



Foster/Adoptive Parent Subsidy Training

Veronica Sears, Adoption Services Branch Manager

veronicaj.sears@ky.gov

Developed March 2021



Who qualifies for a subsidy?

- For the purpose of this training, we will be discussing children adopted from foster care by their DCBS or PCP foster/adoptive parents.
- Children must meet one of the below special needs criteria:
 - Has a physical or mental disability
 - Has an emotional or behavioral disorder
 - Has a recognized risk of physical, mental or emotional disorder
 - Is a member of a sibling group in which the siblings are placed together
 - Has had a previous adoption disruption or multiple placements
 - Is a member of a racial or ethnic minority and is 2 years old or older
 - Is age 7 or older

Subsidy consists of three components

- **Non-recurring fees**
 - \$1,000 towards one time expenses such as attorney fees, Court costs, etc.
- **Monthly maintenance**
 - The dollar amount that will be received each month. This money is to be used to meet the needs of the child being adopted.
- **Extraordinary Medical**
 - Specific items or services not covered by private insurance or Medicaid.

Monthly Maintenance

- A monthly dollar amount that is used to support and meet the child's needs. The amount is based upon the family's foster care per diem and the child's Level of Care. The amount cannot exceed DCBS established rates and the family cannot receive more in monthly maintenance than they did in foster care per diem.

How does this impact PCP families?

- Approved PCP foster families do not have to complete the DCBS approval process.
- No additional training is necessary unless the specific needs of the child require further training.
- Children being adopted as a level 3, 4, or 5 shall qualify up to the Care Plus or Medically Complex rate. A PCP family meets the Care Plus standard for children who are a level 3, 4, or 5.
- Children being adopted as a level 1 or 2 shall qualify up to the advanced rate.

Subsidy Calculation Formula and PCP examples

- The calculation formula to determine monthly maintenance rate is as follows: daily amount x 365 divided by 12 = monthly maintenance amount (round to nearest dollar).

Scenarios

- The child is a level 3 and the PCP daily rate to the family is \$33 a day. $\$33 \times 365 = 12,045$ per year divided by 12 = 1,003.75, which rounds up to 1,004 per month. **There is no change because the rate does not exceed DCBS rates.**
- The child is age 7, a level 2 and the PCP rate to the family is \$33 a day. In this scenario DCBS staff should utilize the corresponding DCBS rate which would be \$26.40 per day, \$9636 per year, \$803 per month. **The family cannot receive more than the established DCBS rate; therefore, the DCBS rate is used.**
- The child is age 7, a level 2 and the PCP rate to the family is \$24 a day. In this scenario the family would continue to receive \$24 per day x 365 = \$8,760 per year divided by 12 = \$730 per month. **There is no change because the rate does not exceed DCBS rates.**
- The child is a level 3 and the PCP daily rate to the family is \$50 a day. In this scenario DCBS staff should utilize the corresponding DCBS rate for Advanced Care Plus which would be \$47.70 per day, \$17,412 per year, \$1,451 month. **The family cannot receive more than the established DCBS rate; therefore, the DCBS rate is used.**
-

When are monthly maintenance payments received?

- Adoption payments run the 3rd Monday of the month and deposit the Friday thereafter.
- DAFM workers are assigned based upon the family's last name.
 - Andrea Clay A-D
 - Jodi Bishop E-J
 - Cheyenne May K-R
 - Brittany Price S-Z
- Families may also email: CHFSAdoptionSubsidy@ky.gov.

Extraordinary Medical Expenses

- Extraordinary medical expenses may include: respite, child care, tutoring, orthodontia, transportation, mental health services and special equipment.
- The services allowed depend on the **home's approval type, the child's level of care, and supporting documentation.**
- There may be a co-payment required and **Medicaid/private insurance MUST be exhausted first.**
- The copayment will be calculated using the family's size and income. The copayment may be 0%, 10%, 15%, or 20% of the extraordinary medical cost.

Common Questions Related to Extraordinary Medical

- Child care: Child care CANNOT exceed child care rates established in the regulation. Child care is a reimbursement. Private school/tuition is not child care.
- Documentation for child care for parents who do not work outside of the home and for children over age 13 must be submitted every 6 months.
- Child care for children over 13 must include documentation from a physician or qualified mental health professional (QMHP) stating the child is physically or mentally incapable of caring for themselves. Documentation should include diagnoses and descriptions related to the child's physical and/or mental incapacity to care for themselves and their need for supervision.
- Respite: Is only available to care plus and medically complex families/children.
- Surgeries, special equipment, or other therapy services should be discussed with the R&C worker before the adoptive parent pays for any of these things. These requests are often staffed with the Adoption Branch and DAFM. Private insurance and Medicaid MUST be exhausted before DCBS can assist with payment. DCBS will require documentation and letters of support from medical professionals to be submitted with these requests.

Renegotiation Requests

- Requests may be made to include extraordinary medical expenses that are not covered by Medicaid or private insurance. These specific items have been discussed previously during this training. Remember there must be documentation provided to support these requests and how they are related to the child's special needs or conditions.
- If the care plus rate is requested, the worker reviews documentation regarding the child's mental health and behaviors to determine if the additional support will help prevent a placement disruption.
- The child is then leveled through Children's Review Program. The child must be a level 3, 4, or 5 AND must meet one of the below criteria:
 - Displays aggressive, destructive, or disruptive behavior;
 - Has a diagnosed emotional or behavioral problem;
 - Is scheduled to be released from a treatment facility;
 - Is at risk of being placed in a more restrictive setting;
 - Is at risk of institutionalization; or
 - Has experienced numerous placement disruptions.

Renegotiation Requests continued

- The adoptive family's training requirements are reviewed. The adoptive family must meet one of the following:
 - Is currently or was previously a therapeutic foster home through a PCP agency
 - Is currently or was previously a care plus DCBS foster home
 - Must complete care plus training through DCBS (this can be completed virtually for out of state families)

What happens when my child turns 18?

- Children who are still enrolled in high school (they cannot be home schooled) are eligible to continue to receive subsidy until they graduate from high school or turn 19 whichever comes first. Documentation must be submitted to the R&C worker of the child's continued school enrollment. This must be done within 4 months of the child's 18th birthday as back payments cannot be issued beyond this timeframe.

Medical Review Team (MRT)

- Title IV-E adoption assistance can continue after the age of 18 if an adopted child is determined by the Social Security Administration or by a Cabinet Medical Review Team (MRT) to have a disability. Disability includes an inability to engage in any substantial gainful activity due to any medically determined physical or mental impairment(s) that can be expected to last continually for at least 12 months or to result in death. The medical card will continue until age 21 for title IV-E funded subsidies approved for continuation beyond age 18.
- To determine a youth's disability, **at least six months prior to their 18th birthday**, the adoptive family completes a referral for determination for disability (DPP-601); a release of information (MRT-15), provided by the R&C worker; and provides current (within one year) supporting documentation including, but not limited to: educational testing, IEPs, medical records, or psychiatric hospital records. When the necessary documents are submitted untimely, there is no guarantee of back payment.
- Families should contact their R&C worker with any questions.

Post Adoptive Placement Stabilization Services (PAPSS)

- PAPSS is an optional and supportive service offered to adoptive parents on a voluntary basis. Adoptive parents may request services if the placement is close to disruption.
- Some conditions must be met in order to qualify for PAPSS:
 - The family must have exhausted in-home services and therapies.
 - The child must be leveled through Children's Review Program and must be leveled a 4 or 5.
 - Parents must be willing to participate in the child's treatment while placed in residential and be willing to work towards the child's return home.
 - The family's subsidy will be reduced to \$1.00 during the PAPSS placement.

PAPSS continued

- PAPSS cannot extend beyond 90 days per calendar year.
- During the PAPSS period adoptive parents retain custody of their child.
- After 90 days, if the child requires continued treatment voluntary commitment to the Cabinet is pursued.
- Adoptive parents should contact their assigned R&C/ subsidy worker to discuss PAPSS.

Other benefits available to adoptive families/children

- **Medicaid-Medical Card**
- **Adoption Tax Credit**
- **Tuition Waiver**-Tuition for any public college/university located in KY waived for any child adopted from DCBS with special needs. The first step is to complete the FAFSA. Also needed is the “Tuition Waiver for Foster and Adopted Children” form (DPP-333). This must first be signed by the student (or guardian if under 18) and returned to the institution. These forms are available from Cabinet or DJJ staff, school counselors, public post-secondary institution staff, and vocational rehabilitation counselors.
- **Educational Training Voucher (ETV)**-Available for children who were adopted from DCBS when they were 16 years of age or older. Email chafee.ilp@ky.gov with any additional questions.
- You may also contact the child’s Independent Living Specialist or the Transitional Services Branch for information about the Tuition Waiver and ETV.

MCO Information

- Medicaid eligible children receiving adoption assistance are assigned to an MCO, which is a Medicaid managed care health maintenance organization (HMO), for physical health care. The assigned MCO is Aetna. Aetna serves children in Kentucky SKY (Supporting Kentucky Youth), the Medicaid risk-based managed care delivery program for the state foster care program and the Department for Juvenile Justice (DJJ). The worker will submit the Adoption Assistance Update/Service Plan for Physical Health when the adoption is finalized. Any difficulties in obtaining services (including dental, vision, and pharmacy) or payment for medical services should be directed to member services at 1-855-446-1245.

How to opt out of SKY

- If a member does not want to participate in the SKY program, they can opt out of the KY SKY program. Adoptive families may opt in or out at any time. They may either choose to remain with Aetna Better Health of Kentucky or choose another MCO. **Please call Department of Medicaid Services at 1-800-635-2570 with questions about opting out of the SKY program.** Members may also log on to the Medicaid self-service portal through Kynect at www.kynect.ky.gov.

MCO Contact Information

- **MCO Contact Information:**
- Aetna Better Health of Kentucky SKY program 1-855-446-1245 (Non-SKY program 1-855-300-5528)
- Anthem BCBS 1-844-396-2330
- Humana Healthy Horizons in Kentucky 1-800-833-6917
- Passport Health Plan by Molina Healthcare 1-800-578-0603
- United Healthcare Community Plan of Kentucky [1-844-813-7804](tel:1-844-813-7804)
- WellCare of Kentucky 1-877-389-9457

KI HIPP

- **Kentucky Integrated Health Insurance Premium Payment (KI-HIPP)**
- KI-HIPP is a program for adoptive children who are eligible for a Medical Card. This Medicaid benefit will cover the premium cost for the private health insurance when the adoptive parent enrolls in this program. Contact KI-HIPP by calling toll free (855) 459-6328 or kihipp.program@ky.gov.

Other helpful information and attachments

- Each adoptive family has an assigned R&C worker/subsidy worker. If you do not know who your worker is, call the local DCBS office.
- Child care rates are outlined via the DCC 300
- The Adoption Assistance Handbook is a useful tool
- Extraordinary medical copayment chart
- Subsidy rates chart

REGULATION UPDATE 2022

Due to regulation changes to 922 KAR 1:360 families must be aware of the LOC assignment date.

LOC's effective on or after 7/1/2022 will follow the subsidy calculations for the new LOC scale 1-3. This means that in order to qualify for care plus rates the child's LOC must be a 2 or 3. In order to qualify for PAPSS a child must be leveled a 3.

LOC's that were determined prior to 7/1/2022 will follow the previous LOC scale of 1-5.