

Knowledge Base Article

Table of Contents

Overview	3
Navigating to the Adoption Subsidy Program Screen	3
Adding a Review	4
Completing a SAMS Review/Annual Redetermination	5
Completing Subsidy Review Actions	9
Creating a SAMS Modification	11
Creating a Notice of Suspension	14
Suspending a SAMS Subsidy	15
Creating a Notice of Termination	17
Terminating a Subsidy	23



Overview

This document outlines the process for entering a State Adoption Maintenance Subsidy (SAMS) review. This includes all Review Types for SAMS: Modification, Redetermination, Notice of Suspension, Notice of Termination, Suspension and Termination. The document depicts the instructions by section.

Navigating to the Adoption Subsidy Program Screen

From the SACWIS Home screen:

1. Click the **Financial** tab.

Home	Intake	Case	Provider	Financial	Administration
Alerts	Action Items	Approvals	Assignments		

The Financial sub-menu will appear.

2. Click the **Eligibility** tab.

Home	Intake	Case	Provider	Financial	Administration
Workload	Action Items	Services	Eligibility Pa	ayment Benefits	

The left navigation pane appears.

3. Click, Adoption Subsidy, in the navigation pane.



The Adoption Subsidy screen appears, displaying the Person Selection grid.

4. Click the **Person Search** button.

Note: For information regarding a Person Search, please see the following Knowledge Base Article: <u>Using Search Functionality</u>.

OR

5. Enter the **Person ID** for the child for which you are creating a subsidy.



6. Click the **Go** button.

Instruction 20533 Person Sharich ~ OR ~

The **Person Selection** grid appears, now displaying the child's details; additionally, the **Subsidy and Review History** grid appears.

Note: The **Subsidy and Review History** grid displays all AA, SAMS and AAC subsidies created for the identified child. Each subsidy will have a drawer with Payee Information and Reviews (if they exist).

Adding a Review

SAMS Annual Redetermination – Completed as the yearly requirement to reevaluate the Child and Adoptive Parent Eligibility for the program.

Modification – Completed when the Adoptive Parent(s) or the Agency requests a change in the amount of the subsidy.

Notice of Suspension – Completed when the Agency is unable to verify Eligibility requirements due to lack of contact with the Adoptive Parent(s).

Suspension – Completed when the Adoptive Parent(s) has not responded to the Notice of Suspension. Accessed through an approved Notice of Suspension Review.

Notice of Termination – Completed when the Child and Adoptive Parent no longer meetings program eligibility.

Termination – Completed when the Child and/or Adoptive Parent(s) does not meet program eligibility and the Notice of Termination timeframe has lapsed. Accessed through an approved Notice of Termination. Once a subsidy is terminated it cannot be reactivated.

- 1. Verify the correct child is in focus.
- 2. Enter the **Review Effective Date**.

Important: The review date shows the date that the review is effective and is required to generate payments. If a subsidy amount is being modified or terminated, the review date shows the date the modified amount is effective or terminated.

3. Make a selection from the **Review Type** drop-down menu (on the screen below, **Annual Redetermination** was selected).

Note: Once you have entered a Review Effective Date and selected a Review Type, the **Add Review** button will be activated.

4. Click, Add Review.



2012-2015) Insurr Daviet Officeneouscatelin Materian Subsistiv Settematoria MASS Catt And Social Solenith Relational Mathewish Instrume Catter Instrume Catter	Person Selection Person Search Name / ID:		- OR - Age, DOB:		Pers	on ID: 10:		
nn zekkon hittina	Assigned Workers:	_						
Subsidy and Review History								
Subsidy Type	Agency Name	Provider Name / ID		Application Received Date	Status	Current Amount		
SAMS Effective 07/07/2015	- 01/31/2030							
xiew SAMS Payee Information.∽ Reviews.∽	CDJFS			07/07/2015	Approved	\$1,000.00	BOORN	*
Adoption Assistance Effect	tive 07/13/2015							
xeer Adoption Assistance Payee Information.~	CDJFS			07/07/2015	Denied	\$0.00	acceal	
Add Subsidy								
Subsidy Type:	Adoption Ty	pe:	• Add	Subsidy				
Add Review								
Review Effective Date: *	Review Type	:	- A00	Review				

The SAMS Annual Redetermination screen appears.

Note: Views for this screen will vary depending on the Review Type selected in the previous step.

Completing a SAMS Review / Annual Redetermination

- 1. The **Review Effective Date** will populate from what was previously entered but is editable.
- 2. Enter the Redetermination Notice Sent Date.

Note: Redetermination Notice Sent Date will only show if the **Review Type** selected is **Annual Redetermination**.

3. Enter the Form Received Date.

Note: If the **Review Type** is **Annual Redetermination**, **Notice of Termination** or **Termination**, Eligibility Requirements must be completed.

4. Click the Eligibility Requirements hyperlink.



11000		Victoria V	and the second second	1
ALC 7 NJ		ADE, DOB	CASE ID	Public
MS Annual Redetermination				
bsidy Review ID:	Review Effective Date: *			
	03/01/2021			
determination Notice Sent Date:	Form Received Date:			
02/22/2021	02/25/2021			
Eligibility Requirements				
Man I Indat Elizability Description				
4 Dravider maste Departel Davidemente				INCOMPLET
Child meets are Requirements				INCOMPLE
3. Provider meets SAMS Income Requirement.				INCOMPLE
105 A 10 A				

The user is taken to the **Eligibility Requirements** screen.

Eligibility Requirements	
1. Provider meets Parental Requirements.	
Is the adoptive parent(s) still financially supporting the child?	×
2. Child meets Age Requirements.	
Is the child under 18 years of age?	Yes
Child's age as of Review Effective Date:	9 years 2 months
3. Provider meets SAMS Income Requirement.	
Family size including adopted child(ren):	
120% Median income for a family of the same size:	\$0.00
Provider's Annual Gross Income:	S
Apply Save Cancel	

Provider meets Parental Requirements.

1. Select the **Yes** or **No** from the drop-down menu in response to the question: Is the adoptive parents(s) still financially supporting the child?

Eligibility Requirements	
1. Provider meets Parental Requirements.	
Is the adoptive parent(s) still financially supporting the child?	~ ~

Child meets maximum Age Requirements.

The system will populate the following fields using the child's **Date of Birth** from the **Person Profile** and the **Review Effective Date**:



- Is the child under 18 years of age?
- Child's age as of Review Effective Date

Note: If extending the subsidy past the child's 18th birth month, select **Yes** from the drop-down menu in response to the following question: **Is this review for an extension?**

Note: This will only display when the child is 17 ½ years of age or older. When **Yes** is selected for **Is this review for an extension?** The question, **Is the child mentally or physically disabled as diagnosed by a qualified professional?** will display. If **Yes** is selected, the **Person Characteristics** section will appear.



• Clinically Diagnosed Characteristics that are active as of the Review Effective Date will display in the **Person Characteristics** grid. Verify the information is correct, if updates are necessary, use the **Update Characteristics** button to complete in the Characteristics tab of the person record.

rson Characteristics 💙			
Displaying only clinically diagnosed person character	istics.		
Characteristics	Category	Begin Date	End Date
Postive Toxicology Screen at Birth - Cocaine	Prenatal/Birth	<mm dd="" yyyy=""></mm>	<mm dd="" yyyy=""></mm>

1. Complete the **How verified** textbox.

How verified: (expand full screen)	
	V ABC
	4000
	1

Provider meets SAMS Income Requirement.

1. Enter the Family size including adopted child(ren).

Note: The screen will refresh and display 120% Median Income for a family of the same size.

2. Enter the **Provider's Annual Gross Income**.



3. Click, Save.



The user is brought to the SAMS Annual Redetermination screen.

Under the Eligibility Requirements section.

1. Click **Determine Eligibility**.

SAMS Annual Redetermination				
NAME (10)		AGE DOB	GASE ID	ADOPTION TYPE Public
O Your data has been saved.				
SAMS Annual Redetermination				
Subsidy Heview ID	Review Effective Date: * 01/04/2021			
Redetermination Notice Sent Date: 12/23/2020	Form Received Date: 12/30/2020			
Eligibility Requirements				
View / Update Eligibility Requirements, 1. Provider meets Parental Requirements.				YES
2. Child meets Age Requirements.				YES
3. Provider meets SAMS income Requirement.				YES
Determine Eligibility				Eligible for Continued Subsidy: Not Determine

The **SAMS Annual Redetermination** screen appears, displaying the eligibility determination.

SAMS Annual Redetermination				
NAME / ID:		AGE, DOB	CASE ID	ADOPTION TYPE: PUDRE
SAMS Annual Redetermination				
Subsidy Review ID:	Review Effective Date: * 01/04/2021			
Redetermination Notice Sent Date:	Form Received Date:			
12/23/2020	12/30/2020			
Eligibility Requirements				
View / Update Eligibility Requirements.				
1. Provider meets Parental Requirements.				YES
2. Child meets Age Requirements.				YES
3. Provider meets SAMS Income Requirement.				YES
Determine Eligibility				Eligible for Continued Subsidy: YES

Uhio

Note: If you have failed to complete any required information used in determining eligibility, validation messages will display at the top of the screen.

Completing Subsidy Review Actions

1. Make a selection from the **Action Type** drop-down menu.

Note: The Action Type is defaulted to the selected Review Type and not modifiable unless the Review Type is Annual Redetermination. If the family is no longer eligible for continued subsidy, the Action Type will default to Notice of Termination and you will need to select an **Action Reason** and enter a **Notice of Termination mailed date**.

Note: When the Review Type is Annual Redetermination and Eligibility is Yes, the Action Type drop-down menu will display **Maintain Subsidy**, **Modification**, and **Notice of Suspension**. For assistance in selecting the Action Type, see Adding a Review. Maintain Subsidy should be selected if there are no changes to the current Subsidy Amount and the agency is able to complete the annual redetermination.

When the Action Type of Maintain Subsidy is selected:

2. Verify the **Subsidy Amount** is correct, if updates are necessary, select a **Modification**.

Determine Eligibility		Eligible for Continued Subsidy: YES
Actions		
Action Type: *	Maintain Subsidy	~
Subsidy Details		
Subsidy Amount:		\$300.00

When the Action Type of Modification is selected:

- 3. Select the Action Reason from the drop-down menu.
- 4. Enter the Requested Amount.
- 5. Select **Yes** or **No** from the drop-down menu in response to the following question: Have the agency and adoptive parents agreed upon a new subsidy amount?

Note: The Requested Amount and Has the agency and adoptive parents agreed upon a new subsidy amount? will not display until an Action Reason has been selected.

• When, Have the agency and adoptive parents agreed upon a new subsidy amount? in the Actions section is No, the current Subsidy Amount displays in the Subsidy Details section.



- When Have the agency and adoptive parents agreed upon a new subsidy amount? in the Actions section is Yes, the current Subsidy Amount displays in the Subsidy Details section and additional fields will display.
- 6. Enter the New Subsidy Amount.
- 7. Enter the Amended SAMS Agreement Date.

Actions			
Action Type: *	Modification		~
Action Reason:	Adoptive Parent(s) Request		(¥]
Requested Amount:		5	250.00
e the agency and adoptive parents agreed upon a new subsidy amount?		Yes	*
Subsidy Details			
Subsidy Amount:		gent v 5 250 00 Ves v 5300 00	
New Subsidy Amount:		5	
Amended SAMS Agreement Date:			*
Requested Annount: Have the agency and adoptive parents agreed upon a new subsidy amount? Subsidy Details Subsidy Amount: New Subsidy Amount: Amended SAMS Agreement Date:		S Yes	250.00 ~ \$300.00

When the Action Type of Notice of Suspension is selected:

- 8. Select the **Action Reason** from the drop-down menu.
- 9. Enter the Notice of Suspension Mailed Date.

Note: The Notice of Suspension Mailed Date can be entered at a later date.

- 10. Enter text in the Comments box (not required).
- 11. Click, Process for Approval.

Actions	
Action Type: "	Notice of Suspension ~
Action Reason:	v
Notice of Suspension Mailed Date:	(
Subsidy Details	
Subsidy Amount:	\$300.00
Comments: (expand full screen)	✓ ABC 4000
Process for Approval	



The **Process Approval** screen appears.

Process Approval				
Work Bern				
10; 3xx8.10;	Type: Tean Type:	ADOPTPERSON Adaption Subject Review	Roberence: Task Roberence: Task Status:	
Routing Approval Action				
Action: *	Pixase Select An Action +			
Comments:				
	Spel Ches Chur Provid			
Agency:	County Department of Job and Family Services +			
Reviewers/ Approvers:	Please Select A Reviewer/Approver +			
Save Cancel				

The Adoption Subsidy screen appears.

1. Click the **Reviews** drawer.

CRISE/OFFS Inner	O Your data has been changed							×
> Adoretion Juliaida	Person Selection							
Soccessorie EASSA NDIE Medical Elivitativ CRUS-ECOES Invary History Medical Materia Into	Person Search		- OR -	Person	ID:			60
SDE Prevent Rearch Mithadd Elwith - OR ~ Mithadd Elwith </td <td></td> <td></td>								
	Assigned Workers:							
	Subsidy and Review History							
	Subsidy Type	Agency Name	Provider Name / ID	Application Received Date	Status	Current Amount		
	SAMS Effective 07/07/2015	- 01/31/2030		1.1	1	à.		
	INT SAMS	CDJFS		07/07/2015	Approved	\$1,000.00	accest	
	Payee Information.~ Reviews.~							

The **Reviews** drawer will expand to display the reviews.

AMS	Effective 07/07/201	5 - 01/31/2030	har and the second s						
en S	SAMS	CDJFS		07/07	/2015	Approved	\$1,000.00	acceal	
P	ayee Information >	·							
R	Reviews ^								
Ш	sal Rev	iew Type:	Action Type:	Review Effective Date:	Status:	Subsidy	agenal		

Creating a SAMS Modification

Navigate to the Adoption Subsidy screen.

- 1. Enter the Review Effective Date.
- 2. Select Modification from the Review Type drop-down menu (this will activate the Add Review button).
- 3. Click, Add Review.



<u>childline</u> r	Person Selection							
Anotac Jaken	Penint Search		~ OR ~	Person ID:				0
Childeallare-dan Industrie-da Industrietari Industrietari Industrietari Industrietari Industrietari	Name / ID: Assigned Workers:		Ape. DOIt:	Case ID:				
	Subsidy and Review History							
	Subsidy Type SAMS Effective 07/07/2015 - 01/31/2030	Agency Name	Provider Name / ID	Application Received Date	Status	Current Amount		
	init SAMS Pavee Information.~ Briviews.~	CDUFS		07/07/2015	Approved	\$1,000.00	reat	
	Adoption Assistance Effective 07/13/201 IIII: Adoption Assistance Pavee Information ~	5 Licking CDJFS		07/07/2015	Denied	\$0.00	-	•
	Add Subsidy							
	Subsidy Type:	Adoption Type:		• [001000]				
	Add Review							
	Review Effective Date: *	Review Type:		• [RENIE]				

The **SAMS Modification** screen appears.

- 4. The **Review Effective Date** will populate but is editable.
- 5. Enter the **Form Received Date**.
- 6. The Action Reason will pre-populate with Modification.
- 7. Make a selection from the **Action Reason** drop-down menu. Upon selecting the **Action Reason**, the screen will expand.
- 8. Enter the **Requested Amount**.
- 9. Select, **Yes** or **No**, from drop-down menu in response to the following question: **Have the agency and adoptive parents agreed upon a new subsidy amount?**
- 10. If No is selected, Subsidy Details will display. The current Subsidy Amount will pre-populate. The user can make any necessary comments and Process for Approval.
- 11. If Yes is selected in response to, Have the agency and adoptive parents agreed upon a new subsidy amount?, Subsidy Details will display including the current Subsidy Amount.
- 12. Enter the New Subsidy Amount.
- 13. Enter the Amended SAMS Agreement Date.
- 14. Enter any **Comments** as needed.
- 15. Click, **Process for Approval**.



AMS Modification				
VARE / ID		AGE, DOD:	CASE ID.	ADOPTION TYPE: Public
AMS Modification				
ubaldy Review ID:	Review Effective Date: * 01/18/2021			
orm Received Date: D1/11/2021				
Actions				
Action Type: *			Modification	
Action Reason:			Adoptive Parent(s) Request	
Requested Amount:				\$ 100.00
Have the agency and adoptive parents agreed upon a new subsidy amount?				Yes
ubsidy Details				
- ubsidy Amount:				\$1,000
ew Subsidy Amount:				\$
Imended SAMS Agreement Date:				(d
ments: (expand full screen)				✓ ABC 4000
ocess for Approval				

The Process Approval screen appears.

- 1. Make a selection from the **Action** drop-down menu.
- 2. Make a selection from the **Reviewers/Approvers** drop-down menu.
- 3. Click, Save.

Process Approval				
Work then				
IQ: Tatak IQ:	Type: Tesk Type:	ADOPTPERSON Adoption Subsidy Review	Reference: Task Reference: Task Status:	
Routing Approval Action				
Action: *	Please Select An Action +			
Comments:				
	Spoil Direck Clear			1
Agency:	County Department of Job and Family Services +			
Reviewers/Approvect:	Please Select A Reviewer/Approver •			
Save Carcel				

Once the approval has been processed, the Adoption Subsidy screen will appear.

4. Click the **Reviews** drawer to see the added Review.



CREATER STATE	O Your data has been changed.							
Adoction Submidy	Person Selection							
Inconsector Instata Andreas Electrico CALS - COLL Instato - Hintory CALS - COLL Instato - Hintory	Person Search		~ OR ~	Person	10:			Go
Data dd: Mitad Bistion Station Dialoutier, man Dialoutier, ma								
	Assigned Workers:							
	Subsidy and Review Histo	ry.						
	Subsidy Type	Agency Name	Provider Name / ID	Application Received Date	Status	Current Amount		
	SAMS Effective 10/18/20	16 - 04/30/2033			_			
	MM SAMS	CDJFS		08/04/2016	Approved	\$300.00	RODER	
	Payee Information >	·						_
		eview Type:	Action Type: Review Effectiv	e Date: Status:	Subsidy	anna		

Creating a Notice of Suspension

Navigate to the Adoption Subsidy screen.

- 1. Enter the Review Effective Date.
- 2. Select Notice of Suspension from the Review Type drop-down menu (this will activate the Add Review button).
- 3. Click, Add Review.

Discourses	Person Selection							
	Perce Smith		- OR -	Person IC:				•
2011061194-than Malatifation Malatifatiban Internethers	Name I 10.		Age, DOI:	Case ID.				
mana more sile Balandi and Balandi Balandi and Balandi Balangan dan min	Assigned Workers:							
	Subsidy and Review History							
	Subsudy Type SAMS Effective 07/07/2015 - 01/01/2003	Agency Name	Provider Name / ID	Application Necessed Date	Katus	Current Amount		
	III SAMS Paves Information.~ Berlans.~	CDJFS		stratigens	Approved	\$1,000.00	-	•
	Adoption Assistance Effective 07/15/2015 mi Adoption Assistance Barvet Information, ~	CDJFS		87/87/2015	Denied	50.00	-	•
	Add Subnitly							
	Subsidy Typer	Adoption Type:		·				
	Add fleview							
	Review Effective Date: *	Review Type:	5	. [2025000]				

The **SAMS Notice of Suspension** screen appears.

- The Review Effective Date will populate but is editable.
- The Action Reason will pre-populate with Notice of Suspension.
- 4. Make a selection from the **Action Reason** drop-down menu.
- 5. Enter the Notice of Suspension Mailed Date.
- 6. Enter any **Comments**.



Suspending a SAMS Subsidy

- 1. Navigate to the most recently **Approved** review with a **Review Type** of **Notice of Suspension**.
- 2. Click the edit link.

	Subsicly Type	Agency Name	Provider Name / ID		Application Received Date	Status	Current Amount		
MS	5 Effective 06/01/2015 -	11/30/2030							
W.	K SAMS	CDJFS			06/01/2015	Approved	\$300.00	legge	
	Payee Information ~ Reviews ^	Review Type: Notice of Suspension							
	edit Ri N		Action Type: Notice of Suspension	Review Effective Date: 03/01/2021	Status: Approved	Subsid Amoun	y acceal		

The SAMS Notice of Suspension screen appears.

Information previously entered in the associated **Notice of Suspension** Review will populate.

- 3. Verify the **Notice of Suspension Mailed Date** is accurate (it will populate but is editable).
- 4. Click, Suspend Subsidy.

SAMS Notice of Suspension		
Subsidy Review ID:	Review Effective Date: * 03/01/2021	
Actions		
Action Type: "		Notice of Suspension ~
Action Reason:		Adoption Not Finalized Within 12 Months
Notice of Suspension Malled Date:		03/01/2021
Comments: (expand full screen)		
test		

The SAMS Suspension screen appears.

- 5. Make a selection from the **Action Reason** drop-down menu.
- 6. Enter narrative in the Reason for Suspension textbox.
- 7. Add Comments if needed.
- 8. Click, Process for Approval.
- 9. Enter the **Review Effective Date**.

Note:



- The Review Effective Date cannot be prior to issued SAMS payments.
- The Notice of Suspension Mailed Date will pre-populate.
- The Action Type will default to Suspension.

SAMS Suspension				
NAME / ID:		AGE, DOB:	CASE ID:	ADOPTION TYPE: Public
SAMS Suspension				
Subsidy Review ID:	Review Effective Date: *			
Notice of Suspension Mailed Date: 03/01/2021				
Actions				
Action Type: "			Suspension	~
Action Reason:				~
Reason for Suspension: (expand full screen)				
				✓ABC 4000
Comments: (expand full screen)				✓ ABC 4000
Process for Approval				

The Process Approval screen appears.

- 1. Follow instructions previously discussed for processing and approval.
- 2. Click, Save.

The Adoption Subsidy screen appears.

3. Click the **Reviews** drawer.

The **Reviews** drawer will expand to display the **Notice of Suspension**.

CR0-E/DE3.town	O Yor	ur data has been changed.								×
Eiskillefistenskille Adooton Subsity		Person Selection								
Restau Resta KBP Medical Excellent CRILECOLS Inversitieter	Pe	rson Search		- OR -		Person ID:				60
Internant Materie unter Medicali Card Hotory Child Succost Rotheral Child Succost Information	Narr	te / ID:		Age, DOB:		Case ID:				
	Ass	igned Workers:								
	Sub	sidy and Review Hist	ory							
		Subsidy Type	Agency Name	Provider N	lame / ID	Application Received Date	Status	Current Amount	2	
	Ad	loption Assistance Ef	fective 03/24/2017 - 03/	31/2025						
	vino	Adoption Assistance	CDJFS			03/24/2017	Approved	\$600.00	PREE	
		Payee Information	¥							
	[Reviews.^								
				Action Tune:		Ristory	Subsidy			



Creating a Notice of Termination

- 1. Navigate to the Adoption Subsidy screen.
- 2. Enter the Review Effective Date.
- 3. Select, Notice of Termination from the Review Type drop-down menu (this will activate the Add Review button).
- 4. Click, Add Review.

CRIS-E/O	DIES Inquiry										
Eligibility:Reimbursability Prevention Services Monresuring PASSS KEIE		Person Se	Person Selection Person Search ~ OR ~				Person ID:			Go	
Medicaid CRIS-E/O Medicaid Medicaid Child Sup	Eligibility DES Inquiry History Mailing Info Card History wort Referral	Name / ID:		As	ge, DOB	:		Case	ID:		
Subsi	dy and Review	Assigned	Workers:								
	Subsidy Type	Agency Name	Prov	ider Name / ID		Applica Received	ition I Date	Status	Current Amount		
SAM	IS Effective 10/	18/2016 - (04/30/2033								
view	SAMS	CDJFS			C	08/04/2016		Approved	\$300.00	appeal	•
	Payee Informa Reviews ∨	ition ∨									
Ado	ption Assistan	ce Effectiv	e 10/19/2016	(
<u>view</u>	Adoption Assistance	CDJFS			C)8/04/2016		Denied	\$0.00	appeal	ħ.
	Payee Informa	a <u>tion</u> ∨									
Add S	Subsidy										
Subsi	dy Type:	~	Adoption Ty	⊳e: ∽	A	Add Subsidy					
Add F	Review										
Revie	w Effective Date	*	Review Type	•	A	Add Review					



The SAMS Notice of Termination screen appears.

Note: The Review Effective Date will populate, but it editable.

5. Click the Eligibility Requirements link.

SAMS Notice of Termination				
NAME / ID:		AGE, DOB:	CASE ID:	ADOPTION TYPE: Public
SAMS Notice of Termination				
Subsidy Review ID:	Review Effective Date: * 03/08/2021			
Eligibility Requirements				
View / Update Eligibility Requirements.				INCOMPLETE
2. Child meets Age Requirements.				INCOMPLETE
3. Provider meets SAMS Income Requirement.				INCOMPLETE
Determine Eligibility			Eligible	for Continued Subsidy: Not Determined

The Eligibility Requirements screen appears.

Eligibility Requirements			
NAME / ID:	AGE, DOB	CASE ID.	ADOPTION TYPE. Public
O Your data has been saved.			×
Eligibility Requirements			
1. Provider meets Parental Requirements.			
Is the adoptive parent(s) still financially supporting the child?			· · ·
2. Child meets Age Requirements.			
Is the child under 18 years of age?			Yes
Child's age as of Review Effective Date:			5 years 10 months

Provider meets Parental Requirements.

1. Select the **Yes** or **No** from the drop-down menu in response to the question: Is the adoptive parents(s) still financially supporting the child?





Child meets maximum Age Requirements.



The system will populate the following fields using the child's **Date of Birth** from the **Person Profile** and the **Review Effective Date**.

- Is the child under 18 years of age?
- Child's age as of Review Effective Date

Note: If extending the subsidy past the child's 18th birth month, select **Yes** from the drop-down menu in response to the following question: **Is this** review for an extension?

Note: This will only display when the child is 17 ½ years of age or older. When **Yes** is selected for **Is this review for an extension?** The question, **"Is the child mentally or physically disabled as diagnosed by a qualified professional?"** will display. If **Yes** is selected, the **Person Characteristics** section will appear.

2. Clinically Diagnosed Characteristics that are active as of the Review Effective Date will display. Verify the information is correct, if updates are necessary, use the **Update Characteristics** button to complete in the Characteristics tab of the person record.

Characteristics	Category	Benin Date	End Date
Characteristics	category	Degin Date	
Postive Toxicology Screen at Birth - Cocaine	Prenatal/Birth	<mm dd="" yyyy=""></mm>	<mm dd="" yyyy=""></mm>

3. Complete the **How verified** textbox.





Provider meets SAMS Income Requirement.

4. Enter the Family size including adopted child(ren).

Note: The screen will refresh and display 120% Median Income for a family of the same size.

- 5. Enter the **Provider's Annual Gross Income**.
- 6. Click, Save.

Family size including adopted child(ren):	
120% Median income for a family of the same size:	\$0.00
Provider's Annual Gross Income:	\$

Apply Save Cancel

The user is brought to the **SAMS Notice of Termination** screen.

Under the Eligibility Requirements section.

1. Click Determine Eligibility.

SAMS Notice of Termination		
Subsidy Review ID:	Review Effective Date: * 03/08/2021	
Eligibility Requirements View / Update Eligibility Requirements.		
1. Provider meets Parental Requirements.		YES
2. Child meets Age Requirements.		YES
3. Provider meets SAMS Income Requirement.		YES
Determine Eligibility		Eligible for Continued Subsidy: Not Determined



Note: If you have failed to complete any required information used in determining eligibility, validation messages will display at the top of the screen.

Once the Eligible for Continued Subsidy is **YES** or **NO**, the screen will expand to display the **Actions** section.

The Action Type will default to Notice of Termination.

- 2. Select the Action Reason from the drop down.
- 3. Enter the Notice of Termination Mailed Date.
- 4. Enter **Comments**.
- 5. **Process for Approval**.

Determine Eligibility	Eligible for Continued Subsidy: YES
Actions	
Action Type: *	Notice of Termination
Action Reason:	×
Notice of Termination Mailed Date:	**
Comments: (expand full screen)	
	✓ ABC
	4000
Process for Approval	

The **Process Approval** screen appears.

- 1. Follow process approval directions previously listed in this article.
- 2. Click, Save.



Home	Intake	Case	Provider	Financial	Administration
Alerts	Action Items	Approvals Ass	signments		
Process Appr	roval				
Work Item					
ID:		Туре:	ADOPTPER	SON Reference:	
Task ID:		Task Type:	SAMS Revie	W Task Reference Task Status:	:
Routing/App	roval Action				
Action: * Comments:	Please Select An	Action 🗸			
Agency:	Spell Check	Clear 2000 Department of Job and Far	mily Services		v
Approvers:	Please Select A F	Reviewer/Approver			

The Adoption Subsidy screen appears.

3. Click the **Reviews** drawer.

CRISECOELINARY	O Visor data has been shareged							
detection ladeads	Person Selection							
fasta MR Manas Doubly (2016/2018 American) Destant Melocita	Ferron Search		~ OR ~	Person ID:				69
Index Les marr Cald avec Shine Cald avec Shines	Name / ID:		Age, DOB:	Case ID:				
	Assigned Workers:							
	Subsidy and Review History							
	Subsidy Type	Agency Name	Provider Name / ID	Application Received Date	Status	Current Amount		
	SAMS Effective 04/10/2010 - 05/	01/2025						
	star SAMS Payee Information ~	CDJFS		04/13/2010	Approved	\$240.00	ATTAL	

The **Reviews** drawer will expand to display the **Notice of Termination**.



RILECIES Invent	• Your data has been	changed.							
doption Subsidy	Person Selection	1							
domounoo 252 29 Mituut Liobath Mituut Liobath Mituut Maliou John	Person Search		~ OR ~		Person ID:				Gø
hedicaid, Caedi Helton Inhi, Succed, Rofestal Inhi, Succed, Information	Name / ID:		Age, DOB:		Case ID:				
	Assigned Workers								
	Subsidy and Rev	view History							
	Subsidy and Rev Subsid	view History hy Type Agency Name	Provider N	lame / ID	Application Received Date	Status	Current Amoun	t	
	Subsidy and Rev Subsid SAMS Effective	View History Ny Type Agency Name	Provider N	iame / ID	Application Received Date	Status	Current Amoun	t	
	Subsidy and Rev Subsid SAMS Effective wer SAMS	View History Ny Type Agency Name 20/26/2008 - 07/31/2022 CDJFS	Provider N	lame / ID	Application Received Date	Status	Current Amoun	t Jocean	
	Subsidy and Rev Subsid SAMS Effective SAMS Payee Info	View History y Type Agency Name 02/26/2008 - 07/31/2022 CDJFS rmation V	Provider N	łame / ID	Application Received Date 01/30/2008	Status	Current Amoun	t Joccai	•
	Subsidy and Rev Subsid SAMS Effective ver SAMS Payee Info Reviews	riew History y Type Agency Name 0 02/26/2028 - 07/31/2022 CDJFS rmation ~	Provider N	lame / ID	Application Received Date 01/30/2008	Status	Gurrent Amoun \$300.00	t Joccal	•

To continue terminating the subsidy, see the **Terminating a Subsidy** section below.

Terminating a Subsidy

- In order to terminate a subsidy, navigate to the Adoption Subsidy screen and locate the most recently Approved review with a Review Type of Notice of Termination.
- 2. Click the **edit** link.

PASSS REE Medical Evidith	Penion Search		~ OR ~	Person ID:				GQ
CRISE-LOCEL Insurer History Medicant Matino Info Medicald, Carll History Chiel Success Referent Chiel Success Referention	Name / ID:		Age, DOB:	Case ID:				
	Assigned Workers:							
	Subsidy and Review H	listory						
						1		
	Subsidy Typ	e Agency Name	Provider Name / ID	Application Received Date	Status	Current Amount		
	Subsidy Typ SAMS Effective 02/20	e Agency Name	Provider Name / ID	Application Received Date	Status	Gurrent Amount		
	Subsidy Typ SAMS Effective 02/20 IIIII SAMS Payee Informati Reviews ^	e Agency Name 3/2008 - 02/28/2021 CDJFS on.	Provider Name / ID	Application Received Date	Status	Current Amount	Piced	•

The SAMS Notice of Termination screen appears.

- 3. Information previously entered in the associated **Notice of Termination** Review will populate for review.
- 4. Verify the **Notice of Termination Mailed Date** is accurate (it will pre-populate but is editable).
- 5. If everything is correct, no changes need be made. Click **Terminate Subsidy**.



SAMS Notice of Termination		
Subsidy Review ID:	Review Effective Date: * 03/08/2021	
Eligibility Requirements		
View / Update Eligibility Requirements.		
1. Provider meets Parental Requirements.		YES
2. Child meets Age Requirements.		YES
3. Provider meets SAMS Income Requirement.		YES
Actions		
Actions		
Action Reason:		Adoptive Parent(s) Request
Notice of Termination Mailed Date:		03/15/2021
Terminate Subsidy		
mments: (expand full screen)		
	Apply Save Cancel	

The **SAMS Termination** screen appears.

- 6. Enter the **Review Effective Date**.
- 7. Click the Eligibility Requirements link.



SAMS Termination		
Subsidy Review ID:	Review Effective Date: *	
Notice of Termination Mailed Date: 03/09/2021		
Eligibility Requirements		
View / Update Eligibility Requirements.		
1. Provider meets Parental Requirements.		INCOMPLETE
2. Child meets Age Requirements.		INCOMPLETE
3. Provider meets SAMS Income Requirement.		INCOMPLETE

The Eligibility Requirements screen appears.

Eligibility Requirements			
1. Provider meets Parent	al Requirements.		
Is the adoptive parent(s) sti	II financially supporting the child?		~
2. Child meets Age Requ	rements.		
Is the child under 18 years	of age?		Yes
Child's age as of Review Ef	fective Date:		9 years 4 months

Provider meets Parental Requirements.

1. Select the **Yes** or **No** from the drop-down menu in response to the question: Is the adoptive parents(s) still financially supporting the child?



Child meets Age Requirements.

2. Child meets Age Requirements.	
Is the child under 18 years of age?	Yes
Child's age as of Review Effective Date:	9 years 4 months

The system will populate the following fields using the child's **Date of Birth** from the **Person Profile** and the **Review Effective Date**.



- Is the child under 18 years of age?
- Child's age as of Review Effective Date

Note: If extending the subsidy past the child's 18th birth month, select **Yes** from the drop-down menu in response to the following question: **Is this** review for an extension?

Note: This will only display when the child is 17 ½ years of age or older. When **Yes** is selected for **Is this review for an extension?** The question, **"Is the child mentally or physically disabled as diagnosed by a qualified professional?"** will display. If **Yes** is selected, the **Person Characteristics** section will appear.

2. Clinically Diagnosed Characteristics that are active as of the Review Effective Date will display. Verify the information is correct, if updates are necessary, use the **Update Characteristics** button to complete in the Characteristics tab of the person record.

Displaying only clinically diagnosed person characteristics. Characteristics Category Beg	
Characteristics Category Beg	
	n Date End Date
Postive Toxicology Screen at Birth - Cocaine Prenatal/Birth MM/DD/YYYY	/> <mm dd="" yyyy=""></mm>

3. Complete the **How verified** textbox.



Provider meets SAMS Income Requirement.

1. Enter the Family size including adopted child(ren).

Note: The screen will refresh and display **120% Median Income for a family of the same size.**

2. Enter the **Provider's Annual Gross Income**.



3. Click, Save.



Cancel

Apply

The SAMS Termination screen appears.

Under the Eligibility Requirements section.

1. Click Determine Eligibility.

Note: If you have failed to complete any required information used in determining eligibility, validation messages will display at the top of the screen.

Once the Eligible for Continued Subsidy is **YES** or **NO**, the screen will expand to display the **Actions** section.



The Action Type will default to Termination.



- 2. Select the Action Reason from the drop-down menu.
- 3. Enter Reason for Termination.
- 4. Enter **Comments**.
- 5. Click, Process for Approval.

Actions	
Action Type: *	Termination
Action Reason:	· ·
Reason for Termination: (expand full screen)	✓ ABC 4000
Comments: (<u>expand full screen)</u>	 ✓ ABC 4000

The Process Approval screen appears.

- 1. Follow process approval directions previously listed in this article.
- 2. Click, Save.

Process Approval						
Work Item						
ID:		Туре:	ADOPTPERSON	Reference:		
Task ID:		Task Type:	SAMS Review	Task Reference:		
				Task Status:		
Routing/Approval A	Action					
Action: *	Please Select A	n Action				
Comments:					*	
					•	
	Spell Check	Clear 2000				
Agency:	Count	ty Department of Job and Family	Services	~		
Reviewers/ Approvers: Please Select A Reviewer/Approver						
Save Cancel						

Ohio

The Adoption Subsidy screen appears.

3. Click the **Reviews** drawer.

Adoption	Subsidy	Feison Sele	:001					
Nonrecurring PASSS KPIP Medicaid Eligi CRIS-E/OIES	ibility. S Inquiry History.	Person Search	~ (DR ~	Pers	son ID:		Go
Subsidy and Review History								
	Subsidy Type	Agency Name	Provider Name / ID	Application Received Date	Status	Current Amount		
SAN	IS Effective	07/07/2015	- 05/31/2021					
<u>view</u>	SAMS	CDJFS		07/07/2015	Approved	\$300.00	<u>appeal</u>	

The **Reviews** drawer expands to display the **Termination**.

R	leviews	s ^				
	<u>view</u>	Review Type: Termination	Action Type: Termination	Review Effective Date: 05/03/2021	Status: Terminated	Subsidy _{ppeal} Amount: \$300.00

If you need additional information or assistance, please contact the SACWIS Help Desk at: 614-466-0978, select #3, then select #5.

