

- TITLE IV-E FUNDED ADOPTION ASSISTANCE
- STATE FUNDED ADOPTION ASSISTANCE

COMMONWEALTH OF KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR COMMUNITY BASED SERVICES
 ADOPTION ASSISTANCE AGREEMENT

THIS AGREEMENT, made and entered into as of the _____ day of _____, 20____ by and between the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Community Based Services (DCBS), hereinafter referred to as the Cabinet, and

hereinafter called the "adoptive parents", for the purpose of facilitating the legal adoption of (birth and adoptive name)

born on _____, TWIST# _____ and to aid the adoptive family in providing proper care for this child with special needs. Additionally, the eligible child is a minor parent who maintains custody and control of their own birth child.

WITNESSETH, THAT:

Whereas KRS Chapter 199 authorizes the payment of assistance to adoptive parents of special needs children.

Whereas KAR Chapter 922 establishes the parenting youth supplement.

Whereas the children may benefit from being adopted and the payment of assistance after the adoption shall increase the likelihood of the adoption; and

Whereas the Cabinet has determined the special needs of the child exist, pursuant to 922 KAR 1:050:

PROVISIONS OF AGREEMENT

I. Assistance

A. Monthly Maintenance Yes \$ _____ No

The amount of monthly maintenance is based on the needs of the child and has been determined by mutual agreement between the adoptive parents and the Cabinet. The amount of this payment shall not exceed the foster care maintenance payment, if the child was in foster care in the Commonwealth of Kentucky unless authorized by the commissioner or designee. Adjustments in monthly maintenance may be made with the concurrence of the adoptive parents based upon changes in the needs of the child, or changes in the maximum allowable adoption assistance payment. Documentation of changes in the child's needs may be required. If the child receives both title IV-E and Supplemental Security Income (SSI) payments, the SSI payment will be reduced dollar for dollar without application of any exception to the full amount of any title IV-E payment.

Monthly maintenance calculation is based upon the eligible child's daily rate to the family plus the daily parenting youth supplement of twenty-four dollars (\$24).

B. Medical Care

Until the adoption is granted, the Cabinet is the personal representative of a child in the custody of the Cabinet for purposes of the HIPAA security and privacy rules, 45 CFR Part 164. At such time as the adoption is granted, the adoptive parents then become the child's personal representatives and possess the freedom to make decisions regarding the use and disclosure of the child's protected health information (PHI). Until the adoption is granted, however, the adoptive parents agree to respect and maintain the confidentiality of the child's PHI as specified in their foster parent contract with the Cabinet.

1. State Funded and Title IV-E Eligible

Medical benefits as provided under title XIX of the Social Security Act (Medicaid) shall be available in accordance with the procedures of the Commonwealth of Kentucky. It is agreed that whenever possible the child shall be included under the adoptive family's health insurance, which shall be utilized to the fullest extent possible.

2. Title IV-E Eligible Only

Medical reimbursement shall be provided by the Commonwealth of Kentucky if the child moves to another state and the cost of medical care provided under this agreement is not provided by title XIX in the state in which the child resides.

C. Social Services

Social services as provided under title XX of the Social Security Act shall be available in accordance with the procedures of the state of residence. Application for social services may be made at the local DCBS office.

This adoption assistance agreement shall continue in force in the event the adoptive family lives in or moves to a state other than Kentucky. Kentucky is a member of the Interstate Compact on Adoption and Medical Assistance. All necessary documentation shall be forwarded to the receiving state upon notification of a pending move of an active assistance family. Detailed instructions shall be supplied to the family at the time of the move with regard to how and where to apply for medical care and social services. Adoption assistance payments shall continue from the Commonwealth of Kentucky.

D. Total reimbursement under subsection A of this agreement shall not exceed a total of \$ _____ for any fiscal year in which this agreement is in effect.

II. Notification of Change

A. The adoptive parents shall immediately notify the Cabinet in writing if they are no longer legally responsible for the support of the child or are no longer supporting the child.

B. Adjustments shall be made to the adoption assistance agreement if requested by the adoptive parents and considered by the Cabinet to be appropriate. Parents shall notify the Cabinet of changes of address or any other circumstances, which could make them ineligible for assistance or eligible for payments in a different amount.

C. Payments may be reduced as outlined in 922 KAR 1:050 and 922 KAR 1:060.

III. This agreement is in effect from _____ until termination, as outlined in Section IV.

IV. Termination of adoption assistance shall occur in the following circumstances:

A. Federal title IV-E Funded Adoption Assistance

At the request of the adoptive parent;

When the child reaches age eighteen (18);

When the child reaches age twenty-one (21)

1) if determined to have a disability by the Medical Review Team that warrants continuation of adoption assistance; or

2) For youth who have an initial signed adoptive placement agreement on or after their sixteenth (16th) birthday up until age twenty-one (21) as long as criteria is met as outlined in 922 KAR 1:060.

The Cabinet determines that the adoptive parent is no longer legally responsible for the support for the child, (i.e., Termination of Parental Rights);

The Cabinet determines the child is no longer receiving support from the adoptive parents; or

An adoptive parent who signed the adoption assistance agreement does not remain living;

B. State Funded Adoption Assistance

When the child reaches age eighteen (18).

Upon high school graduations or the child's nineteenth (19th) birthday, whichever comes first;

An adoptive parent who signed the adoption assistance agreement does not remain living;

The Cabinet determines that the adoptive parent is no longer legally responsible for the support for the child, (i.e., Termination of Parental Rights);
The adoptive parent requests discontinuation of the adoption assistance payments;
Upon the child's death, marriage, or military service; or
In the event the state legislature fails to appropriate funds to support the adoption assistance program.

V. Temporary discontinuance of state funded adoption assistance shall occur during the period of time the adopted child reenters the custody of the cabinet:

Reduction of adoption assistance shall occur if the adoptive parent fails to provide documentation demonstrating financial responsibility and support after the cabinet has requested the documentation from the adoptive parent at least three (3) times.

Either party may exercise the right to terminate this agreement upon thirty (30) days written notice served upon the other party by registered mail with return receipt requested; provided, however, that the Cabinet may terminate this agreement for cause set forth in section IV, upon written notification to the second party.

The monthly maintenance payment which includes monies to care for the eligible child's birth child is contingent upon the status of the parenting youth as outlined in sections IV and V. In the event that the subsidy is suspended or terminated, this will include the entire monthly maintenance payment.

It is expressly understood that the Cabinet's care, custody, and control over the child shall cease upon entry of the adoption judgment as provided by law.

THIS INSTRUMENT HAS BEEN EXAMINED AND APPROVED AS TO FORM AND LEGALITY BY THE OFFICE OF LEGAL SERVICES, CABINET FOR HEALTH AND FAMILY SERVICES.

APPROVED:

ADOPTIVE PARENTS:

Authorized Official, Cabinet for Health and Family Services Date

Adoptive Parent Date

Adoptive Parent Date