

ADOPTION ASSISTANCE NEGOTIATION WORKSHEET

Adoption assistance is a program that provides assistance to adoptive parent(s) in certain defined and limited ways to provide for the needs of an eligible adopted child/youth. Adoption assistance is intended to help or remove financial or other barriers to the adoption of Colorado children/youth with identified needs by providing assistance to the parent(s) in caring for and raising the child/youth. [\(7.306.41 Title IV-E Adoption Assistance Program \[and 7.306.42\] \)](#). Adoption assistance may include Medicaid, monthly subsidy payments, case services, and non-recurring adoption expenses.

The county department must utilize financial information regarding the family including assets, liabilities and insurance benefits in negotiating the initial agreement, and any subsequent increases in adoption assistance. [\(7.306.41 Title IV-E Adoption Assistance Program \[and 7.306.42\] \)](#)

The county department shall base the negotiation on the needs of the child/youth and the circumstances of the adoptive parent(s). [\(All\)](#)

The payment that is agreed upon should combine with the parents' resources to cover the ordinary and special needs of the child/youth projected through the terms of the agreement and should cover anticipated needs.

During the negotiation of an adoption assistance agreement, it is important to keep in mind that the circumstances of the adopting parents and the needs of the child/youth must be considered together. The overall ability of a singular family to incorporate an individual child/youth into the household is the objective. The uniqueness of each child/youth/family situation may result in different amounts of payment.

Use these worksheets to review the needs of the child/youth and the circumstances of the family to help determine adoption assistance.

All portions of this worksheet are to be done in partnership between the adoptive parent(s) and the county department.

NOTICE AND GENERAL INFORMATION

- ☐ The use of this worksheet does not create a binding agreement between the adoptive parent(s) and county department.
- ☐ The county department maintains the discretion to offer a final adoption assistance agreement and the adoptive parent(s) maintain the discretion to reject the offered adoption assistance agreement.
- ☐ The family maintains the right to appeal any offered adoption assistance agreement, pursuant to C.R.S. 26-7-110.
- ☐ Pursuant to C.R.S. 26-7-104, the family shall be notified of:
 - ☐ The availability of adoption assistance – including subsidies and services – and an explanation of the difference between adoption assistance and foster care maintenance payments.
 - ☐ The availability of reimbursement for any nonrecurring expenses incurred in the adoption of a child/youth.
 - ☐ The availability of mental health services through the state Medicaid assistance program.
 - ☐ The federal adoption tax credit for an individual who is adopting or is considering adopting a child/youth in foster care or through a nonprofit child placement agency.
- ☐ The general right to bring to the adoption assistance negotiation:
 - ☐ Parties who possess relevant information about a child/youth's history and needs, including the child/youth's guardian ad litem or the family's advocate; and
 - ☐ Legal representation for a child/youth or prospective adoptive family.The right to request a negotiation meeting(s).
- ☐ This worksheet does not contain a formula for determining non-recurring expenses. However, nonrecurring expenses incurred in the adoption of an eligible child or youth may be reimbursed, pursuant to C.R.S. 26-7-106(2)©. Reimbursement for nonrecurring expenses incurred by or on behalf of the adoptive parent in connection with the adoption include but are not limited to:
 - ☐ Any fees ordinarily assessed by the State Department, a county department, or a child placement agency for adoption investigations and home study reports; and
 - ☐ Any reasonable and necessary adoption fees, court costs, attorney fees, and other expenses that are directly related to the legal adoption of the child.
- ☐ This worksheet should be provided to the adoptive parent(s) and county department at least 24 hours prior to the adoption assistance negotiation.

Resources and Definitions

Adoption Assistance Agreement – An agreement means a binding agreement that is negotiated between the adoptive parent(s) and county department regarding the subsidies and/or services that will be provided to the child/youth and/or adoptive parent(s).

Adoption Assistance Subsidy – A monthly cash payment made to the family. Subsidy payments must not include payments for services that are reasonably accessible and can be funded through other public or private sources, including but not limited to Social Security and Medicaid.

Anticipated Needs – Reasonably foreseeable identified needs that are known at the time of finalization of the adoption. Consideration of these anticipated needs are part of the good-faith negotiation between the adoptive parent(s) and the county department regarding the amount of the adoption assistance subsidy and/or services.

Case services – A type of purchased program services that support a case plan for children/youth as part of an adoption assistance agreement. Case services are provided to meet a child/youth's needs when the child/youth is placed for adoption and which are not covered by the adoption assistance subsidy or Medicaid. These services are limited to adoption case services and do not include CORE services. Adoptive families may request reimbursement, all or in part, for non-Medicaid covered services to support the health and well-being of the child/youth and considering the circumstances of the family.

Daily Adjusted Foster Care Rate – The sum of the daily foster care rate minus daily foster care respite which the child/youth was receiving at the time of the adoption.

Age Range (yrs.) or Specialized Levels	Daily Foster Care Rate	Daily Foster Care Respite Rate	Daily Adjusted Foster Care Rate (Max. Allowable Subsidy Rate)
0-8	\$40.80	\$2.00	\$38.80
9-13	\$52.02	\$2.55	\$49.47
14+	\$63.24	\$3.10	\$60.14
Therapeutic	\$181.56	\$4.50	\$177.06
Treatment	\$235.62	\$6.00	\$229.62

Dependent – A person, other than the taxpayer or spouse, who entitles the taxpayer to claim a dependency exemption.

Family Circumstances – The capacity of the adoptive parent(s), including but not limited to financial capacity, to meet the identified and anticipated needs of the child/youth being adopted.

Identified Needs –

“The current or anticipated needs of an eligible child/youth that would make it reasonable to conclude that a child/youth cannot be adopted without providing adoption assistance subsidies or services to assist in the adoption. Pursuant to C.R.S. 26-7-102, such factors for identifying an eligible child/youth and their needs may include but are not limited to:

- (a) A physical disability, such as hearing, vision, or physical disability, such as hearing, vision, or physical impairment; neurological conditions; disfiguring defects; metabolic disorder; a child or youth infected with the human immunodeficiency virus; or heart defects that have been documented by a licensed medical professional;
- (b) A mental, intellectual, or developmental disability that has been documented by a licensed medical professional, such as a perceptual, speech, or language disability or any disability that results in educational delays or significant learning difficulties;
- (c) An emotional handicap, such as post-traumatic stress disorder, bipolar disorder, or other mental health disorder that has been documented by a licensed mental health professional;
- (d) Hereditary factors that have been documented by a licensed medical provider or mental health professional;
- (e) An educational disability that qualifies for section 504 of the federal “Rehabilitation Act of 1973” or special education services;
- (f) Factors that place a child or youth in a high-risk category, such as being drug- or alcohol-exposed in utero;
- (g) Other conditions that act as a barrier to the child’s or youth’s adoption, including but not limited to a healthy child or youth over seven years of age or a sibling group that should remain intact and medical conditions that are likely to require further treatment; or
- (h) Ethnic background or membership in a minority group whose children or youth might be difficult to place.
- (i)

Medicaid – The joint state/federal health benefits program for individuals and families with low income and resources. It is an entitlement program that is jointly funded by the states and federal government and administered by the state. The federal government establishes parameters for all states to follow. Each state administers its Medicaid program differently, resulting in variations in Medicaid coverage, eligibility, and enrollment process across the country. This program provides for payment of all or part of the cost of care for medical services.

Medicaid is available to all children/youth who qualify for adoption assistance. Only in situations in which Medicaid is not available to the child/youth, the county department will negotiate health insurance coverage for the child/youth.

Medical Foster Care – A program of foster care that provides home-based care for medically fragile children and youth who would otherwise be confined to a hospital or institutional setting and includes, but is not limited to, the following: (a) Infants impacted by prenatal drug and alcohol abuse; (b) Children with developmental disabilities which require ongoing medical intervention; (c) Children and youth diagnosed with acquired immune deficiency syndrome or human immunodeficiency virus; (d) Children with a failure to thrive or other nutritional disorders; and € Children dependent on technology such as respirators, tracheotomy tubes, or ventilators in order to survive.

Public and Private Resources – Any resources – including but not limited to Social Security, Medicaid or an inheritance/trust – that may be utilized to address the child/youth's identified needs and the family's circumstance. They do not include adoption assistance subsidies.

Therapeutic Foster Care – A program of foster care that incorporates treatment for the special physical, psychological or emotional needs of a child placed with specially trained foster parents but does not include medical foster care.

Treatment Foster Care – A clinically effective alternative to residential treatment facilities that combines the treatment technologies typically associated with more restrictive settings with a nurturing and individualized family environment.

QUICK STEP REFERENCE GUIDE

Part A -- Determine the child/youth's identified needs daily rate.

Step 1: Complete the tables provided on pages 8 to 17 to determine the child/youth's behavioral, medical, developmental, mental health and other identified needs.

Step 2: Total the child/youth's score for each category of needs and divide that total by 63. This figure is the child/youth's *identified needs value*.

Step 3: Multiply the child/youth's *identified needs value* by the child/youth's *daily adjusted foster care rate*. This figure is the child/youth's *identified needs rate*.

Part B -- Calculate the family circumstances rate.

Step 1: Subtract the child/youth's *identified needs rate* from the child/youth's *daily adjusted foster care rate*. This figure is the *maximum allowable family circumstances value*. The *family circumstances rate* may not exceed the *maximum allowable family circumstances value*.

Step 2: Complete the table provided on pages 22 to 26. Discuss each of the circumstances listed in Column 1. If that circumstance presents a barrier/obstacle to the adoption write a [1] in Column 3.

If the barrier/obstacle is not addressed by public/private resources place a [0] in Column 4. If the barrier/obstacle is being partially met by public/private resources place a [.5] in Column 4. If the barrier/obstacle is being fully met with public/private resources, place a [1] in Column 4.

Step 3: Total the barriers/obstacles listed in Column 3 and total the resources listed in Column 4. Subtract the total resources from Column 4 from the total barriers/obstacles in Column 3. This figure is the *family circumstance value*.

Step 4: Use the *family circumstance value* to determine the appropriate range on the Negotiation Range table on page 28. Each range represents the suggested percentage of the *maximum allowable family circumstances value* for the adoptive parent(s) and county department to negotiate within. The two parties should select a percentage of the remaining amount to use in Step 5.

Step 5: Multiply the agreed upon percentage by the *maximum allowable family circumstances value* to determine the *family circumstance rate*.

Part C -- Calculate the adoption assistance subsidy

Step 1: Add the *identified needs rate* to the *family circumstance rate*. The total is the *adoption subsidy daily rate*.

Part D -- Determine whether case services are appropriate.

Step 1: Follow the discussion guides on pages 30 to 31 to determine whether case services are appropriate.

Part E -- Determine the final adoption subsidy rate and agreement.

Step 1: Use the chart on page 28 to note the addition of any case services and the impacts of those case services on the adoption assistance subsidy, if any.

PART A: DETERMINE THE CHILD/YOUTH'S IDENTIFIED NEEDS DAILY RATE

STEP 1: Complete the table below to determine the child/youth's *identified needs score*. The adoptive parent(s) and county department should review each of the categories below and discuss the best score for each category. The adoptive parent(s) and county department should discuss the behavioral, medical, developmental, mental health and other needs of the child/youth.

During this discussion, please consider the current and anticipated needs of the child/youth. For each category contained in the chart, please consider any known or anticipated diagnosis or needs, as well as other factors, including the child/youth's age, the child/youth's ethnicity and whether a transracial or transcultural adoption is taking place.

Assign each category a value of 0, 1, 2, or 3, depending on the child/youth's identified needs. A value of 0 indicates the child/youth has either no current identified need or the child/youth is assessed as age/developmentally appropriate. A value of 3 indicates that the child/youth has the highest determined identified need in that category.

You may score a child/youth's needs in increments of [.5].

For each category, please discuss and note any public and private resources currently being utilized, or that may be available, to address the child/youth's identified needs.

The adoptive parent(s) and county department should note possible case services that may address the behavioral, medical, developmental, mental health and other needs of the child/youth. However, any potential case services may NOT be used to adjust the child/youth's score for any category. Adoptive parent(s) and the county department will discuss whether case services will be offered as part of the adoption assistance agreement in Part D.

MEDICAL AND DEVELOPMENTAL NEEDS

Hereditary factors should be considered in this section and must be documented by either a licensed medical provider or mental health professional (Documentation from a licensed medical provider or mental health professional of a relative is sufficient).

Table 1

Category	Score	Description	Child's Score (The child/youth's current and anticipated needs should be considered.)	Available Public and Private Resources (Is this identified need being addressed – or could be addressed – by public or private resources including the following: Medicaid, SSI, death benefit, inheritance, community program or other.)	Notes (Note any possible case service that may be offered.)
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1 of 3 Table 1

Chronic or Recurrent Medical Condition	0	No issues, Developmentally/Age appropriate	2		*asthma, allergies, skin conditions (eczema) *bronchiolitis *has been hospitalized
	1	Occasional problem or up to a weekly problem that requires some extra supervision, or cares for a medical condition; prescribed medication for an ongoing condition; stabilized.			
	2	The condition requires a considerable amount of supervision or care to assist with a medical condition; frequent monitoring for conditions that may or may not be stabilized.			
	3	Requires high support level; the condition is so substantial that close supervision or care is required to assist with a medical condition, frequent monitoring for conditions that may or may not be stabilized. <i>*Examples could include, but are not limited to, encopresis, juvenile diabetes, asthma, eating and sleeping disorders.</i> <i>*If the family is the caretaker for the child/youth being paid by Medicaid, this should be considered in family circumstances.</i>			

2 of 3 Table 1

Physical Disability or Impairment (<i>Must be identified by a medical professional.</i>)	0	No issues/Developmentally age appropriate.	0		*one leg was a bit bowed *is tongue tied
	1	May not pose a safety problem but requires some additional supervision and/or occasional intervention.			
	2	Requires close supervision and frequent intervention.			
	3	Urgent/chronic impairment; poses a very serious threat to the safety of self or others; may require 24/7 or constant line of sight supervision and intervention while awake. <i>*Examples: Physical disabilities could include hearing impairments, CP, heart defects, TBI</i>			

3 of 3 Table 1

Developmental Disabilities and Intellectual Delays (Must be identified by a medical professional.)	0	No issues/ Age/ Developmentally appropriate	0		
	1	Requires assistance/care by a caregiver weekly (2-6 hours per week) due to developmental disabilities and intellectual delays.			
	2	Requires assistance/care by a caregiver on a very regular basis (8-10 hours per week) due to developmental disabilities and intellectual delays.			
	3	Requires continuous assistance/care by a caregiver (more than 10 hours per week and/or line-of-sight care due to developmental disabilities and intellectual delays. <i>*Includes developmental disorders, nervous system disabilities, sensory related disabilities, metabolic disabilities and degenerative disorders. Examples: Autism, behavioral disorders, brain injury, cerebral palsy, Down syndrome, fetal alcohol syndrome, intellectual disability and spina bifida.</i>			

Total Medical and Developmental Score

2

MENTAL HEALTH NEEDS

Hereditary factors should be considered in this section and must be documented by either a licensed medical provider or mental health professional (Documentation from a licensed medical provider or mental health professional of a relative is sufficient).

Table 2

Category	Score	Description	Child's Score (The child/youth's current and anticipated needs should be considered.)	Available Public and Private Resources (Is this identified need being addressed – or could be addressed – by public or private resources including the following: Medicaid, SSI, death benefit, inheritance, community program or other.)	Notes (Note any possible case service that may be offered.)
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1 of 3 Table 2

Diagnosed Conditions (ADD, ADHD, OCD, DID, Depression, Anxiety, PTSD, etc.) <i>*Diagnosed by a licensed mental health professional or licensed medical provider.</i>	0	No issues	0		*was exposed to trauma/Domestic Violence
	1	Requires occasional attention and intervention to participate in daily activities.			*was present when bio-mom was killed
	2	Requires frequent attention and intervention to participate in daily activities.			
	3	Requires constant supervision and intervention to participate in daily activities.			

2 of 3 Table 2

Substance Use Disorder	0	Experimental use results in no major social, legal, or physical consequences.	0		
	1	Use resulting in some social consequences or physical consequences (i.e. suspension from schools, substantial occasional conflict with family); requires intervention.			
	2	Frequent use results in persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use (i.e. expulsion from school, frequent conflict with family).			
	3	Diagnosed Substance use disorder, in treatment, Addiction to substances.			

3 of 3 Table 2

Therapy and Counseling	0	No issues	3		*weekly OT/Play Therapy
	1	Attends therapy sessions requiring parent participation at least monthly.			
	2	Attends therapy sessions requiring parent participation at least twice per month.			
	3	Attends therapy sessions requiring parent participation at least Weekly.			

Total Mental Health Score

3

BEHAVIORAL NEEDS

Table 3

Category	Score	Description	Child's Score (The child/youth's current and anticipated needs should be considered.)	Available Public and Private Resources (Is this identified need being addressed – or could be addressed – by public or private resources including the following: Medicaid, SSI, death benefit, inheritance, community program or other.)	Notes (Note any possible case service that may be offered.)
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1 of 10 Table 3

Aggression	0	No issues or age/developmentally appropriate.	1		*will hit, kick, bite when he doesn't get his way *daily hits others & self *some is age appropriate but tends to be more aggressive than average child
	1	Low aggression, in a <u>few</u> situations and/or moderate interruption. Examples include, but are not limited to, minor bruising, biting not Breaking the skin, pulling hair not causing bleeding.			
	2	Moderate Aggression, occasional minor injuries, threats to others. Examples include, but are not limited to, biting that leaves bruises, striking with a closed fist.			
	3	Severe and Chronic Aggression. Examples include, but are not limited to, injuries resulting in medical attention or could require medical attention.			

2 of 10 Table 3

Cruelty to Animals	0	No issues or age/developmentally appropriate.	0		
	1	May taunt and tease animals or family pets.			
	2	Minor injury to an animal not resulting in medical attention or could require medical attention.			
	3	Injuries resulting in medical attention or death of an animal(s) by the Animal child/youth or could require medical attention.			

3 of 10 Table 3

Disruptive Behaviors	0	No issues or age/developmentally appropriate	1		*is highly attention seeking & possessive of grandparents
	1	Occasionally causes inappropriate social interactions with others, such as whining or crying, screaming, teasing, demand for attention, repetitive motions, truancy; hyperactivity, or temper tantrums.			
	2	Frequently causes inappropriate social interactions with others such as excessive whining, crying, screaming, teasing, constant demand for attention, repetitive motions, chronic truancy, excessive hyperactivity, or temper tantrums. Interventions are usually successful.			
	3	Serious problems with inappropriate interference with others such as excessive whining, crying, screaming, teasing, constant demand for attention, repetitive motions, chronic truancy, excessive hyperactivity, or temper tantrums. Interventions may or may not be successful. Behavioral IEP could be in place.			

4 of 10 Table 3

Verbally or Physically Threatening to Others	0	No issues or age/developmentally appropriate	0		
	1	Occasional threats are not taken seriously and do not frighten others or result in aggression from others.			
	2	Frequent threats that sometimes cause fear and/or aggression from others.			
	3	Serious threats that usually cause fear and/or aggression from others, may result in legal action.			

5 of 10 Table 3

Destruction of Property	0	No issues or age/developmentally appropriate	0		
	1	Occasional incidents causing minor damage;			
	2	Frequent incidents causing minor or moderate damage;			
	3	Serious Incidents, which may have caused major property damage within the past year. May include having set fire(s) within the past two years. May result in legal action			

6 of 10 Table 3

Inappropriate Sexual Behavior	0	No issues or age/developmentally appropriate	0		
	1	Occasional inappropriate incidents of sex play by a child/youth or occasional sexual acting out by a teenager			
	2	Frequent incidents of inappropriate sexual contact with others, sexual acting out by teen putting self or others at risk, or isolated sexual aggression towards others by a teen;			
	3	Serious or ongoing episodes of sexual aggression towards others; or placing themselves at risk of exploitation or sex trafficking, a suspected sexual perpetrator. May result in legal action. *for General information https://cdhs.colorado.gov/coshi https://cdhs.colorado.gov/coshi			

7 of 10 Table 3

Opposition to Authority	0	No issues or age/developmentally appropriate	0		
	1	Occasional opposition that results in intervention.			
	2	Frequent opposition that results in intervention, may be displayed in multiple environments.			
	3	Serious or ongoing opposition that results in intervention. May result in legal action.			

8 of 10 Table 3

Runaway	0	No issues or age/developmentally appropriate	0		
	1	Occasionally run or walk away from the home but may be monitored.			
	2	Frequently runaway behaviors that do not put the child/youth at serious risk.			
	3	Serious runaway behaviors that put the child/youth at serious risk of injury, may involve law enforcement.			

9 of 10 Table 3

Delinquent Behavior	0	No issues or age/developmentally appropriate	0		
	1	Occasional Minor behaviors (shoplifting, curfew), occasional stealing which requires some additional supervision in a few situations, and up to some minor property damage and lesser person offenses.			
	2	Frequent minor behaviors that may involve law enforcement and/or the juvenile justice system, including but not limited to frequent stealing.			
	3	Serious behaviors that may result in the child/youth being involved with the juvenile justice system. This may include but not be limited to non-compliance with probation, major property damage, possession of a firearm, and/or drug possession or use.			

10 of 10 Table 3

Self-Injury	0	No issues	1		*will hit and bite himself when upset; bang his head *happens at least once/twice a day
	1	Minor aggression toward self, resulting in a minor injury on rare occasions; may require supervision in a few situations.			
	2	Episodes of self-injury resulting in superficial injuries and/or occasional suicidal ideations with no plans; requires close supervision.			
	3	Episodes of self-injury resulting in superficial injuries and/or occasional suicidal ideations with no plans; requires close			

		supervision. Has had episodes causing serious injury requiring immediate medical Attention in the last year; occasional suicidal ideations with plans; requires constant supervision.			
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Total Behavior Score

3

OTHER NEEDS

TABLE 4

Category	Score	Description	Child's Score (The child/youth's current and anticipated needs should be considered.)	Available Public and Private Resources (Is this identified need being addressed – or could be addressed – by public or private resources including the following: Medicaid, SSI, death benefit, inheritance, community program or other.)	Notes (Note any possible case service that may be offered.)
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1 of 5 TABLE 4

Educational	0	No issues. Regular education requires collaboration with the school and at least 2 and ½ hours per week of parent intervention.	0		
	1	Regular or special education requires collaboration with the school and at least 5 hours per week of daily parent intervention at home.			
	2	Regular or special education requires collaboration with the school and at least 7 and ½ hours per week of parent intervention at home.			
	3	Regular or special education requires collaboration with the school and at least 10+hours per week of parent intervention at home.			
		<i>*Therapies provided outside of the school setting.</i>			

2 of 5 TABLE 4

Transportation	0	No issues or transportation by a parent for therapeutic or medical treatment, emotional or social counseling 1 time every other week.	1		*drive to OT/Play therapy
	1	Transportation by a parent for therapeutic or medical treatment, emotional or social counseling 1-2 times per week, or 25-50 miles roundtrip for all appointments.			
	2	Transportation by a parent for therapeutic or medical treatment, emotional or social counseling 3-4 times per week, or 50-100 miles roundtrip for all appointments.			
	3	Transportation by a parent for therapeutic or medical treatment, emotional or social counseling more than four times per week, or over 100 miles roundtrip for all appointments.			

3 of 5 TABLE 4

Unpaid Personal Care	0	No issues or under age 2	0		
	1	Requires parental assistance 4 to 10 hours per week because of needs requiring assistance beyond age-appropriate needs with feeding, bathing, toileting, sleeping, eating, grooming, physical and/or occupational therapy.			
	2	Requires parental assistance 11 to 20 hours per week because of needs requiring assistance beyond age-appropriate needs with feeding, bathing, toileting, sleeping, eating, grooming, physical and/or occupational therapy.			
	3	Requires parental assistance over 20 hours per week because of needs requiring assistance beyond age-appropriate needs with feeding, bathing, toileting, sleeping, eating, grooming, physical and/or occupational therapy.			

4 of 5 TABLE 4

Age of Child/ Youth	0	Age 0 through 7	0		*age 1
	1	Age 8 through 11			
	2	Age 12 through 15			
	3	Age 16 through 20			

5 of 5 TABLE 4

Sibling Group	0	Not part of a sibling group.	0		
	1	Adopting a sibling group of 2 or maintaining regular contact between the sibling group of 2 living in separate homes.			
	2	Adopting a sibling group of 3 or maintaining regular contact between the sibling group of 3 living in separate homes.			
	3	Adopting a sibling group of 4 or more and maintaining regular contact between the sibling group of 4 or more living in separate homes.			

Total Other Needs Score		1	
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STEP 2: Use the totals from the tables above to help calculate the child/youth's *identified needs value*.

TABLE 5

Category	
Medical and Developmental	2
Mental Health	3
Behavioral	3
Other	1
Identified Needs Value = (Add the values for the 4 categories above and divide by 63)	<u> 9 </u> / 63 = .14 → .1

STEP 3: Use the *identified needs value* to calculate the child/youth's *daily identified needs rate*. To complete this calculation, you will need to select the child/youth's current *daily adjusted foster care rate* from the chart below. ([Click Here for Identified Needs Calculator](#))

TABLE 6

Age Range (yrs.) or Specialized Levels	Daily Foster Care Rate	Daily Foster Care Respite Rate	Daily Adjusted Foster Care Rate (Max. Allowable Subsidy Rate)
0-8	\$40.80	\$2.00	\$38.80
9-13	\$52.02	\$2.55	\$49.47
14+	\$63.24	\$3.10	\$60.14
Therapeutic	\$181.56	\$4.50	\$177.06
Treatment	\$235.62	\$6.00	\$229.62

Insert the child/youth's *identified needs value* and *daily adjusted foster care rate* into the formula below.

Identified Needs Value	x Adjusted Foster Care Rate (\$/day)	= Identified Needs Rate (\$/day)
.1	38.80	3.88

PART B: CALCULATE THE FAMILY CIRCUMSTANCES RATE

In no case may the adoption assistance subsidy exceed the *daily adjusted foster care rate* that would have been paid if the child/youth had been in foster care at the time of the child/youth's adoption or at the time of renegotiation in the case of adoption assistance adjustment.

STEP 1: Use the child/youth's *daily adjusted foster care rate* and *identified needs rate* to determine the *maximum allowable family circumstances value*. Enter each figure from the charts above into the formula below.

TABLE 7

Daily Adjusted Foster Care Rate (\$/day)	38.80
[-] Identified Needs Rate (\$/day)	3.88
Maximum Allowable Family Circumstances Value (Subtract identified needs rate from adjusted foster care rate to determine maximum allowable family circumstances value)	34.92

STEP 2: Complete the table below to determine the *family circumstance value*. The adoptive parent(s) and county department should review each circumstance and thoroughly discuss whether the circumstance presents a barrier or obstacle for the family to adopt the child/youth.

If the family feels there is a barrier or obstacle, please write (1) in Column 3 and provide additional details regarding that circumstance. The adoptive parent(s) and county department should discuss whether the barrier or obstacle is currently being addressed through any one of the following private or public resources: community services, Medicaid, child/youth Benefit (SSI, Death Benefit, Disability) or family resource. For each identified barrier or obstacle, please determine whether the available public or private resource currently in use addresses the barrier in whole or in part.

This chart must be completed for each child being adopted, even if the child is part of a sibling group....

After discussing the barrier or obstacle, please do the following:

- If the identified barrier or obstacle is NOT addressed by public or private resources please mark (0) in Column 4.

- If the identified barrier or obstacle is being partially met with public or private resources please mark (.5) in Column 4.
- If the identified barrier or obstacle is being fully met with public or private resources please mark (1) in Column 4.

The adoptive parent(s) and county department should note possible case services that may address identified barriers or obstacles. However, any potential case services may NOT be used to adjust the score for any barrier or obstacle. Adoptive parent(s) and the county department will discuss whether case services will be offered as part of the adoption assistance agreement in Part D of this worksheet.

Additional Guidance for Discussing Family Circumstances

Consideration of the circumstances of the adopting parents has been interpreted to pertain to the adopting family's capacity to incorporate the child/youth into their household in relation to their lifestyle, standard of living and future plans, as well as their overall capacity to meet the immediate and future needs of the child/youth.

Whether the child/youth is part of a sibling group being adopted should be discussed. However, the evaluation contained in Part B must be completed for each child/youth being adopted.

While assessing the *family circumstances* below, discussions should center on the current adoption taking place. However, if purchases were required at the time of placement that may pose barriers or obstacles to providing for the ordinary care of the child/youth, those may be considered as well.

The additional *family circumstances rate* is negotiated between the adoptive parent(s) and county department based upon the family's unique circumstances including, but not limited to, their financial capacity to meet the special, ordinary, and anticipated expenses of the eligible child/youth or youth. The circumstances of the family pertain specifically to the adoptive parent(s)' ability to incorporate the child/youth into their household.

As a reminder, considerations for the identified needs of the child/youth have been addressed through Part A of this worksheet. Part B works to address additional barriers or obstacles of the adoptive parents in providing for the ordinary and anticipated needs of the child/youth. However, if there is an identified need that was not addressed above and relates to family circumstances, the county department and adoptive parent(s) should discuss that need, as it relates to the questions below.

Budget sheets and supporting documents provided by the adoptive parent(s) may be used in this section.

TABLE 8

COLUMN 1 Family Circumstance	COLUMN 2 Factors to Consider (Examples to consider, but not limited to)	COLUMN 3 Is this a barrier or obstacle for the family? (If YES, please write 1.)	COLUMN 4 Available Public and Private Resources? (Is this barrier/obstacle being addressed by public or private resources including the following: Medicaid, SSI, death benefit, inheritance community program, other)	COLUMN 5 Notes (Possible Case Services)
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1 of 12 Table 8

Is the family living in poverty?	Use the poverty tool to calculate. (If the family is determined to be living in poverty, please enter a (1) in Column 3.)	0		*Poverty level for 3 people is \$23,030; family reported net income is \$42,108
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2 of 12 Table 8

Is the family currently on a static income that poses barriers or obstacles to providing for the ordinary care of the child/youth? Is the family currently on a static income that poses barriers or obstacles to providing for the ordinary care of the child/youth?	* Examples of static income include: Fixed income, pension, Social Security, disability income. *Examples of expenses include: Groceries, car payments, rent/mortgage, utilities, phone, home maintenance, auto.	1		*father is currently unemployed
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3 of 12 Table 8

Current expenses incurred by the family that pose barriers or obstacles to providing for the ordinary care of the child/youth.	*Examples of expenses include: Groceries, car payments, rent/mortgage, utilities, phone, home maintenance, auto payments (including maintenance), insurance (including car, home, and life), respite, summer programs, school costs, sports, credit card payments, student loans, set aside emergency funds, clothing personal care, medical costs including deductibles and copays (if any), prescription medications, dentist/orthodontist, eye care (not covered by Medicare), cable/internet, child care and educational expenses of all children in the home (excluding the child/ren to be adopted), other expenses.	1	.5	*receiving SNAP
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4 of 12 Table 8

The family's working circumstances pose barriers or obstacles to providing for the ordinary care of the child/youth.	*Reduction in work hours and income due to adoption. *Negative change in employment job or status due to adoption.	0		
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5 of 12 Table 8

The family's current housing circumstances pose barriers or obstacles to providing for the ordinary care of the child/youth.	*Housing situation no longer safely accommodates family with the addition of adopted child(ren). *Family experienced a negative move due to adoption. *Mortgage increased due to moving to new location in order to safely accommodate space for adopted child/youth.	1		*had to move due death in the home
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6 of 12 Table 8

The family's current transportation circumstances pose barriers or obstacles to providing for the ordinary care of the child/youth.	<ul style="list-style-type: none"> *Family vehicle can no longer transport children safely due to increase in family size *Vehicle is not safe for use in general or not reliable *No vehicle, reliance on public transportation 	1		*will need a new vehicle when he is a bit older
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7 of 12 Table 8

The family's composition poses barriers or obstacles to providing for the ordinary care of the child/youth.	*Family has additional adult dependents who require extra care and financial responsibility.	0		
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8 of 12 Table 8

The family's child care or education circumstances pose obstacles or barriers to providing for the ordinary care of the child/youth to be adopted.	<ul style="list-style-type: none"> *The family does not qualify for CCAP but needs child care. *Time-limited child care until the child is in school full time *Summer programs 	1		*will need childcare when father goes back to work
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9 of 12 Table 8

The family's standard of living, lifestyle or future plans will change due to adopting the child/youth.	<ul style="list-style-type: none"> *Will the addition of this child/youth make an unreasonable change to the family's lifestyle or a decrease in the family's standard of living. *Are the changes related to the child/youth's ordinary or special needs. 	0		
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10 of 12 Table 8

This adoption was not planned by the family in advance giving them time to prepare.	<ul style="list-style-type: none"> *What does the home study say about adoption *How long has family had to plan *Did the Department approach the family about adoption? *Timeline was shortened. 	1		*kinship
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11 of 12 Table 8

The family is adopting more children than they initially intended to adopt per their child study at the request of the Department and poses a barrier or obstacle to the ordinary care of the child/youth.	*Are they adopting a sibling group they did not plan for. *Did they have a reasonable amount of time to plan for the adoption and address barriers or obstacles.	0		
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12 of 12 Table 8

There are factors not yet captured that pose a barrier or obstacle to providing for the ordinary needs of the child/youth.	*ICWA considerations *Ethnicity connection considerations *Continued connection to biological relatives and/or siblings not adopted with this child/youth *Other	1		*will have to work to engage paternal side of the family due to trauma
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Barriers/Obstacles	Resources
Total = 7	Total = .5

STEP 3: Calculate the total barriers and obstacles by totaling Column 3. Calculate the resources by adding up all of the figures in Column 4.

Use those figures to calculate the *family circumstance value* using the formula below.

TABLE 9

Total Barriers and Obstacles:	7
[-] Total Resources:	.5
= Family Circumstances Value: (Subtract resources from barriers/obstacles to get the family circumstances value.)	6.5

STEP 4: Using the *family circumstances value* determined above, determine which negotiation range the *family circumstances value* falls in. If the *family circumstances value* falls between two ranges, please round up to the next range.

This value represents a percentage of the remaining *allowable family circumstances rate* that may be added to the *identified needs daily rate*. This is the best suggested range for the adoptive parent(s) and county department to center their discussion of the *family circumstances rate*. However, adoptive parent(s) and/or the county department may discuss a rate that is either above or below the suggested range. For example, if the *family circumstances value* is a 7 -- placing them in category 3 -- either party maintains the right to request a percentage of the remaining *allowable family circumstances rate* that is below 51% or above 75%.

Adoptive parent(s) and the county department should have a meaningful discussion about the identified barriers or obstacles and the resources currently being used to address any identified barriers or obstacles. The impacts of a sibling group to *family circumstances* may be considered, such as whether one sibling has different needs from another. The individual needs of each child/youth should have been identified above and the discussion below should center on *family circumstances* on the whole.

The adoptive parent(s) and the county department should note possible case services that may address identified barriers or obstacles. However, any potential case services may NOT be used to shift the *family circumstances value* into a different range. Adoptive parent(s) and the county department will discuss whether case services will be offered as part of the adoption assistance agreement in Part D of this worksheet.

Negotiation Ranges

TABLE 10

Category	1	2	3	4
Family Circumstances Score:	1-3	4-6	7-9	10-12
Negotiation Range: (Range to consider in negotiation of remaining maximum allowable family circumstance rate)	0-25%	26-50%	51-75%	76-100%

STEP 5: Calculate the *family circumstance rate* by inserting the remaining *maximum allowable family circumstance value* (calculated above) and the agreed upon percentage into the formula below.

TABLE 11

Maximum Allowable Family Circumstances Value	34.92
x Agreed upon percentage	x [51] %
= Family Circumstances Rate (Maximum Allowable Family Circumstances Rate remaining available rate x percentage)	17.81

PART C: CALCULATE THE ADOPTION ASSISTANCE SUBSIDY

STEP 1: Calculate the *adoption assistance subsidy* by inserting the child/youth's *identified needs rate* and the *family circumstances rate* into the formula below.

TABLE 12

Identified Needs Rate	3.88
[+] Family Circumstances Rate	17.81
= Adoption Subsidy (\$/d)	21.69

PART D: DETERMINE WHETHER CASE SERVICES ARE APPROPRIATE

STEP 1: Using the possible case services noted throughout this worksheet, the adoptive parent(s) and county department should thoroughly discuss whether case services may be applied to address either the special needs of the child/youth and/or barriers or obstacles to the child's adoption.

The adoptive parent(s) and county department shall consider the following when discussing whether case services may be utilized as part of the adoption assistance agreement:

- ☐ A county department may utilize case services as part of an adoption assistance agreement.
- ☐ Case services are provided to meet a child/youth's identified needs which are not covered by the adoption assistance subsidy or Medicaid assistance agreements.
- ☐ Adoptive families may request reimbursement, all or in part, for non-Medicaid covered services to support the health and well-being of an eligible child/youth, and considering the circumstances of the family as defined in C.R.S. 26-7-102(5).
- ☐ Case services may be available for services not otherwise covered by Medicaid if the service is:
 - ☐ Documented and recommended or prescribed by a medical, dental, mental health and/or educational professional, or other qualified professional based upon education, professional experience, certification, or licensure; and
 - ☐ Designed to appropriately meet the needs of the eligible child/youth that would otherwise be a barrier to adoption.
- ☐ Available case services may include but are not be limited to, child care, tutoring in coordination with school services in order to achieve age appropriate grade level academic competency or therapies, such as animal-assisted therapy, or therapeutically recommended prosocial or recreational activities.
- ☐ When determining whether to utilize case services, a family's circumstances may be considered, pursuant to C.R.S. 26-7-102 (5).
- ☐ The county department may not reimburse for services when they are available at no cost, provided through another reasonably accessible public program, or covered by the adoptive family's private insurance. However, the decision to add the child on the adoptive family's private insurance shall be at the adoptive family's sole election.

If the county department is offering case services to an adoptive parent(s) the following items shall be discussed:

- ☐ The duration of the case service.
- ☐ The scope of the service being offered through case services.

- ☐ Whether the family would prefer to receive reimbursement for the service or have the county department pay the provider directly.
- ☐ Whether the case service is being offered in lieu of a cash subsidy or in addition to a cash subsidy.
- ☐ The adoption assistance subsidy is not required to be reduced by the dollar-for-dollar value of the case service.
- ☐ The family's ability to negotiate the adoption assistance agreement at the conclusion of any case service, or any time the family deems necessary.

PART E: DETERMINE THE FINAL ADOPTION SUBSIDY RATE AND AGREEMENT

STEP 1: Any agreed upon case services shall be noted in the adoption assistance agreement. The county department will note in the chart below whether the utilization of any case services will impact the family's final adoption subsidy rate.

TABLE 13

Adoption Subsidy (\$/d)	21.69
[+/-] Applicable Case Services (Please note whether the addition of any case services will impact the family's final adoption subsidy rate.)	\$300/month – child care
= FINAL Adoption Subsidy (\$/d)	21.69

