

Creating a Private Adoption Assistance Agreement

Note: Assignment to the Adoptive Home-Private Adoption case is needed to create the agreement.

Related User Guides

[Adoption Assistance Amended Agreement](#)

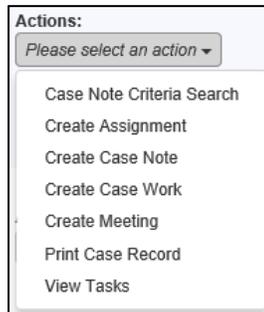
[Ending an Adoption Assistance Agreement](#)

[Reopening an Adoption Assistance Agreement](#)

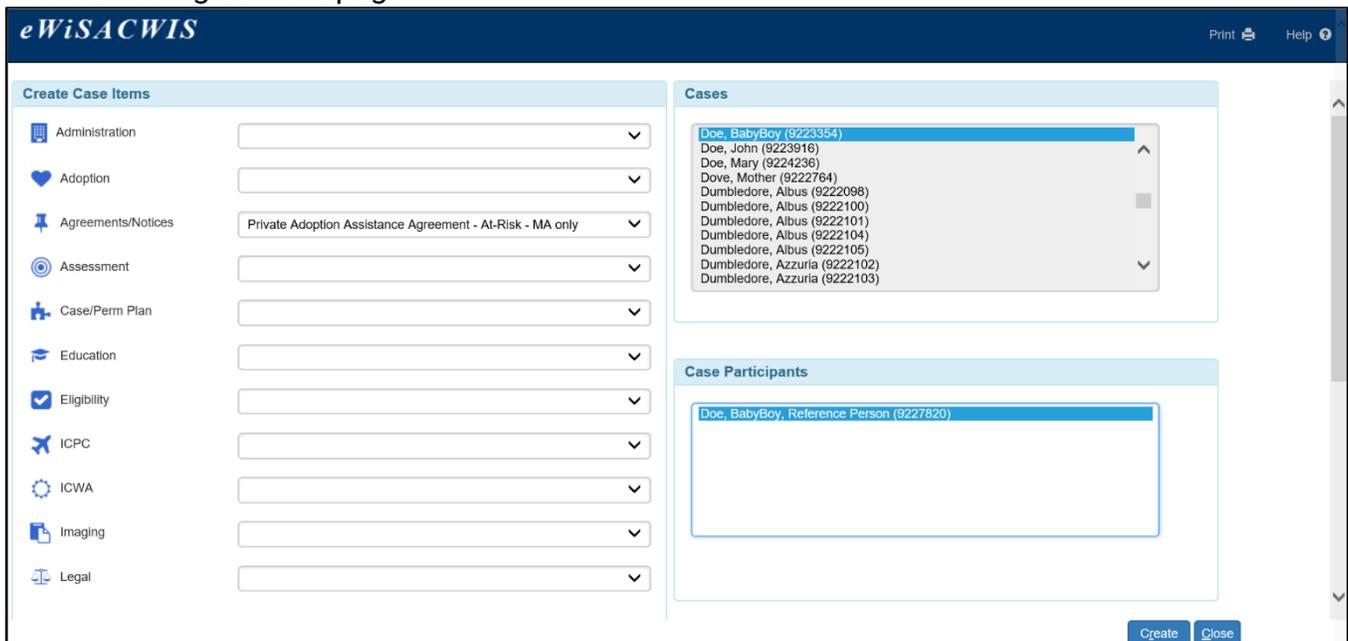
To create a Private Adoption Assistance Agreement, the following pieces of work must be completed (and approved):

- Screened-In Adoption-Private Adoption Service Report
- Provider Record
- Legal Record of 'Adoption Finalized'
- Child & Adolescent Needs & Strengths (CANS) **Note:** – This is only when creating a Private Adoption Assistance Agreement w/Subsidy

1. From the desktop, go to the Cases tab and click the Create Case Work hyperlink [Create case work](#) or select Create Case Work from the Actions dropdown next to the specific case to open the Create Case Work page.



2. On the Create Case Work page, select 'Private Adoption Assistance Agreement - At-Risk - MA only' or 'Private Adoption Assistance Agreement - MA with Subsidy' from the Agreements/Notices dropdown. Select the appropriate Case and Participant and click Create to open the Adoption Assistance Agreement page.



3. The Private Adoption Assistance Agreement page is divided into the following group boxes: Agreement Information, Adoption Assistance Payee, Insurance Information, Supplemental Rate, and Payment Information. The following describes both pre-filled and user entered fields for each group box.

The screenshot shows the eWiSACWIS interface for a Private Adoption Assistance Agreement. The page is divided into five main sections, each with a light blue header:

- Agreement Information:** Contains fields for Case Participant (Jones, Joannie (9232258)), Date of Agreement (02/01/2023), Agreement Type (Adoption Assistance Agreement), Estimated End Date (03/04/2024), Private Adoption Type (Agency), Agreement Amount (\$0.00), Adoption Subsidy Type (MA only - at risk), and Applicable Exceptions (Age 7+, Child at High Risk, Member of a Minority Group, Sibling Group (2+ Placed Together), Moderate/Intensive Needs, Indian Child). It also includes a Provider Name (Provider, Home (9221447)) with a search link and a County dropdown (Milwaukee).
- Adoption Assistance Payee:** Contains Payee Name Type (Parent 1 or Parent 2) and Payee Name (Home Provider or Male Provider).
- Insurance Information:** Contains a radio button selection for "Yes" (selected) or "No" regarding private health insurance, and a field for Health Insurance Information Form (F-10115) with "None selected" and an "Imaging Search" link.
- Supplemental Rate:** Contains CANS Effective Date (N/A), Supplemental Points (N/A), and Supplemental Rate (N/A).
- Payment Information:** Contains Basic (N/A), Supplemental (N/A), and Exceptional (selected, \$0.00) payment categories.

At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

A. Agreement Information

- Case Participant: Prefills with the child’s name as a hyperlink to Person Management.
- Date of Agreement: User-entered start date of the Private Adoption Assistance Agreement, and when payment begins.

- Agreement Type: Defaults to Adoption Assistance Agreement.
- Estimated End Date: Prefills the date of the child's 19th birthday.
- Private Adoption Type: Prefills value from Services Report (editable).
- Agreement Amount: Prefills with the total of the Basic, Supplemental, and Exceptional amounts.
- Adoption Subsidy Type: Select the value to designate the type of subsidy specific to the agreement.

Note: To qualify for an adoption subsidy (MA w/ subsidy amount), at least 5 CANS items (used in the rate algorithm) must be rated as a 2 or 3 unless the child qualifies for at least one Applicable Exception:

Applicable Exceptions:					
<input type="checkbox"/> Age (7+)	<input checked="" type="checkbox"/> Child at High Risk	<input type="checkbox"/> Member of a Minority Group	<input type="checkbox"/> Sibling Group (2+ Placed Together)	<input type="checkbox"/> Moderate/Intensive Needs	<input type="checkbox"/> Indian Child

- Provider Name: Click the [Search](#) hyperlink to find the Provider. Once selected, the Provider will prefill to the Agreement as a name hyperlink (to Provider Management).
- County: Prefills with the county of the worker who is creating the agreement.

B. Adoption Assistance Payee

- Payee Name Type: If Parent 1 and Parent 2 are listed on the agreement, the field defaults to 'Parent 1 or Parent 2' once a Provider is associated to the agreement. The Payee Name Type field remains enabled, even after approval of the Adoption Assistance Agreement.
- Payee Name: Defaults to blank until a provider is selected. The payee(s) displayed in this field pre-fill to the AAFC Adoptive Home service page.

C. Insurance Information:

- User-selected 'Yes' or 'No' values to indicate if the adoptive parent will add the adopted child to their private health insurance plan.
 - If 'Yes' is selected, the 'Health Insurance Information Form (F-10115)' field will display, along with an 'Imaging Search' hyperlink

D. Supplemental Rate:

- Prefills the CANS Effective Date, Supplemental Points, and Supplemental Rate from the most recently approved CANS.

E. Payment Information:

- Basic Rate: Prefills basic rate based on the age of the child at the time of the agreement.
- Supplemental: Prefills amount based on the most recent, approved CANS.
- Exceptional: If applicable, select the Exceptional checkbox to display additional sub-categories. Select a checkbox for the applicable sub-categories and enter the associated dollar amount. In most instances, the Payment Justification field will already be pre-filled and the field will be disabled. If not, provide an explanation in the Payment Justification narrative box. Refer to policy for details on acceptable justifications.

Note: checkbox is only enabled if the Adoption Subsidy Type is 'MA w/subsidy amount'

Payment Information			
	Basic:	\$0.00	
	Supplemental:	\$160.00	
<input checked="" type="checkbox"/>	Exceptional:	\$0.00	
	Least Restrictive Setting	\$0.00	
	<input type="checkbox"/> Adoptive Parent Supervision, Time and Training		\$0.00
	<input type="checkbox"/> Personal Incidentals - Care Needs	\$0.00	
	<input type="checkbox"/> Personal Incidentals - Normalcy Activities	\$0.00	
	<input type="checkbox"/> Transportation	\$0.00	
	<input type="checkbox"/> WI Shares		
<input type="checkbox"/>	Sibling Placement		
<input type="checkbox"/>	Transportation to School of Origin		
<input type="checkbox"/>	Replacement of Basic Wardrobe		

- Next, send the Private Adoption Assistance Agreement for approval by selecting 'Approval' from the Options drop-down and clicking Go. On the Approval History page, select the Approve radio button and click Continue to return to the Private Adoption Assistance Agreement page. Click Save on the Private Adoption Assistance Agreement page to send for approval.
- Upon final approval, a fully approved AAFC Adoptive Home services placement is created where the begin date of the Service will be set to the Date of Agreement and the child-specific rate will be set to the agreement amount.

Doe, BabyBoy (9223354)

Case details: Adoptive Home - Private Adoption (Agency) SRO-DCFS-Madison	Case address: 11 River Road Madison, WI 53701 (608) 555-1212 Ext. 12	Primary worker: Cake, Caitlin M., III (123) 456-7890 Ext. 1234 caitlin.cake@wisconsin.gov	Actions: <input type="text" value="Please select an action"/>
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View case information

 Access Reports	 Agreements and Notices	 Assets and Income	 Assignments
<input checked="" type="checkbox"/> Eligibility	 Planning	 Related People	 Services

Agreements and Notices

Private Adoption Assistance Agreement (Agency)	12/26/2017	Doe, BabyBoy	\$560.00
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Services

Open Services					
Provider Home - AAFC Adoptive Home	12/26/2017	Doe, BabyBoy	Approved	State	