

Knowledge Base Article

Table of Contents

| Overview | 3 |
|---------------------------------------------------------|-----|
| Reimbursement of Nonrecurring Adoption Expenses | 3 |
| Nonrecurring Adoption Subsidy Eligibility Determination | 3 |
| Completing Requirements 1 to 4 | 6 |
| Nonrecurring Adoption Subsidy Payment Processing | .11 |



Overview

This Knowledge Base Article discusses the **Nonrecurring Adoption Subsidy** functionality. The article explains the **Eligibility Determination Process** and the **Payment Processing** function for a **Nonrecurring Adoption Subsidy**.

Reimbursement of Nonrecurring Adoption Expenses

Any Application for Reimbursement of Nonrecurring Adoption Expenses (JFS 01421) will be processed in Ohio SACWIS.

Important: All Nonrecurring Adoption Expenses claimed by the Public Children Services Agency (PCSA) **must be processed in Ohio SACWIS for the PCSA to receive reimbursement**.

Nonrecurring Adoption Subsidy Eligibility Determination

To create a new Nonrecurring Adoption Subsidy, complete the following steps in the Ohio SACWIS system.

- 1. Click the Financial tab.
- 2. Click the **Eligibility** tab.
- 3. Click the **Nonrecurring** link in the **Navigation** menu.
- 4. Click the **Person Search** button or if you know the **Person ID** put the number in and click **Go**.

| Home | Intake | Case | Provider | Financial | Administration |
|----------------------------------------------------|---------------------------------------|---------|----------|------------|----------------|
| Services Eligibility | Payment Be | enefits | | | |
| < > | | | | | |
| CRIS-E/OIES Inquiry Eligibility/Reimbursability | Person Selection | | | | |
| Adoption Subsidy | | | 0.5 | Person ID: | |
| Nonrecurring PASSS | Person Search | | ~ OR ~ | | Go |
| KPIP Medicaid Eligibility | · · · · · · · · · · · · · · · · · · · | | | | |
| CRIS-E/OIES Inquiry History | | | | | |
| Medicaid Mailing Info | | | | | |

The Nonrecurring Subsidy History screen displays.

5. Select whether the subsidy is **Public**, **Private or Independent** from the drop-down menu.



6. Click the Add Subsidy button.

Note: An AA or SAMS Subsidy may already exist for the child within the Nonrecurring Subsidy History section.

| Name / ID: Test, Child / 123456 | Age, DOB: | Cas 123 | e ID: 34 | | |
|------------------------------------|----------------------------------------------|------------------------------|--------------------------|----------|------|
| Include Created in Error | | | | | |
| Nonrecurring Subsidy History | | | | | |
| Provider / ID | Agency Name | Application Received Date | Effective & End Dates | Status | |
| edit Test, Provider / 456789 | Test County Children Services Board | 11/18/2016 | 11/18/2016 | Approved | |
| Payee Information ~ | | | | | |
| | | | | | |
| Kinship Guardianship Assistance | Program | | | | |
| Provider / ID | Agency Name Application | | ffective & End Dates | Status | |
| A KGAP Nonrecurring Subsidy red | cord does not exist for the selected person. | 1. | | | - si |
| | | | | | |
| | | | | | |
| Add Subsidy | | | | | |

The Select Provider screen appears.

Add Subsidy

1. Click the **Provider Search** button or if you know the **Provider ID** insert number and click **Go**.

| Provider Information | | | | |
|--------------------------------------------------------|----------------------------------------|--------------------------------|-----------------|----|
| AA Provider Name / ID: | | | | |
| | | | | |
| To link a different Provider use P | rovider Search or enter a Provider ID. | | | |
| | | | Provider ID: | |
| Provider Search | ~ OR ~ | | | Go |
| | | | | |
| The Provid Click Continue | ler displays. | | | |
| | nue. | | | |
| Provider Information | | | | |
| AA Provider Name / ID: | | | | |
| | | | | |
| To link a different Provider use F | rovider Search or enter a Provider ID. | | | |
| | | | Provider ID: | |
| Provider Search | ~ OR ~ | | | Go |
| | | | | |
| Provider Name / ID: | Payee Name / ID: | Payee Address: Test Address | Payment Method: | |
| Test, Provider / 123456 | Test, Payee / 12345 | Ohio 12345 | Check | |
| | | | | |
| | | | | |
| | | Continue Cancel | | |

The Non-Recurring Subsidy - Application screen appears as shown below.

Note: If an AA or SAMS Subsidy already exists, the following dates will pre-populate into the Nonrecurring Subsidy from that existing record:

- Social / Med Date
- Home Study Date
- Adoption Finalized Date or Adoption Disruption Date

If this is a new AA or SAMS Subsidy then you will need to fill out all required fields.

4. Enter the **JFS 01421 Received Date**. This date cannot be prior to July 1, 2016. (Required)



| Application Payments | |
|-----------------------------------------------------------------|---------------------------|
| | |
| Nonrecurring Subsidy | |
| Nonrecurring Application Received Date (JF S01421): * | Adoption Disruption Date: |
| Child's Social & Medical History Form (JFS01616) Provided Date: | Adoption Finalized Date: |
| Home Study Date: | |

5. In the **Eligibility Requirement** section, click the **Eligibility Requirements** link.

| Adoptive Placement Date: | |
|-------------------------------------------------------|--------------------------|
| Eligibility Requirements | |
| View / Update Eligibility Requirements. | |
| 1. Child is Free for Adoption. | INCOMPLETE |
| 2. Biological Parent not in the Adoptive Home. | INCOMPLETE |
| 3. Child has Special Needs Factors. | INCOMPLETE |
| 4. Efforts have been made to place without a subsidy. | INCOMPLETE |
| Determine Eligibility | Eligible: Not Determined |

The **Eligibility Requirements** screen appears. The steps for the next screen will provide the elements needed for the person's eligibility determination.

The **Requirements 1 to 4** grid appears

Completing Requirements 1 to 4

- 1. Yes or No will pre-populate for if the Child is free for adoption and their Legal Status will also pre-populate for requirement 1.
- 2. Select **Yes** or **No** from the drop-down for if Biological Parents is not in the Adoptive Home for **requirement 2**.
- 3. For requirement 3, a child must have at least one Clinically Diagnosed Special Needs Factor supported by one or more Person Characteristics OR at least one Other Special Needs Factor. Ensure all clinically diagnosed person characteristics are added by clicking the Update Characteristics button.
- 4. For requirement 3, ensure to check mark all applicable boxes for Clinically Diagnosed Special Needs Factors and Other Special Needs Factors.
- 5. In order to save the data on this screen you must fill out the **text box** for **How** were Special Needs Verified?
- 6. For **requirement 4**, Select **Yes** or **No** from the drop down menu and fill out **text box**.
- 7. Click **Save** at the bottom of the screen.



| 1. Child is free for adoption. | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. Child is nee for adoption. | | | | |
| Is the Child in the Permanent Custody / Permanent Surrender of the Agency, and either parents' rights have been terminated or they are deceased? | | | | |
| Legal Status: | | | | Temporary Custody 1st Extension |
| | | | | |
| | | | | |
| 2. Biological Parent is not in the Adoptive Home. | | | | |
| Has either biological parent been in the adoptive home during the past 90 calenda | ar days? | | | No |
| | | | | |
| | | | | |
| 3. Child has Special Needs Factors. | | | | |
| In order to be eligible, a child must have at least one Clinically Diagnosed Spec | cial Needs Factor supp | ported by one or more | Person Characteristic(s) OR at least one Other | Special Needs Factor. |
| Person Characteristics ^ | | | | |
| Displaying only clinically diagnosed person characteristics. | | | | |
| Characteristics | | Category | Begin Date | End Date |
| Allergies - Drug | Medical | | 05/27/2022 | |
| Allergies - Environmental | Medical | | 05/27/2022 | |
| | | | | |
| Update Characteristics | | | | |
| | | | | |
| View child's Medical History | | | | |
| Clinically Diagnosed Special Needs Factors (Check all that apply to | o the child): | | | |
| Developmental disability | | Physiological imp | pairment, cosmetic disfigurement, or anatomical loss | affecting 1 or more body systems |
| Physical impairment limiting 1 or more major life activity | | Mental or psych learning disabil | nological impairment (such as intellectual disabili itv) | ity, emotional mental illness, or a |
| Mental impairment limiting 1 or more major life activity | | | n causing distress, pain, dysfunction or social problem | ms requiring ongoing treatment |
| | | | | |
| Other Special Needs Factors (Check all that apply to the child): | | | | |
| Child or their biological family has a social or medical history establishing a su developing a Clinically Diagnosed Special Needs Factor | ubstantial risk for | 6 years old or old | | |
| Part of a sibling group being adopted together or is placed in the same adoptive place | ement of a sibling | | manent Custody for more than 1 year before an ado pective adoptive parent's home for at least 6 months | |
| previously adopted Over 12 months and is a member of a minority, racial, or ethnic group making it diffic | ult to place the child | | ould experience severe separation and loss if remov | |
| for adoption | | Experienced a pr | revious adoption disruption or 3 or more placements | |
| How were Special Needs verified: (expand full screen) | | | | |
| Test | | | | ✓ ABC |
| | | | | 3996 |
| | | | | 1 |
| | | | | |
| 4. Efforts have been made to place without a subsidy. | | | | |
| Has the agency made a reasonable but unsuccessful effort to place the child with specified in the child's case record as described in paragraph (A)(3) of rule 5101:2. | | | ption assistance, as supported by facts | Yes 🗸 |
| Please explain: (expand full screen) | | | | |
| Test | | | | ✓ ABC 3996 |
| | | | | 1 |
| | | | | |

Apply Save Cancel



The Non-Recurring Subsidy Application screen appears.

Note: Per rule **5101:2-49-21 Reimbursement of Nonrecurring Adoption Expenses for a Child with Special Needs, section (D)**, "the JFS 01421 'Application for Reimbursement of Nonrecurring Adoption Expenses' shall be submitted to the appropriate PCSA and approved prior to the adoption finalization or disruption prior to the adoption finalization, if applicable."

- 1. Review the **Eligibility Requirements** section. All fields in this section must display **Yes** in order to approve the Subsidy.
- 2. Click the Determine Eligibility button

| Application Payments | |
|-----------------------------------------------------------------|---------------------------|
| Nonrecurring Subsidy | |
| Nonrecurring Application Received Date (JFS01421): * 08/16/2023 | Adoption Disruption Date: |
| Child's Social & Medical History Form (JFS01616) Provided Date: | Adoption Finalized Date: |
| Home Study Date: | |
| Adoptive Placement Date: | |
| Eligibility Requirements | |
| View / Update <u>Eligibility Requirements.</u> | |
| 1. Child is Free for Adoption. | YES |
| 2. Biological Parent not in the Adoptive Home. | YES |
| 3. Child has Special Needs Factors. | YES |
| 4. Efforts have been made to place without a subsidy. | YES |
| Determine Eligibility | Eligible: Not Determined |

The Subsidy Determination will appear as Yes or No.

- 3. In the **Subsidy Details** section, enter the **JFS 01438 Agreement Date** OR the **Denial Date**, if applicable.
 - An **Agreement Date** and **Denial Date** cannot exist simultaneously. Either one or the other must be entered for the Application to save successfully.
 - Per rule **5101:2-49-21 Reimbursement of Nonrecurring Adoption Expenses for a Child with Special Needs, section (E)**, the JFS 01438 'Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in the Adoption of a Child with Special Needs' must be signed by the PCSA and adoptive parent(s) "prior to the adoption finalization or disruption prior to adoption finalization, if applicable."



- 4. If you entered a **Denial Date**, you must select a reason for the denial in the **Reasons for Denial** section.
- 5. If you selected **Other** as the reason for the denial you must enter a comment in the **Comments** text box.
- 6. Click, Save.

| Determine Eligibility | Eligible | : NO |
|-----------------------------------------------------------------------------|------------------------------------------------|------|
| Comments: (expand full screen) | ✓ ABC 4000 | |
| Subsidy Details | | |
| Denial Date: | | |
| Reason for Denial | | |
| Applied After Finalization Expense Limit No Special Needs Other | Bio-Parents in the House International Over 18 | |
| | Same Cancel | |

- 7. If your application is Eligible, you must enter the Agreement Date (JFS 01438).
- 8. Click Save.

| Determine Eligibility | | Eligible: YES |
|-----------------------------------------|-----------------------------------------|---------------|
| Comments: (<u>expand full screen</u>) | | ✓ ABC 4000 |
| Subsidy Details | | |
| Agreement Date (JFS 01438): | Nonrecurring Approval Date (JFS 01421): | |
| Process for Approval | | |
| | | |
| | | |
| | Apply Save Cancel | |
| | | |



The **Adoption Subsidy Program** screen appears displaying the **Subsidy History** grid showing the Status of the application as **Pending**, **Approved** or **Denied**.

The **Non-Recurring** Subsidy record will save within the **Subsidy History** in the same manner as an AA or SAMS record, as shown by the first **Non-Recurring** record in the example below.

- **Appeals** for Nonrecurring Subsidies will function in the same manner as an AA or SAMS record.
- A **Non-Recurring** Subsidy record can be marked **Created in Error** as long as payments are not associated with the record (shown by the second **Non-Recurring** record in the example below).
- The Nonrecurring Subsidy's **End Date** will be two years from either the **Adoption Finalized Date** or the **Adoption Disruption Date**. The worker will receive a notification 60 days prior to the End Date if a balance remains on the Subsidy.

| CRIS-E/OIES Inquiry | O Your data has been saved. | | | |
|-----------------------------|------------------------------------|-------------------------------|---------------------------|----------------------------|
| Eligibility/Reimbursability | | | | |
| Prevention Services | Person Selection | | | |
| Adoption Subsidy | | | | |
| Nonrecurring | | | | Person ID: |
| PASSS | Person Search | ~ OR ~ | | Go |
| KGAP | | | | |
| KPIP | | | | |
| Medicaid Eligibility | | | | |
| CRIS-E/OIES Inquiry History | | | | |
| Medicaid Mailing Info | Name / ID: Test, Child / 123456 | Age, DOB: | | Case ID: 456789 |
| Medicaid Card History | 1est, Child / 125456 | | | 430703 |
| Child Support Referral | Include Created in Error | | | |
| Child Support Information | Include Created in Error | | | |
| | - | | | |
| | Nonrecurring Subsidy History | | | |
| | Remedaning bassialy instally | | | |
| | Provider / ID | Agency Name | Application Received Date | Effective & Status |
| | i tovidei / ib | Agency Name | Application Received Date | End Dates |
| | | • • • • • • • • • | | |
| | view Test, Provider / 456 | Test County Children Services | 08/16/2023 | 08/16/2023 Approved appeal |
| | Device Information 14 | | | 00/10/2020 |
| | Payee Information ~ | | | |



Nonrecurring Adoption Subsidy Payment Processing

Payments for a **Nonrecurring Adoption Subsidy** are created within the Subsidy. After the Application portion of the Subsidy is completed and approved, the PCSA may begin generating payments that can be made either to the adoptive parent(s) or to the service provider(s).

In order to process payments, complete the following steps:

- 1. Navigate to the Nonrecurring screen:
 - a. Click the Financial tab.
 - b. Click the **Eligibility** tab.
 - c. Click the **Nonrecurring** link in the **Navigation** menu.

The Adoption Subsidy Program screen appears displaying the Subsidy History grid.

| Home | Case | Provider | Financial | Administration |
|-----------------------------------------------------|------------------------------------|-------------------------------|------------------|----------------------------|
| Workload Action Items | Services Eligibility Pay | ment Benefits | | |
| <> | | | | |
| CRIS-E/OIES Inquiry Eligibility/Reimbursability | Person Selection | | | |
| Prevention Services | | | Person ID | |
| Adoption Subsidy Nonrecurring | Person Search | ~ OR ~ | | Go |
| PASSS | | | | |
| (GAP (PIP | | | | |
| Medicald Eligibility | Name / ID: Test, Child / 123456 | Age, DOB: | Case ID: 7891 | |
| CRIS-E/OIES Inquiry History | <u>Test, Unita / 123436</u> | | 7651 | |
| ledicaid Card History | Include Created in Error | | | |
| Child Support Referral Child Support Information | | | | |
| and Support Information | Nonrecurring Subsidy History | | | |
| | Provider / ID | Agency Name | | ective & Status d Dates |
| | view Test, Provider / 123 | Test County Children Services | | 18/2023 Approved appeal |
| | Payee Information V | | | |

2. Click the **View** link next to the **Non-Recurring** Subsidy in which you want to process payments.

The Non-Recurring Subsidy Application screen appears.



| Application Payments | |
|-------------------------------------------------------------------------------|---------------------------|
| Nonrecurring Subsidy | |
| Nonrecurring Application Received Date (JF \$01421): * 08/16/2023 | Adoption Disruption Date: |
| Child's Social & Medical History Form (JFS01616) Provided Date: 08/16/2023 | Adoption Finalized Date: |
| Home Study Date: 08/16/2023 | |

3. Click the **Payments** tab.

The **Payments** screen appears.

4. Click the **Generate Payment** button.

| Application Payments | | | | |
|------------------------------|-------------|--------------|-------------|-------------------|
| | | | | |
| Payments | | | | |
| Payee Name / ID | Claim Dates | Service Type | Paid Amount | Reimbursed Amount |
| No Payments Exist | | | | |
| | | | | |
| Subsidy Limit: \$1,000.00 | | | | |
| Total Paid Amount: \$0.00 | | | | |
| Balance: \$1,000.00 | | | | Generate Payment |

The Non-Recurring Payment Information screen appears.

- 5. Perform one of the following actions to populate provider or parent information:
 - Click the Provider Search button to search for a service provider, OR
 - Click the **Pay Adoptive Parent(s)** button to populate the parent(s) information.
- 6. Enter an **Invoice Number** and **Invoice Date**, **Vendor Number** and/or **Purchase Order Number**, if applicable.



| Provider Information | | | |
|----------------------|---------------|------------------------|------------------------|
| Adoptive Parent(s): | | | |
| Provider Search | ~ OR ~ | Pay Adoptive Parent(s) | |
| Provider Name / ID: | | Payee Name / ID: | |
| Invoice Number: | Invoice Date: | Vendor Number: | Purchase Order Number: |

- 7. In the Service Information section:
 - a. Select the Service Type.
 - b. Enter the Claim Begin Date and the Claim End Date.
 - c. Enter comments in the User Comments text box, if desired.
 - d. Enter the **Requested Amount** for the payment. This is currently the amount that will be paid up to a maximum of \$1,000.00 per child.
- 8. Click the Create Payment button.

| Service Category: Nonrecurring Service Type: Claim Begin Date: Claim End Date: O8/16/2023 O8/16/2023 O8/16/2023 Comments: (expand full screen) Test Subsidy Limit: S1,000.00 | Nonrecurring Adoption Fees 08/16/2023 Imite Comments: (expand full screen) Test Subsidy Limit: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Test Subsidy Limit: \$1,000.00 | Test Subsidy Llmit: \$1,000.00 Total Paid Amount: \$0.00 Balance: |
| \$1,000.00 | S1,000.00 Total Paid Amount: S0.00 Balance: |
| | S0.00 Balance: |

The **Non-Recurring Payment Information** screen displays the **Payments Created** grid at the bottom of the screen.



| Subsidy Limit: \$1,000.00 | | | | | | |
|----------------------------------|------------------|---------------|-------------------------|------------------|-------------|---|
| Total Paid Amount: \$1,000.00 | | | | | | |
| Balance: \$0.00 | | | | | | |
| Requested Amount | | | | | | |
| S | | | | | | |
| Create Payment | | | | | | |
| Payments Created | | | | | | |
| Payee Name / ID | Person Name / ID | Service Type | Claim Dates | Requested Amount | Paid Amount | |
| Test, Payee / 123456 | Test / 456789 | Adoption Fees | 08/16/2023 - 08/16/2023 | \$1,000.00 | \$1,000.00 | Ì |
| | | | | | | |
| | | | | | | |

- 9. Review the payment(s) in the **Payments Created** grid.
 - A **Delete** link displays for a payment that has not yet been saved.

Save and Add to Roster

• In this example, the **Balance** for the Subsidy is now \$0 due to the creation of a \$1000.00 payment.

Cancel

• Multiple payments can be created if needed.

10. After creating the payment(s), you can either:

- Click the Cancel button to cancel without saving the payment, or
- Click the **Save and Add to Roster** button to save the payment with the instant creation of a new roster.
- 11. If you clicked the **Save and Add to Roster** button you will be sent to **the Add to Roster** screen.
- 12. **Select** the appropriate answer from the drop-down menu.
- 13. Click Save.



| Add to Roster | |
|------------------------|------|
| Roster Status: * | |
| Approved/Not Disbursed | ~ |
| | |
| Worker: | |
| Test, Worker | ~ |
| | |
| Roster Name: * | |
| 0323 Nonrecurring | * |
| Assigned Worker: | |
| Test, Worker | |
| | Save |

• Once the PCSA receives reimbursement for the payment, this amount will display under the **Reimbursed Amount** column of the summary (shown in green below).

| Payments | | | | |
|------------------------------|-------------------------|---------------|-------------|-------------------|
| Payee Name / ID | Claim Dates | Service Type | Paid Amount | Reimbursed Amount |
| Test, Payee / 123456 | 08/16/2023 - 08/16/2023 | Adoption Fees | \$1,000.00 | \$0.00 |
| | | | | |
| Subsidy Limit: \$1,000.00 | | | | |
| Total Paid Amount: | | | | |
| \$1,000.00 | | | | |
| Balance: \$0.00 | | | | |
| <i>\$</i> 0.00 | | | | Generate Payment |

If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

