



MDCPS Policies & Procedures:

Adoption



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Section 1: Developing an Adoption Plan

1.1 Role of COR worker.

When a child's permanency plan becomes adoption, the COR worker is responsible for helping the child achieve adoption by:

- A. Recognizing when adoption is the most appropriate and feasible goal for the child;
- B. Notifying the Adoption ASWS within three (3) calendar days of adoption becoming the child's permanent plan;
- C. Updating the Family Service Plan (FSP) and requesting an adoption worker;
 - 1. If a child is free for adoption and placed in an adoptive placement, an adoption COS worker in the County/Region where the child is placed will be the only COS worker assigned to the case.
 - 2. If a child is free for adoption but not placed in an adoptive placement, an adoption COS worker from the COR and a Placement COS worker must be assigned to the case.
- D. Discussing the goal of adoption with the child, the child's parent(s) or guardian(s), and foster parents;
- E. Determining whether the foster parents are interested in adopting the child;
- F. Discussing voluntary surrender of parental rights with the birth parents;
- G. Preparing the child and family for adoption; and
- H. Preparing and submitting to the COR ASWS a complete Termination of Parental Rights (TPR) referral within thirty (30) days of the plan becoming adoption.¹

1.2 Role of Adoption Specialist.

- A. Every child must have an Adoption Specialist assigned within ten (10) business days of their permanent plan becoming adoption.²

¹ For more information about TPR, please see MDCPS TPR Policies & Procedures.

² Section 6.3 [MSA 2d](#) at 19, *Olivia Y. v. Bryant*, 351 F.Supp.2d 543 (5th Cir. Nov. 18, 2004).



- B. Once assigned, the child's Adoption Specialist must immediately begin preparing the child, birth family, and adoptive family, if known, for the adoption process. This includes:
1. Working with the COR worker to find an adoptive placement for the child;
 2. Developing a Comprehensive Child Assessment (CCA);
 - a. The CCA must include information from the child's Strength and Risk Assessment.
 - b. The Adoption Specialist must update the CCA each time he or she makes contact with the child.
 3. Compiling the child's file in preparation for adoption assistance certification;
 4. Working with the child on his/her life book;
 5. Identifying and ensuring the provision of targeted services necessary for the child to be adopted;
 6. Developing a strategic plan for transitioning the child to adoption;
 7. Scheduling adoption status meetings with the child's COR worker and COR ASWS to review the progress towards achieving adoption; and
 8. Working with foster parents on the child's potential eligibility for adoption assistance.

Section 2: Adoption Status Meetings

2.1 Purpose.

The purpose of an adoption status meeting is to develop and review a child's adoption plan, identify and discuss barriers to a child's adoption, and develop strategies to overcome those barriers.

2.2 Initial Meeting.

- A. The Adoption Specialist must convene an Adoption Status Meeting within fifteen (15) calendar days of adoption becoming a child's permanency plan.



B. Topics that should be discussed at the initial meeting include, but are not limited to:

1. Status of the TPR packet and the expected date of achievement;
2. Summary of previous discussions with the child about their permanency plan;
3. Tentative date when the Adoption Specialist will meet with the child and begin the assessment and preparation for adoption;
4. Whether all relatives have been contacted;
5. Whether the agency should reconsider any relatives for adoptive placement or, if not appropriate for placement, whether the relatives should become life-long connections;
6. Description of fictive kin or other established life-long connections;
7. Whether the current foster home is interested in adopting the child, and if so, whether the COR worker believes the foster home would be a successful adoptive placement;
8. Whether it is in the best interest of the child to maintain contact with his or her birth family following the adoption; and
9. If the child has siblings, whether they can be adopted together.

C. Following the meeting, the Adoption Specialist must schedule a family team meeting with the child's birth family, foster parents, COR worker, and COR ASWS to discuss the plan of adoption.

2.3 Who Must Participate.

A. The Adoption Specialist, Adoption ASWS, the child's COR worker, the child's COR ASWS, and any other appropriate MDCPS staff must participate in adoption status meetings. Adoption status meetings may be attended by conference call.

2.4 Frequency of Meetings.

- A. The Adoption Specialist must schedule monthly meetings for all children.
- B. Adoption status meetings must be held until the child is adopted.



2.5 Subsequent Adoption Status Meetings.

- A. During each subsequent meeting, the Adoption Specialist must update the team on any progress made to achieve the child's permanent plan of adoption.
- B. The following must occur at subsequent status meetings:
 - 1. The Adoption Specialist must determine what documentation is needed to certify the child for adoption assistance.
 - 2. The Adoption Specialist must make referrals for any services needed before an adoption can be finalized.
 - 3. The CCA, the preparation document, and the assessment of siblings being placed together must be updated.
 - 4. A visitation plan must be discussed and updated if siblings are not being placed together.
 - 5. There must be a discussion about fostering the child's life-long connections.
 - 6. Barriers to adoption must be identified and discussed.
 - 7. The COR worker must discuss progress towards achieving TPR.
 - 8. If a potential adoptive family has been identified, a preplacement visitation plan with the potential family must be outlined.
 - 9. The Adoption Specialist must discuss assignments for the month, and set the next meeting date.

2.6 Documentation.

The Adoption Specialist must thoroughly document all discussions and identify next steps in MACWIS and in the child's paper file within five (5) business days of each Adoption Status Meeting.



Section 3: The Adoption Plan

3.1 Overview.

The adoption plan is a written plan developed to ensure a child transitions to permanency through adoption and maintains life-long connections already in place. All children in MDCPS custody who have a permanency plan of adoption must have an adoption plan.³

3.2 Development.

The Adoption Specialist must prepare the plan with input from the child, the COR worker, the birth family, if appropriate, the foster or adoptive parents, and all other persons invested in the child's life.

- A. An adoption plan must be developed by the COR worker and the Adoption Specialist within fifteen (15) calendar days of a child's permanency plan becoming adoption.
- B. The plan must be developed through adoption status meetings

3.3 Requirements of the Plan.

The adoption plan must identify:

- A. Child-specific recruitment activities that will be used to achieve adoption;⁴
- B. Time frames to complete assigned activities;⁵ and
- C. MDCPS staff assigned to carry out each task.

³ Section 6.3.b.1 [MSA 2d](#) at 19.

⁴ Section 6.3.b.1 [MSA 2d](#) at 19.

⁵ Section 6.3.b.1 [MSA 2d](#) at 19.



Section 4: Current Foster Family Adoption

4.1 Generally.

Foster parent(s) who have provided foster care to a child for six (6) months or more must be given a preference as adoptive parent(s) once the child becomes legally available for adoption. No preference will be given if there is a documented reason why the foster family should not adopt the child.

4.2 Foster Parent Application to Adopt a Particular Child.

- A. The Adoption Specialist must ensure foster parent(s) complete MDCPS Form 471, Foster Parent Application to Adopt a Particular Child, when:
 - 1. The youth court approves adoption as the child's permanent plan **or** a TPR packet has been submitted; and
 - 2. The child has lived with the foster family for at least six (6) months.
- B. When a foster child who was initially placed in a licensed foster home is adopted, MDCPS must complete a child-specific adoptive home study, known as the adoption addendum.

4.3 Verification of Foster Home Licensing Status.

The Adoption Specialist or Adoption ASWS must verify the status of the foster home license by reviewing the following:

- A. Legal name(s);
- B. Social security number(s);
- C. Corrective Action Plan;
- D. Current license; and
- E. Open investigations, if applicable.

4.4 Approval of Foster Parents to Adopt.

- A. The Adoption Specialist must submit the adoption addendum, family file, and other necessary documentation to the Adoption ASWS within sixty (60) calendar days of a child



being freed for adoption unless there are documented reasons for the delay.

B. The family file must include the following documents:

1. Approval letter;
2. Copy of the original home study and current reevaluation;
3. Adoption Addendum;
 - a. Must be placed in the child's and family's physical and MACWIS files.
4. Signed CCA for each child;
 - a. A copy must be given to the foster parent(s).
5. Statement 11-5-91;
 - a. Only include if the TPR hearing notice was done by publication for either parent.
6. Newly signed discipline statement;
7. Adoption assistance agreements, if applicable;
 - a. MDCPS must provide a copy to the foster parent(s).
8. Application for Adoption Subsidy Form;
9. Supplemental Security Income letter, if applicable;
 - a. The letter must be included whether the child was approved or denied.
10. Contingency plan;
11. Option for legal representation;
 - a. Private attorney or referral for representation by the Mississippi College School of Law Adoption Clinic or the University of Mississippi School of Law Child Advocacy Clinic.
 - b. Include private attorney contact information (name, phone number, mailing address, and email address).



- C. The Adoption ASWS must review the file and provide a written approval or denial of the adoption within ten (10) business days of receipt of the documentation.
- D. If the adoption is approved, the ASWS must send the foster parent(s) an adoption approval letter. The approval letter must:
 - 1. Contain written instructions on how to proceed with the adoption and
 - 2. Inform the foster parent(s) that a copy of the final decree of adoption must be submitted to the Adoption Specialist.

4.5 Finalization of Adoption.

- A. The Adoption ASWS must forward the family's file and approval letter to the Permanency Support Services/Adoption Unit (PSS/AU).
- B. The PSS/AU must prepare all legal documents including consents and affidavits and mail them to the attorney representing the adoptive parents.
- C. Once the adoption is finalized, the Adoption Specialist must provide a copy of the final adoption decree to the Adoption Director in the PSS/AU.
- D. When the PSS/AU receives the final decree, a letter must be sent to the COR requesting the closed county case file be sent to the PSS/AU.
 - 1. The PSS/AU must secure the case file in a sealed adoption file.
 - 2. All direct services are then closed in MACWIS.

4.6 Failure of the Family to Finalize the Adoption.

If the adoptive family does not finalize the adoption within six (6) months of receiving the adoption approval letter, the PSS/AU must inform them that recruitment efforts for an adoptive home will be initiated.



Section 5: Recruitment of Adoptive Placements

5.1 Child Specific Recruitment for an Adoptive Family.

- A. When a child's permanency plan includes adoption and the child and siblings are not placed together in a permanent home, the Adoption Specialist must begin child specific recruitment efforts to find an adoptive family for the child.
- B. Within thirty (30) days of receiving the case the Adoption Specialist must:
 - 1. Compile the initial file for the child, which includes the following:
 - a. Form 471- Application to Adopt;
 - i. This is submitted only if an adoptive placement has been identified.
 - b. CCA;
 - c. Questionnaires;
 - d. Birth certificate;
 - e. Social security card;
 - f. Medicaid card;
 - g. Immunization records;
 - h. IEP documentation; and
 - i. Report cards.
 - 2. Meet the child, take pictures, and begin assessing and preparing the child for adoption.
- C. Participants at monthly status meetings must be assigned child specific recruitment activities until the child is placed in a potential adoptive home.

5.2 Mississippi Heart Gallery (MHG)

- A. The Adoption Specialist must submit CCAs for children legally free for adoption with no identified adoptive family for recruitment on the MHG.



1. The Adoption Specialist must submit CCAs to the Recruitment Manager within ten (10) business days of a child becoming legally free for adoption.
- B. Prior to posting, the Adoption Specialist must explain to the child that he or she is being posted on a photo listing web site in an effort to find an adoptive family.
- C. The PSS/AU must post and update the child's listing with current information.
 1. The Adoption Specialist must ensure the PSS/AU has accurate information for each child submitted for posting.

5.3 Posting on the Adopt US Kids Website.

When seeking adoptive homes for children in MDCPS' custody, the Adoption Specialist must first explore resources within Mississippi. If there is no appropriate home in Mississippi, a referral must be made to adoptuskids.org.

- A. The Adoption Specialist or Adoption ASWS, must recommend the referral.
- B. The following information must be submitted directly to adoptuskids.org for posting on the website:
 1. Referral forms;
 2. The child's first name and age;
 3. A short biography; and
 4. A color picture of the child.

5.4 Adoption Hotline

MDCPS maintains a foster/adoption information hotline. Individuals that call the hotline must be provided basic information on the foster/adoption process. If a caller expresses an interest in becoming a foster parent or adopting a foster child, he or she must be mailed an application. The caller must be instructed to return the application to the Adoption ASWS in the area where he or she resides. The number for the hotline is 1-800-821-9157.

5.5 Other Child-Specific Recruitment Efforts.

Children must be prepared and assessed for other child-specific recruitment efforts prior to any



type of public appearance or material being submitted to TV, radio, internet, magazines, newspapers, or other media. All such child-specific recruitment efforts must be completed with the full knowledge and support of the child for whom the recruitment is being conducted.

Section 6: Application Process for the Adoption of a Child.

6.1 Children Under Six.

- A. The Adoption Specialist must inform families who wish to adopt infants or preschool age children that there is no guarantee that a child in this age group will be available.
- B. Inquiries for children under the age of six (6) must be assessed and the family must be contacted to discuss the possibility of adopting older children or a sibling group.

6.2 Children with Placement Barriers.

Families who express an interest in adopting children with certain placement barriers must be given priority in the home study process. The following are identified as placement barriers for children:

- A. Between ten (10) and eighteen (18) years old;
- B. A member of a sibling group of two (2) or more;
- C. Emotionally disabled;
- D. Mentally and/or physically disabled;
- E. Medical conditions;
- F. Sexually abused children, children who act out sexually, or are sexually active;
- G. Pregnant girls who plan to keep the baby in the foster home; and
- H. Children with severe behavior problems

6.3 Licensing Foster Homes for Adoption Only.

- A. An individual or family that is only interested in adopting a child from foster care should



request an “adoption only” license.

- B. Those seeking an adoption only license must meet all licensing requirements outlined in the Licensure Policy.
 - 1. If a foster parent applicant requests an exception to any part of the Licensure Policy, the foster parent applicant must request the exception in writing and submit it to their assigned Licensure Specialist, who will submit the request to the Bureau Director of Adoption and Bureau Director of Permanency Support Services. The Bureau Director of Adoption and Bureau Director of Permanency Support Services will make the decision on whether to accept or deny the request.
- C. The Licensure ASWS must assign the initial intake to an Adoption Specialist in order to complete the home study and training.
- D. An application to adopt a specific child, for whom MDCPS is actively recruiting an adoptive home, must initially be assigned to an Adoption Specialist.
 - 1. These cases are given priority in the home study process.
- E. When a child is not legally free for adoption but is placed in an adoption only home, the Adoption Specialist must change the status in MACWIS to indicate that the home is providing foster home services.
- F. Foster parents interested in adoption only licenses may be considered for legal risk adoptive placements.⁶

⁶ A legal risk adoptive placement is the placement of a child into a home for the purpose of adoption prior to the child being legally freed for adoption. These placements are shown as foster home placements, but a legal risk adoptive placement agreement is signed by the adoptive parents and Adoption Specialist. Legal risk adoptive placements may be made for Safe Babies, abandoned infants, infants whose biological mother has signed surrender and the father is unknown, or for any child whose permanent plan of adoption has been approved through youth court.



Section 7: Placement of Children through Placement Committee Meetings.

7.1 Overview.

- A. At a Placement Committee Meeting, an Adoption Specialist will present all known information about a child in need of a permanent placement to a committee comprised of the Adoption ASWS, Adoption Specialist, and Licensures staff familiar with foster families that might meet the child's needs.
- B. After learning the child specific information, the MDCPS staff will present information about specific families that might meet the child's needs.
- C. Once all staff members have had an opportunity to present a family, the committee must discuss which family seems best prepared to meet the needs of the specific child. The committee must then make a tentative selection of the most appropriate family.

7.2 Schedule for Placement Committee Meetings.

- A. Multi-Regional Placement Committee Meetings (two or more regions and private child placing agencies) must held quarterly.
- B. Statewide Placement Committee Meetings (representatives of each region's Licensure Staff and private agencies) must be held every six (6) months. These meetings include telephone conferencing and in person attendees in the State Office.
 - 1. A child's information must be presented to a Regional Placement Committee to request a "foster to adopt" or adoptive placement for the child.
 - 2. If the child is not matched at the Regional Placement Committee, the child's information must be submitted to the PSS/AU for statewide distribution to all MDCPS Licensure Staff.
 - 3. If any Licensure Specialist identifies a possible match, the Licensure Specialist must contact the child's Adoption Specialist and present the family at the child's next adoption status meeting.
 - 4. If the child is not matched at the Regional Placement Committee Meeting or prior to a Multi-regional Placement Committee Meeting, then he or she must be presented at a Multi-regional Placement Committee Meeting.



5. If the child is not matched at a Multi-regional Placement Committee Meeting, the child must be presented at a Statewide Placement Committee Meeting.

Section 8: The Placement Process.

8.1 Overview.

- A. A child must be legally free for adoption as certified by the Attorney General's Office prior to MDCPS entering into an adoptive placement agreement with the new adoptive family.
- B. Legal risk adoptive placements may be made prior to the child being legally freed for adoption with legal risk adoptive placement agreements in place.

8.2 Presenting the Child to a Family.

- A. Once a family has been selected for a particular child, the child's Adoption Specialist and the family's Adoption Specialist must make a presentation about the child to the potential adoptive family. The presentation must:
 1. Be done in a face-to-face interview with the potential adoptive family; and
 2. Include all available information about the child.
 3. Presentation of information on special needs is particularly important.
 4. The potential adoptive family must be shown photographs and/or video of the child, if available.
 5. Full disclosure of the child's problems and background is required.
- B. The financial aspects of adoption must be discussed with all potential adoptive parents.
- C. After the presentation, the Licensure Specialist must inform the potential adoptive family that they are not obligated to accept placement of the particular child. The family must also be informed that refusal to accept a particular child does not prohibit them from being considered for another child.
 1. If the placement is declined, the Adoption Specialist must determine whether the family is refusing placement of the particular child or manifesting conflicts about parenthood



or adoption.

2. If the family decides to proceed with the placement, the Adoption Specialist must present the family to the child, if age appropriate, using a picture book prepared by the family.

D. Regardless of the family's decision, the Adoption ASWS, Bureau Director of Adoption, and Bureau Director of Permanency Support Services must be notified immediately.

8.3 Placement Plan.

- A. The Adoption Specialist must formulate a specific placement plan at an adoption status meeting.
- B. This plan must outline dates, times, and locations of preplacement visits and the child's placement along with who is responsible for transporting the child for each visit.
 1. The plan must be confirmed in writing by the child's COR worker, the Adoption ASWS, and the family's Adoption Specialist.
 2. Copies must be given to the appropriate COR, ASWS, and BD(s).
- C. The Adoption Specialist must share the placement plan with the potential adoptive family and the child's current foster family or facility.

8.4 Removal of the Child from Current Placement.

- A. Removal of the child from their current foster home or placement facility must be carefully planned. The primary concern is to prepare the child for separation from foster family or facility staff.
- B. On the day of removal, the COR/COS worker must make sure all of the child's belongings go with him or her.
- C. The Adoption Specialist must obtain the following documents so the adoptive parents can enroll the child in school or day care:
 1. School withdrawal forms;
 2. Immunization records;



3. A copy of the child's birth certificate;
 4. The child's social security card; and
 5. A copy of the child's Medicaid card.
- D. The Adoption Specialist must instruct the adoptive parents to write at least one letter or email to the former foster parents regarding the child's adjustment to his or her new home.

8.5 Information Given to the Adoptive Family.

On the date of placement, the adoptive family must be given the following information on the child:

- A. Written background information and a redacted CCA;
 1. Any identifying information on the birth parents **must** be redacted from the CCA.
- B. Names and addresses of physicians;
- C. Non-identifying information on the birth parents;
- D. Names, date of birth, and addresses of all siblings;
- E. Placement and case history; and
- F. Current functioning of the child with emphasis on medical, psychological, and emotional issues.

8.6 Adoption Placement Agreement.

- A. The Adoption Placement Agreement must be completed on the date the child is placed in the adoptive parent's home.
- B. The child must be removed from foster home status and placed in adoptive home status.
 1. The COR must be notified and a placement change must be entered.
- C. The placement change must show the child as an adoptive placement in the new home.
- D. Making this change will keep the child's Medicaid open and end the foster board payment within three (3) days.



E. The child's case must remain open in the COR until the finalization of the adoption.

8.7 Licensed Adoption Agencies.

- A. MDCPS works with licensed private adoption agencies through purchase of service agreements and contracts to place special needs children.
- B. These licensed child placing agencies are invited to attend placement committee meetings and present possible adoptive families.
- C. Legal risk adoptive placements may be made with a family who is licensed by a private adoption agency.
- D. If the child is approved for therapeutic foster care and is matched with a family who is licensed to provide therapeutic foster care, the placement must be shown as a therapeutic foster home placement.
- E. If the child is not approved for therapeutic foster care and is matched with a family licensed by a private agency, the agency representative must agree to the Purchase of Service Agreement/Contract.
- F. A legal risk adoptive agreement must be signed at the time of placement.

Section 9: Supervision of Adoptive Placements.

9.1 Overview.

The goal of post-placement supervision is to ensure the family has the skills it needs to thrive. The Adoption Specialist's approach must be positive and helpful rather than authoritative.

9.2 Supervision Schedule.

- A. A minimum of six (6) months supervision is required for each adoptive placement before the adoption can be finalized.
- B. This time frame may be extended if the child has not adjusted or more time is needed to stabilize the placement.
- C. During the supervisory period, an MDCPS worker must:



1. Visit the child at least twice a month.
2. The first visit must occur within two (2) weeks of placement;
3. One (1) visit may occur in a setting other than the home.
4. Speak to the child in private during the supervisory visits.

9.3 Supervision Requirements.

During the supervisory period, the Adoption Specialist must:

- A. Provide the adoptive family with support and assistance with parenting skills;
- B. Emphasize the importance of integrating the child’s past into the adoptive family;
- C. Help the child and parents form an integrated family; and
- D. Encourage the adoptive parents to attend an adoption support group.

Section 10: Disruption of Adoptive Placement.

10.1 Preventing Disruption.

- A. Every measure must be taken to preserve the family and prevent disruption of an adoptive placement.
- B. Upon receiving information that an adoptive placement is at risk of disruption, the Adoption Specialist must:
 1. Provide, when possible, additional services to support placement stability and prevent disruption;
 2. Immediately notify all necessary MDCPS staff:
 - a. If the child is placed in a COS, the COS worker(s) must contact the COR worker(s) and provide information about the possible disruption.
 - b. Notification must be given to the COR ASWS, the Adoption Specialist, the Adoption ASWS, and the guardian ad litem.



3. Initiate and schedule a family team meeting (FTM) with all necessary MDCPS staff, the adoptive parents, the child, if appropriate, and any other support system identified by the adoptive parents.
 - a. The FTM must be documented in MACWIS.
 - i. The reason for the meeting and the recommendation and/or determination must be included.
 - b. Anyone who is unavailable may call into the meeting.

10.2 Removal of child from an Adoptive Placement.

If removal from the adoptive placement is in the best interest of the child, the Adoption Specialist must ensure Form 557, Report of Adoption Disruption or Dissolution, is completed and submitted to the PSS/AU within five (5) calendar days at disruptedadoptions@mdcps.ms.gov.

Section 11: Abuse and Neglect in Adoptive Placements.

11.1 Reporting Suspected Maltreatment.

- A. All suspected maltreatment must be immediately reported to MCI.
- B. All investigations of suspected maltreatment of children in MDCPS custody must be initiated within twenty-four (24) hours and completed within thirty (30) calendar days, including supervisory approval.

11.2 Foster Child in Immediate Danger.

- A. Immediate danger to a foster child placed in a pending adoption placement requires immediate action by the COR worker and Adoption Specialist.
- B. The COR worker and Adoption Specialist must work together to evaluate each case and determine if removal is necessary.

11.3 Abuse, Neglect and Exploitation Assessment.

All reports of alleged child abuse and neglect, unusual incidents, or other situations affecting the well-being of a child must be promptly reported to the Adoption ASWS, RD, Bureau Director of



Adoption, and Bureau Director of Permanency Support Services.

The following steps must be taken after a report is received:

- A. The Adoption Specialist must make a report to MCI and complete a Serious Incident Report (SIR) and submit it for approval through the automated SIR located at <http://mdcpsmacweb/SIR/Facilities>;
- B. The Adoption ASWS and Adoption Specialist must be notified of the report and may accompany the investigating worker to the adoptive home;
- C. The adoptive home must be marked unavailable for further placements pending the outcome of the investigation;
- D. The Adoption Specialist must provide support to the adoptive family while the assessment is being conducted.
 1. The Adoption Specialist is prohibited from discussing the investigation with the family or giving them information about the report before it is made.

11.4 Actions following the Assessment.

Once the Abuse, Neglect and Exploitation (ANE) investigation is completed, the Bureau Director of Adoption and the Adoption ASWS must determine whether any action will be taken against the adoptive family.

- A. The SIU worker must notify the adoptive family in writing about the investigation findings and whether any MDCPS policies have been violated. The SIU worker must also inform the family of any licensure actions being taken.
- B. Copies of the letter must be sent to the Bureau Director of Adoption, the Adoption Specialist, and the Bureau Director of PSS/AU.
- C. Licensing actions are based on the assessment outcomes.
- D. The Adoption Specialist must engage the adoptive family and provide an in-person explanation of the status of the family's license.



11.5 Substantiated Maltreatment.

- A. If the ANE investigation is substantiated, the adoptive family's license may be revoked, the home may be closed, or a corrective action plan may be put into effect to prevent a disruption.
- B. If the child is removed from the adoptive family's home, the PSS/AU must be notified and the Adoption ASWS must ensure Form 557, Report of Adoption Disruption, is completed and submitted to the PSS/AU.

Section 12: Finalizing the Adoption.

12.1 Family File and Approval Letter.

At the end of the supervisory period, the supervising Adoption Specialist must prepare a family file (see Section 4.4 for contents of the family file).

- A. The family file must contain a memo from the Adoption Specialist that summarizes the placement and recommends finalizing the adoption.
- B. The supervising Adoption Specialist must send the family's file to the Adoption ASWS for approval.
 - 1. If the Adoption ASWS approves the adoption, he or she must forward the family file to the Adoption Director of the PSS/AU and send the adoptive family an approval letter.

12.2 Representation.

- A. The Adoption Specialist must inform the family of their options in securing an attorney to finalize the adoption. The adoptive family can either:
 - 1. Hire a private attorney to complete the adoption for them; or
 - a. Adoption workers are prohibited from recommending a private attorney.
 - 2. Use the Mississippi College School of Law (MC Law) Adoption Clinic or the University of Mississippi School of Law Child Advocacy Clinic.
- B. If the family chooses to hire a private attorney, MDCPS will reimburse the family up to



\$600 per child for attorney's fees.

- C. The Adoption Specialist must tell the PSS/AU which legal representation option the adoptive family has chosen when the family file is submitted to the PSS/AU.

12.3 Preparation of Documents Needed for Finalization.

The PSS/AU must gather and prepare all documents necessary to finalize the adoption. This includes, but is not limited to, consents, affidavits, and the statement of property. Once the documents are prepared, the PSS/AU must mail them to the attorney representing the family.

12.4 MDCPS Staff at Finalization Hearing.

The Adoption Specialist must attend the adoption hearing if the Chancellor or the adoptive family's attorney requests his or her presence.

12.5 Closing the Child's Case.

- A. Before MDCPS can close the child's case, the agency must receive a copy of the Final Decree of Adoption.
- B. The Adoption Director of the PSS/AU must send a memorandum to the COR and Adoption Specialist. The memorandum must:
 - 1. Inform the COR staff that the adoption was finalized; and
 - 2. Request the closed county case record be sent to the PSS/AU.
- C. A copy of the memorandum must be sent to the COS.
- D. The COS must route their case file back to the COR.
- E. The Adoption Specialist for the adoptive family must close the family's case and route the record to the PSS/AU.
- F. The Adoption Specialist must enter a closing summary narrative in the child's case in MACWIS. The summary must address the following:
 - 1. Name of adoptive parents;
 - 2. Date of adoption finalization;



3. The child/family's need for post-adoptive services;
4. Information given to the family regarding accessing post-adoptive services; and
5. Whether an open case management must be maintained by the Adoption Specialist in order to provide specific post adoptive services.

G. When closed cases are routed to the PSS/AU, a cover memorandum must be attached. The memorandum must include the child's original name and the name of the adoptive family.

12.6 Social Security, Death, and Disability Benefits for Adopted Children.

- A. An adopted child that was eligible for social security, death, or disability benefits under his or her birth parent's coverage may still be eligible following adoption.⁷
- B. The following procedure must be initiated after an adoption is finalized if MDCPS received social security, death, or disability benefits on behalf of the child.
 1. The Adoption Specialist must inform the adoptive parents that the child may still be eligible to receive benefits.
 2. Social security benefits received by the COR which were not used for the child's maintenance must be returned to the Social Security Administration (SSA).
 3. Any funds received by the COR after the issuance of the final decree of adoption must be returned to the SSA.
 4. The COR must inform the SSA that the child's adoptive parents have been notified that the child may still be eligible for benefits.
 5. The COR must give the adoption specialist the claim number of the parent under whose earnings benefits are to be paid.
 6. The adoption specialist must give the claim number to the adoptive family.

⁷ 20 C.F.R. §§ 404.355, 361.



12.7 Veteran's Benefits for Children Who Are Adopted.

- A. A child that was eligible for veteran's benefits prior to the adoption may still be eligible after the adoption.⁸
- B. The following procedure must be initiated after an adoption is finalized if MDCPS received veteran's benefits on behalf of a child.
 - 1. The Adoption Specialist must inform the adoptive parents that the child may still be eligible to receive benefits.
 - 2. The Adoption Specialist must ask the adoptive parents for a written statement that allows him or her to give Veterans Affairs the parent's name and address.
 - 3. The adoptive parents must be informed that Veterans Affairs may contact them.
 - 4. After the final decree is issued, any veteran's benefits received by the COR which were not used for the child's maintenance must be disbursed to the adoptive parents.
 - 5. Any funds received by the COR after the issuance of the final decree must be returned to Veterans Affairs.
 - 6. The COR must inform Veterans Affairs that the adoptive parents have been notified that the child may be eligible to receive continuing benefits.

12.8 Post-Adoption Services.

- A. MDCPS provides post-adoption services to stabilize and maintain adoptive placements.⁹ Adoptive families may receive post-adoption services when no abuse or neglect is present.
- B. These post-adoptive services include:
 - 1. A twenty-four (24) hour hotline;
 - 2. Crisis management;
 - 3. Mental health services/referrals;

⁸ 38 C.F.R. § 3.85.

⁹ Section 6.3 [MSA 2d](#) at 20.



4. Family preservation and stabilization services;
 5. Respite care;
 6. Adoptive parent support groups; and
 7. Counseling.
- C. Adoptive families eligible for adoption subsidies must have access to the post-adoption services.¹⁰
- D. If an adoptive family comes to the attention of MDCPS through a request for post-adoption services or an ANE allegation, the Adoption ASWS must be notified.
- E. If the COR worker opens a prevention case, an adoption COS line of service must also be opened.
- F. If no county case is opened, an Adoption Specialist may reopen the foster home file and document the case management under the RSP tab.
- G. The assigned Adoption Specialist must provide the needed services or assist the family in locating needed services.
- H. If the adoptive parents are not attending an adoptive parent support group, the assigned Adoption Specialist must refer them to the appropriate group.

Section 13: Adoption Assistance

13.1 Overview.

Adoption Assistance is a supplemental financial benefit to assist families adopting an eligible child who might not be adopted otherwise. Assistance may come in the form of monthly payments, Medicaid healthcare coverage, and reimbursement for certain one-time expenses. Authorization for Adoption Assistance is based upon the needs of the child.

¹⁰ Section 6.3 [MSA 2nd](#) at 20.



13.2 Types of Adoption Assistance.

A. MDCPS provides two types of adoption assistance:

1. Title IV-E assistance:

- a. Child must meet special needs criteria;
- b. Automatic Medicaid eligibility;
- c. Assistance begins at finalization; and
- d. Child can be eligible to receive IV-E Deferred Adoption Assistance based on the medical and mental history of the biological parents and Medicaid.
- e. The Adoption Assistance Forms must be signed prior to the adoption being finalized.

B. Title IV-B assistance (state funded adoption assistance)

- a. Child must meet special needs criteria;
- b. Automatic Medicaid eligibility;
- c. Assistance begins at finalization; and
- d. Child can be eligible to receive IV-B Deferred Adoption Assistance based on the medical and mental history of the biological parents and Medicaid.
- e. The Adoption Assistance Forms must be signed prior to the adoption being finalized.

13.3 Eligibility for Adoption Assistance.

A. To be eligible for either type of adoption assistance, MDCPS must determine adoption assistance is necessary to improve a child's opportunity for adoption.¹¹

B. Children must also be:

¹¹ Miss. Code Ann. § 93-17-59.



1. Legally free for adoption;
 2. Fit into at least one of the following categories:
 - a. A dependent of a public or voluntary licensed child-placing agency;
 - b. Eligible for Supplemental Security Income prior to the finalization of the adoption;
 - c. A child for whom adoption assistance was paid in a previous adoption that was dissolved or the adoptive parents died; or
 - d. The child of a minor in foster care for whom the board payment was increased on account of the birth.
 3. One of the following circumstances must be present:
 - a. The child has developed significant emotional ties with his or her foster parent(s) and MDCPS determines adoption by that foster parent(s) is in the best interest of the child, or
 - b. The child is not likely to be adopted because the child has one or more of the following disabilities:
 - i Severe physical or mental disability;
 - ii Severe emotional disturbance;
 - iii A recognized high risk of physical or mental disease; or
 - iv A combination of these disabilities.¹²
- C. MDCPS and/or the licensed child-placing agency must document that reasonable efforts were made to place the child without adoption assistance.¹³

13.4 Documentation of Need.

- A. Once a child becomes free for adoption, the Adoption Specialist must compile all documentation needed to determine a child's eligibility for adoption assistance. All

¹² Miss. Code Ann. §§ 93-17-55,-59.

¹³ Miss. Code Ann. §93-17-59.



documentation should be placed in the child's file.

B. The completed child's file must contain:

1. A copy of the child's birth certificate;
2. An early intervention evaluation dated within the calendar year;
 - a. Included if the child is three (3) or younger.
3. A development assessment documenting areas of delay dated within the calendar year;
 - a. Required if the child is over three (3), but too young for a psychological evaluation.
4. A psychological evaluation dated within the calendar year AND a statement regarding any follow-up recommendations;
 - a. Required if the child is over three (3).
5. A IEP for the child's current school year;
6. A psychological evaluation of the child's birth parent(s) if the parent has a documented diagnosis the child has a risk of developing;
7. A medical statement containing the child's diagnosis;
 - a. The child's name or the parent's name must be on the document.
8. A SSI award or denial letter, if applicable;
9. Mississippi Department of Health form 913, and if available, forms 914 and 915;
10. The child's birth records;
 - a. This includes delivery records, a discharge summary and/or records containing a diagnosis of the child or mother, and any records containing the mother's admitted drug usage or other determined risk factors.
11. The TPR court order and/or Surrender form 459;
12. Form 471; and



13. Documentation supporting a child's disability must be provided by a medical doctor, a psychologist, or a psychiatrist.
 - a. This documentation should specifically describe the child's diagnosis, the severity of the problem, and treatment recommendations.
 - b. Progress notes are not sufficient documentation of a disability.
- C. Eligibility is based on a child's CURRENT needs so medical documentation must be dated within the calendar year it is submitted.
- D. The Adoption Specialist must submit the completed child's file to the Adoption ASWS.
 1. The Adoption ASWS must scan the completed child's file and send it to the State Office PSS/AU within thirty (30) calendar days of the child being freed for adoption.
 2. The Adoption Specialist or the Adoption ASWS must also complete the adoption eligibility in MACWIS by checking all criteria that applies for each child.

13.5 Certification of Child for Adoption Assistance.

- A. Staff at the State Office PSS/AU must review the child's file and determine whether the child is eligible for adoption assistance. To receive assistance, a child must be certified as eligible by the Adoption Assistance Supervisor and approved by the Adoption Director of the PSS/AU.
 1. A child must be certified every year if he or she is not adopted.
- B. If the child is certified, staff at the State Office PSS/AU will determine which rate class the child falls into and the amount of adoption assistance the family is eligible to receive.
- C. The child may be placed in one (1) of six (6) rate classes. These rate classes are:
 1. Deferred – children who have a documented risk of special needs but currently have no known special needs. This would include children with documented mental or medical health issues in the family, a history of abuse or neglect, or risk factors documented by the child's birth records.
 2. Basic Special Needs – children with a single mental health or medical diagnosis that is not serious in nature, i.e. Eczema, speech delays, allergies, etc.



3. Special Needs– children that have ongoing medical conditions requiring frequent medical attention or daily medication or intervention.
 - a. To qualify, the child must have been denied SSI or have a pending SSI application.
 4. Special Needs II – children receiving SSI benefits at the time of adoption.
 5. Therapeutic Rate – children with multiple diagnoses (either mental health, medical conditions, or a combination of both) for which they continue to receive therapeutic intervention or children with a single diagnosis that is causing significant impairment in multiple settings (home, school, peers, etc.).
 6. Medically Fragile Rate – children with a medical condition or multiple medical diagnoses that:
 - a. Are life threatening in nature; or
 - b. Require specialized medical care in the home; or
 - c. Will require corrective major surgery / recurrent surgeries; or
 - d. The prognosis for full recovery is negligible and the child is not expected to ever live independently.
- D. The state office’s determination of rate class and amount is final.
1. The state office designee in the PSS/AU must complete the Adoption Eligibility Administrative Determination in MACWIS and document whether the subsidy request is approved or denied.
- E. Adoption workers are prohibited from discussing adoption assistance rates with the family prior to approval.
- F. If the adoptive family’s request for adoption assistance is denied, they may appeal the decision by submitting a written request for an administrative hearing to the Bureau Director of the PSS/AU within thirty (30) calendar days of receipt of denial.

13.6 Adoption Assistance Rates

From January 1, 2018 until June 30, 2024, the “applicable child” requirements apply only to children who will be age two or older by the end of the fiscal year their adoption assistance agreement was entered into. Any child two and older automatically qualifies for the Basic Adoption Assistance Rate, as well as Medicaid. If the child is younger than two, they will qualify for adoption assistance if they are part of a sibling group or have special needs. Children of any age may qualify for higher rate types if they have special needs. Current Mississippi Maintenance payment rates are as follows:

Rate Type	Payment	Must be in Child’s Adoption Assistance File
Deferred	\$0 Payment Medicaid only	Documentation of all risk factors, which may include no known background information, documentation of mental or medical history of birth family, documentation of risk factors in birth records, documentation of abuse or neglect.
Basic Rate	Payment Cannot Exceed:	
0-3	\$325	Birth Certificate, developmental assessment/Early Intervention Assessment, pertinent birth records, TPR documentation.
4-5	\$335	Birth Certificate, developmental assessment/Early Intervention Assessment, pertinent birth records, TPR documentation.
6-9	\$355	Birth Certificate, developmental assessment/Early Intervention Assessment, Psychological Evaluation, school records, pertinent birth records, TPR documentation.
10-12	\$375	Birth Certificate, developmental assessment/Early Intervention Assessment, Psychological Evaluation, school records, pertinent birth records, TPR documentation.
13-15	\$390	Birth Certificate, developmental assessment/Early Intervention Assessment, Psychological Evaluation, school records, pertinent birth records, TPR documentation.
16-21	\$400	Birth Certificate, developmental assessment/Early Intervention Assessment, Psychological Evaluation, school records, pertinent birth records, TPR documentation.
Special Needs I Any Age	\$440	Birth Certificate, developmental assessment/Early Intervention Assessment, Psychological Evaluation, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions.
Special Needs II Any Age	\$500	Birth Certificate, developmental assessment/Early Intervention Assessment, Psychological Evaluation, School Records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions, copy of most recent SSI letter.
Therapeutic Any	\$700	Birth certificate, developmental assessment/Psychological Evaluation which shows multiple diagnoses or significant

Age		impairment in multiple settings, medical records, school records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions, IEP, current regular ongoing therapy/counseling.
Medically Fragile Any Age	\$900	Birth certificate, developmental assessment/Psychological Evaluation which shows multiple diagnoses or significant impairment in multiple settings, medical records which shows multiple diagnoses and level of care required, school records, pertinent birth records, TPR documentation, medical documentation of ongoing medical conditions.

13.7 Adoption Assistance Agreement.

- A. The amount of an adoption subsidy may not exceed the child’s foster care board payment.¹⁴
1. If a child is certified as eligible for adoption assistance, the Adoption Specialist and potential adoptive family must fill out MDCPS Form 433, Application for Adoption Subsidy. The Adoption Specialist must use Form 433 and the amount set by the staff at the state office to negotiate an adoption assistance agreement between MDCPS and the adoptive family.
- B. Once the subsidy has been negotiated, the Adoption Specialist and the adoptive family must complete MDCPS form 431, Adoption Assistance Agreement.
1. This agreement must be executed by designated staff of the PSS/AU.
- C. The Adoption Assistance Agreement must be in place before the adoption is finalized for both private and public adoptions.¹⁵

13.8 Initiation of Adoption Assistance Payment.

- A. Adoption assistance payments begin after the adoption is finalized.
- B. The Adoption Specialist must submit the adoptive placement agreement and the adoption assistance agreement to the Adoption ASWS who must then send the agreements to the State Office PSS/AU.
- C. The adoption assistance specialist in the state office must set up the child’s adoption

¹⁴ 42 U.S.C § 673

¹⁵ Miss. Code Ann. § 93-17-61, 45 C.F.R. § 1356.40.



assistance in MACWIS to issue a debit card and generate payments to the card.

13.9 Annual Review of Adoption Assistance.

- A. Adoption Assistance is subject to annual review by the PSS/AU. The designated staff at the PSS/AU must:
 - 1. Send a written notice of the review requirement to the adoptive parent(s) at least forty-five (45) days before the anniversary date of the adoption assistance agreement.
 - 2. Send a contract that verifies the child is still in the home and notes any changes that may have occurred which would impact the amount of adoption assistance payments.
 - 3. If applicable, new adoption assistance agreement forms must be included.
- B. The adoptive parents must return the completed questionnaire and signed agreement forms to the PSS/AU.
- C. If applicable, designated PSS/AU staff must then sign the adoption assistance agreement forms and one must be returned to the adoptive parents.

13.10 Renegotiation of Adoption Assistance Post Finalization.

- A. An adoption subsidy may be renegotiated until the child turns eighteen.
- B. The two most common reasons for renegotiation are:
 - 1. The child's subsidy was deferred and there is now a documented disability that is related to the risk factors noted on the deferred adoption assistance agreement:
 - a. Documentation showing a medical and/or mental health diagnosis provided by a physician, psychiatrist, or psychologist must be presented to the PSS/AU.
 - b. The documentation must be dated within the last six (6) months.
 - c. The child's disability(s) is more severe than at the time of finalization.
 - d. Documentation showing an increase in severity must be provided by a medical doctor, psychiatrist, or psychologist
 - e. The documentation must be dated within the last six (6) months.



2. The adoptive parent(s) request the adoption subsidy be renegotiated.
 - a. If adoptive parent(s) request a renegotiated adoption subsidy, they must complete MDCPS Form 431-A. The parent(s) must be instructed to give the completed form to their adoption assistance specialist in the State Office PSS/AU.
 - b. The adoption assistance specialist must review the file and make a recommendation to the Director of the PSS/AU or his or her designee. The Director of the PSS/AU or his or her designee must then approve or deny the request.
 - c. A written notice of the decision must be provided to the adoptive parent.
 - d. If approved, a new adoption assistance agreement must be completed and signed by all parties.
 - e. The renegotiated rate must begin as of the date the PSS/AU received all documentation needed to determine the child qualified for the new subsidy.

13.11 Termination of Adoption Assistance.

Adoption assistance must be terminated if any of the following events occur:

- A. The terms of the adoption assistance agreement conclude;
- B. The adoptive parent(s) request termination;
- C. The child becomes an emancipated minor;
- D. The child joins the military prior to turning eighteen (18);
- E. The child marries prior to turning eighteen (18);
- F. The child dies;
- G. The adoptive parent(s)' parental rights are terminated or surrendered;
- H. The adoptive parent(s) die;
- I. MDCPS determines the adoptive parents are no longer providing support for the child; or
- J. The child turns eighteen (18) years old.



13.12 Notice of Action and Appeals

Adoptive families may appeal MDCPS' decision to terminate, suspend, or reduce their adoption assistance.¹⁶

- A. The Bureau Director of the PSS/AU must send a Notice of Action to adoptive parent(s) before terminating, suspending, or reducing adoption assistance.
 - 1. The Notice of Action must be sent by certified U.S. mail return receipt requested at least ten (10) calendar days before the termination, suspension, or reduction becomes effective.¹⁷
- B. The adoptive family has thirty (30) calendar days from the date they receive the Notice of Action to request an administrative appeal.
 - 1. The hearing request must be in writing.
 - 2. If a hearing is requested before the termination, suspension, or reduction takes effect, the adoption assistance must continue until a decision is rendered after a hearing.¹⁸
 - 3. The right to an administrative appeal is forfeited if a request is not received by the Bureau Director of the PSS/AU within thirty (30) calendar days of receipt of the Notice of Action.

13.13 Extending Adoption Assistance Past Age Eighteen.

Adoption Assistance may be extended past a child's eighteenth (18) birthday in the following circumstances:

- A. Adoption assistance may continue until the child turns twenty-one (21) if he or she was receiving Medicaid benefits because of a severe physical or mental disability immediately before the adoption.¹⁹
 - 1. The assistance will be provided in six (6) month intervals.

¹⁶ 45 C.F.R. 205.10.

¹⁷ 45 C.F.R. 205.10.

¹⁸ 45 C.F.R. 205.10.

¹⁹ Miss. Code Ann. §§ 93-17-61, -67.



2. If the child becomes eligible for SSI prior to turning twenty-one (21), adoption assistance will cease.
 - a. A letter explaining that the adoptee can NOT receive both SSI and Adoption Assistance must be sent to the family.
 3. Documentation of the mental or physical disability must be provided as well as documentation of efforts to gain SSI approval.
 - a. Acceptable documentation includes:
 - i. Medical records with diagnosis (dated within the past year) of a medical condition that requires specialized care on a daily basis or upcoming surgeries/procedures; OR
 - ii. A psychological evaluation with diagnosis (dated within the past year); OR
 - iii. A copy of the child's current IEP that shows his or her disabilities.
 - b. The family must provide copies of letters received from SSI at three (3) month intervals to show efforts to gain SSI approval.
- B. Title IV-E children who turn eighteen (18) while enrolled in high school may not continue IV-E adoption assistance payments. However, this group of IV-E recipients may be switched to state adoption assistance.
1. This does not apply to children who are physically or mentally handicapped.
 2. If the child is still in high school, adoption assistance may be provided through the end of the month of graduation.
 - a. Documentation showing the child is still in school is required. Required documentation includes:
 - i. A copy of the child's most recent report card;
 - ii. A letter from the school stating the child's graduation date and that he or she is currently attending in good standing;
 - iii. A copy of the child's attendance record; and



- iv. A copy of the child's IEP, if applicable.
- C. If a child is in a General Education Diploma (GED) program on their eighteenth (18) birthday, adoption assistance may be extended for a period of four (4) months.
 - 1. Documentation must be provided to verify the child's attendance in the GED program.
 - 2. No further extensions can be granted.
- D. Form 431-B, Application for Extension of Adoption Assistance Beyond Age Eighteen (18), must be mailed to the adoptive parent(s) prior to the adoptee's eighteenth (18) birthday.
 - 1. The family must submit this application to their Adoption Assistance Specialist to request an extension of the subsidy.
 - 2. The PSS/AU Director must give written approval to continue the adoption assistance along with an established time frame for each adoptee.
 - 3. A new adoption assistance agreement must be signed by the adoptive parent(s), the Adoption Assistance Specialist and, the Director of the PSS/AU.

13.14 Re-adoption after Death or Disability of Adoptive Parent.

- A. A child's adoption assistance must be terminated if an adoption dissolves or the adoptive parent(s) die. However, the child will continue to be eligible for adoption assistance in a subsequent adoption.
- B. If the child is placed with another family that needs the child's adoption subsidy, the following must occur:
 - 1. A referral must be made to the Adoption ASWS to open a post-adoption case management service.
 - 2. The assigned Adoption Specialist must enter a foster home inquiry.
 - 3. The family must provide the Adoption Specialist with a copy of the adoptive parent's death certificate or obituary, if applicable.
 - 4. All household members over the age of fourteen (14) must be fingerprinted and a walk-



- through of the home must be completed.
5. This information must be entered in MACWIS.
- C. If the home is approved for placement, the Adoption Specialist may complete an adoption assistance agreement and a placement agreement with the new family.
1. A subsidy may begin when the adoption is finalized.
- D. If any extenuating circumstances arise that pose a barrier to adoption, the Adoption Director of the PSS/AU must be notified.
- E. Documentation needed for re-adoption includes the following:
1. Approval letter;
 2. Home study and/or updates;
 3. Adoption Addendum from previous adoption naming the contingency person;
 4. Child Abuse Central Registry;
 5. Copy of Permission for Background Check;
 6. Copy of Local/County Record Check;
 7. Request for Live Scan Service and Report;
 8. Signed Adoption Assistance Agreement;
 9. Birth certificate; and
 10. Original Mississippi Department of Health form 913.

13.15 Non-Recurring Adoption Expenses.

- A. MDCPS may provide reimbursement for non-recurring adoption expenses incurred during the adoption of children with special needs.
1. During the home study process, the Licensure Worker must inform applicant(s) about the availability of reimbursement for non-recurring expenses.



- B. In order to be eligible for reimbursement of non-recurring expenses, the following criteria must be met:
1. MDCPS must determine the child cannot or should not return home.
 2. MDCPS must determine the child meets the definition of a special needs child.
 3. An adoption assistance agreement must be signed and approved by the MDCPS prior to finalization of the adoption.
 4. The child must have been placed for adoption in accordance with all applicable laws.
- C. Families adopting children through licensed child-placing agencies, independent adoptions, and inter-country adoptions may be eligible for reimbursements of non-recurring expenses provided the placement is legal and all criteria in this section are met.
- D. Non-recurring adoption expenses are one-time expenses adoptive parents are responsible for paying.
1. These expenses include:
 - a. Attorney fees;
 - b. Criminal records clearance;
 - c. Adoption, home study performed by a licensed child-placing agency;
 - d. Medical, and psychological evaluations required by MDCPS or licensed-child placing agency;
 - e. Supervision of the placement; and
 - f. Reasonable costs of lodging and food for the child and/or adoptive parents necessary to complete the adoption process.
 - i. The maximum amount of reimbursement may not exceed \$600.00 per child.
- E. In interstate placements, the state that enters into the agreement for on-going state or federal adoption assistance is responsible for reimbursement of non-recurring expenses. If there is no on-going subsidy, the state where the adoption is to be finalized is responsible for

reimbursement.

- F. The PSS/AU may enter into an assistance agreement for the reimbursement of non-recurring expenses from the time of placement until the issuance of the final decree.
- G. Adoptive parents must pay for expenses incurred and provide the PSS/AU with the original paid receipt in order to claim reimbursement.
- H. All claims for reimbursement must be made within two (2) years of the date of the final decree.

13.16 Licensed Child-Placing Agencies

The following items are needed in order to request certification for adoption assistance and/or non-recurring adoption expenses for children who were adopted from licensed child-placing agencies:

- A. Document(s) which legally frees the child for adoption and places custody with a licensed child placing agency;
- B. Documentation of disability dated within the past six (6) months. This includes:
 - 1. Psychological Evaluation;
 - 2. Medical Report; or
 - 3. Reports from mental health professionals
- C. The child's birth certificate;
- D. The child's social security number;
- E. The child's Medicaid number;
- F. Date the child was registered on the MHG;
- G. Documentation of recruitment efforts made to place child without adoption assistance or documentation strong emotional ties; and
- H. Documentation of SSI eligibility.



13.17 Adoption of Child by Birth Parents

- A. A biological parent whose parental rights have been terminated and who later adopts their biological child cannot receive Title IV-E adoption assistance.
- B. When it is in the best interest of a child to do so, MDCPS may assist the biological parent in the re-adoption of the child by making and supervising a trial home placement and making a recommendation to the court for placement and subsequent adoption.
 - 1. The Mississippi College School of Law Adoption Clinic or the University of Mississippi School of Law Child Advocacy Clinic may be able to assist the parent in finalizing the adoption.

Section 14: Out-of-State Adoptions and Adoption Assistance Across State Lines

14.1 Out-of-State Adoptions.

- A. Requests from out-of-state adoption agencies for home studies and/or placement supervision for a particular child must be made to the MDCPS Interstate Compact on Placement of Children (ICPC) Office.
- B. A child cannot be placed across state lines without prior approval from the ICPC Office.
- C. All MDCPS staff must follow the procedures outlined in the ICPC manual when an unrelated child comes into Mississippi for adoption or a child from Mississippi is placed outside of the State.

14.2 The Interstate Compact on Adoption and Medical Assistance

The Interstate Compact on Adoption and Medical Assistance (ICAMA) is the principle means relied upon by its members to regulate and coordinate the interstate delivery of services to children covered by adoption assistance agreements. ICAMA provides that between states party to the Compact, the state where the adoptive family resides will furnish Medicaid to children covered by adoption assistance agreements.

- A. Compact Procedure



1. The state responsible for financial subsidy of the assistance (or current residence state) must complete ICAMA Form 7.01 and attach to it a certified copy of the adoption assistance agreement.
 - a. These documents must be sent to the new residence state.
 - b. Form 7.01 and the copy of the adoption assistance take the place of an application for Medicaid and identify the person in the new residence state who must serve as the point of contact for the family.
 - c. Form 7.01 indicates the expected date of Medicaid account closure in the current residence state.
2. ICAMA Form 7.02 notifies the adoptive parents that the current residence state has taken the necessary actions to initiate Medicaid benefits in the new residence state.
 - a. The responsibilities of the parents for Medicaid and other needed services specified in the adoption assistance agreement are also included.
3. Staff in the PSS/AU processes the ICAMA forms when a Mississippi family moves to another state or a Mississippi child is placed for adoption in another state.
4. When an adoptive family moves into Mississippi from a party state, the ICAMA forms are sent to PSS/AU in order to initiate Mississippi Medicaid for the eligible children.

14.3 Medicaid Cards for IV-E Adoption Assistance Recipients from other States.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows IV-E foster children and children receiving IV-E adoption assistance to be eligible for Medicaid coverage in the state where they reside.

- A. If the child has not been adopted, correspondence must be routed through the ICPC office.
- B. If the child has been adopted, correspondence must be routed to the adoption assistance supervisor in the PSS/AU.
- C. Families in non-ICAMA states must be instructed to send the PSS/AU the following documents:
 1. The Federal (IV-E) Adoption Assistance Agreement form 431 (the most recent



agreement form).

2. The agreement form will verify the child's date of birth.
3. A copy of the state of origin's letter requesting Mississippi Medicaid;
4. A copy of the child's social security card;
5. A copy of the state of origin's annually certified renewal agreement of need for continued Adoption Assistance;
6. Race and sex of child; and
7. Current address and telephone number of the adoptive family.
 - a. Written notification of changes of address must be mailed to the PSS/AU.

D. ICAMA states must submit the ICAMA papers and each child's most recent IV-E Adoption Assistance Agreement form to the PSS/AU.

E. MDCPS workers must follow the procedures for receipt of Medicaid cards for IV-E foster children located in the Foster Care Policy Manual when foster children from other states are placed for adoption with Mississippi families but are not yet receiving Adoption Assistance from the sending state.

1. The PSS/AU must be notified when the sending state begins adoption assistance eligibility, and the procedures above must be followed.

All documentation must be sent to PSS/AU no later than the fourteenth (14) day of each month in order to generate a Mississippi Medicaid card for the child. The card is mailed directly to the adoptive family home address by Mississippi Medicaid.

14.4 Procedure for Children in MDCPS Custody with Interstate Compact Placement for Adoption.

The child must be in custody of MDCPS or a licensed child-placing agency, legally free for adoption, and have been certified as a child eligible for adoption assistance. The following procedure must be followed:

- A. An approved home study is received from the origin state by the ICPC Adoption Specialist.



- B. The ICPC worker routes the case with the approved home study to the Administrator of the PSS/AU for approval or denial.
- C. If the child has been certified as eligible for IV-E adoption assistance, the federal adoption assistance agreements must be completed by the adoption assistance worker.
 - A. The agreement and a letter must be sent to the origin state by the ICPC worker.
 - B. Once the approved negotiated agreement forms are received by the ICPC worker; the forms are routed for approval to the Administrator of the PSS/AU.
 - C. ICAMA forms must be completed and a copy of the agreement must be mailed to the origin state.

IV-E approved agreement forms must be in place prior to the placement of a child.

A non-IV-E child eligible for Mississippi adoption assistance placed through ICPC must follow the same procedures, except the approved family would be a licensed foster home for foster care payments.