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POST-ADOPTION SERVICES

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PROVIDING SUPPORT POST-ADOPTION

4.1 Introduction

Children placed by the Local Department of Social Services (LDSS) often have special needs that may challenge an adoptive family's skill set and require specialized services after the adoption has finalized. The Department maintains a commitment to these children and their adoptive families until the child reaches age 18 or age 21. The LDSS assumes an obligation to maintain the adoptive placement by delivering post-adoption services to children and families adopted through public and private agencies, both domestic and international, after the adoption finalizes.

Post-adoption services provide a wide range of supports and services designed to respond to the family's needs after the finalization of the adoption. Adoptive families may request assistance for *various* needs, including managing loss and grief, trust and attachment, school *adjustments*, *post-institutionalization transitions*, and *making and maintaining birth family connections*.

The LDSS must incorporate adoption services and support into multiple areas of practice, including:

- *Early assessment of children and youth; and*
- *Gathering thorough background information on each child to share with the family during the full-disclosure period.*

This work involves both:

- *Preparing families thoroughly for adoption, and*
- *Providing families with information about available support before they finalize an adoption.*

This approach will help ensure that adoptive families are ready to meet their children's needs and continue supporting their child and family long after the adoption is finalized

[\(National Quality Improvement Center for Adoption and Guardianship Support and Preservation \[QIC-AG\], 2015a\).](#)

By assuring prospective adoptive parents that they will have needed support and services, LDSS can help alleviate a concern that might otherwise prevent families from adopting children from foster care.

4.2 Post Adoption Support and Preservation

After the finalization of an adoption, children become members of their respective communities and are entitled to receive all services and resources available to children in the community. There are many different types of support available to assist children and families. It is the responsibility of the child placing agency (CPA) to prepare adoptive parents for the challenges they may face and assist them in understanding how and where to seek help. This should be an ongoing process. The adoptive parents' awareness and basic knowledge of adoption can be enhanced during the preparation. However, they will likely be most receptive to specialized training or receiving other services once they have a child and can directly apply the knowledge to their family situations. The necessary expertise, understanding, perspective, and skills they need to successfully raise their adopted child are likely to be acquired through post-adoption services.

Adoptive families have a wide range of needs for services and supports, which vary in frequency from occasional support to intensive interventions. The CPA should communicate the array of post-adoption resources and services that are available, based on the family's location and type of adoption (private or public). These include informal resources, such as internet courses, and more formal affiliations with adoption organizations and/or therapeutic support groups. The services commonly requested by families can be grouped into the following categories:

- *Educational and informational services*
- *Clinical services*
- *Material assistance*
- *Support networks*

See [Job Aid: Providing Adoption Support and Preservation Services](#) on the FUSION page, which explains each of these categories in more detail.

Common barriers identified by agencies that impact their ability to provide effective services and impact families being able to access those services include:

- *Insufficient availability of post-adoption services,*
- *Scarcity of adoption-competent providers,*

- *Families' limited knowledge of service availability or effectiveness,*
- *Reluctance among parents that sometimes stems from unrealistic expectations and not wanting to appear as inadequate,*
- *Children or youth not cooperating with obtaining services,*
- *Affordability, and*
- *Limited accessibility due to location or hours.*

The goal of Virginia's post-adoption program is to reflect a continuum of services from pre-permanency education and the preparation of parents through post-permanency crisis intervention.

4.3 Program Service Models

Adoption support and preservation services are delivered through several service models, including the following:

- *Community Based Resources;*
- *Post-Adoption Consortium;*
- [Prevention Services/ In-Home Services;](#)
- [Promoting Safe and Stable Families;](#)
- [Children's Services Act \(CSA\); and](#)
- [Funding for Special Services.](#)

The LDSS must use the [Service Decision Making Tool](#) to determine the most appropriate course of action for families in need.

4.3.1 Community-Based Resources

Community Services Boards (CSB), health departments, and other governmental agencies often provide supportive services, which are available to residents of their respective jurisdictions. Families should explore using local services to assist in meeting their needs. While some needs are met through the family or community's resources, others require adoption-specific intervention. Specific programs designed to help children and families that are community-based, include:

- [Care Connection for Children](#) - Care Connection for Children is a statewide network of centers of excellence for children and youth with special health care

needs (CYSHCN) that provide leadership in the enhancement of specialty medical services; care coordination; medical insurance benefits evaluation, and coordination; management of the CYSHCN Pool of Funds; information and referral to CYSHCN resources; family-to-family support; and training and consultation with community providers on CYSHCN issues.

Children who are uninsured or underinsured are eligible to receive services from birth to age 21 years. The program covers children with special health care needs who have disorders that have a physical basis that has or are expected to last at least 12 months.

- [Infant Toddler Connection of Virginia](#) - The Infant & Toddler Connection of Virginia provides early intervention supports and services to infants and toddlers from birth through age two who are not developing as expected or have a medical condition that can delay normal development.

Early intervention supports and services focus on increasing the child's participation in family and community activities important to the family.

In addition, supports and services focus on helping parents and other caregivers know how to find ways to help the child learn during everyday activities. These supports and services are available for all eligible children and their families regardless of the family's ability to pay.

4.3.2 Post-Adoption Consortium (PAC)

The PAC is a program sponsored by the Virginia Department of Social Services, at no expense to families, to provide a variety of post-adoption services to children and families. Services are available to all families who have finalized adoptions of children ages 0 – 18 years old and reside in Virginia.

Services include:

- *Information, Referrals, and Advocacy;*
- *Case Management;*
- *Respite;*
- *Crisis Support;*
- *Training for Adoptive Parents; and*
- *Parent Support Groups*

For additional information on the PAC, contact your Regional Consultant.

4.3.3 Prevention and In-Home Services

The goal of prevention and in-home services is to strengthen families and ensure their children's safety, permanency, and well-being. Services are designed to prevent the occurrence or reoccurrence of child abuse/neglect from any caretaker and to prevent out-of-home care, including foster care.

The benefits of providing services to families in a strength-based, trauma-informed system that promotes protective factors include the following:

- *Families who identify their needs and seek help through preventive services are more likely to benefit quickly from services, and their children are less likely to be at risk of abuse and neglect and out-of-home care;*
- *Early involvement with the family reduces the likelihood of abuse and neglect, maintains permanency for the child, and preserves sibling groups;*
- *Strength-based family engagement empowers family members and increases their opportunity to be self-sufficient;*
- *Training and education to help parents understand child development, behavior management, stress management, attachment, and nurturing reduces adverse behavior problems and family conflict and improves family relationships.*

Prevention services must be offered to all adoptive families faced with the possibility of an out-of-home placement for their child or those who are considering adoption dissolution.

4.3.4 In-Home Services

In-Home services play an integral role in targeting resources and services that prevent entry into foster care and help children remain safely in their homes or with relative/kin caregivers. This work requires a skill set that focuses on family engagement, identifying individualized needs, creating and monitoring service plans and progress with families while continually assessing safety, risk, and protective capacities; and enhancing broader protective factors.

Attention to In-Home services case practice at both the supervisor and worker levels is needed to promote quality and uniform practice in the prevention of foster care.

The development of this framework is aligned with Virginia's broader strategic efforts which reflect key priorities in child welfare such as the [Child and Family Services Plan \(CFSP\)](#), [Child and Family Services Review \(CFSR\)](#), [Program Improvement Plan \(PIP\)](#), and [Family First](#) initiatives.

In-Home Services provide interventions and services to families that are based on the following principles:

- *Addressing child safety and risk factors;*
- *Preserving families by maintaining children safely in their own homes or with relative/kin caregivers in their communities;*
- *Preventing further abuse or neglect by strengthening the family's capacity to protect and nurture their children;*
- *Interventions and services that reduce or eliminate re-traumatization to children and families;*
- *Delivering interventions and services within the context of the family's own community culture and the child's current living arrangement; and*
- *Engaging children, youth, and families in the planning process while producing better well-being, safety, and permanency outcomes;*

As with prevention services, in-home services must be offered to all adoptive families if it is deemed most appropriate to best meet the family's needs.

4.3.5 Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) Program is designed to assist children and families in resolving crises, connecting with necessary and appropriate services, and remaining safely together in their own homes whenever possible. This program helps more than 15,000 children and families each year. Services are provided to meet the following objectives:

- *Prevent or eliminate the need for out-of-home placements of children;*
- *Promote family strength and stability;*
- *Enhance parental functioning;*
- *Protect children; and*
- *Assess and make changes in state and local service delivery systems.*

The following services are available:

- **Family Preservation**

This helps families alleviate crises that might lead to out-of-home placements of children because of abuse, neglect, or parental inability to care for their

children. These services help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.

- **Family Support**

These are voluntary, preventive activities to help families nurture their children. These services are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and support networks that assist parents with child-rearing. Family support activities include respite care for parents and caregivers, early development screening of children to identify their needs, tutoring, health education for youth, and a range of center-based activities. Services often are provided at the local level by community-based organizations.

- **Family Reunification**

*This facilitate reunification of the child safely and appropriately within a timely fashion and **during the 15-month period that begins on the date that the child returns home.** Services are for the child and the parents or primary caregiver. Such services may include individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; mental health services; assistance to address domestic violence; services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries; peer-to-peer mentoring and support groups for parents and primary caregivers; services and activities designed to facilitate access to and visitation of children by parents and siblings; and transportation to and from any of these services and activities.*

- **Adoption Promotion and Support**

These services encourage adoption from the foster care system when adoption is in the best interest of the child and, includes such activities as pre and post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

4.3.6 Children's Services Act (CSA)

The CSA establishes a collaborative system of services and funding that is child-centered, family-focused, and community-based to assess and meet the strengths and needs of troubled and at-risk youth and their families in Virginia.

The purpose of CSA is to:

- *Ensure that services and funding are consistent with the Commonwealth's policies of preserving families and providing appropriate services in the least restrictive environment while protecting the welfare of children and maintaining the safety of the public;*
- *Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical, or psychological stress;*
- *Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;*
- *Increase interagency collaboration and family involvement in service delivery and management;*
- *Encourage public and private partnership in the delivery of services to troubled and at-risk youths and their families; and*
- *Provide communities flexibility in using funds and authorize communities to make decisions and be accountable for providing services in concert with these purposes.*

Statutory Authority: [§ 2.2-5200](#) of the Code of Virginia.

4.3.7 Funding Special Services

A special service payment is a payment that is used to meet a service need of a child that cannot be met by the adoptive parents and is not covered under any other community services, program, or benefit for which the child would qualify. If the child receives any similar service from any other provider or funding source, a special service payment for a like service will not be approved, even if the child is found eligible to receive the service. Special service payments provide financial assistance for services and treatments directly related to special needs which existed prior to the time of the child's adoption ([22 VAC 40-201-161- E 2](#)).

Funding for special services is available for families who have been found eligible to receive special services and must be approved through a Virginia Adoption Assistance Agreement. For additional information on approval requirements for the use of funding for special services, see [Section 2: Adoption Assistance](#).

Special service payments must not be used for the following types of services and expenses:

- *Legal fees and nonrecurring adoption expenses;*
- *Boarding schools or private school placements or expenditures;*

- *Orthodontia treatment, unless related to the special needs identified on the original adoption assistance agreement or Addendum;*
- *Placements in therapeutic foster care (TFC) homes; and*
- *Placement in group homes.*

For more information on distinguishing group homes from psychiatric residential treatment facilities, refer to the [DMAS](#) website. For approved behavioral health providers and program levels, refer to [Magellan of Virginia](#).

Effective January 1, 2022:

- *All new requests for funding for the same type of special service, to include continuations of a current request, regardless of the signature/effective date of the original Adoption Assistance Agreement or Addendum, will not be approved for more than two years over the life of the adoption assistance case.*
- *Funding for all special services, regardless of when the original agreement was signed and effective, may be provided for up to a maximum of \$5,000 per calendar year for the total of all approved services; not to include expenses related to psychiatric residential treatment services, child care expenses, and tutoring. Existing Adoption Assistance Agreements that have services approved for the life of the case or extended periods are also excluded from the \$5,000 maximum.*

4.4 Types of Special Services

Special services listed in this section are available to children and families who have Adoption Assistance Agreements that have been negotiated and have been approved to receive the identified service.

4.4.1 Educational Advocate

An educational advocate is a paid professional who is called in when the child is:

- not receiving the free appropriate public education to which they are entitled;
- not making educational progress, or
- the Individualized Educational Plan (IEP) for the child is not being followed.

The adoptive parent must demonstrate they have attempted to resolve the educational issue without an educational advocate and use the established Individualized Education Program process at the school and other available resources. The Virginia Department of Education (VDOE) website guides special education services at http://www.doe.virginia.gov/special_ed/index.shtml.

4.4.2 Tutoring Services

Limited payment for tutoring may be provided for any child, ages six and older, to improve poor grades (D or below), only when related to the particular need identified on the original adoption assistance agreement or amended adoption assistance agreement. This may be in addition to any reasonable accommodations, which may or may not be identified in a child's IEP or 504 plan, if related or specific to the condition written on the child's Adoption Assistance Agreement.

Tutoring must:

- Be specific to a subject area;
- Include an estimate of the length of time the tutoring will be needed;
- Occur outside of regular school hours for the child's enrolled school; and
- The child should display marked improvements, indicated by a higher overall grade and test scores.

Tutoring Approvals:

- Must be negotiated and approved by the Assistance Negotiator before beginning the service.
- Tutoring approvals are not to exceed 60 hours annually at \$50 an hour.
- Tutoring must be negotiated and approved by the Assistance Negotiator before beginning the service.
- The family will submit the child's report card, to the LDSS, within 30 days of receipt of the report card.

Note: Tutoring must not be reimbursed when provided by a current household member or immediate family member of the adoptive household or provided in advance of a signed and effective adoption assistance agreement or Addendum.

4.4.3 Respite Services

Respite care is a support service that offers short-term relief to adoptive families by providing substitute care for the adoptive parent's child with special needs. The goal

of respite care for families is to reduce adoptive home disruptions and assist in maintaining the permanent placement for the child.

The following requirements must be met:

The LDSS must assure that the respite care provider meets the required standard for an approved LDSS home as outlined in the [Local Department Resource, Foster, and Adoptive Home Approval Guidance](#) manual for approval of respite providers. If adoptive parents chose to use a provider who does not meet this standard, adoption assistance must not be approved.

Respite care can be approved for a maximum of 240 hours per calendar year, with no more than 15 days in any given 90 day period. The terms of respite care must be negotiated and entered into the Adoption Assistance Agreement or Addendum.

The terms of the respite care are specified on the Adoption Assistance Agreement or Addendum before the respite care service being utilized.

Respite care must not be approved for funding a temporary placement once the adoption has already disrupted or has been dissolved; or for funding a short-term placement of a child in a group home or therapeutic foster home for treatment.

4.4.4 Child Care

The lack of child care as a service has been recognized as a possible barrier to adoption for working parents and parents who are enrolled in an educational or training program. To address this barrier, child care assistance may be provided to working parents and parents enrolled in an academic or training program as a part of the maintenance funded payment.

There are two child care funding categories, maintenance, and special services. Maintenance funded *child care assistance is based on both the child and the adoptive parent's needs, while special service funded child care is based solely on the child's needs.*

Child care assistance may be authorized for up to 12 months and can be reassessed as needed until the child's 13th birthday for maintenance funded child care and until the child's 18th birthday for special services funded child care.

When the adoptive parents request child care services, and the LDSS establishes that child care is needed, the LDSS and the Assistance Negotiator must assess and negotiate the child care supplement with the adoptive parents based on the child care funding category.

4.4.4.1 Maintenance Funded Child Care

Only Adoption Assistance Agreements executed after July 1, 2017, will be eligible for maintenance funded child care. Addendums to Adoption Assistance Agreements executed prior to July 1, 2017 cannot be negotiated for maintenance funded child care.

To be eligible for maintenance funded child care, all of the following must be met:

- The child is 0-12 years of age. Child care terminates on the child's 13th birthday unless the child has a documented special need from a qualified medical professional warranting the continuation of child care, which will result in changing the category to special services funded child care.
 - If the child has a documented special need warranting continuation of child care and the funding category is changed to special services funded child care, the child must also be enrolled in a licensed therapeutic child day program that provides specialized care. See [4.4.4.2 Special Services Funded Child Care](#) for more information.
- Both adoptive parents must be working or enrolled in and attending an education or training program when the adopted child is not in school. If the adoptive parent is single, then the adoptive parent must be working or enrolled in and attending an education or training program when the adopted child is not in school.
 - School attendance includes occupational training such as cosmetology and technical schools.
 - If the parents are self-employed, their most recent tax returns or proof of earnings statements (within the last 90 calendar days) are required to be submitted as supporting documentation.
 - It is the responsibility of the LDSS to verify the parents' employment or school attendance. This verification must be sent with the referral request to the Assistance Negotiator and must be maintained in the Adoption Assistance case file.
 - The child care program may be a licensed or an unlicensed regulated program. For more information on approved program types, see <http://www.dss.virginia.gov/family/cc/index.cgi>, in the VDSS Child Care Manual. Verification of the license, registration, religious exemption, or certification must be sent with the referral request to the Assistance Negotiator.

- *The monthly supplemental payment rate cannot exceed \$600 (six or more hours of child care each day) for children ages 0 – 6 years old or until enrolled in any kindergarten program, whichever occurs first. Child care assistance does not fund private kindergarten programs.*
- *The monthly supplemental payment rate cannot exceed \$300 for children 7 – 12 years of age.*
- *The monthly supplemental payment rate is based on the child's age and the family's documented needs. It does not increase based on the child's school instructional modality, i.e., virtual or in-person learning.*
- Child care payments are negotiated and agreed upon on the Adoption Assistance Agreement for up to one year. The child care payments must be negotiated annually to evaluate the need for child care and the child's continued eligibility.
- The amount of maintenance funded child care will be included in the monthly amount for the support and care of the child.
- If the child receives title IV-E adoption assistance, the child care maintenance is funded by title IV-E; if the child has a State assistance agreement, the child care maintenance is funded by State adoption assistance. The title IV-E or state funded maintenance payments must not exceed the foster care payment that would otherwise be made for the child.
- To document maintenance funded child care payments in the child welfare information system, use the Assistance Screen and list child care as a maintenance type of payment.

Child care payments end annually, and a new entry is made each time the service is renewed.

This payment is separate from the basic maintenance payment. The LDSS will use guidelines set forth in [Section 2.16, Terminating Adoption Assistance](#), to ensure families receive adequate notice of termination. If the service is still needed, the LDSS must submit a request to the Assistance Negotiator and a new addendum must be created and effective, prior to continuing the service. To avoid a lapse in service, the LDSS should initiate discussion at least 90 days prior to the end of the service.

In the circumstance of the adoptive parent who becomes unemployed, for any reason, or the adoptive parent who completes or ends their educational or training program, child care services will continue for a maximum of six months

from the last day of employment or enrollment in an approved educational or training program. This will allow continuity of care for the child while allowing the adoptive parent to gain new employment.

4.4.4.2 Special Services Funded Child Care

Eligibility for special services child care occurs when the child care directly addresses severe cases of documented emotional disturbances, blindness, motor impairment, and health conditions such as insulin dependent diabetes. Because of the special need, the child requires special health surveillance, interventions, technologies, or facilities provided by a licensed therapeutic child day program.

All children can benefit from structure and socialization; however, this alone is not a qualifier for specialized child care.

If the child's needs can be met in a regular child care setting, maintenance funded child care must be approved; refer to subsection [4.4.4.1 Maintenance Funded Child Care](#) for eligibility criteria.

Special Services child care can continue until the youth's 18th birthday.

- The child care facility selected by the adoptive parents must be licensed as a therapeutic child day program and specialize in serving children with severe documented medical and behavioral health needs related to the child's special need.
- For licensed therapeutic child day programs, the following must occur:
 - The child day program's director and primary staff responsible for plan implementation must develop an individual service, education, or treatment plan for each child, and the plan must be implemented within 60 days after the first day of the child's attendance ([8VAC20-780-120](#)); and
 - The child's service, education, or treatment plan must be developed, reviewed, and revised every three months and rewritten annually by the director and primary staff responsible for plan implementation in partnership with the parent. A copy of the initial and subsequent plans is given to the child's parent ([8VAC20-780-120](#)).
 - A copy of the child's service, education, or treatment plan must be maintained in the child's adoption assistance record.

- To document special services funded child care payments in the child welfare information system, use the Assistance Screen and list child care as a special services type of payment.
- **Exception:** *In the event the child is found eligible to receive specialized child care, the child must be approved to receive a maintenance funded child care payment, and maintenance funded child care rates apply if the following requirements are met:*
 - *The child is between the ages of 0 -12 years old, and*
 - *There is no provider available who is licensed as a therapeutic child day provider; or*
 - *The provider cannot meet the needs of the child due to age restrictions.*

To execute this agreement, the Negotiation Report and the Adoption Assistance Agreement must be documented to state that the child meets the requirements for specialized child care; however, there is no provider available.

Child care needs will continue to be assessed annually to determine if the child still needs a specialized therapeutic setting. This annual assessment is not for the adoptive parents' employment or school enrollment status.

If it is determined the child no longer meets the requirements for specialized child care, then all maintenance funded child care eligibility requirements, including the adoptive parents' employment and school enrollment, must be met to continue receiving child care payments.

4.4.5 Level C Psychiatric Residential Treatment Facilities (PRTFs)

In some cases, psychiatric residential treatment allows an adoption to continue while keeping all parties safe. PRTF placements can only be made as a part of a plan for the return of the child to the adoptive family, and the family must actively participate in that plan. Active participation is defined as being physically present for all family therapy and other required therapy sessions, education meetings, visitation, transitional services, e.g., A child can only be placed at a **Level C ([psychiatric residential treatment facility](#))** PRTF whose program is fully licensed and approved by the State to include its treatment and educational programs; provisional licensing for either service is not considered fully approved or licensed. The following documentation is needed to place a child in a PRTF using adoption assistance funding for payment:

- A Family Partnership Meeting to discuss and assess treatment needs, family engagement, and funding approval requirements;
- An [Addendum Request to the Assistance Agreement](#) form;
- A recommendation from the Family Assessment and Planning Team (FAPT) meeting or similar multidisciplinary team meeting held in the community of which the family resides, indicating that psychiatric residential treatment services are the least restrictive and most effective community based resource available to meet the child's needs. Recommendations must also include services and support to transition the child back home.
- After FAPT makes its recommendations, the FAPT no longer needs to provide additional assessments, conduct utilization reviews, or make service recommendations, unless required by CSA law and policies, or the LDSS and FAPT agree such actions will be beneficial for the child;
- A Certificate of Need by an independent physician certifying that outpatient care cannot meet the child's unique needs, appropriate treatment of the child's special needs requires services on an inpatient basis and at the Level C – Psychiatric Residential Treatment Facility level of care, under the direction of a physician and services can reasonably be expected to improve the child's special needs to prevent further regression. For the child who is not funded partly by CSA, the community services board in the locality where the adoptive parents reside provides the independent team certification;
- Recent child and family assessments that are consistent with the child's need for psychiatric residential treatment services. The assessments must include, but are not limited to, the Virginia Child and Adolescent Needs and Strengths Assessment (CANS) administered within the last 90 days, and it must indicate that psychiatric residential placement is the most appropriate and least restrictive level of care available to meet the child's needs;
- Recommendation for placement from the current Medicaid approval process in place, i.e. IACCT;
- Negotiation Report from the Assistance Negotiator approving the service request;
- A signed and effective Addendum to the Adoption Assistance Agreement.

If any of the required recommendations are not provided, or the recommendation does not support placement in the PRTF, special service payments must not be

used for funding the placement. The adoptive parents may choose to place the child using their own financial resources or an alternative funding resource.

In any case, adoption assistance will only cover costs associated with:

- the first 30 days of psychiatric residential treatment and
- educational expenses related to the placement.

As a result, the family should seek services from a Medicaid or private insurance approved provider.

4.4.5.1 Determining Whether Residential Services are Covered

When exploring all available resources, the LDSS and adoptive parents must decide if the following resources are available to fund educational expenses related to the necessary psychiatric residential treatment service before considering funding for special services ([22VAC40-201-161 E 2 b \(2\)](#)):

- When the child's Individualized Education Plan (IEP) requires placement in a psychiatric residential treatment program for educational purposes, for children who reside in Virginia, the CSA (Children's Services Act) in the locality where the adoptive parents reside is responsible for all placement costs.
- When the child's IEP does not require placement in a psychiatric residential treatment program, and the child is placed in psychiatric residential treatment for non-educational purposes, the local school division in the locality where the adoptive parents reside is legally responsible for assuring the child's access to free and appropriate public education (FAPE). In such circumstances, the school division is responsible for determining and providing the services necessary for FAPE while the child is in the psychiatric residential placement. The adoptive parents may request that special services funds be used to cover any remaining educational costs.
- When the child is Medicaid eligible, Medicaid may cover residential treatment for the child who meets the Medicaid eligibility standard for medical necessity and is in a Medicaid-enrolled facility. With assistance from the LDSS, the adoptive parents must follow all requirements for Medicaid funding for placement in a children's psychiatric residential facility.
- When the child is not Medicaid eligible during the initial admission into a psychiatric residential treatment facility, the family should check with their own health insurance during the first 30 day period. If their health

insurance does not cover the costs, the adoptive parents may request that special services funds be used for the psychiatric residential treatment costs for the child's first 30 days of placement.

- If the child is placed in a psychiatric residential treatment facility for 30 days or longer, the adoptive parents should apply for Medicaid on behalf of the child to help cover the costs. For purposes of Medicaid eligibility, the child is considered not living with the adoptive parents at 30 days or more. The adoptive parents should submit the Medicaid application to the LDSS with which they entered into the adoption assistance agreement.

After assessing all other resources available to help pay for residential treatment and when there are remaining costs, the LDSS and adoptive parents must determine whether the adoptive parents can financially afford the remaining costs for the requested special service. If Medicaid and/or adoption assistance are the sole sources of funding used for payment, any documentation sent to the provider must specify that the placement is a non-CSA placement.

4.4.5.2 Convening a Family Partnership Meeting

When special service payments are used to pay for the educational expenses related to a child's psychiatric residential treatment, the LDSS must convene an FPM to engage the family, other significant adults, service providers, and community members (see Chapter E. Foster Care Manual, [Section 2.9](#)). The purpose of the meeting is to identify wraparound, family, and community services and supports that could prevent the psychiatric residential placement and if placement cannot be prevented, facilitate returning the child home at the earliest and most appropriate time, consistent with the child's needs. The LDSS should schedule this meeting when it is most beneficial for the child during the process. Consider the following:

- At the first indication the child is at risk of psychiatric residential placement;
- Prior to, or concurrently with, FAPT or the approved multidisciplinary team meeting;
- When assessing the child's needs initially for psychiatric residential treatment services;
- When reassessing the child's needs for continued psychiatric residential treatment;
- When planning the child's transition and return home.

4.4.5.3 *Negotiating Psychiatric Residential Treatment Services*

When the LDSS determines the child meets the requirements for psychiatric residential treatment services, the LDSS and Assistance Negotiator must negotiate special service payments with the adoptive parents and determine agreed upon terms.

In addition, the LDSS and adoptive parents must also discuss the following factors:

- The specific services and supports that meet the child's special needs to be provided, including:
 - *Ongoing Maintenance Payments. If the adoptive parents are receiving basic and enhanced maintenance payments, the enhanced maintenance portion of the payment will be negotiated to zero dollars while the child is out of the home. The enhanced maintenance payment supplements the adoptive parent's finances due to their need to provide ongoing additional support and supervision. Once the child returns to the home, the LDSS must reinstate the enhanced maintenance payment at the agreed upon rate that was effective prior to the child's residential placement. The adoptive parent must sign an addendum to the Adoption Assistance Agreement prior to placement in the psychiatric residential facility, effective the first day of placement, and a new Addendum to the Adoption Assistance Agreement once the child returns home, effective the day the child returns home.*
 - Wraparound, family, and community services and supports necessary to successfully transition the child home.
 - Appropriate educational services for the child. The adoptive parents must discuss with the child's school the child's educational needs and the most appropriate way to meet those needs.
 - Intensive care coordination services are arranged or provided by the CSB, when appropriate (visit the Department of Behavioral Health and Development Services' [website](#) for more information).
- The requirement of the adoptive parents to actively participate in the child's treatment and their plan to bring their child home.

4.4.5.4 Responsibilities of the Adoptive Parents

When special service payments are used for psychiatric residential treatment, adoptive parents are responsible for actively planning, supporting, and participating in service delivery for their child. The adoptive parents must:

- Provide the child emotional support during the transition, treatment, and service period;
- Participate in treatment planning, including:
 - Researching the most appropriate psychiatric residential facility for their child;
 - Obtaining pre-admission screening materials and providing all required information to meet Medicaid requirements when applicable;
 - Providing the psychiatric residential treatment facility relevant background and service history information about their child.
 - Arranging and participating in pre-placement visits with their child.
 - Negotiating rates and entering into a placement agreement with the service provider. The adoptive parents must provide the LDSS a copy of the agreement for the child's adoption assistance case record.
 - Arranging trial home visits to prepare for the child returning home.
 - Transitioning and returning the child home at the earliest and most appropriate time that addresses the child's needs.
- Participate actively in treatment and services at the psychiatric residential treatment facility, at home, and in the community.
 - Visit the child frequently and regularly based on the child's best interests and treatment plan. The adoptive parents must visit the child at least once each month and should visit more frequently.
 - Communicate frequently and continuously through phone calls, email, social media, and letters.
 - Help maintain important relationships for the child through arranging visits and frequent communication with family, friends, school, religious, spiritual, and other cultural and community connections.

Provide funds for the child's use during the placement (e.g., allowance, clothing, personal incidentals, and recreational activities). The agreed upon terms for specific responsibilities of the adoptive parents must be documented in the Addendum to the Adoption Assistance Agreement.

4.5 Providing Post-Adoption Services

Post-adoption services can be preventative and provided at the time of adoption finalization through ongoing supportive services and adoption assistance and they can be provided in times of crisis, as in adoption preservation services. The availability of post-adoption services must be discussed with the family prior to the finalization of the adoption. The [Full Disclosure Checklist for Adoption Families](#) must be provided to and reviewed with the adoptive family by the LDSS responsible for preparing the child and family for adoption. The checklist must be kept in the Adoption Assistance case record as evidence that the adoptive parent was provided information about the child and family's background, adoption assistance, and post-adoption services prior to adoption finalization. A copy must be given to the adoptive family.

All youth adopted from Virginia's foster care system, age 16 or older, with a special need identified on an [Adoption Assistance Agreement](#) must be provided the [Proof of Foster Care – Special Needs Adoption](#) form. This form is necessary for verifying the foster care status of the child at the time of the adoption and serves that purpose for various programs that are geared towards older youth adopted from state child welfare programs.

In addition to providing information about post-adoption services, the LDSS must also provide contact information for the agency representative that will be able to assist families with future needs that may arise. The representative must be familiar with services available to the family through the VDSS post-adoption consortium, LDSS and LCPA support, the community, and other service providers.

4.5.1 LDSS Responsibilities

The LDSS has specific responsibilities for each of the following:

- *Evaluating and interpreting referral packet information and completing a strengths-based assessment with the child and family using the Child and Adolescent Needs and Strengths Assessment (CANS), as needed. Staff must be trained in administering and scoring the CANS.*
- *Assist the family in convening a team to include immediate and extended family members, service providers, and informal supports to form a collaborative care plan with clearly defined goals.*

- *Address the need for and develop, revise and monitor a crisis plan with family and team members.*
- *Ensure that parent and family involvement is maintained throughout the service period.*
- *Maintain an ongoing dialogue with the family and providers to assure that the philosophy of care is consistent and that there is progress toward service goals.*
- *Evaluate the progress and make adjustments as necessary.*
- *Maintain an up to date file record consisting of treatment summaries, payment and resource utilization records, case notes, legal documents and releases of information.*
- *Facilitate the closing of the service request and oversee the transition to any ongoing care.*
- *Use resources and available funding to ensure that services are based specifically on the needs of the child and family.*
- *Be able to locate and deliver strengths based family-centered, adoption, and culturally competent services.*
- *Be able to interpret psychiatric, psychological, and other evaluation data and use that information to form a collaborative plan of care.*

4.5.2 Who is Eligible?

Children and families adopted through public and private agencies, both domestic and international, are all eligible for some form of post-adoption support. The type of support is based on the service requested.

The LDSS assumes an obligation to maintain the adoptive placement by delivering post-adoption services to children and families adopted through public and private agencies, both domestic and international, after the adoption finalizes.

Post-adoption services provide a wide range of supports and services designed to respond to the family's needs after the finalization of the adoption.

A family will be eligible if:

- *There is at least one adopted child under the age of 18 or a child with an active Adoption Assistance Agreement;*
- *The child is residing in the home at the time of the referral;*

- *An adopted child is receiving treatment outside of the home; and the plan is to transition the child back into the home;*
- *The child's permanency was disrupted either because of the death or disability of the adoptive parent and*
 - *The child is residing in the home of an adult who expresses interest in becoming the adoptive parent at the time of the referral; or*
 - *The plan is to transition the child into the home of that adult; or*
- *The child was adopted internationally and the family is seeking support to maintain the adoptive placement.*

To receive post-adoption support, an adopted child and the family must either have a child who was adopted, and they must either accept the service or express a willingness to begin receiving services. The following are types of needs that would be appropriate for Adoption Preservation Services:

- *A child or children experiencing significant emotional or behavioral issues;*
- *A child experiencing loss/grief/separation issues; or*
- *A medical/organic/neurological disability, e.g., Fetal Alcohol Syndrome effects, mood disorders, attachment disorders, and other psychiatric diagnoses; and adjustment issues and stagnation in developmental stages related to adoption.*

The LDSS must ensure that referrals are made to appropriate resources to meet the needs of families exploring all community resources and state and local programs where such referrals are applicable and when services are available.

4.5.3 Assessing the Child and Family

Services to the adoptive family must begin with a comprehensive assessment to identify the strengths and needs of the child and family. The LDSS must then, depending on the level of needs based on the assessment, work with the family to convene a team of people that may include supportive family members and/or friends, service providers within the community, and informal supports to form a collaborative plan of care with clearly defined goals. This can be accomplished through a Family Partnership Meeting, a Service Coordination Meeting, or a Treatment Team Meeting. Efforts must be made to deliver strengths based, family centered services that are culturally competent while maintaining ongoing dialogue and family participation to assure consistency and progress towards service goals, making adjustments as necessary.

The LDSS must determine the service needs by completing the following actions:

- *Provide the adoptive parent with a service application;*
- *Within five calendar days, confirm there are no current reported safety threats to the child by reviewing the child welfare information system for all family members living in the household;*
- *Within 10 calendar days of receiving the case, make face-to-face contact with the adoptive parent and child to assess the identified needs of the child and family;*
- *To determine service needs, the LDSS must, at minimum, observe:*
 - *The adoptive parent and child in the home environment, and*
 - *The child's interactions between family members in the home;*
- *Obtain from the adoptive parent and child (as appropriate) the names of persons who can provide additional information on the child's needs;*
- *Obtain a completed [Authorization to Release Information](#) form to enable the LDSS to obtain additional information from physicians, mental health providers, school employees, or other service treatment providers;*
- *After obtaining authorization to release information, contact service and treatment providers, to understand the past and current services and treatment needs of the family and the child;*
- *Obtain expert evaluations, when appropriate, to determine specific service or treatment needs when a condition or behavior requires additional professional information regarding a person's functioning;*
- *Analyze the behaviors, conditions, and circumstances of the family to determine service or treatment needs based upon information gathered from the activities listed above; and*
- *Document the findings of the activities in the child welfare information management system.*

4.6 Educational Services in the Public School System

The LDSS must explore all educational and related services provided by the public school system before using adoption assistance funds for services. According to the Virginia Department of Education, based on its statutes and regulations:

- Remedial education is designed to remedy, strengthen, and improve the academic achievement of students who demonstrate substandard performance. Some

remedial services may be available from the child's public school in the local school division.

- Special education is through the local school divisions. It is mandated by law to provide, without cost to the parent, specifically designed instruction and related services to meet the unique needs of children with disabilities, ages 2 through 21 (§ [22.1-214](#)).
- Special education may include instruction conducted in the classroom, home, hospital, institution, and other settings and instruction in physical education (§ [22.1-213](#), [34 CFR 300.39](#), and [8 VAC 20-81-10](#)). The term includes each of the following if it meets the requirements of the definition of special education:
 - Speech-language pathology services or any other related service, if the service is considered special education rather than a related service under state standards.
 - Vocational education.
 - Travel training.

Specifically designed instruction means adapting as appropriate to the needs of the eligible child the content, methodology, or delivery of instruction to address the unique needs of the child and to ensure access of the child to the general curriculum in order to meet the educational standards that apply to all children.

The school division's responsibility is limited to FAPE or to ensuring the provision of accommodations or activities on the IEP, which are designed to adapt the general curriculum to the child's needs. For specific details related to FAPE and VDOE regulations, refer to state regulations, laws, and policies on the [VDOE website](#).

Local school divisions are responsible for paying for services and placement identified on the IEP when the child is placed within the school system or regional special education program.

If the adoptive parents have any concerns or disagreements about the child's special education program or implementation of the special education procedures, they should first contact the director of special education in the local school division for resolution. If the resolution is not achieved at the local level, the adoptive parent may contact the VDOE's Dispute Resolution and Administrative Services unit. See the [VDOE website](#) for additional information. For more information about mediation, complaints, and due process hearings, refer to the [Division of Special Education and Related Services](#).

Section 504 means the section of the Rehabilitation Act of 1973, as amended, which is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance ([29 USC § 701 et seq.](#); [8 VAC 20-81- 10](#)).

For additional information, see the VDOE's [Section 504: Keys to Implementation in Virginia's Schools](#). Adoptive parents should discuss with the child's school whether or how Section 504 may apply.

The [Parent Educational Advocacy Training Center \(PEATC\)](#) assists families of children with disabilities by providing education, information, and training. PEATC builds respectful, collaborative partnerships between schools, professionals, and the community to promote success in school and community life for children with disabilities.

The [Virginia Department of Education Transition Services](#) website provides support, information, and resources designed to improve the outcomes of students with disabilities in transition from middle/secondary education to postsecondary education and employment.

Private education: While payment for private school placements is not provided through adoption assistance; the adoptive parents may seek out private school options using alternative funds.

4.7 Postsecondary Education and Training

The adoptive parents may consider the costs of postsecondary education and training when assessing the child's needs for adoption assistance. The LDSS should inform the adoptive parents about the following resources that can help defray costs.

4.7.1 Education Training Voucher Program (ETV)

The ETV program provides federal and state funding to help eligible youth with expenses associated with college and postsecondary vocational training programs. Each eligible youth can receive funding of up to \$5,000 per year or the total cost of attendance per year, whichever is less. The ETV program can provide services to youth up to the age of 25.

ETV funds can be used to pay for things like tuition and fees, room and board, computers, software, computer accessories, books, and transportation.

Youth adopted from Virginia's foster care system after the age of 16 are eligible for the ETV program if they meet the eligibility requirements. For more information on the ETV program and the eligibility requirements, see Section E. Foster Care [Chapter 13 Achieving Permanency for Older Youth: Working with Youth 14-17](#) or [Fostermyfuture.com](#).

4.7.2 Foster my Future / Chafee Services

Chafee provided services are primarily education and training oriented and are intended to keep youth in school. At the same time, youth obtain life skills and participate in other life preparation activities and plans to promote a successful transition to adulthood. Chafee provides support for those youth whose adoptions were finalized at age 16 or older, and participation is voluntary.

The LDSS must provide, either directly or through contract, those services identified in the life skills assessment that is indicated to help the youth achieve independence. The case plan or Transitional Living Plan must identify and address the specific skill needs of the youth. Each youth receiving transitional services must be assessed annually using an appropriate life skills assessment tool; however, an individualized assessment must be conducted every six months to determine the youth's progress in acquiring basic life skills and the skills necessary for a successful transition to adulthood.

If a youth was in foster care on or after their 16th birthday and was adopted before their 18th birthday, they will be eligible for all Chafee funding except housing, until their 21st birthday.

For more information on Chafee services and supports the program provides, see Section E. Foster Care Chapter 13 Achieving Permanency for Older Youth: Working with Youth 14-17.

4.7.3 Independent Living Services (IL)

Youth adopted from the foster care system at age 16 years and older are eligible for IL services; to include any IL program, clinic, or classes offered by VDSS, the LDSS, or Project Life. Adoptive parents are responsible for payment of any fees required for participation in various activities.

Adopted youth are not eligible to receive the Independent Living Stipend. For more information on the IL program, see [Section E. Foster Care Chapter 13 Achieving Permanency for Older Youth: Working with Youth 14-17.](#)

4.7.4 Defraying the Cost of College

Great Expectations Youth who were adopted with special needs and have earned a high school diploma or GED qualify for the Great Expectations program. The grant can be used for earning a degree or for non-credit workforce programs.

The Great Expectations program will pair college bound youth with an adult coach at one of 21 community colleges throughout the state. The youth and

coach work together to assess the youth's skills and interests, talk about the youth's future, and make a plan for enrolling in college.

As long as the youth is enrolled for at least six credits, they do not have to repay the grant. If the youth drops below six credits, they will lose eligibility and must repay the grant. For more information on the Great Expectations program, visit www.greatexpectations.vccs.edu and Section E. Foster Care [Chapter 13 Achieving Permanency for Older Youth: Working with Youth 14-17. Find a participating college.](#)

- [Foster Care to Success](#) provides college funding and support for college-bound youth in foster care or adopted after their 16th birthday. It administers scholarships and grants for former youth in foster care to achieve a meaningful postsecondary education. They provide tuition grants, book money, living stipends, and emergency funding for unexpected expenses. They also provide academic coaches, personal mentors, care packages, and internship opportunities.
- [Federal Student Aid](#) provides free information on the website from the U.S. Department of Education on preparing for and funding education beyond high school.
- [Smart Student Guide to Financial Aid](#) is a website with comprehensive annotated collections of information about student financial aid, including a financial aid calculator for determining costs.

4.8 Renegotiating Adoption Assistance

Adoption assistance payments made on behalf of a child must not exceed the foster care payment they would have received at the time the initial adoption assistance agreement was signed ([22VAC40-201-161](#)).

Renegotiations are contingent on meeting eligibility criteria for increasing monthly maintenance and/or requesting funding for special services.

The adoptive parent may request to renegotiate monthly maintenance on the Adoption Assistance Agreement when:

- *During the initial negotiation process, the adoptive parent accepted less than the maximum amount the child was entitled to receive.*

Example:

Basic Maintenance \$700.00

Enhanced Maintenance \$2,016.00

The total amount available to the adoptive family at the time the Adoption Assistance Agreement was signed was \$2,716; however, the adoptive family believed \$2,000 would be sufficient to support the child. The adoptive family can submit an [Addendum Request to the Assistance Agreement](#), receiving up to an additional \$716.00 in maintenance payments.

- *The child had a hereditary tendency, congenital problem, or birth injury when the original adoption Assistance Agreement was signed; however, there was no condition present to warrant a monthly payment. As a result, the child was approved for a zero dollar agreement. The child now has a condition that is now in-line with the special need identified on the original Adoption Assistance Agreement, and the parents are requesting adoption assistance.*
- *The adoptive parents are requesting funding for a service that is not covered by any other resource.*

4.8.1 Submitting a Request for Change

The adoptive parents must submit an [Addendum Request to the Assistance Agreement](#) to the LDSS with which they established the agreement. Both parents sign the request when the agreement was with two parents, including adoptive parents who are separated or divorced. One parent signs the request when the agreement was with one parent or when a signed court order documents the sole legal responsibility of one parent for the child.

4.8.2 Timeframe for Acting on Request

Within 14 calendar days after receiving the request for an addendum, the LDSS must:

- Review the request to determine whether it is complete with all required documentation and signatures.
- Notify the parents in writing, using the [Family Services Notice of Action and Right to Appeal](#), that the request was received and its status:
 - **The request is complete.** The notification must include the date the request was received. It must state that the LDSS and parents have 60 calendar days to assess, negotiate, and execute an addendum.
 - **Additional information is needed.** The notification must state the specific information necessary to complete the request. It should request the parents submit the information by email, phone, or in person within 30 calendar days from the notice date.

If the parents do not provide the information within 30 days, the LDSS must deny the request. The LDSS must inform the parents in writing the reasons for denying the request and that they may submit a new [Addendum Request to the Assistance Agreement](#).

- **Request is denied.** The notification must clearly state the reasons for the denial, provide information on the adoptive parents' right to appeal within 30 calendar days of receiving the notice of denial, and provide information on the fair hearing process. No further action is required by the LDSS on the request.

4.8.3 Assessing Overall Request for Addendum

The LDSS and adoptive parents should discuss the information provided in the Addendum Request to the Assistance Agreement. The purpose of this conversation is to fully understand the parents' reasons for requesting adoption assistance at this time. The conversation should include, but is not limited to:

- The changes in the child's special needs or the family circumstances of the parents, including:
 - The reasons the adoptive parents are concerned at this time.
- The impetus, duration, severity, and impact of the child's special needs and behaviors. The specific services, resources, and supports the parents have used, or attempted to use, in their family and community to address the changes.
- The services, resources, and supports the parents are requesting to help meet the child's special needs. The LDSS should summarize the concerns, needs, interests, and reasons of the parents to ensure accurate understanding. *The LDSS must have completed the Post Adoption Decision Tree with the adoptive parent to ensure this is the most appropriate course of action.*

4.8.4 Assessing Relevant Components of Adoption Assistance

The Assistance Negotiator must assess and negotiate relevant components of adoption assistance with the LDSS and adoptive parents to determine agreed upon terms for the Addendum. There is no need to assess components that are not impacted by the request, when the current terms will continue as delineated in the existing adoption assistance agreement.

The LDSS should use the application to assist in the assessment of the financial circumstances of the family and consider this information when negotiating changes to the agreement. This application does not determine the child's eligibility for adoption assistance and will not be used as the sole factor in assessing the family

circumstances. The assistance negotiator, LDSS, and the parents should use the same assessment and negotiation process that is used for initial agreements to guide the addendum process, including:

- Negotiating adoption assistance.
- Assessing:
 - Family circumstance.
 - Basic maintenance needs of the child.
 - Additional supervision and support needs of child.
 - Services to meet the child's special needs.
- Other resources

When the adoptive parents request:

- A reassessment for additional supervision and support is provided by the adoptive parents, the LDSS must determine:
 - if the adoptive parent is already receiving the maximum amount, they can receive it based on the amount of the VEMAT and the amount that was originally negotiated when the initial agreement was signed.
 - if there are indications that the child's requirements for additional supervision and support may have changed based on the frequency, duration, and intensity of the child's behavioral, emotional, and physical/personal care characteristics.

Such change in behavior must be documented, and a request is made using the [Addendum Request to the Assistance Agreement](#).

- To add a new diagnosis or special need factor that was present at the time of the adoption but was not diagnosed, the adoptive parents must submit documentation and relevant reports from qualified professionals as required for documenting the special need or condition/disability after the final order of adoption, when no more than one year has elapsed from the date of diagnosis.
- To document the child has a special medical need that existed at the time the initial adoption assistance agreement was executed prior to the final order of adoption, then the adoptive parents must submit documentation by qualified professionals of the child's current special medical need and its existence at the time the initial agreement was executed (whether or not treatment was being received).

4.8.5 Executing the Addendum

The LDSS must prepare an Addendum to the Virginia Adoption Assistance Agreement on behalf of the child. When the local board, or its designee, approves the Addendum, the parents and the local Board, or designee, must sign and date it. The local board does not have authority to deny an addendum for an eligible child. When both parents signed the request for an addendum and agreed to the terms in the Addendum, then both parents must sign and date the Addendum. Payments and services must not be effective until all parties have signed and dated the Addendum. Changes in payment rates, such as an increase or decrease in enhanced maintenance rate, must not be implemented until the first day of the month following all signatures. The Addendum must state the effective date of the changes. This date must not be earlier than the date when all parties signed the Addendum. The Addendum is executed on behalf of the child on the effective date stated in the Addendum. However, for special services payments, the effective date is the date on which all parties sign the Addendum.

The LDSS must give the adoptive parents a copy of the Addendum. The LDSS must place the original Addendum and all supporting documents in the child's adoption assistance case record.

4.9 Making Changes to the Adoption Assistance Agreement

There are certain circumstances that may occur and call for an amended adoption assistance agreement to be developed. Depending on the change requested, if the original adoption assistance agreement had two adoptive parent signatures, the request will require both parents' signatures. Likewise, if the original adoption assistance agreement had one adoptive parent's signature, the request will only require one adoptive parent's signature.

4.9.1 Address Changes

Address changes are required to be submitted, in writing to the LDSS. The address change must be submitted as far in advance as possible so that adoption assistance payments and notices can be directed to the correct address and if the family is moving out of their current state of residence, Medicaid can be established in the new state.

The written address change must include the following information:

- Adoptive parent(s) names
- Telephone number
- Adoptive parent(s) email address

- Child's name
- Child's date of birth
- Complete old address
- Complete new address
- Effective date address change
- Adoptive Parent(s) Signature – both parents' signatures required

The LDSS must update the adoption case in the child welfare information system to reflect the information. If the adoptive parent is also a licensed foster parent or respite provider, the LDSS should also contact the appropriate licensing specialist to inform them of the information.

4.9.2 Single Adoptive Parent Marries

When a single parent who adopts subsequently marries and their new spouse adopts the child, an Amended Adoption Assistance Agreement can be developed adding the new spouse to the agreement. The adoptive parent must submit the following:

- A Request for an Addendum to the Agreement
- A copy of the adoption decree for the spouse and child.

The LDSS must develop an Addendum to the Adoption Assistance Agreement adding both parent's names signed by the local board or its designee. The agreement is effective the day it is signed.

Any changes to this agreement, once both parents sign, require the signatures of both parents.

4.9.3 Adoptive Parents Divorce

When adoptive parents enter into a legal separation or divorce situation, it often becomes necessary to take one of the parents off the Adoption Assistance Agreement. The LDSS should encourage the parents to address the agreement directly with their attorneys so that the court can perhaps order one parent to receive the adoption assistance. LDSS does not have the authority to remove one parent from the agreement without a written notarized request signed by both adoptive parents or by a court order.

When adoptive parents divorce and one adoptive parent is granted physical custody or it is ordered by the divorce decree to receive the adoption assistance, a new agreement must be developed.

The adoptive parent must submit the following:

- A Request for an Addendum to the Agreement
- A copy of the court order identifying the adoptive parent as the custodial parent.

The LDSS must develop an Addendum to the Adoption Assistance Agreement that includes only the custodial parent's name signed by the local board or its designee and the parent. The agreement is effective the day it is signed.

4.10 Adoption Dissolution

Adoption dissolution occurs after the adoption is finalized and the legal family relationship and responsibilities of the adoptive parents no longer exist. Adoption dissolution is different from adoption disruption in that adoption disruption ends the adoption process prior to the finalization of the adoption. Adoption disruption may result in the child changing placements from the prospective adoptive parents' home to another placement while in foster care. For more information about adoption disruptions see Chapter E. Foster Care Manual, [Section 9.12](#).

When dissolution cannot be prevented or an alternative found, it should be approached with the child's best interests at the forefront. Sensitivity to the feelings of the child who leaves the family and the children who stay in the family must be the first priority.

4.10.1 Role of LDSS Prior to Adoption Dissolution

Knowing that adoption dissolution can be devastating for both the adopted child or youth and the adoptive family as a whole; an agency should work diligently to prevent a dissolution by providing support and post adoption services specific to the needs of the adoptive child or youth and family.

Problems in the adoptive home should be evaluated in light of the family's issues as well as the needs and behaviors of the child. The adoptive family should be encouraged, supported, and assessed in getting services in place that will enable the parents to continue to parent their child. The LDSS should view the family as the best resource for this child unless a safety risk has been identified from a child protective services (CPS) assessment or investigation. In the event of a CPS allegation, the LDSS should collaborate with the CPS worker to work with the family.

Prevention services should be provided to the family prior to adoption dissolution. If the family resides in a different locality than the locality that assisted the family with placement and finalizing the adoption, the LDSS that is responsible for coordinating post-adoption services is the LDSS that assisted with finalizing the adoption. When requested, the LDSS where the family resides should assist the other LDSS in

providing information on appropriate services and support within the community to preserve the family. If Family Assessment and Planning Team (FAPT) involvement is necessary, the locality where the family resides will be responsible for conducting the FAPT meeting and the LDSS that was responsible for finalizing the adoption and providing services should attend the meeting (See [Section 2.17.3](#) for more information about LDSS responsibilities).

To prevent the child from entering foster care, foster care prevention services should be provided when the adoption is at risk of dissolution and a Family Partnership Meeting (FPM) should occur when the potential disruption is recognized. The LDSS where the family resides is responsible for opening a prevention case, if necessary. For more information about providing prevention services and opening a prevention case, (See Chapter B., Prevention Services, [Section 2](#)). If the placing agency is from another state and the child resides in a Virginia locality, the LDSS where the family resides should work in collaboration with the out of state locality to prevent adoption dissolution. If the adoption dissolves, the LDSS where the adoptive parents reside may receive custody of the child.

To prevent dissolution the team should consider what services might salvage the adoption, what support services the adoptive family may need, and if relinquishment of the child directly to the LDSS would be most appropriate.

4.10.2 Role of LDSS During Adoption Dissolution

A dissolution decision should be made with the focus on the best interest of the child. The LDSS should continue engaging the family if the child enters foster care, unless TPR occurs.

A temporary entrustment agreement should only be considered when it is in the child's best interest. At no time should a temporary entrustment agreement be accepted from adoptive parents as their plan to eliminate their legal responsibilities or to obtain treatment for the child. A temporary entrustment agreement does not terminate the adoptive parents' rights or their duty to support their child. It does, however, place the child back in foster care and communicates a message of failure and instability to the child.

In the event of adoption dissolution, the LDSS may need to pursue TPR. If an adoptive child comes back into foster care and the parents' rights are terminated either voluntarily or involuntarily, the procedure to terminate the adoptive parental rights is the same as for any parent (see Chapter E., Foster Care Manual, [Section 9.6](#) for information on TPR).

TPR severs the relationship of parent and child between the individual adopted and the adoptive parents. The former parents are relieved of all legal duties and obligations due from them to the adoptee and the former parents are divested of all rights with respect to the adoptee.

4.10.2.1 Opening a foster care case

If there is adoption dissolution and the child is removed from the home, the child enters foster care in the locality where the family resides. A new foster care case is opened in the child welfare information system (See Chapter E., Foster Care Manual, [Section 2](#) and [Section 3](#) for more information about opening a foster care case).

4.10.2.2 Closing the adoption case

When the parental rights of the adoptive parents are terminated, the adoption case is closed in the child welfare information system. The information in the child welfare automated system remains restricted and the paper adoption file is sealed (See [Section 4.9.4](#) on how to obtain adoption information to provide services to the child).

4.10.3 Adoption Assistance and Adoption Dissolution

If the child is no longer in the adoptive parents' home or was placed in foster care and TPR has not occurred, the LDSS that entered into the adoption assistance agreement with the adoptive family should assess the agreement with the adoptive family. The LDSS should make a referral to the Assistance Negotiator to negotiate the adoption assistance payment, if necessary. No changes to the adoption assistance payment must be made without being negotiated ([§ 63.2-1302 C](#)).

The adoption assistance payment cannot be terminated or reduced without the adoptive parents' consent unless the LDSS determines that there is a circumstance that meets the termination criteria of the adoption assistance agreement (See [Section 2.16](#) for more information for terminating an adoption assistance payment).

If the family was receiving adoption assistance and TPR occurs, the family is no longer legally or financially responsible for the child and adoption assistance must be terminated ([22VAC40-201-161 N](#)).

4.10.4 Obtaining Information After Adoption Dissolution

Once an adoption is finalized in Virginia, the adoption record is sealed and information can only be disclosed under the circumstances designated in the Code of Virginia [§§ 63.2-1246](#) and [63.2-1247](#). See [Section 5.4](#) and [5.5](#) for additional information on when adoption information can be disclosed to the adoptee, birth family, and adoptive parents.

The Commissioner must release non-identifying information from the adoption record when the LDSS requesting the information is providing services to the child or adoptive parents ([§ 63.2-1246](#)). When a child returns to foster care after adoption dissolution, the original LDSS or LCPA may release non-identifying information in the

child's adoption records to the LDSS that has custody of the child. Non-identifying information is information that does not identify the birth family or any trace information that could lead to the identification of the birth family (See [Section 5.4](#) for more information about non-identifying information). When the adopted child enters foster care and the adoption was finalized in Virginia, the LDSS seeking information from the adoption record should contact the Adoption Unit to determine if the information may be released.