Family Services Division (CFSD), and ___ (Provider) _____ behalf of (child), _____ DOB _____.

___ (Child's) ___ mental health needs necessitated placement in therapeutic care operated by _____. The adoptive parent(s) requested post adoption support to assist with room and board costs associated with the placement in therapeutic care. The placement in therapeutic care is intended to support and sustain the adoption of the afore mentioned child and is expected to be time limited. Cost of room and board for this placement is \$ _____ per day.

CFSD has agreed to pay \$ _____ per day toward ___ (child's) ___ room and board costs directly to ___ (provider) _____. Payment will be made upon receipt of a bill for the previous month's room and board costs. ___ (provider) ___ shall send the bills to: (Fiscal officer)
(Address of Regional Office)

It is understood, CFSD may receive reports from (provider) ___ regarding child's progress in therapeutic care to evaluate the progress of sustaining and supporting the adoption. CFSD will review the child and family's progress every ___ (number) ___ days. The adoptive parents must sign necessary releases to allow CFSD to obtain reports.

The adoptive family is responsible for costs for room and board that are not paid directly to ___ (the provider) ___ by CFSD. The adoptive parents, ___ (name) _____ will continue to receive full subsidy payment for ___ (child) ___ to assist them in paying the remainder of her room and board costs as long as the agreement is in effect.

This agreement in effect from (date) ___ until (date) ___ as long as the child remains in this placement and the placement is deemed as medically necessary for the child. CFSD is under no obligation to continue this agreement past ___ (last date from above) ___ or after the child leaves this placement or the placement is no longer deemed as medically necessary. The provider must notify CFSD if the child is discharged for any reason.

This agreement shall be null and void if, for any reason, the child is placed in custody of DPHHS Child and Family Services Division. This agreement is subject to the availability of funds designated for this purpose in the Child and Family Services State Plan.

Parent Date

Parent Date

Regional Administrator Date

Provider Date

Cc:

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ADOPTION SUPPORT AGREEMENT SAMPLE 2

This agreement is intended as a binding agreement between (parents), (facility), (other contributing agencies), and Child and Family Services Division regarding cost of care payments for (child).

(Child) was placed into care voluntarily by (his/her adoptive parents) on (date) with the goal of reunification via time-limited group care. (Child's) expected length of stay is now (number of) months. (Adoptive parents) will participate in family therapy with (child), as outlined by (facility) staff, in an effort to promote reunification at the end of (his/her) group home stay.

Under this financial agreement the following parties agree to share the cost of (child's) treatment as follows:

(Adoptive parent) agrees to pay (facility) (amount/day).

(Other contributing agency) agrees to pay (facility) (amount/day).

Child and Family Services agrees to pay (facility) (amount/day), upon receipt of a bill for services sent directly to (regional fiscal officer, mailing address).

Medicaid will remain in effect for (child).

(Adoptive parents) will continue to receive full adoption subsidy payments.

This agreement will extend from (start date) to (end date). It may be modified by agreement of both parties and will be reviewed prior to (end date) to determine next steps to meet the needs of (child) and (his/her) family.

Parent Date

Parent Date

(Other agency representative) Date

CFSD Regional Administrator Date

(facility representative) Date