



NC Department of Health and Human Services
Division of Social Services

Adoption Promotion Program

Erin Baluyot

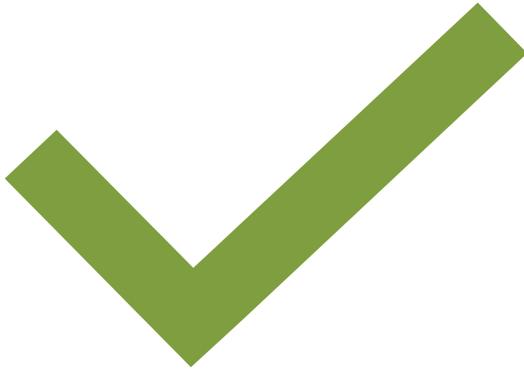
Interim Adoption Services Manager

Kim Best

Permanency Coordinator

December 18, 2018

Housekeeping



1. The webinar is being recorded. You will be placed on mute.
2. Please hold questions or type them in the question pod.
3. A follow up document will be provided to cover any questions we were unable to get to in the time allowed.

Objectives

Explain	Explain key Adoption Promotion programmatic changes
Clarify	Clarify the different program structures between county and private agencies
Answer	Answer remaining questions regarding the new requirements

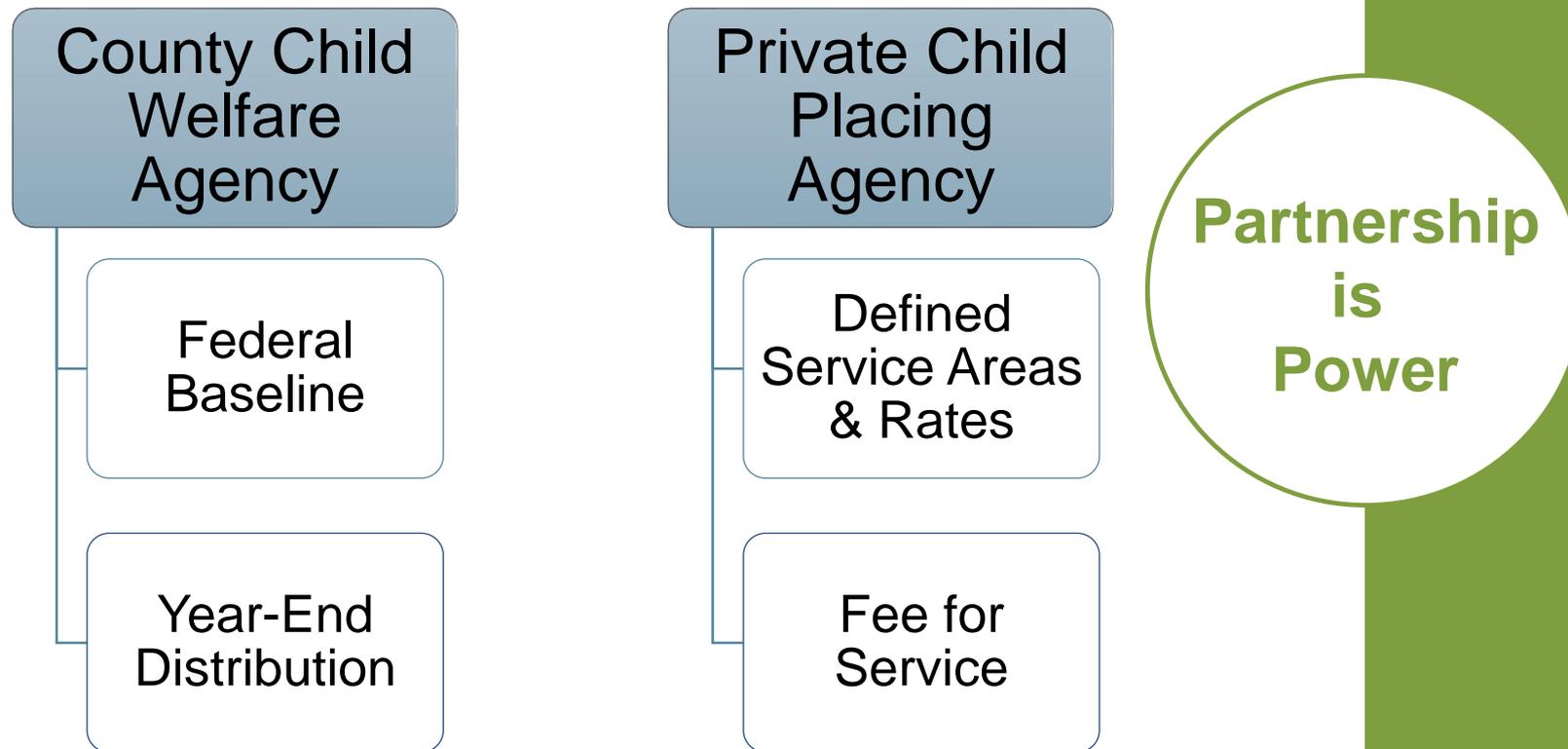
- The purpose of the Adoption Promotion Program (APP) is to enhance and expand adoption programs, to secure permanent homes for children in foster care with special needs who are harder to place, and to encourage partnerships between public and private agencies to achieve permanency for children in a timely manner.
- A child is eligible for APP funds only when determined eligible or potentially eligible for Adoption Assistance benefits.
- Agencies are eligible to receive APP funding only when licensed under the North Carolina Department of Health and Human Services as a public or private adoption agency.

Purpose and Eligibility

Key Program Changes for SFY 18-19

ELEMENT	REASON
Clarity of roles for private and child welfare agencies.	To promote collaboration and simplify service agreements.
Revised the Adoption Services Agreement (ASA)	Eliminates the need for negotiation.
Created separate funding pools for private and child welfare agencies.	Eliminate feelings of competition for funding and focuses on the goal of permanency.
Establish clear fee-for-service payment rates for private agencies.	Private agencies will be paid with specificity to the actual service they provide for each individual adoption.
Implemented the Federal Baseline Methodology	Federal baseline considers the current number of children in care, which the former baseline did not.
Reimbursement for child welfare agencies will be one end-of-year proportional allocation.	In time, counties will see funding stabilize.
Updated the DSS-5320 Reimbursement Form, and revised submission requirements.	Allows for improved data tracking and promotes a smoother process for end of year allocation distribution.
Eliminated the requirement that child welfare agencies expend/encumber prior year's funding to participate. Affidavit of Expenditures is no longer required.	To assist with budget projections and give counties flexibility to accumulate funding levels to meet their individualized needs.

Adoption Promotion Program Structure



FUNDING STRUCTURE

**COUNTY CHILD
WELFARE AGENCIES**

Federal Baseline

	"In Care" only Year 0	Year 1	Year 2	Year 3		Baseline
Current Adoptions		2	4	7		
Prior Year in Care	60	67	67	73		
Adoption Rate		0.0333	0.0597	0.1045		
Average Rate of 3 Prior Years to Earning Year				0.0658		5

- Data is used from the previous 4 fiscal years.
- Determine a county adoption rate by dividing the number of completed adoptions in one year by the number of youth in care the year prior.
- Determine which adoption rate is lowest – the Year 3 adoption rate or the average of the past 3 years. Multiply the lowest adoption rate by the number of youth in care in Year 3 to determine a county baseline for the current year.

YEAR-END DISTRIBUTION

County child welfare agencies will receive a one-time, year-end funding allocation for eligible adoptions.

The allocation is a proportional share of the total statewide funding (\$3.2M) available to all counties based on the **sum** of two factors:

1. The total number of adoptions completed, regardless of age, that **exceed** federal adoption baseline targets for each county.
2. The total number of adoptions completed for children 13 years and older and/or sibling groups of 3+ placed together for adoption, **that fall under the federal baseline target.**

FORMULA

(# eligible county adoptions / # eligible statewide adoptions) X available statewide funding

(Example 1) Eligible Adoptions – Baseline 6

NAME OF AGENCY		NAME OF PREPARER			PREPARER'S EMAIL			
County A		Jane Smith			jsmith@countyA.org			
CHILD'S INFORMATION				SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF PARTNERING AGENCY	ELIGIBLE OR POTENTIAL AA STATUS -	
NAME	CUSTODIAL COUNTY NUMBER	AGE	SIBLING GROUP 3+ Y/N					
1. Billy Jones	01	14	N	111222333	7/5/18	N/A	Y	
2. Jim Ames	01	6	N	111222334	7/5/18	N/A	Y	
3. Joseph Alexander	01	5	Y	111222335	7/10/18	N/A	Y	
4. Karen Alexander	01	8	Y	111222336	7/10/18	N/A	Y	
5. Emily Alexander	01	10	Y	111222337	7/10/18	N/A	Y	
6. Beth Conner	01	3	N	111222338	7/12/18	ABC ADOPTION AGENCY	Y	
7. Mary Nixon	01	9	N	111222339	7/15/18	N/A	Y	
8. Kristin James	01	10	N	111222343	7/25/18	N/A	Y	

Baseline met at 6



Above Baseline
(2)

+

Below Baseline
Teens & Sibs
(4)

Total Eligible Adoptions
(6)



(Example 1) Year-End Allocation

FORMULA

(# eligible county adoptions / # eligible statewide adoptions) X available statewide funding

- Total County Eligible Adoptions = **6**
- Total Statewide Eligible Adoptions = **300**
- Total Available Statewide Funding = **\$3,200,000**

$$(6 / 300) \times \$3,200,000$$
$$.0200 \times \$3,200,000 = \mathbf{\$64,000}$$



(Example 2) Eligible Adoptions – Baseline 9

July 2018

NAME OF AGENCY		NAME OF PREPARER				PREPARER'S EMAIL		
County A		Jane Smith				jsmith@countyA.org		
CHILD'S INFORMATION					SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF PARTNERING AGENCY	ELIGIBLE OR POTENTIAL AA STATUS -
NAME	CUSTODIAL COUNTY NUMBER	AGE	SIBLING GROUP 3+ Y/N					
1. Billy Jones	01	13	N		111222333	7/5/18	N/A	Y
2. Jim Ames	01	15	N		111222334	7/5/18	N/A	Y
3. Sally Taylor	01	7	Y		111222335	7/9/18	N/A	Y
4. Jean Taylor	01	9	Y		111222336	7/9/18	N/A	Y
5. Skylar Taylor	01	11	Y		111222337	7/9/18	N/A	Y

Above Baseline
(0)

+

Below Baseline
Teens & Sibs
(5)

Total Eligible
Adoptions
(5)



(Example 2) Year-End Allocation

FORMULA

(# eligible county adoptions / # eligible statewide adoptions) X available statewide funding

- Total County Eligible Adoptions = 5
- Total Statewide Eligible Adoptions = 300
- Total Available Statewide Funding = \$3,200,000

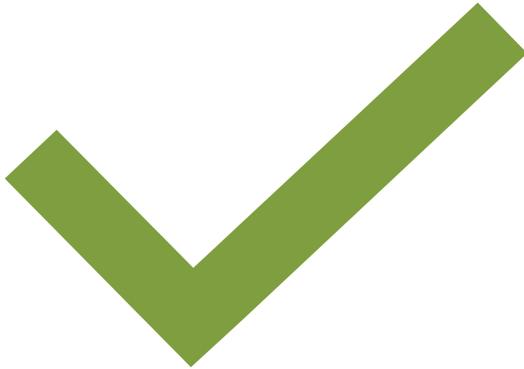
$$(5 / 300) \times \$3,200,000$$

$$.0166 \times \$3,200,000 = \$53,120$$



Fiscal Year Timeframes

SFY 2018-2019 funds must be distributed to county agencies prior to June 30, 2019. The following adjustments are in place to assure timeframes are met:



- For SFY 2018-2019, counties will submit adoptions completed between July 1, 2018 – May 31, 2019.
- Beginning in SFY 2019-2020, county agencies will submit adoptions for June 1st – May 31st.
- Final submissions must be made no later than June 3rd to allow ample time for processing.

FUNDING STRUCTURE

**PRIVATE CHILD
PLACING AGENCIES**

2018-2019 APP Child Placing Agencies

- **Another Choice for Black Children**
- **The Bair Foundation**
- **Barium Springs (Children's Hope Alliance)**
- **Boys & Girls Homes**
- **Children's Home Society**
- **Crossnore School & Children's Home**
- **Easter Seals**
- **Ebenezer Christian Children's Home**
- ***Falcon Children's Home & Family Services***
- **Lutheran Family Services**
- **Methodist Home for Children**
- **Nazareth Child & Family Connection**
- **Omni Visions**
- **Seven Homes**

**Adoptive Family
Readiness**

**Family Post
Placement Support**

**Child Post
Placement Support**

Legal Services

Service Areas

Adoptive Family Readiness

The work completed by licensing agencies to recruit potential adoptive families and deliver preparatory training that provides the foundational knowledge and skills for parenting children with special needs.

Includes but is not limited to:

- Guiding prospective families through the decision-making process
- Evaluating a family's ability to meet the needs of children in foster care
- Interviews with adoptive parents and family members
- Assessment of strengths and needs
- Completion and approval of a Pre-Placement Assessment
- Additional training as identified through assessment process

Family Post Placement Support

The supportive services provided to the family by the family's licensing agency from the time that a child is placed in the family's home (for the purpose of adoption) through the time the child's adoption is finalized.

Includes but is not limited to:

- One-on-one consultations with the family
- Facilitating supportive decision making
- Adoption preparation activities to work through emotional needs, family structure adjustments, transition issues, etc. by using various practice models
- Support and referrals that are specific to the families needs to ensure the success of the adoption.

Child Post Placement Support

The supportive services provided to the child once the child is placed in a home for the purpose of adoption.

This work goes beyond the monthly mandated visits required by the county child welfare agency. It is the hands-on social work provided to ensure a child is secure in their placement.

Includes but is not limited to:

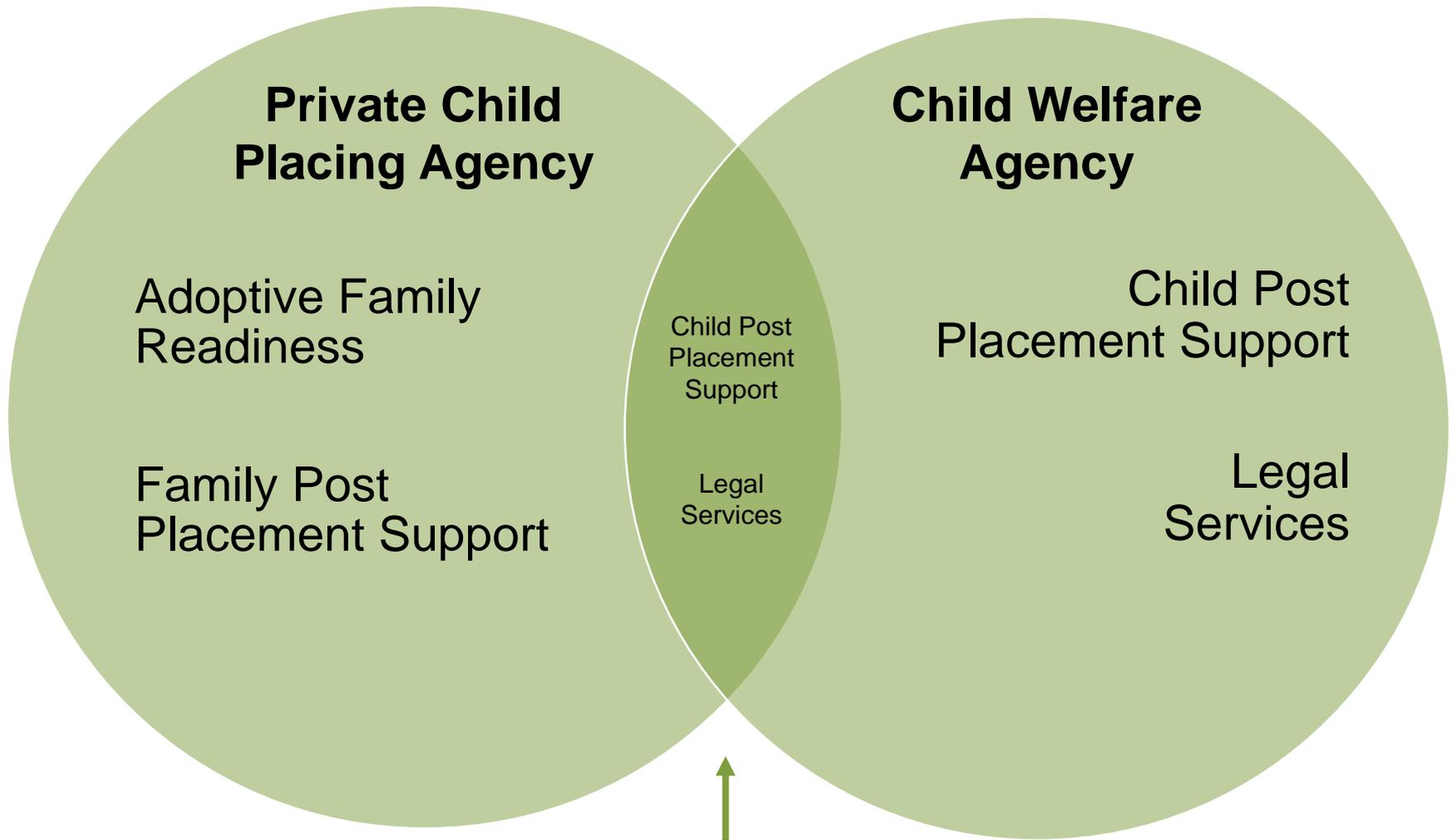
- Helping the child process their beliefs and fears about the adoption.
- Adoption readiness activities such as life books or life stories
- Helping the child understand the legal process
- One-on-one activities to work through emotional or behavioral adjustments associated with adoption using workbooks, drawings, or utilizing various practice models, etc., to engage the child in addressing issues

Legal Services

The completion of legal paperwork necessary to finalize an adoption.

Legal paperwork includes but may not be limited to:

- Securing any required consents for adoption (child or agency)
- DSS -5102 and DSS- 5103 (birth family background information)
- DSS – 1808 Report on Proposed Adoption
- DSS-5191 – Affidavit of Fees and Expenditures
- DSS- 1814 – Final Decree of Adoption
- DSS – 1815 – Report to Vital Records
- Securing required attachments to legal documentation



These services can be performed by private child placing agency only upon request of the child welfare agency.

ADOPTION SERVICES AGREEMENT

This agreement outlines the services that the **child placing agency (placing agency)** will perform facilitation of an adoption of a child or youth in foster care.

CHILD'S NAME _____

CHILD WELFARE AGENCY _____

CHILD'S SIS # _____

PLACING AGENCY _____

ADOPTIVE PARENT'S NAME(S) _____

Is this child a member of a sibling group of 3+ children being adopted together? Yes No

If yes, name of siblings: _____

ADOPTION SERVICES PROVIDED

	Child 0-12 (\$8,000)	Child 13+ or Sib Group of 3+ (\$13,500)
Adoptive Family Readiness	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$7,000
Family Post Placement Support	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,000
Child Post Placement Support	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,000
Legal Services	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500
TOTAL FEE REQUESTED	\$ _____	\$ _____

The placing agency will submit a copy of this document to NC Division of Social Services. This document shall be attached to the corresponding invoice indicating the total fee requested for facilitating the adoption of the above-named child.

Child Welfare Agency _____

Placing Agency _____

Agency Director Signature _____

Executive Director Signature _____

Print Full Name _____

Print Full Name _____

Date _____

Date _____

Revised Adoption Services Agreement

- The ASA only reflects services the private agency performs for the child welfare agency.
- The funding amounts listed only pertain to private child placing agencies.
- Only private child placing agencies submit the ASA.
- Child welfare agencies must sign the form to verify the service was provided.
- Pending adoptions not finalized by December 31st must be transitioned to the revised ASA to reflect the new service areas. Agencies should work together to facilitate this as quickly as possible.
- Any new cases that will not finalize prior to December 31st should begin with the Revised ASA.

Service Rates for Private Child Placing Agencies

SERVICE AREA	CHILDREN 0-12	TEENS AND SIBLING GROUPS OF 3+ PLACED TOGETHER
Adoptive Family Readiness	\$4,000	\$7,000
Post-Placement Support (Family)	\$1,250	\$2,000
Post-Placement Support (Child)	\$1,250	\$2,000
Completion of Legal Procedures	\$1,500	\$2,500
TOTAL	\$8,000	\$13,500

SFY 2018-2019 Contracts

Contracts are in process with an effective date of January 1, 2019.

Total budgets for SFY 2018-2019 contracts are based on the final SFY 2017-2018 contract amount.

Child placing agencies will receive direct payments for adoptions finalized between July 1, 2018 – and December 31, 2018.

The total contract amount will be a combination of direct pay value (July – December) and the remaining contract budget.

PAYMENT PROCEDURES

**CHILD WELFARE
AGENCIES**

**ADOPTION PROMOTION PROGRAM FUND
DSS - MONTHLY ADOPTION REPORTING FORM**

July 2018

NAME OF AGENCY	NAME OF PREPARER	PREPARER'S EMAIL
County A	Jane Smith	jsmith@countyA.org

CHILD'S INFORMATION							
NAME	CUSTODIAL COUNTY NUMBER	AGE	SIBLING GROUP 3+ Y/N	SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF PARTNERING AGENCY	ELIGIBLE OR POTENTIAL AA STATUS - Y/N?
1. Billy Jones	01	14	N	111222333	7/5/18	N/A	Y
2. Jim Ames	01	6	N	111222334	7/5/18	N/A	Y
3. Joseph Alexander	01	5	Y	111222335	7/10/18	N/A	Y
4. Karen Alexander	01	8	Y	111222336	7/10/18	N/A	Y
5. Emily Alexander	01	10	Y	111222337	7/10/18	N/A	Y
6. Beth Conner	01	3	N	111222338	7/12/18	ABC ADOPTION AGENCY	Y
7. Mary Nixon	01	9	N	111222339	7/15/18	N/A	Y
8. Kristin James	01	10	N	111222340	7/25/18	N/A	Y

July	August	September	October	November	December	January	February	Marc ...
-------------	--------	-----------	---------	----------	----------	---------	----------	----------

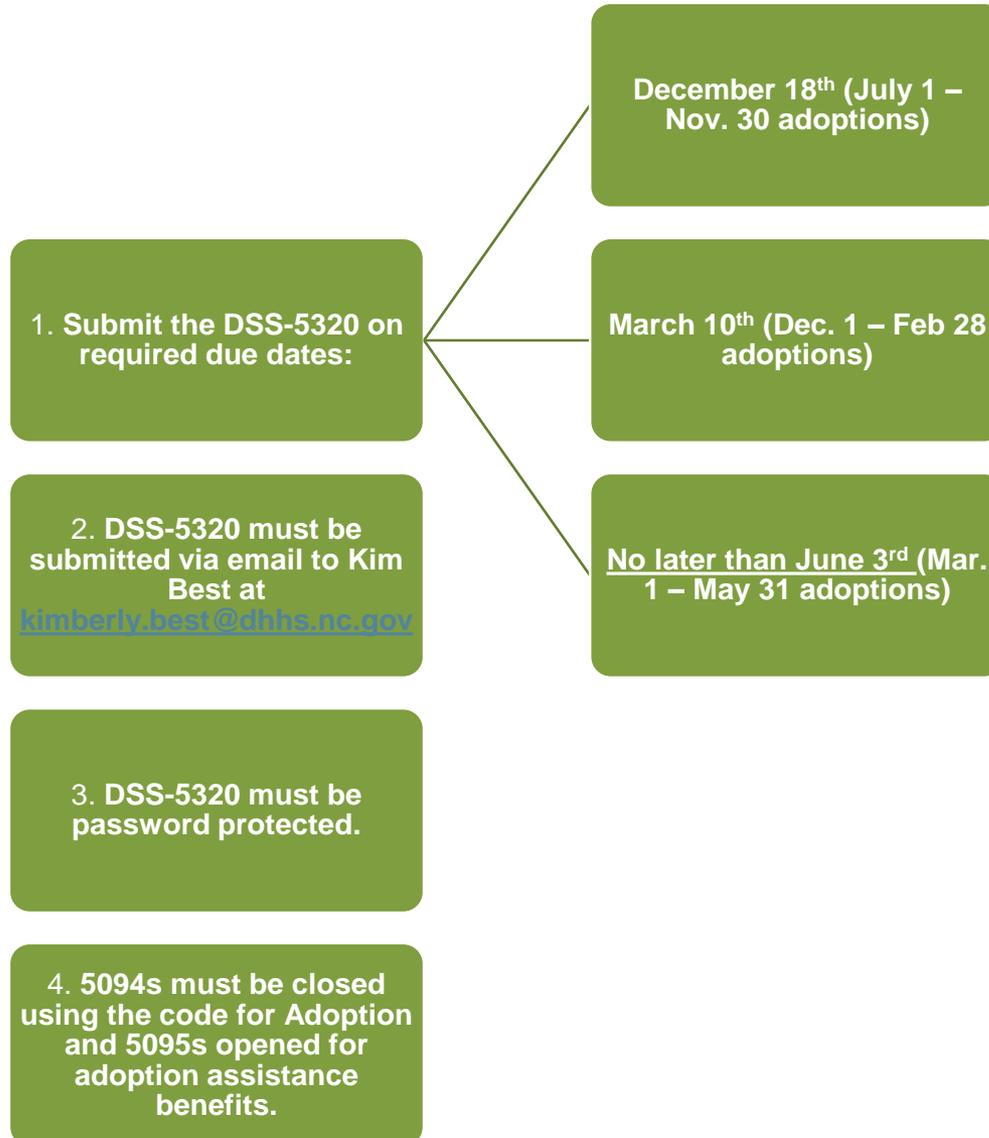
DSS – 5320 Monthly Reporting Form

DSS – 5320 Monthly Reporting Form

NAME OF AGENCY		NAME OF PREPARER			PREPARER'S EMAIL		
County A		Jane Smith			jsmith@countyA.org		
CHILD'S INFORMATION				SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF PARTNERING AGENCY	ELIGIBLE OR POTENTIAL AA STATUS - Y/N?
NAME	CUSTODIAL COUNTY NUMBER	AGE	SIBLING GROUP 3+ Y/N				
NO ADOPTIONS COMPLETED							

If there are no adoptions finalized during a reporting month, type “No Adoptions Completed” in the first line for that month.

Steps For SFY 18-19 Submissions



PAYMENT PROCEDURES

**PRIVATE CHILD
PLACING AGENCIES**

DSS – 5320A Contract Monthly Reporting and Payment Form

NAME OF AGENCY		PREPARER'S NAME		PREPARER'S EMAIL						
ABC Adoptions		Amy Mann		amann@abcadoptions.org						
CHILD'S INFORMATION										
NAME	AGE	SIBLING GROUP 3+ Y/N	SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF COUNTY AGENCY	Family Readiness (\$4000 or \$7000)?	Fam Post Placement (\$1250 or \$2000)?	Child Post Placement (\$1250 or \$2000)?	Legal Services (\$1500 or \$2500)?	TOTAL PAYMENT REQUESTED
Joe Smith	6	N	111222333	7/15/18	County A	\$4,000	\$1,250	\$ -	\$ -	\$ 5,250

July
 August | September | October | November | December | January | February | Marc ... (+)

DSS – 5320A Contract Monthly Reporting and Payment Form

CHILD'S INFORMATION			SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF COUNTY AGENCY	Family Readiness (\$4000 or \$7000)?	Fam Post Placement (\$1250 or \$2000)?	Child Post Placement (\$1250 or \$2000)?	Legal Services (\$1500 or \$2500)?	TOTAL PAYMENT REQUESTED
NAME	AGE	SIBLING GROUP 3+ Y/N								
NO ADOPTIONS COMPLETED								\$ -		\$ -

July | August | September | October | November | December | January | February | Marc ... (+) | <

If there are no adoptions finalized during a reporting month, type “No Adoptions Completed” in the first line for that month.

Invoice

- Only fill out the column for “Services Delivered This Month”
- Services should correspond to ASAs attached to the invoice.

ADOPTION PROMOTION PROGRAM							
Provider Name: ABC Adoptions							
Contract #: 2222							
Contract Budget: <i>NOT TO EXCEED</i>		↓ \$ 55,000		Billing Period: July 1 - 30, 2018			
	Services Delivered This Month	Price per Service	Amount Billed this Period	of Services Delivered State Fiscal YTD (cumulative)	Billed State Fiscal YTD (cumulative)	Contract Total (Not to Exceed)	Remaining Balance
RCC							
Child 0-12							
Adoptive Family Readiness	2	\$ 4,000	\$ 8,000	2	\$ 8,000		
Family Post Placement Support	2	\$ 1,250	\$ 2,500	2	\$ 2,500		
Child Post Placement Support	0	\$ 1,250	\$ -	0	\$ -		
Legal Services	0	\$ 1,500	\$ -	0	\$ -		
Child 13+ and Sibling Groups 3+							
Adoptive Family Readiness	1	\$ 7,000	\$ 7,000	1	\$ 7,000		
Family Post Placement Support	1	\$ 2,000	\$ 2,000	1	\$ 2,000		
Child Post Placement Support	0	\$ 2,000	\$ -	0	\$ -		
Legal Services	0	\$ 2,500	\$ -	0	\$ -		
Total			\$ 19,500		\$ 19,500	\$ 55,000	\$ 35,500

ADOPTION SERVICES AGREEMENT

This agreement outlines the services that the child placing agency (placing agency) will perform in facilitation of an adoption of a child or youth in foster care.

Joe Smith

CHILD'S NAME

111222333

CHILD'S SIS #

Amy Smith

ADOPTIVE PARENT'S NAME(S)

County A

CHILD WELFARE AGENCY

ABC Adoptions

PLACING AGENCY

Is this child a member of a sibling group of 3+ children being adopted together? Yes No

If yes, name of siblings: _____

ADOPTION SERVICES PROVIDED

	Child 0-12 (\$8,000)	Child 13+ or Sib Group of 3+ (\$13,500)
Adoptive Family Readiness	<input checked="" type="checkbox"/> \$4,000	<input type="checkbox"/> \$7,000
Family Post Placement Support	<input checked="" type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,000
Child Post Placement Support	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$2,000
Legal Services	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,500
TOTAL FEE REQUESTED	\$ 5,250	\$ _____

The placing agency will submit a copy of this document to NC Division of Social Services. This document shall be attached to the corresponding invoice indicating the total fee requested for facilitating the adoption of the above-named child.

County A

Child Welfare Agency

Agency Director Signature

ABC Adoptions

Placing Agency

Executive Director Signature

CHILD'S INFORMATION			SIS IDENTIFICATION NUMBER	DATE OF DECREE	NAME OF COUNTY AGENCY	Family Readiness (\$4000 or \$7000)?	Fam Post Placement (\$1250 or \$2000)?	Child Post Placement (\$1250 or \$2000)?	Legal Services (\$1500 or \$2500)?	TOTAL PAYMENT REQUESTED
NAME	AGE	SIBLING GROUP 3+ Y/N								
Joe Smith	6	N	111222333	7/15/18	County A	\$4,000	\$1,250	\$ -	\$ -	\$ 5,250

ASA

WRAPPING UP

Things to Remember – Child Welfare Agencies

- To be eligible for reimbursement, the DSS-5094 must be closed correctly to adoption, and the DSS-5095 opened.
- Only private child placing agencies listed in the APP Fact Sheet are contracted with NC DSS and eligible for the Adoption Promotion Program.
- Collaborate timely with partnering child placing agencies to transition to the revised Adoption Services Agreement (DSS-5113) when applicable.
- The Monthly Adoption Reporting Form (DSS-5320) must be emailed and password protected.
- To issue year-end distributions to eligible counties, all 100 counties must have turned in the final DSS-5320 by June 3, 2019.
- Submission of the Affidavit of Expenditures is no longer required.

Things to Remember – Private Child Placing Agencies

- Beginning January 1, 2019, all cases with pending adoptions will be transitioned to the revised Adoption Services Agreement (DSS-5113).
- Beginning January 1, 2019, all new cases opened for adoption services will utilize the revised DSS-5113.
- Collaborate timely with partnering child welfare agencies to transition to revised DSS-5113 when applicable.
- The Monthly Adoption Reporting & Payment Form (DSS-5320A) must be emailed and password protected.
- Monthly invoices with attached Adoption Services Agreements must be mailed.

Moving Forward

- Adoption Promotion Program Criteria and Guidelines will be incorporated into the Child Welfare Services policy manual.
- A follow up Question and Answer document, along with a recording of this webinar will be posted at the following address:
<https://www2.ncdhhs.gov/dss/training/childwelfare.htm>
- The Department of Health and Human Services will continue to evaluate the APP to assess for further adjustments.

Questions?

Contact Information

Kim Best
Permanency Coordinator
Kimberly.best@dhhs.nc.gov
919-527-6354

