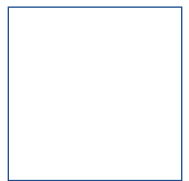


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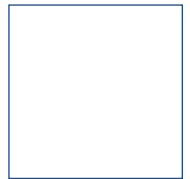


**Support for
Families of
Children with
Special Needs:**

A Policy Analysis of Adoption
Subsidy Programs in the United States

NACAC
North American Council on Adoptable Children

selected photos
by Pam Hasegawa



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**Support for
Families of
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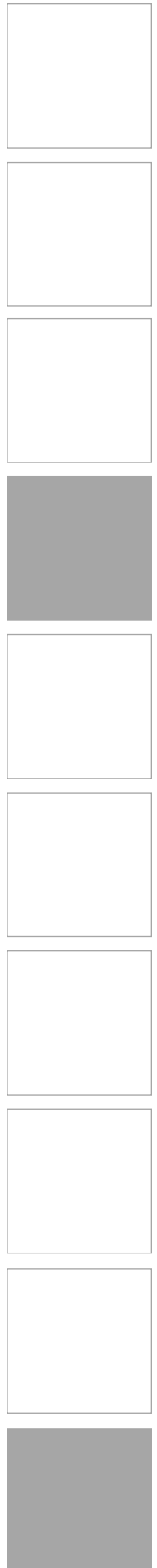
**A Policy Analysis of
Adoption Subsidy Programs
in the United States**

**Jeanette Wiedemeier Bower, M.P.A.
Rita Laws, Ph.D.**

July 2002

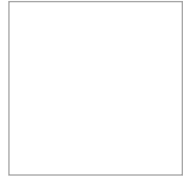
NACAC

North American Council on Adoptable Children



nacac's subsidy

CENTER



NACAC created its Adoption Subsidy Resource Center in 1995 (formerly called NAATRIN) to help educate parents and professionals on Title IV-E Adoption Assistance and to help reform state adoption subsidy policies throughout the country. In our work, we:

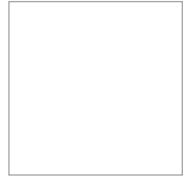
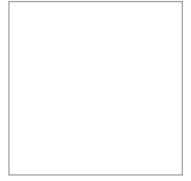
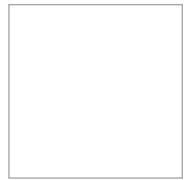
- conduct training at foster and adoptive parent associations and at national child welfare conferences in the U.S.;
- operate a toll-free help line;
- maintain a national database of state adoption subsidy programs;
- distribute fact sheets on various aspects of the Title IV-E Adoption Assistance Program;
- provide case advocacy to families with children with special needs; and
- work with a network of NACAC Subsidy Representatives in almost every state.



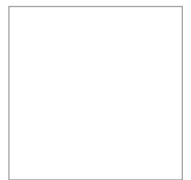
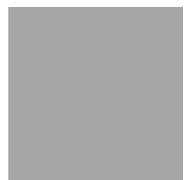
NACAC's Adoption Subsidy Resource Center is graciously funded by The Dave Thomas Foundation for Adoption.

To learn more about adoption subsidies, contact us by:
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e-mail: info@nacac.org
web: www.nacac.org/adoptionsubsidy.html

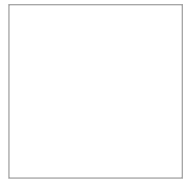
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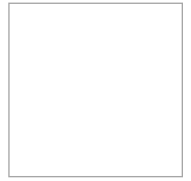
NACAC wishes to recognize the work of several individuals who positively contributed to this report. A special thanks goes to Richard Barth, Ph.D., University of North Carolina, Chapel Hill; Mark Courtney, Ph.D., Chapin Hall Center—University of Chicago; and Helen Cavanaugh-Stauts, J.D., Sierra Adoption Services, California. Each reviewed several drafts of the document and offered valuable suggestions for improvement. We are grateful for their assistance.



Our appreciation also goes to Virginia Sturgeon (KY), Lonnie Locke (WA), and Judith Ashton (NY) for their feedback on the document, and to L. Anne Babb who helped in the initial stages of this project. We are grateful to NACAC staff members Diane Riggs, Janet Jerve, and Alicia Groh for their detailed editing of the document, and to Josh Kroll for his administrative support throughout the project.



We also wish to express appreciation to the state administrators who provided the data for the project. Too often, these individuals are not recognized for their hard work on behalf of children with special needs and their compassion for the issues that we care about. Although there is an inherent struggle between the role of administrator and advocate, NACAC knows first hand that these 51 individuals work hard for children and families across the country, and we thank them.



Finally, this work is dedicated to the memory of Dave Thomas (1932–2002), founder of the Wendy's Old Fashioned Hamburger Restaurants and the Dave Thomas Foundation for Adoption. He was an extraordinary businessman and effective spokesman for adoption, and committed to finding homes for waiting children with special needs.

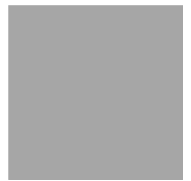
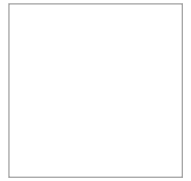
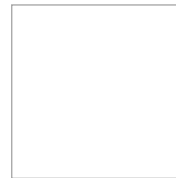


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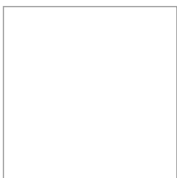
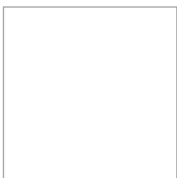
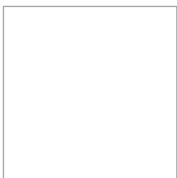
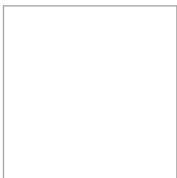
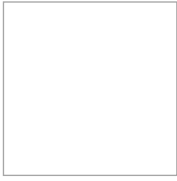
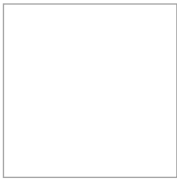


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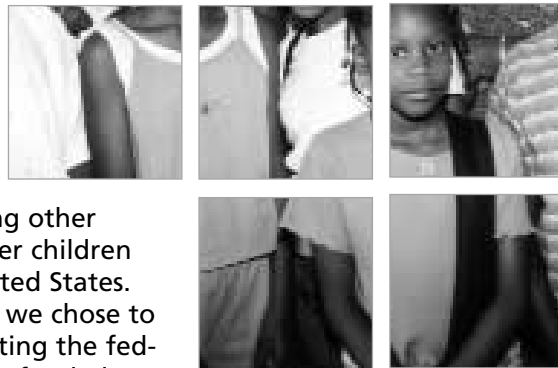
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executive

SUMMARY



Federal Title IV-E Adoption Assistance was created by Congress under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). NACAC and others in the child welfare field believe this Act was and is landmark legislation that, among other things, helps find permanency for foster children waiting for adoptive homes in the United States. Since the law is over twenty years old, we chose to analyze how well states are implementing the federal legislation and what types of state-funded policies support children with special needs and the families that have stepped forward to raise them. Below is an overview of the need for the report, a list of variables analyzed, recommendations for changes within state adoption subsidy programs, and a matrix describing each state's program.



THE NEED FOR THIS REPORT

This report analyzes how state policies serve children with special needs through adoption assistance and related service programs. It does not merely reflect those policies or programs funded by the federal government. Instead, it looks at a wide range of variables—some funded by state-only dollars, some funded with a combination of state and federal dollars. In the end, children don't care about funding streams. What really matters is how well we as a society care for our kids.

Therefore, the adoption community, policy makers, and the nation need to know how well the law is working, where it is not working, and how we can make it work better. Government must be held accountable for how we serve our citizens—even those who don't vote. This is the first reason the report was developed.

The second reason involves the fact that Congress gave states flexibility in two important areas of P.L. 96-272: the definition of special needs and the benefits awarded. This means states are free to determine how narrowly or widely they define "special needs" and to decide the monthly assistance payment amount for children, whether or not to have multiple rates (such as basic and specialized rates), whether respite care or residential treatment is paid, and more.

With this flexibility, states modified their programs to reflect the individuality of their state. In some jurisdictions, the definition of special needs is more inclusive so that nearly all children qualify for the program once adopted, but the benefits to all are limited. In other states, the definition is more restrictive; as a result, fewer children are eligible, but the benefit set is greater. In too many states, children receive significantly fewer benefits and services than they qualified for in foster care. Many prospective adoptive parents already care for these children as their foster parents. When the services that these children desperately need are in jeopardy of either being cut or drastically reduced if the children are adopted, it is understandable why adoption rates remain low and permanency is evaded. These children qualify for services because of significant social, emotional, physical, and cognitive delays. Needless to say, these problems are not erased at the moment of adoption.

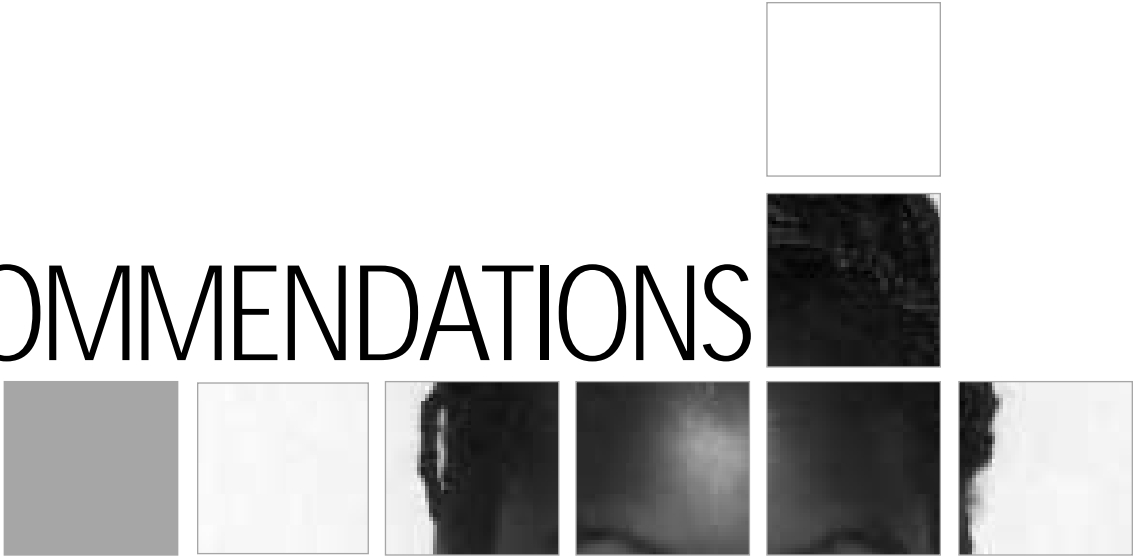
The under-usage and misuse of adoption subsidies keeps some children in the foster care system who might otherwise have been adopted. In addition, the failure to provide certain services increases the number of adoption disruptions among children who are placed for adoption, and discourages future adoptions by families considered experienced would-be adopters. Clearly, it is important to analyze how this flexibility within the federal law has been interpreted and utilized by each state and how it ultimately affects children.

NACAC evaluated each state's adoption subsidy program in terms of 14 different variables. Chart 1 (to the right) details the variables discussed in the report, and the model programs NACAC identified for each.

CHART 1.
The 14 variables and model policies

VARIABLES	MODELS
1. Definition of Special Needs	Missouri and Ohio. Special recognition to Illinois, Kentucky, New York, and Oklahoma
2. Monthly Subsidy Rates	Connecticut, District of Columbia, Kentucky, and New Hampshire
3. Specialized Subsidy Rates	Connecticut, District of Columbia, and Kentucky
4. Eligibility of State-Subsidized Children for Medicaid	39 states
5. Nonrecurring Adoption Expense Reimbursement	31 states
6. Special Service Subsidies	Ohio, Illinois, and Minnesota. Special recognition to Utah
7. Respite Care	Minnesota, Delaware, Arizona, and Idaho. Special recognition to Illinois and Texas.
8. Residential Treatment	Vermont, Maine, and South Dakota. Special recognition to Rhode Island and New Mexico
9. Deferred Agreements	43 states
10. Subsidized Guardianships	23 states
11. Use of Income to Determine Subsidy Amount	34 states
12. Private and Public Agency Eligibility	Oklahoma, 34 states
13. Subsidy for Children over 18 Years Old	Iowa and New York
14. Administration of the Program	29 states

our RECOMMENDATIONS

A decorative graphic consisting of a grid of squares and rectangular images. The top row has a white square, a black square, and a white square. The second row has a solid grey square, a white square, a black and white photo of a person's profile, a black and white photo of a person's face, a black and white photo of a person's face, and a white square. The third row has a white square, a black and white photo of a person's face, a black and white photo of a person's face, and a white square. The fourth row has a black and white photo of a person's face, a black and white photo of a person's face, and a white square. The fifth row has a black and white photo of a person's face, a black and white photo of a person's face, and a white square. The sixth row has a black and white photo of a person's face, a black and white photo of a person's face, and a white square. 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Based on the findings in this Policy Analysis of Adoption Subsidy Programs in the United States, there are major components of the federal adoption assistance program and state-run programs that need to be recognized and fully implemented. NACAC recommends that all states:

1. Define special needs qualifications as broadly as possible to provide assistance to the highest number of children who are having difficulties being adopted;
2. Set (and publicize) basic and specialized adoption assistance rates that are equal to foster care rates and adequate to remove financial disincentives to special needs adoption;
3. Provide Medicaid (or similar state health coverage) equally to federally and state-eligible children;
4. Examine whether the amount reimbursed for nonrecurring adoption expenses is equal to the real expenses paid by adoptive parents;
5. Provide special service subsidies to support and promote adoption and find ways to adequately fund these services year after year;
6. Recognize the importance of respite care programs for the long-term support of adoptive families, especially single-parent households, large families, and families with severely challenging children;
7. Provide a crucial safety net of residential treatment services when needed;
8. Provide for children at risk of developing future conditions (those at high risk for mental illness or exposed to drugs in utero, for example) by negotiating deferred assistance contracts;
9. Recognize subsidized legal guardianships in certain cases as being in the best interests of children, and provide this option when appropriate;

our RECOMMENDATIONS continued

10. Draft state policies to eliminate the means testing of state-eligible children (where needed), and provide on-going training to those who educate parents on adoption assistance;
11. Equalize the access to assistance for all children with special needs, regardless of whether they are placed through public or private agencies;
12. Exercise the option of providing adoption assistance to qualifying adoptees through age 21, and consider offering college tuition waiver programs; and
13. Create a centralized or uniform system for administering Title IV-E programs so that individual counties or regions don't have sole responsibility for rate setting and eligibility determination, as well as partial financial responsibility for subsidy payments.


OTHER RECOMMENDATIONS

The 13 recommendations above are an outgrowth of largely measurable data.


There are also recommendations that are appropriate to list here that come from data that is not numerical, but rather experiential. NACAC handles thousands of phone calls, letters, and e-mails annually and assists trained advocate volunteers who are, in turn, helping thousands of families in their communities. We include the following seven recommendations because addressing these concerns can positively affect a state's program, and ultimately serve children and preserve their families.

NACAC recommends that all states make special efforts to:

- Promote the adoption assistance program as required by federal law and get the word out to the general public and those who apply to adopt, including kinship adopters who are often overlooked;
- Publish the complete foster care rate structure, including ALL family foster care rates;
- Take each contract negotiation, re-negotiation and retroactive request on a case-by-case basis as Congress intended;
- Retract, modify or overturn state laws, hearing regulations, and local policies that conflict with federal adoption assistance law and hearing regulations;
- Routinely offer training on subsidy policies for all public agency adoption workers and supervisors, and invite private agency personnel to attend;
- Reexamine the state administrative hearing system so that it is a family-friendly environment, as opposed to a complicated and adversarial process; and
- Work with families, applicants, support groups, and advocates to promote adoption and create policies and practices that provide permanency for children and support for families.



The bottom line is that professionals, families, and advocates share the goal that all of our nation's waiting children find a forever family. We offer this Policy Analysis of Adoption Subsidy Programs in the United States and its recommendations as a tool in the struggle to make this goal a reality.



overview of SUBSIDY PROGRAMS

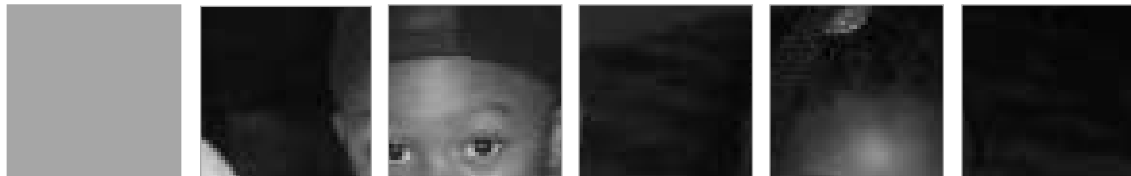


Table 1 (on the following page) is an overall snapshot of each state's adoption subsidy program, based on the information contained throughout this report.

Those states that received three to seven "+" marks received an overall "-" mark for their policies relating to adoption subsidy. States that received ten or more "+" marks were awarded an overall "+" mark. Generally, states that received eight to nine "+" marks received an overall "/" mark, but there were several

exceptions to this rule. NACAC evaluated each state program individually and compared to other states based on what specific elements of the program received "+" marks versus those that received "-" marks.

Therefore, one state that received eight "+" marks received an overall "-" mark, while three other states receiving the same number of "+" marks received an overall "/" mark. The differences are due to the specific variables for which each state received "+" marks relative to those for which each state received "/" and "-" marks. For instance, NACAC believes a "+" mark on variables such as basic and specialized rates is worth more than "+" marks on variables such as deferred agreements (i.e., not all variables are created equal).

PIE CHART A.
Distribution
of states by
overall marks

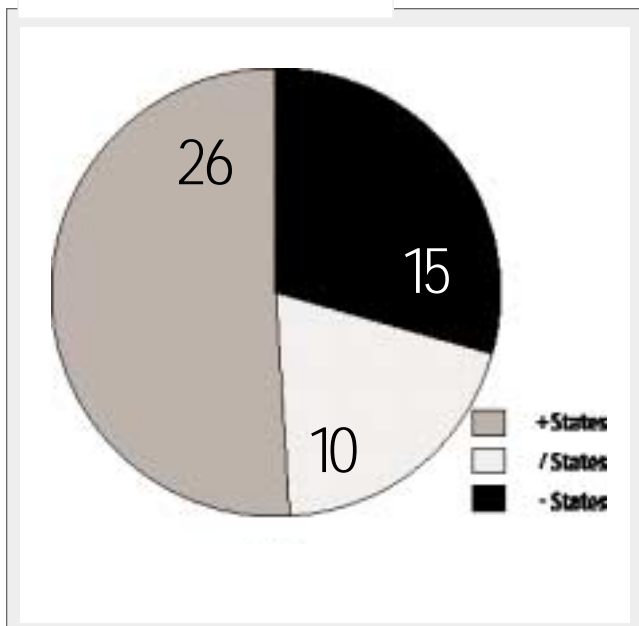


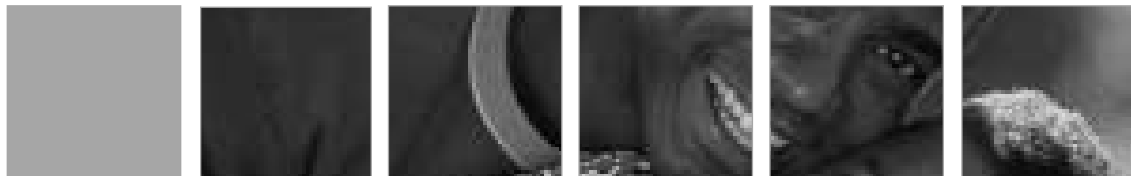
TABLE 1.

An overall view of state subsidy programs

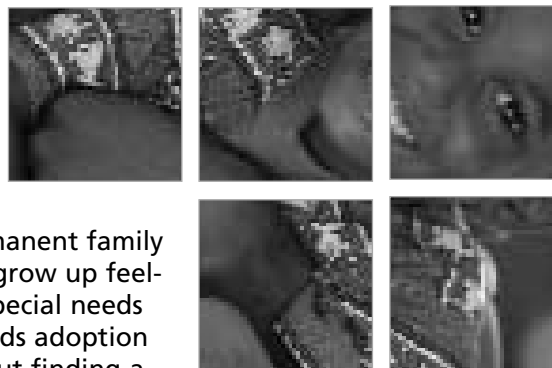
State	Def of SN	Basic Rates Age 8	Spec Rates Age 8	Medicaid	Non recurring	Spec Svc	Respite	Res. Tx	Deferred	Sub. Guard	Public/Private	Age 18-21	Admin	Bonus: Tuition Waivers	Total
AL	-	+	+	/	/	+	-	-	+	-	+	/	+		-
AK	+	+	+	+	+	+	/	-	+	+	+	-	+		+
AZ	+	/	+	+	+	+	+	/	-	+	+	+	+		+
AR	/	+	/	+	+	+	-	-	-	-	-	+	/		-
CA	+	+	+	+	-	-	-	/	+	+	+	+	/		/
CO	/	-	/	+	-	+	/	/	+	-	+	+	-		-
CT	+	+	+	+	/	+	+	+	+	/	+	/	+		+
DE	/	+	+	+	+	+	+	/	+	+	-	+	/		+
DC	+	+	+	+	+	+	+	/	+	+	+	+	+		+
FL	/	/	-	/	/	+	-	+	-	-	+	-	/	+	-
GA	-	+	+	+	+	/	+	+	+	/	-	+	/		/
HI	+	+	/	+	+	-	/	/	+	+	+	+	+		+
ID	+	/	+	+	+	+	+	-	+	+	-	-	+		/
IL	/	+	+	+	+	+	+	/	+	+	-	+	+		+
IN	/	+	/	/	+	-	-	/	+	/	+	+	-		-
IA	/	+	+	+	+	+	+	/	+	-	+	+	+		+
KS	-	+	/	+	+	/	-	-	+	-	+	+	/		-
KY	+	+	+	+	/	+	/	+	+	/	-	/	+	+	+
LA	/	/	/	+	/	+	+	-	+	/	-	-	/		-
ME	+	+	+	+	+	+	/	+	+	-	+	+	+	+	+
MD	+	+	/	/	+	+	/	/	+	+	+	+	+	+	+
MA	+	+	/	+	-	+	-	+	+	+	-	+	+	+	+
MI	+	+	+	/	+	+	/	+	-	-	+	+	+	+	+
MN	+	-	/	+	+	+	+	/	+	/	+	+	/		+
MS	+	/	/	+	/	-	-	-	+	-	/	+	+		-
MO	+	/	+	+	+	+	/	+	+	/	+	+	+		+
MT	+	+	+	/	+	+	-	-	+	+	-	+	/		/
NC	+	+	/	+	+	+	-	/	+	+	+	-	-		-
ND	+	+	+	+	+	+	+	-	+	+	+	+	-		+
NE	-	/	+	/	+	+	/	/	-	+	-	/	/		-
NH	+	+	-	+	+	-	-	-	+	-	+	-	+		-
NJ	-	+	+	+	+	+	-	+	-	-	+	/	+		/
NM	/	+	+	-	+	+	-	+	+	+	-	-	+		/
NV	-	+	+	+	-	+	/	-	+	/	+	-	+		-
NY	+	+	+	/	+	+	-	/	+	-	+	+	-		/
OH	+	-	+	/	+	+	+	+	+	-	+	+	-		+
OK	/	+	+	+	+	+	-	-	+	/	+	+	+		/
OR	+	+	/	+	+	+	/	+	+	+	+	-	+	+	+
PA	+	-	+	+	+	-	-	-	+	+	-	-	-		-
RI	+	/	/	+	/	+	+	+	+	+	+	+	+		+
SC	-	+	/	+	-	+	+	+	+	-	-	+	/		/
SD	+	+	-	+	+	+	+	+	-	+	-	+	+		+
TN	/	/	+	+	+	+	-	+	+	-	+	+	/		/
TX	-	+	-	+	+	+	+	/	+	-	-	-	+	+	-
UT	+	+	+	+	+	+	/	+	+	+	-	+	+		+
VT	+	+	+	+	+	+	/	+	+	-	-	+	+		+
VA	+	+	/	/	+	+	+	+	+	-	+	+	/	+	+
WA	/	+	+	+	+	/	-	/	+	+	+	+	+		+
WV	+	+	+	+	+	+	/	-	+	+	+	+	/		+
WI	/	+	+	+	+	-	+	+	+	-	+	+	+		+
WY	+	+	-	/	+	-	+	/	-	+	+	+	/		-

report

INTRODUCTION



Of the approximately 588,000 children who have been separated from their birth parents and are currently placed in foster care, about 134,000 can never return to their original home¹. They need the nurturing and support that a permanent family can provide, and deserve a chance to grow up feeling secure and loved. That is where special needs adoption comes into play. Special needs adoption is about helping children. It's not about finding a child for every waiting family, but instead finding a suitable family for each waiting child.



In 1980, Congress created an incentive program to move children from the temporary nature of foster care to the permanence of adoption. The Adoption Assistance and Child Welfare Act of 1980 (often referred to as P.L. 96-272) was enacted to remove the disincentives to adoption by allowing parents the financial assistance to adopt children with special needs.

Since 1980, NACAC has taken a keen interest in the work of state government in the implementation of the Title IV-E Adoption Assistance Program. More than a decade ago, NACAC reported on the law's scope and impact in its report *The Adoption Assistance and Child Welfare Act of 1980: The First Ten Years* (August 1990). Five years later, we released *Adoption Assistance in America: A Programmatic Analysis Fifteen Years after Federal Implementation* (April 1995). Annually, we collect data on the state subsidy programs and distribute this information in the form of *State Subsidy Profiles* (www.nacac.org/adoptionssubsidy.html). NACAC also provides training to parents and professionals across the U.S., and monitors proposed and pending state and federal legislation as it pertains to subsidies.

¹ U.S. Department of Health and Human Services (2000). AFCARS Data. Washington, DC: U.S. Government Printing Office. Also found online at <http://www.acf.dhhs.gov/programs/cb/publications/afcars/apr2001.htm>.

report INTRODUCTION continued

In 2002, P.L. 96-272, the most important and effective special needs adoption legislation in U.S. history, turned 22 years old. Like any young adult, it has seen its share of growing pains, but it has matured and is coming into its own. Therefore, NACAC has released this Policy Analysis of Adoption Subsidy Programs in the United States to report where each state and the District of Columbia stands on the merits of its policies pertaining to adoption subsidies, and how well each is making use of this critical tool for waiting children.

WHAT IS SPECIAL NEEDS ADOPTION?

The term special needs, as it relates to adoption, is used to classify children who, for various reasons, are harder to match with adoptive families. The federal statute broadly defines special needs as a factor or condition that makes a child hard to place, such as age, sibling status, ethnic background, or physical, mental or emotional challenges, but each state has the freedom to determine its own legal definition of special needs. Typically, children who have special needs have been separated from their birth families, live in foster care, are school-aged, and/or have physical or mental disabilities that require special treatment. Others have emotional scars from abuse or neglect, or risk factors such as prenatal drug exposure and genetic pre-dispositions toward disabling conditions.

The average American who may be willing to adopt a child with multiple special needs often has a big heart and limited resources, and therefore adoption can seem to be out of reach. Fortunately, P.L. 96-272 was passed to make adoption from foster care affordable. One of the biggest roadblocks to getting waiting children into loving forever families was (and is) the lack of financial resources and social services needed to support the child. The medical bills alone for these children can quickly overwhelm a family. P.L. 96-272 offers families enough help to make the adoption of special needs kids more practical. Parents sign a legal contract that says, in effect, I (or we) will parent the child and the state will make that parenting possible by subsidizing some of the day-to-day costs until the child is grown.


The idea of making the adoption of special needs children from the foster care system an affordable proposition for the average American was a revolutionary idea, and one that research tells us is helping kids. Over the past 21 years, thousands of special needs children have been adopted who otherwise would not have been. This not only helps children, but strengthens society. In addition, we also know that adult adoptees do better in the real world and make better parents themselves than children who “age out” of foster care, and therefore contribute to the positive generational effect of this law. In addition, adoption subsidies are a cost-effective alternative to keeping kids in foster care. Several studies have shown that even fully subsidized adoption saves taxpayers billions of dollars over what it would cost to keep the same children languishing in foster care or institutions (Sedlak, 1993; Cook, 1991).

MOVING FORWARD

Since 1980, all states developed and operate their own state and federal-funded adoption subsidy programs. Some refer to their program as adoption assistance, others call it subsidy, and a few use AAP (adoption assistance program) as a common statewide phrase. Whatever you call it, NACAC believes that many positive things are happening on behalf of our children with special needs throughout the country.

However, as state and federal budgets contract, committed agency staff, as well as advocates outside the system, must continue to work diligently and creatively to develop stronger programs and services to address the ever-increasing needs of some of America’s most vulnerable citizens—foster children.

We hope that our Policy Analysis of Adoption Subsidy Programs in the United States will give child advocates in and outside the system the information needed to make lasting change for kids. We know that every state has positive elements to their subsidy programs, but if a state fails to measure up to other states across the board, hopefully this report will create an additional incentive to improve their program.



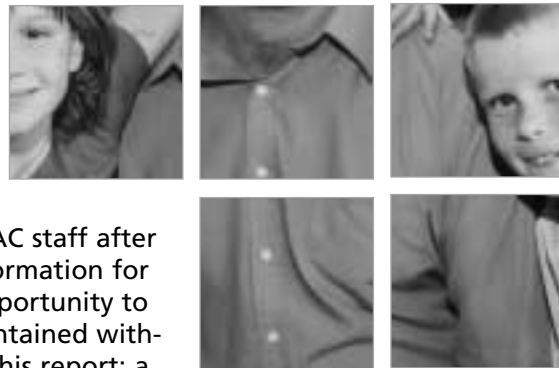
The average American who may be willing to adopt a child with multiple special needs often has a big heart and limited resources, and therefore adoption can seem to be out of reach.



note on DATA



The data used to compile this analysis were taken from NACAC's State Subsidy Profiles (all current as of fall 2001 and some current as of May 2002). The profile information is provided by the 51 state administrators and updated annually by NACAC staff after the state administrators verify the information for accuracy. Each state was given the opportunity to review and update its subsidy data contained within the profiles prior to the release of this report; a total of 30 states provided updated information for this purpose.



The strength of this report is that it measures the individual state policies regarding Title IV-E Adoption Assistance. Unfortunately, the report has little ability to measure the actual practice or performance of social work professionals in the field. For instance, if a state reports that it offers a respite care program but families throughout the state are not routinely told of the program and therefore usage is limited, we have no ability to reflect this in the document. NACAC is well aware that many states are not following their own guidelines and furthermore many have practices that are prohibited in federal policy. We continue to train parents and professionals around the country in hopes of increasing the effectiveness of adoption assistance programs. Our hope is that states will enhance their programs over time to better serve special needs children.

ROLE OF THE STATES

In developing this Policy Analysis of Adoption Subsidy Programs in the United States, NACAC released a preview copy to each of the state administrators. We asked them to comment on the document and provide any updated information that would ensure their state's data were accurate and reflective of current state policy. Over the four-month period, NACAC received feedback from 30 states.

how to use this REPORT



The Policy Analysis of Adoption Subsidy Programs in the United States describes the 14 variables upon which the states and the District of Columbia are analyzed. For each variable, we describe why it is significant for children with special needs, and highlight at least one state that has a model program in this area. By identifying models, NACAC acknowledges those state policies that do an excellent job serving our children, as well as to give folks in and outside state agencies a target at which to aim.

For each of the 14 variables, NACAC evaluated states using a simple + / - framework, described in the chart below. Using this framework, a state that NACAC considers to be a model in one area (e.g., basic rates), may receive a “-” mark on another variable (e.g., respite care). In this way, all states have room for improvement when serving children with special needs.

CHART 2.
The framework NACAC used to evaluate states

Symbol “+”	Symbol “/”	Symbol “-”
A good-to-outstanding program	An average program; middle-of-the-road	A program needing attention in some areas

definition of SPECIAL NEEDS

The first variable examined how the 50 states and Washington, D.C. characterized children with special needs—those served by the federal adoption assistance program. A state can determine how widely or narrowly it sets its definition, and therefore determine the number and type of children eligible for benefits. It is appropriate that this variable be first because the special needs definition is the doorway through which all children must pass to eligibility. If a state has a solid definition of special needs, the whole program has a much better chance of being successful and effective in serving our children.

There are several federal factors defining what it means to be a child with special needs: ethnic background, age, membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or emotional disabilities. Most states include the federal factors in their legal definition. Some, however, have added additional criteria outlining a special needs child. One of the most important characteristics involves a child being at high risk for developing physical, mental, or emotional disabilities.

In determining model policy states, NACAC looked at whether states met or exceeded the federal definition². It is important to reiterate that states have the freedom to determine their own legal definition of special needs. NACAC chose to analyze state definitions in terms of how well we thought they serve children with special needs, taking into consideration how they matched up with the federal guidelines.

² Federal definition (section 473 of the Social Security Act) of a child with special needs from P.L. 96-272:

“For the purposes of this section, a child shall not be considered a child with special needs unless (1) the State has determined that the child cannot or should not be returned to the home of his parents; and (2) the State had first determined (A) that there exists with respect to the child a specific factor or condition (such as his ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or emotional handicaps) because of which it is reasonable to conclude that such child cannot be placed with adoptive parents without providing adoption assistance, and (B) that, except where it would be against the best interests of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child, a reasonable, but unsuccessful, effort has been made to place the child with appropriate adoptive parents without providing adoption assistance under this section.”



MODEL POLICIES

When looking at each state’s definition of special needs, two stand out as models. Missouri includes each of the elements outlined in the federal statute: ethnicity, age, siblings, medical conditions or physical, mental, or emotional handicaps; uses a low age limit (five years); and places no extra requirements on sibling status (i.e., three or more children, or two children where one has additional needs). In addition, Missouri adds the high risk factor to cover children’s unforeseen future problems, plus the language “all children in the custody of the Department of Family Services are considered to have special needs.”

Another state, Ohio, runs a close second to Missouri’s definition. Again, Ohio covers all the federal elements, and adds four additional categories—disruption of a previous adoption, making placement difficult; emotional dependence upon foster parents; high risk based on the child’s background; and child is in the permanent custody of the agency for more than one year. Both Ohio and Missouri have done an excellent job ensuring that special needs children waiting within their foster care system gain access to subsidies upon adoption finalization.

In addition, four states have added unique elements to their definitions of special needs that NACAC wishes to recognize:

- Illinois “is a child being adopted by adoptive parents who have previously adopted, with subsidy, another child born of the same mother or father”
- Kentucky “has had a previous adoption disruption or multiple placements”
- New York “has not been placed for adoption within 6 months of a disruption”
- Oklahoma “child with a demonstrable need for intensive adult supervision beyond ordinary age needs”



definition of SPECIAL NEEDS continued

NACAC evaluated state definitions in one of three ways. The "+" symbol recognizes a strong definition in our opinion; "/" represents a middle-of-the-road definition, and "-" represents a definition with limitations. Chart 3 illustrates how NACAC assigned ratings for Variable 1, Table 2 displays the state data, and Table 3 is a matrix of the elements within each state's definition.

CHART 3.
How the states were analyzed on their definitions of special needs

Federal Criteria	Strong definition Symbol: "+"	Middle-of-the-road definition Symbol: "/"	Definition with limitations Symbol: "-"
Race	Race as a factor with no other qualifiers		If age limitations above age 1 are attached to race
Age	Children under five with no other qualifiers		A child six or older or age attached to any other defining factor
Siblings	Sibling group defined as two or more children with no other qualifiers, or size of sibling group undefined		Sibling groups defined as three or more children, or when any other factor is attached to the criterion
Handicap	If definition did not limit accessibility to the program		If definition limited accessibility to the program
Risk factors	Including risk factors in child's past or birth family history		
Other factors	If factors not listed in the federal definition expanded accessibility to the program	Reasonable efforts made to place without assistance; judicial determination	If factors not listed in the federal definition limited accessibility to the program

TABLE 2.

How states define a child with special needs



State	Criteria	Analysis	Overall Mark
AL	ethnicity or minority race (black child 2+) age (8+) sibling group membership (of 3+) physical or mental disability, or emotional disability high risk of physical or mental disease	- - - + +	-
AK	racial or ethnic factors age sibling group physical or mental disability, or emotional disability high risk of physical or mental disease	+ + + + +	+
AZ	racial or ethnic factors age (6+) sibling group physical, mental, or developmental disease; emotional disturbance high risk of physical or mental disease or developmental disability high risk of several emotional disturbance if removed from the care of relatives or foster parents	+ - + + + +	+
AR	ethnicity or minority race (age 2+) age (9+ if white) sibling group physical, mental, or emotional conditions high risk for physical, mental, or emotional conditions	- - + + +	/
CA	race, ethnicity, or color age (3+) sibling group mental, physical, emotional, or medical disability (diagnosed by licensed professional) adverse parental background (high risk) language	+ + + + + +	+
CO	age (7+) sibling group physical disability, mental retardation, or emotional disturbance hereditary factors/risk factors (documented by physician or psychologist)	- + + +	/
CT	ethnicity or minority race (age 1+)—effective 7-1-02 age (6+)—effective 7-1-02 sibling group membership (2+) physical or mental disability or serious emotional maladjustment high risk of physical or mental disability	+ - + + +	+
DE	ethnicity or minority race age (8+) sibling group mental/emotional conditions, verified by a qualified professionals or medical condition, physical handicap, or disease which requires ongoing medical attention	+ - + +	/

TABLE 2. continued

How states define a child with special needs

State	Criteria	Analysis	Overall Mark
DC	ethnicity or minority race age (2+) sibling group physical, mental, or emotional handicapping condition developmentally delayed pre-school age child	+ + + +	+
FL	ethnicity or minority race (black or mixed race only) age (8+) sibling group physical or emotional handicap, or mentally retarded a child who has established significant emotional ties with foster parents	- - + + +	/
GA	ethnicity or minority race (any child of black heritage, age 1+) age (8+) sibling group (2+ where one child is over age 8 or 3+ otherwise) physical, emotional, or mental problems or limitations	+ - - +	-
HI	ethnic background age sibling group severe or chronic medical condition, physical, mental, or emotional disability high risk for a severe or chronic medical condition, physical, mental, or emotional disability	+ + + + +	+
ID	age sibling group physical, mental, emotional, or medical disability high risk of physical or mental disability need for placement with foster parents	+ + + + +	+
IL	irreversible or non-correctable physical, mental, or emotional disability, or a physical, mental or emotional disability correctable through surgery age (1+) sibling group (where at least one child has above criteria) is a child being adopted by adoptive parents who have previously adopted, with subsidy, another child born of the same mother or father judicial determination that child is abused, neglected, or dependent efforts made to place child without subsidy	+ + - + / /	/
IN	ethnicity or minority race (if age 2+) age (2+) sibling group (2+ if one child is 2+) medical condition or physical, mental, or emotional disability high risk of a medical condition or physical, mental, or emotional disability	- + - + +	/
IA	minority race or ethnic group age (8+ if white) sibling group (2+ if one has another factor, 3+ otherwise) medically diagnosed disability; mental retardation; diagnosed psychiatric condition or diagnosed behavioral or emotional disorder high risk of mental retardation or emotional disability	+ - - + +	/



TABLE 2. continued

How states define a child with special needs

State	Criteria	Analysis	Overall Mark
KS	age (12+) sibling group (2+ if one has another factor, 3+ otherwise) medical conditions or physical, mental, or emotional handicaps family or genetic history (high risk) efforts made to place child without subsidy	- - + + /	-
KY	African American child (age 2+) age (7+) and has attachment to foster parents sibling group physical or mental disability; emotional or behavioral disorder high risk of physical, mental, or emotional disorder has had a previous adoption disruption or multiple placements efforts made to place child without subsidy	- - + + + + /	+
LA	age (white M 11+, black M 0+, white F 12+, black F 5+) sibling group physical condition; mental and/or emotional condition high risk of developing future problems due to past/birth family history	- + + +	/
ME	difficult to place because of race age sibling group physical, mental, or emotional handicap that makes placement difficult high risk based on physical, emotional or sexual abuse or neglect, or factors in child's family background that place child at risk for future problems	+ + + + +	+
MD	race or ethnic background age (6+) sibling group physical or mental disability, emotional disturbance high risk of physical or mental disability	+ - + + +	+
MA	ethnic or cultural minority age sibling group (2+ if one is age 8+, or 3+ otherwise) mental, emotional, or physical impairment, behavioral disorder, or medical condition (diagnosed by professional) high risk of physical or mental disability reasonable efforts to place child without subsidy	+ + - + + /	+
MI	minority or ethnic group age (3+) sibling group (2+) physical, mental, or emotional handicap or condition child was in foster care four months prior to certification	+ + + + -	+
MN	age sibling group (one sibling is older than 15 months) physical, mental, emotional, or behavioral disability high risk of physical, mental, emotional, or behavioral disability	+ + + +	+



TABLE 2. continued

How states define a child with special needs

State	Criteria	Analysis	Overall Mark
MS	racial or ethnic factors age (6+) sibling group (2+) physical disability, mental disability (IQ of 70 or less); developmental disability; or emotional disturbance high risk based on history of abuse	+ - + + +	+
MO	minority, racial or ethnic heritage age (5+) sibling group intellectually, emotionally, or physically handicapped (documentation) condition which results in guarded prognosis (high risk) all children in the custody of the Department of Family Services are considered to have special needs	+ + + + + +	+
MT	member of a minority group age (6+) sibling group physical, mental, or emotional disability high risk of physical, mental, or emotional disability reasonable efforts to place child without subsidy	+ - + + + /	+
NC	age sibling group medical, mental, or emotional conditions (diagnosed) need for placement with known and approved family high risk of future disability	+ + + + +	+
ND	member of a minority race age (5+) sibling group physical, emotional, or mental handicap	+ + + +	+
NE	age (8+) sibling group (3+) behavioral, emotional, physical, or mental handicap need for placement with foster parents based on strong attachment	- - + +	-
NH	ethnicity background, race or color age (6+) sibling group (2+) physical or mental handicap; emotional disturbance language barrier	+ - + + +	+
NJ	ethnicity or minority race (age 2+) member of an ethnic group and living with foster parents for 12 months age (10+); age (5+ and living with foster parents for 12 months) sibling group (2+ if one is hard to place, or 3+ otherwise) medical or dental condition, physical handicap, substantial disfigurement, diagnosed emotional or behavioral problem, psychiatric disorder, serious intellectual incapacity, or brain damage	- + - + - +	/



TABLE 2. continued

How states define a child with special needs

State	Criteria	Analysis	Overall Mark
NM	minority ethnic race or background age (5+) sibling group (3+) moderate to severe developmental, psychological, or physical disabilities	+ + - +	/
NV	minority race or ethnic group age (6+) sibling group (2+ if one child is age 6+) diagnosed medical, physical, emotional, or mental disability or documented history of abuse/neglect which requires ongoing treatment	+ - - +	-
NY	age (8+ if minority race) age (10+) sibling group (2+) medical or dental condition, physical handicap, substantial disfigurement, diagnosed personality or behavioral problem, psychiatric disorder, serious intellectual incapacity, or brain damage has not been placed for adoption within 6 months of a disruption need for placement with foster parents (18 month duration)	- - + + + +	+
OH	membership in an ethnic or minority group age sibling group medical conditions or physical, mental, developmental, or emotional disabilities disruption of previous adoption, making placement difficult emotional dependence upon foster parents high risks based on child's background child is in the permanent custody of agency for more than one year	+ + + + + + + +	+
OK	racial or ethnic factor (age 2+) age (8+) sibling group (2+ if one has additional factor, or 3+ otherwise) physical or mental disability, or emotional disturbance (documented by licensed professional) child with a demonstratable need for intensive adult supervision beyond ordinary age needs high risk of physical or mental disease	- - - + + +	/
OR	ethnic, racial, or cultural minority age (8+) sibling group (2+ if one is age 6+, or 3+ otherwise) diagnosed medical, physical, emotional condition, or other clinically diagnosed disability high risks based on history of abuse/neglect significant emotional ties with foster parents or relatives and family needs assistance	+ - - + + +	+
PA	member of a minority group age (5+) sibling group physical, mental, or emotional condition or handicap high risk of developing a disease or handicap	+ + + + +	+

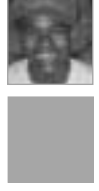


TABLE 2. continued

How states define a child with special needs

State	Criteria	Analysis	Overall Mark
RI	cultural or racial minority age (12+) sibling group physical, emotional, or mental handicap (irreversible or correctable) need for placement with foster parent who needs assistance	+ - + + +	+
SC	ethnicity or minority race (if black/mixed-race, age 6+) age (if white, age 10+) sibling group (if white, three sibs if one child is older than 6; 4+ white sibs of any age; two black sibs if one is over age 6; three black sibs of any age; two sibs if one has special needs) physical, mental, or emotional handicap high risk for physical, mental, or emotional handicap	- - - + +	-
SD	race age religion sibling group physical, emotional, neurological, or intellectual handicap or problem; child needing a prosthesis, extensive ongoing or anticipated medical care, or therapy for speech, physical, or psychological problems need for placement with foster parents	+ + + + + +	+
TN	ethnicity or minority race (5+ if minority race) age (9+ if white) sibling group (3+) severe physical or psychological handicap (diagnosed by professional) HIV positive child any child whose life experiences include neglect, physical and/or sexual abuse	- - - + + +	/
TX	member of a minority group (age 2+) age (6+) child being adopted with a sibling or to join a sibling verifiable physical, mental, or emotional handicap (diagnosed by a professional) reasonable efforts made to place without assistance	- - + + /	-
UT	age (5+) sibling group physical, emotional, or mental handicap	+ + +	+
VT	race or ethnic background age sibling group medical conditions or physical, mental, or emotional handicaps	+ + + +	+
VA	minority or mixed racial heritage age (6+) sibling group physical, mental, or emotional condition existing prior to adoption hereditary tendency, congenital problem or birth injury (high risk) need for placement with foster parents	+ - + + + +	+



TABLE 2. continued

How states define a child with special needs

State	Criteria	Analysis	Overall Mark
WA	minority ethnic background age (6+) sibling group (2+ and one has special needs, or 3+ otherwise) physical, mental, developmental, cognitive, or emotional disability high risk of physical, mental, developmental, cognitive, or emotional disability reasonable efforts made to place without assistance	+ - - + + /	/
WV	racial or ethnic minority age sibling group physical or emotional disability, or emotional disturbance guarded prognosis based on incest, mental illness or retardation, drug use, venereal disease of parent, long-term alternative care (high risks) need for placement with foster parents (18+ month placement)	+ + + + +	+
WI	belongs to a minority race age (10+) sibling group (3+) exhibits special need characteristics judged to be moderate or intensive under difficulty-of-care schedules child's background indicates a high risk for future problems	+ - - + +	/
WY	belongs to a racial minority age (6+) sibling group physical or mental disabilities need for placement with foster parents based on significant emotional ties	+ - + + +	+

TABLE 3.
Elements in
each state’s
definition of
special needs

Table 3 (to the right) is a matrix of the various elements included in each state’s definition of special needs. Those state definitions that had two or fewer “+” marks on the individual characteristics generally received a “-” mark. States that had three “+” marks received a “/”, and those that received four or more “+” marks received an overall “+” mark. The one exception was Utah, which has only three elements in its definition of special needs and each received a “+” mark; Utah received an overall “+” mark for the simplicity of its definition and the strength of each individual characteristic.

State	Age	Age Listed	Sibling Status	Medical Conditions	Risk Factors	Non-Federal Factors	Race Factors	Overall Mark
AL	-	8+	- (3+)	+	+	n/a	- (age 2+)	-
AK	+	n/a	+	+	+	n/a	+	+
AZ	-	6+	+	+	+	+	+	+
AR	-	9+	+	+	+	n/a	- (age 2+)	/
CA	+	3+	+	+	+	+	+	+
CO	-	7+	+	+	+	n/a	n/a	/
CT	-	6+	+ (2+)	+	+	n/a	+ (age 1+)	+
DE	-	8+	+	+	n/a	n/a	+	/
DC	+	2+	+	+	n/a	+	+	+
FL	-	8+	+	+	n/a	+	- black/mixed only	/
GA	-	8+	- (3+)	+	n/a	n/a	+ (age 1+)	-
HI	+	n/a	+	+	+	n/a	+	+
ID	+	n/a	+	+	+	+	n/a	+
IL	+	1+	-	+	n/a	+, /, /	n/a	/
IN	+	2+	- (2+/age)	+	+	n/a	- (age 2+)	/
IA	-	8+	- (3+)	+	+	n/a	+	/
KS	-	12+	- (3+)	+	+	/	n/a	-
KY	-	7+ /attach	+	+	+	+, /	- (age 2+)	+
LA	-	age/race	+	+	+	n/a	(complex age/race)	/
ME	+	n/a	+	+	+	n/a	+	+
MD	-	6+	+	+	+	n/a	+	+
MA	+	n/a	- (3+)	+	+	/	+	+
MI	+	3+	+ (2+)	+	n/a	-	+	+
MN	+	n/a	+ (15 mo)	+	+	n/a	n/a	+
MS	-	6+	+ (2+)	+	+	n/a	+	+
MO	+	5+	+	+	n/a	+	+	+
MT	-	6+	+	+	+	/	+	+
NC	+	n/a	+	+	+	+	n/a	+
ND	+	5+	+	+	n/a	n/a	+	+
NE	-	8+	- (3+)	+	n/a	+	n/a	-
NH	-	6+	+ (2+)	+	n/a	+	+	+
NJ	-	10+/5+ fp	- (3+)	+	n/a	+, +	-	-
NM	+	5+	- (3+)	+	n/a	n/a	+	/
NV	-	6+	- (age 6+)	+	n/a	n/a	+	-
NY	-	10+	+ (2+)	+	n/a	+, +	- (age 8+)	+
OH	+	n/a	+	+	+	+, +, +	+	+
OK	-	8+	- (3+)	+	+	+	- (age 2+)	/
OR	-	8+	- (3+)	+	+	+	+	+
PA	+	5+	+	+	+	n/a	+	+
RI	-	12+	+	+	n/a	+	+	+
SC	-	10+	- (race)	+	+	n/a	- (age 6+)	-
SD	+	n/a	+	+	n/a	+, +	+	+
TN	-	9+	- (3+)	+	+	n/a	- (age 5+)	-
TX	-	6+	+	+	n/a	/	- (age 2+)	-
UT	+	5+	+	+	n/a	n/a	n/a	+
VT	+	n/a	+	+	n/a	n/a	+	+
VA	-	6+	+	+	+	+	+	+
WA	-	6+	- (3+)	+	+	/	+	/
WV	+	n/a	+	+	+	+	+	+
WI	-	10+	- (3+)	+	+	n/a	+	/
WY	-	6+	+	+	n/a	+	+	+

maximum monthly adoption ASSISTANCE PAYMENTS

Most children adopted from the foster care system receive a monthly maintenance payment to help their parents cover the often high costs of caring for a child with special needs (e.g., transportation to and from

appointments, additional therapy, prescriptions not covered by health insurance, etc.).

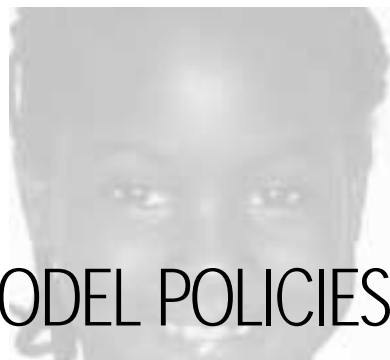
According to Section 8.2.D.4 of the Child Welfare Policy Manual, “the payment that is agreed upon should combine with the parents’ resources to cover the ordinary and special needs of the child projected over an extended period of time and

should cover anticipated needs, e.g., child care.”

NACAC evaluated state subsidy rates (2001 data) in two ways. First, we looked at how the monthly maintenance rates compared to the United States Department of Agriculture’s (USDA) estimates of what it costs to raise a child in each region of the U.S. Second, we evaluated what a child could receive in adoption assistance as a percentage of what he might receive in foster care if he or she were in foster care today. For instance, if an eight-year old could receive \$500 in foster care, but the highest rate he could receive in adoption subsidy was \$400, the state offers an 80 percent ratio between the two programs. Chart 4 shows how states were evaluated.

CHART 4.
How the states were evaluated on basic adoption assistance payments

AAP % of USDA Estimate	Mark A	AAP % of Foster Care Rate	Mark B
80–100% of USDA estimate paid in AAP	+	80–100% of foster care rate paid in AAP	+
70–79% of USDA estimate paid in AAP	/	70–79% of foster care rate paid in AAP	/
0–69% or less of USDA estimate paid in AAP	-	0–69% or less of foster care rate paid in AAP	-



MODEL POLICIES

For the payment of basic subsidy rates, four states are highlighted—Connecticut, District of Columbia, Kentucky, and New Hampshire. Based on the data, each of these states paid subsidies to special needs children that were equal (or very close) to the foster care rates, and paid rates that were at 100 percent or above the USDA estimates of what it costs a low-income family to raise a child in the U.S. (The USDA annually estimates the cost of raising a child in a low-, moderate-, and high-income family.) NACAC applauds these states for their financial commitment to special needs kids.



maximum monthly adoption ASSISTANCE PAYMENTS continued

Key for Table 4

AAP	Adoption Assistance Program
FC	Foster Care
USDA	United States Department of Agriculture
n/a	Information Not Available

For part one of Table 4 on the following page (Mark A), the USDA monthly estimate was determined for each state according to the particular region where the state was located, the dollar amount of basic adoption assistance (AAP) offered, and the percentage of the subsidy compared to the USDA estimate. NACAC used the USDA data for a child in a low-income family, defined as earning less than \$38,000 annually³. According to the USDA, the average cost of raising a child to age 18 in the U.S. is between \$121,230 and \$241,770, depending on family income level and location.

On part two (Mark B), state rates were evaluated based on what percentage of the basic foster care payment an eight-year-old child⁴ would continue to receive if adopted. The federal law allows states to pay up to 100 percent of what a child received in foster care, or what that child would receive in foster care if s/he had not been adopted. Through Federal Financial Participation (FFP), the federal government reimburses states at least 50 percent—in some cases up to 76 percent—of the cost of a child’s care. States that paid less than 100 percent of the foster care rate in subsidy impose, in effect, an adoption penalty against such children. There were 12 states that paid more in adoption assistance than in foster care. There are two valid explanations for this. Some of these states received FFP, and then added state and/or county dollars to subsidies as an additional adoption incentive for certain children. Others had subsidies higher than foster care rates because we used subsidy data from 2001 and foster care data from 2000.

Overall marks were determined by comparing state performance in both areas. Table 4 shows the analysis of this process.

As shown in Table 4, there is great disparity between what states pay to maintain a child in foster care versus what they might pay in a monthly subsidy for the same child after adoption. Thirty-three states may pay up to 100 percent of the foster care rate in an adoption subsidy for a child with special needs. In other states, the percentage is much lower, thus creating an adoption disincentive. For instance, in Minnesota and Ohio, a child’s basic subsidy rate drops considerably when she moves from foster care to a permanent family (59 and 41 percent, respectively). In some cases, these children receive an additional specialized rate; in others, they do not.

³ USDA data were used because state agencies have used this data for many years as a reference point in setting rates for children in state care. We used estimates for low-income families because, under Title IV-E, adoptive families must also contribute to the care and support of the children they adopt. Also, adoptive parents are more often families of lower to moderate means.

⁴ According to AFCARS data, the median age of children awaiting adoption in the U.S. was 8 years in 1999.

TABLE 4.
State
performance
in providing
monthly subsidy
payments for an
eight-year-old
child⁵

- ^{5.} All amounts were rounded to the nearest dollar.
- ^{6.} North Carolina's General Assembly passed a bill in 2000 to provide \$500,000 to reduce the disincentive for foster parents to adopt children with very special needs. If a county agrees to provide 50 percent of the additional cost, and the child meets the criteria, the amount that the foster parent received while fostering will continue after the adoption.
- ^{7.} New York differentiates between Metro and Upstate basic maintenance rates, and therefore we used both data. The average percentages were used to calculate scores.
- ^{8.} In Ohio, a child's subsidy up to \$250 is paid with state and federal dollars. Beyond \$250, counties may supplement the non-federal share up to the family foster care limit.
- ^{9.} Pennsylvania does not provide NACAC with any information on its county subsidy rates, and historically we have not been able to find this data from alternative sources.

State	Basic Monthly AAP (age 8)	USDA Monthly Estimate	% of USDA Paid in AAP	Mark A	Basic Foster Care Rate	% of FC Rate Paid in AAP	Mark B	Overall Mark
AL	434	548	79%	/	434	100%	+	+
AK	580	608	95%	+	580	100%	+	+
AZ	358	608	59%	-	397	90%	+	/
AR	425	548	78%	/	425	100%	+	+
CA	462	608	76%	/	436	94%	+	+
CO	293	608	48%	-	392	75%	/	-
CT	652	576	113%	+	677	96%	+	+
DE	397	548	72%	/	410	97%	+	+
DC	727	548	133%	+	445	128%	+	+
FL	304	548	55%	-	380	80%	+	/
GA	411	548	75%	/	411	100%	+	+
HI	529	608	87%	+	529	100%	+	+
ID	275	608	45%	-	250	110%	+	/
IL	384	496	77%	/	382	100%	+	+
IN	464	496	94%	+	536	75%	/	+
IA	452	496	91%	+	458	97%	+	+
KS	400	496	81%	+	547	73%	/	+
KY	600	548	109%	+	599	100%	+	+
LA	292	548	53%	-	365	80%	+	/
ME	441	576	77%	/	364	143%	+	+
MD	535	548	98%	+	535	100%	+	+
MA	464	576	81%	+	464	100%	+	+
MI	444	496	90%	+	421	100%	+	+
MN	277	496	56%	-	470	59%	-	-
MS	355	546	56%	-	355	100%	+	/
MO	275	496	55%	-	316	87%	+	/
MT	428	608	70%	/	350	122%	+	+
NC ⁶	365	548	67%	-	365	100%	+	+
ND	397	496	80%	+	371	100%	+	+
NE	291	496	59%	-	292	100%	+	/
NH	601	576	104%	+	382	152%	+	+
NJ	444	576	77%	/	485	100%	+	+
NM	441	608	72%	/	341	100%	+	+
NV	592	608	97%	+	403	100%	+	+
NY ⁷	504 / 541	576	87-94%	+	487	103-111%	+	+
OH ⁸	250	496	50%	-	603	41%	-	-
OK	360	548	66%	-	360	100%	+	+
OR	370	608	61%	-	370	100%	+	+
PA ⁹	n/a	576	n/a	-	370	n/a	-	-
RI	289	576	50%	-	287	97%	+	/
SC	359	548	66%	-	239	100%	+	+
SD	397	496	80%	+	353	110%	+	+
TN	279	548	51%	-	262	102%	+	/
TX	521	548	95%	+	532	97%	+	+
UT	390	608	64%	-	326	119%	+	+
VT	472	576	82%	+	426	98%	+	+
VA	344	548	63%	-	323	106%	+	+
WA	398	608	66%	-	410	97%	+	+
WV	400	548	73%	/	400	100%	+	+
WI	329	496	66%	-	323	100%	+	+
WY	399	608	66%	-	400	100%	+	+

specialized adoption ASSISTANCE RATES

“Dee-Dee does not talk, and she cannot hear me or see, but we still play together. She was born with just a little piece of her brain, and no one knows how long she will live with us. My mom and dad are adopting her so now I can say, ‘Dee is my sister.’ I never have to say foster sister again. If she is here or in heaven, we will always be just sisters.”

—A Sibling



Children like Dee-Dee require immense amounts of time, energy, and resources to raise. As with other extraordinary children, there are obvious costs associated with raising youngsters who have extreme special needs, and then there are the not-so-obvious expenses. For example, children with attention deficit hyperactivity disorder (ADHD) who are highly over-represented in the waiting child population obviously need more supervision, therapy, tutoring, medication, and trips to the emergency room. But they also tend to quickly wear out shoes, clothing, toys, bedding, school supplies, and furniture.

Children with food issues will sometimes steal and hoard large amounts of food. Children who require a great deal of structure and supervision cost parents more in loss of income as one parent misses work for school or medical issues or even foregoes a paycheck to be a stay-at-home parent. Other adoptive parents will pay extra for specialized day care for their children who might not be able to function well (or at all) in a typical day care setting.

Because of these quite significant extra expenses, specialized adoption rates are very important. States discovered years ago that the best way to find and keep foster parents for children with severe special needs was to raise the rate of the monthly board payments. It only made sense to reimburse parents at a higher rate when they are spending money at a higher rate to care for their children. Specialized subsidy rates are the adoption equivalent of specialized foster care rates.

MODEL POLICIES

Again, Connecticut, District of Columbia, and Kentucky have policies that maintain a child's specialized rate once the youngster is adopted, and therefore have model policies for children with special needs. By maintaining full foster care benefits into adoption, these states lessen the chances of adoption dissolution, and encourage future adoptions by these same families. Adoption penalties may save a few dollars in the short term, but in the long run removing disincentives is good for state budgets (and good for children all of the time).

specialized adoption ASSISTANCE RATES continued

Specialized subsidies are the third aspect of each state’s program that NACAC evaluated. Known as “difficulty-of-care” (DOC) or “level of care” (LOC) payments or specialized rates, these are payments over and above the basic foster care rates contributing to the care of the adopted child with significant special needs. Such extraordinary needs may include physical, emotional, or medical handicaps; behavior problems; limited life expectancy or medically fragile conditions; and other needs. All states pay accelerated rates for the care of these high needs foster children, and all but five pay specialized rates for such children who are subsequently adopted.

Some states, however, do not provide parents with information on the specialized rates a child received or could have received while in foster care during the negotiation of the subsidy agreement. Such states impose an adoption penalty on the disabled child who is adopted and penalize the people who become their adoptive parents. Federal law allows states to pay up to 100 percent of the amount a child received in foster care, or would receive in foster care currently, if the child was not adopted.

NACAC analyzed state policies based on whether they offered any type of specialized adoption assistance payments at all, and then on what percentage of the specialized foster care rate would follow a child into the adoptive home. Chart 5 depicts the methodology used for evaluating the states, and Table 5 shows the state data.

CHART 5.
How the states were evaluated on providing specialized adoption assistance payments

Mark A—Specialized Rate	Overall Mark
If the state paid any type of specialized AAP at all	+
If the state did not pay specialized AAP	-
Mark B—Specialized AAP as % of Specialized Foster Care Payment	Overall Mark
80–100% of specialized foster care rate (SFC) paid in AAP	+
70–79% of SFC paid in AAP	/
0–69% of SFC paid in AAP	-
If data were not provided or available	-

Key for Table 5

SFC	Specialized Foster Care Rate
SAAP	Specialized Adoption Assistance Rate
n/a	Rate Not Available

TABLE 5.
Specialized adoption assistance rates paid by the states¹⁰

State	Rate Exists Mark A	SFC Amount for child age 8	SAAP Amount for child age 8	SAAP % of SFC	Mark B	Overall Mark	Comments
AL	+	314	50–1,199	16%–100%	/	+	
AK	+	300–600	300–600	100%	+	+	
AZ	+	478–671	472–721	100%	+	+	
AR	+	425	n/a	up to 100%	-	/	Up to 100% of rate child would have received in foster care
CA ¹¹	+	10–2,000 actual 91–577 median	0–1,500	38%–75%	-	+	Rate authorized by individual county; significant variance
CO	+	n/a	n/a	up to 100%	-	/	Rate negotiated by individual county
CT	+	1,200	1,000–1,200	83%–100%	+	+	Rate of up to 100% implied
DE	+	466–527	518	98%–100%	+	+	
DC	+	512–740	803–1,031	100%	+	+	
FL	-	n/a	0	0	-	-	
GA	+	600–1,800	450–1,800	75%–100%	+	+	Rate of up to 100% stated
HI	+	1,046–1,099	570	55%	-	/	
ID	+	340–508	515	100%	+	+	
IL	+	735	970 ¹²	100%	+	+	Based on SFC rate
IN	+	n/a	n/a	n/a	-	/	Rate and percentage unstated; each county sets its own rate
IA	+	583–914	600–896	98%–100%	+	+	
KS	+	n/a	500–700	100%	-	/	
KY	+	445–977	727–1,368	100%	+	+	Rate of up to 100% implied
LA	+	800–1,400	240–258	18%–32%	-	/	
ME	+	612–1,800	612–1,800	100%	+	+	Rate of up to 100% implied
MD	+ (limited)	650	2,000	100%	/ (limited)	/	SAAP is only available for medically fragile children adopted by their foster parents
MA	+	n/a	n/a	n/a	-	/	
MI	+	538–933	594–984	100%	+	+	Rate of up to 100% stated

¹⁰ Information on specialized foster care rates paid by the states was gathered from several sources, including the Casey Family Programs Foundation (www.casey.org), the Child Welfare League of America's National Data Analysis System (<http://ndas.cwla.org>), and Louisiana's state social work tables (<http://house.legis.state.la.us/statelocal/ch2-4.htm>). The specialized AAP rates were obtained from state responses to NACAC's 2001 State Subsidy Profile survey (www.nacac.org/adoptionssubsidy.html).

¹¹ Data were gathered from the California Department of Social Services' Foster Care Branch, Specialized Care Increment Ranges (effective 7/00). Due to significant variances in rates between counties, the median of rates available was used.

¹² Specialized rates for Illinois vary depending on the region (Northern, Central, Southern, and the 3 for Cook County). An average rate was used.

TABLE 5. continued

Specialized adoption assistance rates paid by the states

State	Rate Exists Mark A	SFC Amount for child age 8	SAAP Amount for child age 8	SAAP% of SFC	Mark B	Overall Mark	Comments
MN ¹³	+	up to 1,200	427-777	36%-65%	-	/	
MS	+	340-600	n/a	100%	-	/	Rate of up to 100% implied
MO	+	651	651	100%	+	+	Rate of up to 100% implied
MT	+	766	766	100%	+	+	Rate of up to 100% implied
NC	+	n/a	800-1,600	n/a	-	/	SAAP for HIV children only
ND	+	421-521	447-547	100%	+	+	Rate of up to 100% implied
NE	+	342-1,140	394-494	43%-100%	/	+	
NH	-	574-1,054	0	0	-	-	State does not pay SAAP
NJ	+	535-640	494-594	93%	+	+	\$1,000 medically fragile rate in SFC
NM	+	520	620	100%	+	+	
NV	+	690-1,050	622-1,092	90%-100%	+	+	
NY ¹⁴	+	1,007-1,525	810-1,229	81%	+	+	Each county sets its own rate.
OH ¹⁵	+	251-1,600	251-990	62%-100%	/	+	Each county sets its own rate and can contribute up to FC rate
OK ¹⁶	+	410-1,200	410-1,200	100%	+	+	
OR	+	1143	n/a	100%	-	/	Rates determined case-by-case
PA	+	up to 1,050	up to 1,050	100%	+	+	Each county sets its own rate
RI	+	n/a	n/a	100%	-	/	Rates determined case-by-case
SC	+	n/a	n/a	100%	-	/	Rates determined case-by-case
SD	-	621-1,196	0	0	-	-	State does not pay SAAP
TN	+	391-684	416-746	100%	+	+	
TX	-	1,032-5,710	0	0	-	-	State does not pay SAAP
UT	+	479-950	503-788	83%-100%	+	+	
VT	+	420-526	472-624	100%	+	+	Rate of up to 100% implied
VA	+	n/a	n/a	n/a	-	/	Rates set at the local level
WA	+	442-1,217	549	45%-100%	/	+	
WV	+	669-760	700	92%-100%	+	+	
WI	+	2,000	2,000	100%	+	+	Based on applicable FC rates
WY	-	n/a	0	0	-	-	State does not pay SAAP

¹³ Data were gathered from the Minnesota Department of Human Services' Single Benefit Package Advisory Committee, fall 2001.

¹⁴ Data for New York were gathered from www.nysccc.org (7-01-01 to 6-30-02).

¹⁵ Ohio has one child receiving \$1,200 in specialized adoption assistance.

¹⁶ Oklahoma's Difficulty of Care Levels 5 and 6 may not currently be accessible to adoptive parents due to a waiting list DDSD has for eligibility determinations. There are no waiting lists for foster parents who adopt children with these rates because the rate is already in effect.

eligibility of state-subsidized CHILDREN FOR MEDICAID

TABLE 6.
Eligibility of state-subsidized children for Medicaid

Children with special needs who are not eligible for the federal adoption assistance program under Title IV-E of the Social Security Act may be given a state-funded adoption assistance payment. Under federal guidelines, states are allowed to establish state- and county-paid systems and each has the option to include or exclude the children from receiving medical assistance (Title XIX Medicaid). Due to provisions of the Adoption and Safe Families Act (1997), however, most states now provide some type of medical coverage.


NACAC asked the states in their annual adoption assistance survey whether state-subsidized children were eligible for Medicaid in their state. Children who do not meet federal eligibility criteria for Aid to Families with Dependent Children (AFDC)¹⁷ and Supplemental Security Income (SSI) might receive a state-funded subsidy. Because a child's needs remain the same whether or not he qualifies for Title IV-E adoption assistance, states that serve federal- and state-subsidized children equally with medical assistance received a "+" mark. States that gave ambiguous answers or that included some state-subsidized children but not others were given a "/" mark, and states that did not include state-subsidized children were given a "-" mark. Table 6 shows the results.

¹⁷ AFDC no longer exists at the federal level, but the program rules that were in effect as of July 16, 1996 are used to help determine Title IV-E eligibility.

State	Are state-subsidized children eligible for Medicaid?	Marks
AL	under certain conditions	/
AK	all new state subsidies automatically include Medicaid	+
AZ	yes	+
AR	yes	+
CA	yes	+
CO	yes	+
CT	yes	+
DE	yes	+
DC	yes	+
FL	under certain conditions	/
GA	yes, since all children are designated as having a "future need for counseling"	+
HI	yes	+
ID	yes	+
IL	yes	+
IN	under certain conditions	/
IA	yes	+
KS	yes	+
KY	yes	+
LA	yes	+
ME	yes	+
MD	yes, state-funded children have caps on coverage	/
MA	yes	+
MI	yes, under certain circumstances	/
MN	yes	+
MS	yes	+
MO	yes	+
MT	yes, under certain circumstances	/
NC	yes	+
ND	yes	+
NE	yes, under certain circumstances	/
NH	yes	+
NJ	yes	+
NM	no	-
NV	yes	+
NY	yes, under certain circumstances	/
OH	eligibility is based on child's income/resources	/
OK	yes	+
OR	yes	+
PA	yes	+
RI	yes	+
SC	yes	+
SD	yes	+
TN	yes	+
TX	yes	+
UT	eligibility is based on child's income, but nearly 100% qualify	+
VT	yes	+
VA	yes, under certain circumstances	/
WA	yes	+
WV	yes	+
WI	yes	+
WY	yes, but state-subsidized children get less coverage	/



MODEL POLICIES

 A total of 39 state policies (see table) treated both state and federally funded children the same with regard to Medicaid coverage. Of these, one is no better than the next and therefore we consider each of the 39 states to have model policies.



EXPENSE REIMBURSEMENT

"I live 1,100 miles from my tribal home because of my job. When I was matched with a seven-year-old child back on the reservation, I was thrilled. But then I thought, 'How can I afford the travel costs?' That is when my worker told me about the reimbursement program. I used up every bit of the money on travel and on the legal bills for finalization. Since I did not have to spend my savings adopting my son, I used the money to buy him some bedroom furniture."

—An Adoptive Dad

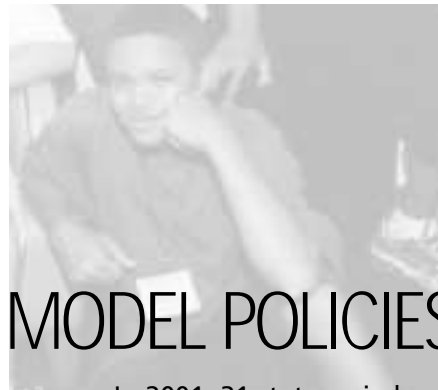


States may pay up to \$2,000 in nonrecurring adoption expenses to individuals or couples who adopt a child with special needs. This is an important benefit because even "free" public agency adoptions involve numerous related costs. For example, the cost of visiting (or having older children or sibling groups visit) a pre-adoptive home, once or numerous times, can add up fast. Nonrecurring adoption expenses include reasonable and necessary adoption fees, court costs, attorney fees and other expenses that are directly related to the legal adoption of a child with special needs. Each state can decide how much it will reimburse (some states directly pay these fees on behalf of parents), and the federal government in turn reimburses the state 50 percent of this payment. Five states offer less than \$1,000 in nonrecurring expenses, which may mean added attention needs to be placed on whether these low rates—rel-

ative to other states—are creating an adoption disincentive for prospective adoptive parents and the children going into these homes.

In addition to the nonrecurring expenses program, starting in tax year 2002 parents can use the federal adoption tax credit of up to \$10,000 per adopted child to cover expenses beyond what their state reimburses. While the current tax credit does not truly serve parents who adopt from the foster care system, Congress passed changes for 2003. By the tax year 2003, the revised credit will be more accessible for families who adopt children with special needs. Starting that year, the credit will function as a flat tax credit. That means every adoptive parent or couple who finalizes the adoption of a child with special needs and earns less than \$150,000 can claim the full credit without documenting that they incurred a specific level of qualified expense.

Chart 6 shows the methodology used to evaluate the states, and Table 7 shows how the states performed.



MODEL POLICIES

In 2001, 31 states reimbursed up to the federal maximum of \$2,000 in nonrecurring adoption expenses. Each of these states are to be commended. NACAC considers any state policy that offers the full reimbursement of \$2,000 to be a model.

nonrecurring adoption EXPENSE REIMBURSEMENT continued

TABLE 7.
Nonrecurring adoption
expense reimbursement

CHART 6.
How the
states were
evaluated on
nonrecurring
adoption
expenses

Amount Reimbursed	Mark
\$1,500–\$2,000	+
\$1,000–\$1,499	/
\$0–\$999	-

State	Amount of nonrecurring expense reimbursement	Mark
AL	1,000	/
AK	2,000	+
AZ	2,000	+
AR	1,500	+
CA	400	-
CO	800	-
CT	1,200 (effective 7-1-02)	/
DE	2,000 (all fees paid up front)	+
DC	2,000	+
FL	1,000	/
GA	2,000	+
HI	2,000	+
ID	2,000	+
IL	1,500	+
IN	1,500	+
IA	2,000	+
KS	2,000	+
KY	1,000	/
LA	1,000	/
ME	2,000	+
MD	2,000	+
MA	400	-
MI	2,000	+
MN	2,000	+
MS	1,000	/
MO	2,000	+
MT	2,000	+
NC	2,000	+
ND	2,000	+
NE	1,500	+
NH	2,000	+
NJ	2,000	+
NM	2,000	+
NV	250 (legal, home study fees, etc. are paid on behalf of families using separate state dollars)	-
NY	2,000	+
OH	2,000	+
OK	2,000	+
OR	2,000	+
PA	2,000	+
RI	1,000	/
SC	250 (effective 7-1-02)	-
SD	1,500	+
TN	1,500	+
TX	1,500	+
UT	2,000	+
VT	2,000	+
VA	2,000	+
WA	1,500	+
WV	2,000	+
WI	2,000	+
WY	2,000	+

special service
SUBSIDIES

In addition to regular and specialized adoption assistance, states may offer special service subsidies or payments to help parents purchase services or equipment for children with extraordinary needs. Many states use special service subsidies to fund extra medical expenses for orthodontia, day care, tutoring, counseling, speech therapy, and other services or equipment not funded through Medicaid or private insurance.

The funding for service subsidies can come from city, county or state fund; other federal program; or a combination of sources. As such, the funding may come and go, making service subsidies an area subject to financial flux. In addition, Medicaid coverage for services, medicine, and equipment is shrinking as states seek to find ways to cut costs, and more and more service providers refuse to accept Medicaid as payment. This makes service subsidies even more important today. States that supply these services and find a way to keep them funded year after year provide a tremendous service to their most severely disabled kids, and create an atmosphere that is decidedly pro-adoption.

States that offered special service subsidies received a "+" mark, and those that did not received a "-" mark. If a state provided limited service subsidies or offered them with restrictions it received a "/" mark. In all, eight states do not offer special services subsidies. Table 8 on the following page shows the outcome.



MODEL POLICIES



NACAC commends three states for having exemplary policies regarding special service subsidies for adoptive families, and recognizes a fourth for building a new program. The State of Ohio operates the Post Adoption Special Service Subsidy (PASSS) program designed to assist adoptive families receive services related to the special needs of the child. Each state fiscal year, families may apply for up to \$15,000 per child to cover costs relating to medical and surgical services which may include respite care if required by medical and surgical needs; psychiatric, psychological, and counseling services, which may include respite care if required by these needs; and funding may include maintenance costs as long as the costs are included as part of a residential treatment program. Residential services, however, shall not include the cost of educational services.

In a sense, the PASSS program is a set-aside program for extraordinary needs. While the state has struggled with county vs. state administration of the program and the rate dropped from \$20,000 in recent years, NACAC recognizes Ohio's policy as an outstanding post adoptive service for families.

In Illinois, adoptive families have access to health care payments (not covered through other resources), day care, and therapeutic day care. Additionally, the state created its Adoption Preservation Program, which assists parents in finding resources for respite care and residential treatment. The program is available to families who are experiencing problems in the adoption and who may require intensive services to support the adoption.

Minnesota offers a number of additional services for adoptive families, not the least of which is a child care reimbursement available during a parent's employment, training, or education hours. What's unique about the program is that foster families in the state do not have access to day care, but adoptive families do.

NACAC would also like to recognize the work done by Utah in developing supplemental adoption assistance. Through a three-year plan, Utah's department is currently building a system of post adoptive services for families that go beyond the one-time supplemental services now available. We encourage and applaud Utah's work to support adoptive families.



special service
SUBSIDIES continued

TABLE 8.
Special service subsidies

State	Are special service subsidies offered?	Mark
AL	yes	+
AK	yes, with appropriate documentation	+
AZ	yes	+
AR	yes	+
CA	no	-
CO	yes	+
CT	yes	+
DE	yes	+
DC	yes	+
FL	yes	+
GA	yes, when funding is available and only for public agency children	/
HI	no	-
ID	yes, medical and counseling	+
IL	yes	+
IN	no	-
IA	yes	+
KS	yes, one-time and time-limited services	/
KY	yes	+
LA	yes	+
ME	yes	+
MD	yes	+
MA	yes	+
MI	yes	+
MN	yes	+
MS	no	-
MO	yes	+
MT	yes, medical payments up to \$2,600 annually	+
NC	yes	+
ND	yes	+
NE	yes	+
NH	no	-
NJ	yes	+
NM	yes	+
NV	yes	+
NY	yes	+
OH	yes, up to \$15,000 annually through PASSS program	+
OK	yes	+
OR	yes	+
PA	no	-
RI	yes	+
SC	yes	+
SD	yes	+
TN	yes	+
TX	yes	+
UT	yes	+
VT	yes	+
VA	yes	+
WA	yes, but payments are not to exceed child's foster care rate	/
WV	yes	+
WI	no	-
WY	no	-

respite CARE

Respite care allows parents who adopt developmentally, physically or emotionally needy children to take a break from the stresses of parenting. It may come in the form of a specialized camp for children with special needs a week at a time, or in the form of an afternoon dance class that gives mom two hours of rest.

A total of 32 states offer some level of respite care funding. States that provide funding or reimbursement for the cost of respite care received a "+" mark. States that offer respite care with limitations received a "/" mark, and those with no services received a "-" mark.

Even with this important service, it is important to acknowledge that families face increasing difficulty finding qualified respite care providers for their special needs children.



"I gave up a teaching career to adopt my five children from the foster care system. Without adoption subsidies, we could never have made ends meet. But without respite care, I could not have been as effective a parent. My trained respite care provider comes into my home for a few hours twice a week. I can use this precious break to get some work done on my computer and pick up a little bit of income, or to catch up on paperwork or bills. Sometimes I use it for a well-needed nap or to provide one child some special time with mom. These hours are priceless to my family!"

—An Adoptive Parent



MODEL POLICIES

When analyzing respite programs, four stand out. Minnesota has a program that provides 504 hours (or 21 days annually) for parents to use when they need a break. The time can be used at an hourly or daily rate. Many Minnesota counties operate separate respite programs, so a parent may have access to two separate programs.

Delaware offers 14 days per year in respite care for families adopting children with special needs, Arizona offers 12 days per year, and Idaho provides up to two weeks annually at \$20 per day. NACAC congratulates these states for their policies pertaining to respite.

In addition, two states receive honorable mention. Illinois created its Adoption Preservation Program, and Texas operates its statewide Post Adoption Services program. Both provide respite care to adoptive families.



TABLE 9.
Funding for respite care

State	Does the state pay for respite care for adopted children with special needs?	Mark
AL	no	-
AK	only available for delayed/retarded children	/
AZ	yes (12 days)	+
AR	no	-
CA	no	-
CO	yes, in limited circumstances	/
CT	yes	+
DE	yes (14 days)	+
DC	yes	+
FL	no	-
GA	yes	+
HI	yes, in certain circumstances	/
ID	yes (2 weeks annually, \$20/day)	+
IL	yes, through the Adoption Preservation Program	+
IN	no	-
IA	yes (5 days)	+
KS	no	-
KY	in limited circumstances	/
LA	yes	+
ME	yes, on a case-by-case basis	/
MD	yes, (limited to certain children) through multiple funding streams (not the subsidy program)	/
MA	no	-
MI	in limited amounts (\$300 camp scholarships)	/
MN	yes (504 hours or 21 days annually)	+
MS	no	-
MO	yes, in limited amounts	/
MT	no	-
NC	no	-
ND	yes	+
NE	yes, but duration is time-limited; case-by-case basis	/
NH	no	-
NJ	no	-
NM	no	-
NV	yes, in limited cases	/
NY	no	-
OH	yes, through PASSS funding	+
OK	no	-
OR	yes, in specific circumstances	/
PA	no	-
RI	yes	+
SC	yes	+
SD	yes (\$500 per year)	+
TN	no	-
TX	yes, through the statewide post adoption services program	+
UT	yes, (limited) through multiple funding streams (not the subsidy program)	/
VT	yes, in time-limited cases	/
VA	yes	+
WA	no	-
WV	yes, time-limited subsidies (up to 48 hours per month)	/
WI	yes	+
WY	yes	+

residential TREATMENT

Foster children waiting to be adopted most often come from backgrounds of abuse, neglect, and multiple caregivers. This results in emotional problems that are then exacerbated in adolescence. For this reason, many families need to find at least short-term residential treatment for their children so they can obtain the kind of structure, supervision, and intensive therapeutic help necessary to help them transition back into a family setting.

Since residential treatment can cost hundreds of dollars per day, most parents cannot afford to pay for it out of pocket and many HMOs won't pay for it at all. When Medicaid does cover this service, it is too often limited. Some parents call this the "90-day wonder" because the child may be released after a maximum of 90 days, ready or not.

This is why parents adopting children at risk for emotional and mental health problems need a safety net—that is, a guarantee of funding for any necessary residential treatment not covered by private insurance or Medicaid. In states where this type of residential treatment is not available as a service subsidy, families can face desperate choices. In too many cases parents must face the choice of having to bring home a violent or out-of-control teenager, or risk being charged with legal abandonment for refusing to do so. Parents raising these children alongside toddlers face the painful choice—risk injury to the little ones or risk the charge of legal abandonment. No parent should be forced to choose between his/her children.

When a family accesses residential treatment for its child, some systems choose to charge the family with child support payments (beyond the child's monthly adoption subsidy payment) to pay for the cost of care. This is yet another barrier that systems place on families that adopt our nation's needy children. In essence, the system supports families who adopt these children from the foster care system, but when these same youngsters become violent or out of control, the system blames the adoptive parents as if they created the problem.

Many advocates describe the need for a nationwide safety net as one of the most crucial unmet needs in adoption today. States that will not or cannot negotiate with parents for a safety net risk watching these same parents adopt children from other states that do, or watching children return to the foster care system as a result of a dissolved adoption.



MODEL POLICIES

A total of 19 states find ways to cover the cost (at least partially) for special needs children receiving adoption assistance. Each of these states is to be applauded for their policies. Of these states, however, five are worthy of specific mention.

Vermont and Maine may have unique programs because these states chose to think outside the box with regard to paying for residential treatment. The Vermont Department brings of a multi-disciplinary team approach to solving the problem—Mental Health (through Medicaid) pays therapeutic costs, the Department of Education covers the educational component of care, and Adoption Subsidy is used to pay for room and board costs. In Maine, several agencies also pool their resources to provide residential treatment. The Adoption Subsidy program provides Medicaid which pays for the treatment costs, the Department of Education pays for the educational costs, and the Department of Behavioral and Developmental Services pays for the remaining room and board costs.

Once a child is determined to be in need of residential treatment in South Dakota, a 3–6 month case plan is developed. At the end of this time, a review is done to determine the child's progress, as well as the parents' commitment to the child and the treatment plan. If progress is made, the state continues to pay for treatment, and while the treatment may run 18–24 months, there is no formal cut off in funding outlined in state policy. In fact, South Dakota is currently paying for residential treatment on behalf of two children living in the state, but adopted from other states.

In addition, special recognition goes to two states. Rhode Island's policy allows coverage of residential treatment and families maintain their parental rights during treatment. Finally, in New Mexico, the cost of care for Title IV-E eligible kids is paid through Medicaid, but the state picks up the cost for non-IV-E children.



residential TREATMENT

continued

TABLE 10.
Payment
for residential
treatment not
covered by
Medicaid

States that paid residential treatment costs for children receiving adoption assistance received a “+” mark. States that paid for residential treatment, but had limitations such as requiring the state to take custody of the child or requiring adoptive parents to meet income guidelines received a “/” mark. Those that did not offer this service received a “-” mark. Table 10 shows the outcomes.

State	If Medicaid does not cover residential treatment, does the state subsidy program pay for it?	Mark
AL	no	-
AK	no	-
AZ	no	-
AR	yes, on a case-by-case basis	/
CA	yes, but for an 18-month duration per specific episode	/
CO	yes, if child is placed in RT through county	/
CT	yes, but subsidy is suspended if DCF pays for RT	+
DE	yes, up to \$3,000	/
DC	limited, and on a case-by-case basis	/
FL	yes, children with AAP are given priority in the CRC hearing process	+
GA	yes, depending on funding	+
HI	yes, in certain circumstances	/
ID	no	-
IL	no, but funding may be available through the Adoption Preservation Program	/
IN	yes, with appropriate adjudication	/
IA	yes, with appropriate adjudication	/
KS	no	-
KY	yes	+
LA	no	-
ME	yes, through a multi-disciplinary team approach	+
MD	no, but funding may be available through local management boards (LMBs); adjudication is not required	/
MA	yes, but state-funded subsidies are discontinued during placement	+
MI	yes, under certain circumstances through the Medical Subsidy Program	+
MN	possibly, at county discretion	/
MS	no	-
MO	yes, and families maintain parental rights	+
MT	no	-
NC	yes, up to \$1,200	/
ND	no	-
NE	yes, up to 18 months	/
NH	no	-
NJ	yes, but adoption subsidies may be discontinued during placement	+
NM	IV-E through Medicaid; non-IV-E through state-funded subsidies	+
NV	no	-
NY	yes, with adjudication	/
OH	yes, families make applications through the PASSS program (\$15,000 annually)	+
OK	no	-
OR	yes	+
PA	no	-
RI	yes, and families maintain parental rights	+
SC	yes	+
SD	yes	+
TN	yes	+
TX	yes, in limited situations through post-adoption services program	/
UT	yes	+
VT	yes, through a multi-disciplinary team approach	+
VA	yes	+
WA	yes, with appropriate adjudication	/
WV	no	-
WI	yes	+
WY	yes, with adjudication	/

deferred subsidy AGREEMENTS

Certain factors, including early neglect, abuse, bonding breaks, and prenatal exposure to drugs, are considered “time bombs” for waiting children. Other risk factors include inherited disorders, unknown paternity, and difficult and premature births. Children exposed to these risk factors can develop attachment disorders, behavior problems, and learning and physical ailments, even though they may appear quite healthy in infancy and during the pre-school years. In such cases, states that do not have a high-risk factor in their definition of special needs will not find a child eligible for assistance. Those that do recognize high-risk factors often negotiate a zero dollar agreement, known as a deferred agreement.

A deferred adoption assistance agreement serves as an insurance policy for families who adopt at-risk children who are currently healthy or too young for a diagnosis of future problems to be made. Upon finalization of an adoption, the initial monthly maintenance payment is zero dollars, but the child receives Medicaid. If in the future the child’s special needs present themselves and are documented, the family can return to the agency and negotiate an appropriate subsidy payment on behalf of the child. The deferred agreement also benefits the agency by saving administrative time when families return to the agency requesting a subsidy (often years later). In these cases staff do not have to research the child’s file and go through the arduous administrative hearing process to access benefits retroactively. Deferred agreements are a win-win policy for everyone involved.

If a state offers deferred agreements, it received a “+” mark; if not, it received a “-” mark. Table 11 shows how the states performed.



All but eight states have policies regarding deferred adoption assistance agreements, and NACAC applauds these 43 states for such progressive policies.



TABLE 11.
Deferred subsidy agreements

State	Are deferred agreements offered?	Mark
AL	yes	+
AK	yes	+
AZ	no	-
AR	no	-
CA	yes	+
CO	yes	+
CT	yes	+
DE	yes	+
DC	yes	+
FL	no, medical subsidy signed at placement	-
GA	yes	+
HI	yes	+
ID	yes	+
IL	yes	+
IN	yes	+
IA	yes	+
KS	yes	+
KY	yes	+
LA	yes	+
ME	yes	+
MD	yes	+
MA	yes	+
MI	no	-
MN	yes	+
MS	yes	+
MO	yes	+
MT	yes	+
NC	yes	+
ND	yes	+
NE	no	-
NH	yes	+
NJ	no	-
NM	yes	+
NV	yes	+
NY	yes	+
OH	yes	+
OK	yes	+
OR	yes	+
PA	yes	+
RI	yes	+
SC	yes	+
SD	no	-
TN	yes	+
TX	yes	+
UT	yes	+
VT	yes	+
VA	yes	+
WA	yes	+
WV	yes	+
WI	yes	+
WY	no, but Medicaid-only subsidies are available	-

subsidized GUARDIANSHIPS

While adoptive placement is almost always optimal for a child who cannot remain with his birth family, some other types of legal permanency are better than others, especially in cases where the child has extreme needs. In many cases, subsidized guardianships are used when relatives assume legal permanent custody of children because it is often better for the family not to sever the biological parents' parental rights.

In addition, for children who require around-the-clock nursing care or have a terminal condition, a legal guardianship may be the preferred placement option. In some cases, it is the only way to maintain the placement for a child and her family because the state can pick up high medical costs that would not be covered if the child were adopted. There are children who need to be tube fed, who must have 24-hour medical intervention to keep from choking, or who are on ventilators. Such children can benefit from a loving permanent family and even when the state picks up the costs of care, the state will still pay less than if the children were institutionalized.

In rare cases, a child will be so mentally or physically ill that he or she cannot live outside the boundaries of a hospital or other institution. Some states will creatively allow for legal guardianship of such children, thus encouraging guardian parents to visit the children whenever possible and parent from afar. The guardian provides the commitment and continually advocates on behalf of the child, and the state provides the funds for the hospitalization.

While subsidized guardianship is not formally part of state adoption subsidy programs, NACAC believes that all children deserve the right to a permanent family. For this reason, we included this variable in our analysis.

States that offer subsidized guardianships received a "+" mark; those that didn't received a "-" mark. Nine states received "/" marks for providing a limited program. Table 12 outlines the results.



MODEL POLICIES



Except in states that have a federal IV-E waiver to offer subsidized guardianships, the provision of this service is paid for entirely with state dollars. Therefore, the 23 states (see chart to right) that provide for subsidized guardianships to children placed with relatives or non-relatives deserve mention as having model policies.



TABLE 12.

Use of subsidized guardianships

State	Does the state offer subsidized guardianships?	Mark
AL	no	-
AK	yes	+
AZ	yes	+
AR	no	-
CA	yes	+
CO	no	-
CT	yes, but only for relatives	/
DE	yes	+
DC	yes	+
FL	no	-
GA	yes, but only for relatives	/
HI	yes	+
ID	yes	+
IL	yes	+
IN	yes, but only for relatives	/
IA	no	-
KS	no, conflicting legislative bills	-
KY	yes, but only for relatives	/
LA	yes, but only for relatives	/
ME	no, but in planning stages	-
MD	yes	+
MA	yes	+
MI	no	-
MN	yes, but only for relatives	/
MS	no	-
MO	yes, but only for relatives	/
MT	yes	+
NC	yes	+
ND	yes	+
NE	yes	+
NH	no	-
NJ	no, but in planning stages	-
NM	yes	+
NV	yes, but only for relatives (age 62+)	/
NY	no	-
OH	no	-
OK	yes, there is a limited state program for relatives	/
OR	yes	+
PA	yes	+
RI	yes	+
SC	no	-
SD	yes	+
TN	no	-
TX	no	-
UT	yes	+
VT	no	-
VA	no	-
WA	yes	+
WV	yes	+
WI	no	-

use of income to determine SUBSIDY AMOUNTS

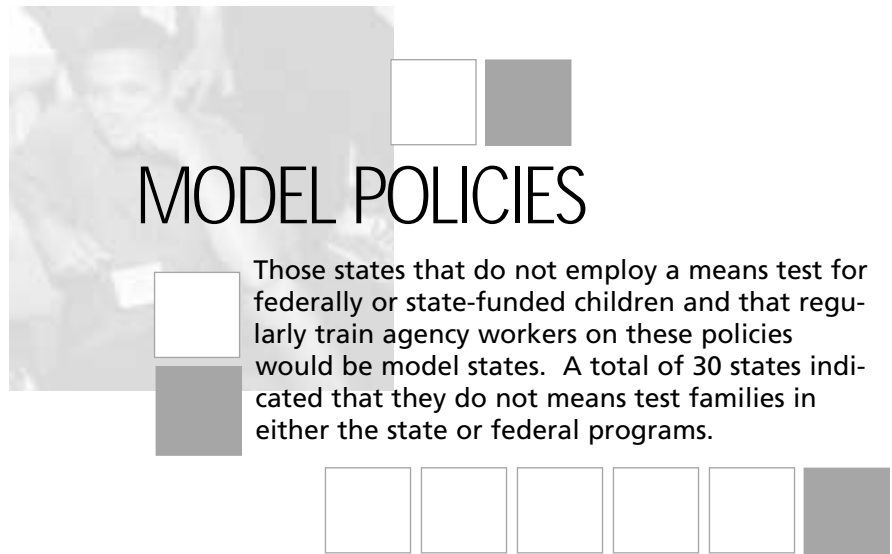
The original and current intent of Congress in passing adoption assistance legislation was to accomplish two goals. The first was to reform the foster care system with legal requirements and timelines that move children toward permanency. As part of this, states can receive Federal Financial Participation (FFP) for federally eligible children. This means that between 50 and 76 percent of the cost of a child's subsidy is reimbursed by the federal government, and the remaining portion is funded through state-only or state/county dollars.

Second, Congress sought to increase general interest in adoption by removing disincentives that had long plagued the system. To encourage foster parent adoptions and to encourage ordinary Americans¹⁸ to step forward, Congress decided not to tie assistance amounts and eligibility directly to adoptive family income and size¹⁹. In this way, people from all income brackets and family sizes would be encouraged to consider the adoption of special needs children, and future fears about how their family's rising income could affect their subsidy would not be a factor.

Means testing, or using family income or family size scales to determine eligibility for Title IV-E Adoption Assistance or to figure the level of the payment, is not allowed under federal guidelines.²⁰ Unfortunately, in some states (or some regions of some states) parents are routinely means tested by the agency despite state and federal policies.

What is allowable under federal guidelines is to consider a family's total resources in combination with a child's special needs when negotiating the child's total subsidy package. Unfortunately, few states conduct true negotiations with families and therefore an agency's request for a family's financial information is met with suspicion by adoptive parents. In recent years, stronger language in policy issuances from the federal Children's Bureau, class action lawsuits, and the work of advocates have stopped means testing in some areas, but the problem remains.

While NACAC believes this information is important to include in this report, the 2001 data does not allow us to evaluate individual states due to the wording of the question. In future years, NACAC will modify the State Subsidy Profile survey question and will assign marks. Table 13 displays the data states provided.



¹⁸. By this, we do not mean that foster parents are not "ordinary" Americans. Rather, they are extraordinary.

¹⁹. Interestingly, the concept of means testing was discussed and discarded by Congress prior to passage of the legislation.

²⁰. State-funded subsidies may be means tested because there are no federal dollars contributing to a non-IV-E child's care.

use of income to determine SUBSIDY AMOUNTS continued

TABLE 13.
Use of means tests or income scales

State	Does the state use means testing or income scales to determine subsidy amounts?
AL	no
AK	no
AZ	no
AR	yes, state-funded children are means tested
CA	no
CO	no
CT	no
DE	no
DC	no
FL	no
GA	yes, but income is not used to determine eligibility
HI	no
ID	yes
IL	no
IN	no
IA	no
KS	no
KY	yes, to determine state-funded percentages
LA	yes, for state-funded children
ME	no income guidelines are used, but family circumstances are considered
MD	no
MA	yes
MI	no
MN	no
MS	yes
MO	no
MT	yes, family circumstances are considered
NC	yes, family circumstances are considered during negotiations (no means test)
ND	all resources available to child are considered during negotiation (no means test)
NE	no
NH	no
NJ	no
NM	yes, state subsidies are based on income
NV	yes, to determine family resources to meet the child's needs
NY	yes, income is used to determine the level of the subsidy (no means test)
OH	yes, income scales are used for state-funded children
OK	no
OR	yes, family circumstances are considered during negotiations
PA	no
RI	yes, family income is considered during negotiations
SC	no income guidelines are used, but family circumstances are considered
SD	yes
TN	no
TX	no income scales are used, but family circumstances are considered
UT	yes, family circumstances are considered
VT	no
VA	no income guidelines are used, but family income is considered during negotiations
WA	yes, various factors are considered during negotiations
WV	no
WI	no
WY	yes, but income is not a disqualifier

public and private AGENCY CHILDREN

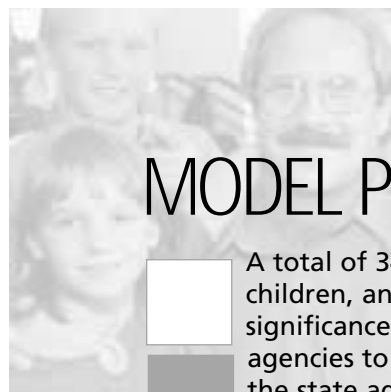
As we have seen, the congressional intent of P.L. 96-272 was to reform foster care by removing the financial disincentives for parents to adopt special needs children and encouraging the placement of children from the public foster care system. Over time, children placed through private agencies were allowed access to Title IV-E Adoption Assistance if they met all eligibility criteria.

The federal Children's Bureau released a Policy Announcement (ACYF-CB-PA-01-01) on January 23, 2001 that reversed 15 years of policy by disallowing private agency children's eligibility for subsidies. Ten months later, the Children's Bureau released the Child Welfare Policy Manual (September 24, 2001) and then a November 6, 2001 policy issuance (ACYF-CB-IM-01-08) that again reversed the Department's official policy on the issue, thus returning it to pre-January 23, 2001 rules. Once again, otherwise eligible children from private agencies are potentially eligible for Title IV-E Adoption Assistance.

The child welfare field still has some questions on the exact ways that children placed through private agencies can obtain Title IV-E benefits. NACAC chose to keep this variable in the report because it is so important.²¹

In terms of scoring, states that treated children placed through public and private agencies equally received a "+" mark, and those that differentiated between them received a "-" mark. If children could receive equal benefits, but few qualified, the state received a "/" mark. Table 14 on the following page shows the data.

²¹ NACAC realizes that many states undertook the arduous administrative rule writing process to come into compliance with PA 01-01, and will need to again rewrite their rules to meet the new policy directives in the Child Welfare Policy Manual. We expect that the marks on this variable will change over time for many states.



MODEL POLICIES



A total of 34 states did not differentiate between public-agency children, and those placed through private agencies. Of particular significance were those states' policies that did not require private agencies to transfer legal custody of the children they placed to the state agency.



In addition, NACAC recognizes the State of Oklahoma for specifically mentioning the availability of subsidy to recognized tribes that place children.



public and private
AGENCY CHILDREN continued

TABLE 14.
Public and
private
agency
children

State	Are children adopted from public and private agencies treated alike in the subsidy program?	Mark
AL	yes	+
AK	yes	+
AZ	yes	+
AR	no, children in private agencies cannot receive state subsidies	-
CA	yes	+
CO	yes	+
CT	yes	+
DE	no, private agency children can receive IV-E, but not non-IV-E; private agencies must turn over custody to the state for eligibility	-
DC	yes	+
FL	yes	+
GA	no, private agency children cannot receive state subsidies	-
HI	yes	+
ID	no, private agency children must be SSI or previously IV-E eligible	-
IL	no, non-IV-E children must be in the guardianship of the Department	-
IN	yes	+
IA	yes	+
KS	yes	+
KY	no, private agencies must transfer custody to the state for non-IV-E kids	-
LA	no	-
ME	yes	+
MD	yes	+
MA	no, private agency children may receive subsidies if IV-E eligible	-
MI	yes	+
MN	yes	+
MS	yes, but few children qualify	/
MO	yes	+
MT	no, private agency children must be SSI eligible and otherwise eligible	-
NC	yes	+
ND	yes	+
NE	no, private agency children may receive subsidies if IV-E eligible	-
NH	yes	+
NJ	yes	+
NM	no, private agency children may receive subsidies if IV-E eligible	-
NV	yes	+
NY	yes	+
OH	yes	+
OK	yes, and available to recognized tribes	+
OR	yes	+
PA	currently under litigation (no)	-
RI	yes	+
SC	no, state-funded subsidies only available to state agency children	-
SD	no, private agency children may receive subsidies if IV-E eligible	-
TN	yes	+
TX	no, private agency children may receive subsidies if IV-E eligible; children cannot receive state subsidies	-
UT	no, private agency children must be SSI or previously IV-E eligible	-
VT	no, private agency children must be SSI or IV-E eligible	-
VA	yes	+
WA	yes	+
WV	yes	+
WI	yes	+
WY	yes	+

subsidy for children OVER AGE 18

An adoption assistance agreement is typically terminated when a child has attained the age of 18 (or the age of 21 if the state has determined that the child has a mental or physical disability which would warrant continuation of assistance)²². States can claim Federal Financial Participation (FFP) up to age 18, but all costs of the program are borne by the state past age 18.

Given their backgrounds of deprivation and given that many children adopted from the foster care system have learning problems and developmental delays, it is not surprising that a large number of this population will need to repeat one or more grades in school. Many children who have been neglected will come into foster care at ages when other children have already started school, yet they have never seen the inside of a classroom. And children at high risk of developing emotional problems and conduct disorders during the teen years may have their educational progress interrupted more than once by their behavioral difficulties and mental health needs. This is why more than a few adoptive parents are dismayed to find that their child's adoption assistance stops at precisely the time when statistics tell us it is most expensive to raise a child—in high school.

Even in cases where a child has graduated from high school by age 18, adoption assistance may still be needed because many young people with emotional, medical, and physical needs remain financially dependent upon their families past age 18. A few children can transfer to the Supplemental Security Income (SSI) program. Many, however, will not be disabled enough to qualify, and even when they do, SSI is much more limited in amount and financial eligibility than adoption assistance.

The option of an extended subsidy can be crucial to some families, and may allow the young person to attend ongoing vocational training or a community college. Extending benefits also encourages the adoption of older children, sibling groups, and teenagers. If adoptive parents know in advance that their children can qualify up to age 21, they won't be as worried about whether or not they can save enough money for ongoing education by the time their newly adopted child is 18.

States that provide benefits past age 18 received a "+" mark, and those that provide benefits with restrictions (e.g., only to age 19) were awarded a "/" mark. States that did not make payments to children over age 18 received a "-" mark. Table 15 on the following page shows the outcomes.

²² Child Welfare Policy Manual, Section 8.2D.5; Social Security Act—section 473(a)(4); 45 CFR 1356.40(b).



MODEL POLICIES



Currently, 40 states offer subsidies past age 18. However, two states have policies that stand out among the rest.



Iowa's language reads: "Subsidy payments and special services can continue until a child reaches age 18, or 21 for those persons with a physical or mental disability." New York's policy includes: "Subsidy maintenance payments are available to all eligible children until the age of 21. Medicaid is available for handicapped children who are still supported by their parents until age 21." We applaud both states for their inclusive, yet simple policies.



subsidy for children
OVER AGE 18 continued

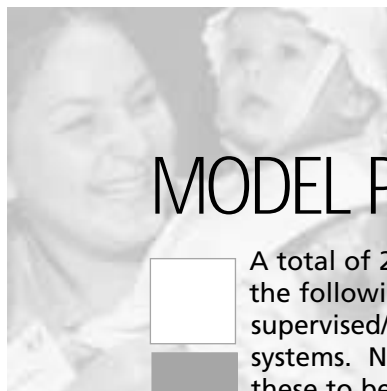
TABLE 15.
**Subsidy for children
 over age 18**

State	Is subsidy available to children over 18?	Mark
AL	state funded to age 21, federal to age 19	/
AK	no	-
AZ	yes	+
AR	yes	+
CA	yes	+
CO	yes	+
CT	medical coverage and medical expenses only	/
DE	yes	+
DC	yes	+
FL	no	-
GA	yes	+
HI	yes, with appropriate documentation	+
ID	no	-
IL	yes	+
IN	yes	+
IA	yes	+
KS	yes	+
KY	yes, to age 19	/
LA	no	-
ME	yes	+
MD	yes	+
MA	yes	+
MI	yes	+
MN	yes	+
MS	yes	+
MO	yes	+
MT	yes	+
NC	no	-
ND	yes	+
NE	yes, but only to age 19	/
NH	no	-
NJ	yes, but 80% of foster care rate is paid	/
NM	no	-
NV	no	-
NY	yes	+
OH	yes	+
OK	yes	+
OR	no	-
PA	no	-
RI	yes	+
SC	yes	+
SD	yes	+
TN	yes	+
TX	no	-
UT	yes	+
VT	yes	+
VA	yes	+
WA	yes	+
WV	yes	+
WI	yes	+
WY	yes	+

state vs. county ADMINISTRATION

The way in which a state's subsidy program is administered can make a difference in children's rates, benefits, and eligibility determinations. For instance, in a state-supervised/state-administered system, policy decisions regarding eligibility and rates are handled at a centralized state office or regional offices, and therefore all children are supposedly treated uniformly. Alternatively, in state-supervised/county-administered systems, policy decisions are made at the state level while eligibility determinations and possibly rate setting are done by the county. If, for example, a county has responsibility for determining a child's eligibility or setting a child's monthly subsidy payment, and has partial financial responsibility for the subsidy, there are real incentives to limit the number of children into the program or the level of the child's benefits.

For this reason, states that served children in ways that ensured consistent and fair application of the adoption assistance program (i.e., eligibility and rate setting were made at the state level) received a "+" mark. States that allowed county or regional offices to make eligibility and/or rate decisions, but where no county dollars went into subsidy payments received a "/" mark. Finally, states where county offices made eligibility decisions or set rates and had responsibility for partial payment of the subsidies received a "-" mark. Table 16 illustrates the outcomes.



MODEL POLICIES



A total of 29 states (see table on the following page) operate state-supervised/state-administered systems. NACAC considers each of these to be model programs since the programs ensure consistent and fair application of the adoption assistance program.



state vs. county ADMINISTRATION continued

TABLE 16.
State vs. county
administration:
Rates, eligibility,
and payment
decisions

State	System Operation	Mark
AL	state-supervised/state-administered	+
AK	state-supervised/state-administered	+
AZ	state-supervised/state-administered	+
AR	state-supervised/county-administered; no county dollars	/
CA ²³	county in 31 counties; state in 27 counties; 25% county dollars	/
CO	county makes rate and eligibility decisions; 20% county dollars	-
CT	state-supervised/state-administered	+
DE	county/state, but counties make eligibility decisions; no county dollars	/
DC	district administered (centralized)	+
FL	state-administered, but 15 districts make policy/eligibility decisions; no district dollars	/
GA	county; county social workers make AAP decisions; no county dollars	/
HI	state-supervised/state-administered	+
ID	state-supervised/state-administered	+
IL	state-supervised/state-administered	+
IN	state and county; county makes decisions; county dollars	-
IA	state-supervised/state-administered	+
KS	state-administered w/ considerable local decision making; no county dollars	/
KY	state-supervised/state-administered	+
LA	state-supervised/regional and parish-administered; no local dollars	/
ME	state-supervised/state-administered	+
MD	state-supervised/state-administered	+
MA	state-supervised/state-administered	+
MI	state-supervised/state-administered	+
MN	state-supervised/county-administered; no county dollars	/
MS	state-supervised/state-administered	+
MO	state-supervised/state-administered	+
MT	state-supervised/regional-administered (5 regions); no county dollars	/
NC	state-supervised/county-administered; 16.7% county dollars	-
ND	state-supervised/county-administered; county dollars	-
NE	state-supervised/county-administered; no county dollars	/
NH	state-supervised/state-administered	+
NJ	state-supervised/state-administered	+
NM	state-supervised/state-administered	+
NY	state-supervised/county-administered; 25% district dollars for non-IV-E	-
NV	state-supervised/state-administered	+
OH	state-supervised/county-administered; county dollars over \$250 rate	-
OK	state-supervised/state-administered	+
OR	state-supervised/state-administered	+
PA	state-supervised/county-administered; 20% county dollars	-
RI	state-supervised/state-administered	+
SC	state-supervised/county-administered; no county dollars	/
SD	state-supervised/state-administered	+
TN	state-supervised/county-administered; no county dollars	/
TX	state-supervised/state-administered	+
UT	state-supervised/state-administered	+
VT	state-supervised/state-administered	+
VA	state-supervised/local-administered; no county dollars	/
WA	state-supervised/state-administered	+
WV	state-supervised/county-administered; no county dollars	/
WI	state-supervised/state-administered	+
WY	state-supervised/county-administered; no county dollars	/

²³ California has both types of programs (state-administered and county-administered), and received a "/" mark.

state vs. county
ADMINISTRATION continued

Curiosity led us to look at the average marks for states by the type of system administration they operated. Interestingly, there is a correlation between average overall scores and the type of system in place. The data show those states that had a state-supervised/state-administered system earned an average

CHART 7.
Marks for states based on type of system administration

“+” mark. States that were county-administered, but where no county dollars went into the adoption subsidies had an overall “/” mark, and those that were county-administered but had county dollars involved had an overall “-” mark. Table 17 shows the results.

State-supervised/ State-administered		State-supervised/ County-administered/ No county dollars		State-supervised/ County-administered/ County dollars	
AL (/)	AK (+)	AR (-)	CA ²⁴ (/)	CA ²⁴ (/)	
AZ (+)	CT (+)	CA ²⁴ (/)	CO (-)	CO (-)	
DC (+)	HI (+)	DE (+)	IN (-)	IN (-)	
ID (/)	IL (+)	FL (-)	NC (-)	NC (-)	
IA (+)	KY (+)	GA (/)	NY (/)	NY (/)	
ME (+)	MD (+)	KS (-)	ND (+)	ND (+)	
MA (+)	MI (+)	LA (-)	OH (+)	OH (+)	
MS (-)	MO (+)	MN (+)	PA (-)	PA (-)	
NV (-)	NH (-)	MT (/)			
NJ (/)	NM (/)	NE (-)			
OK (/)	OR (+)	SC (/)			
RI (+)	SD (+)	TN (/)			
TX (-)	UT (+)	VA (+)			
VT (+)	WA (+)	WV (+)			
WI (+)		WY (/)			
Overall Mark = “+”		Overall Mark = “/”		Overall Mark = “-”	

²⁴ California operates two types of systems, depending on county.

CHART 8.

The U.S. Department of Health and Human Services’ (DHHS) Children’s Bureau organizes states into ten different regions. The purpose of this chart is to give federal employees a quick analysis of the states within their region.

Region I	CT (+)	MA (+)	ME (+)	NH (-)	RI (+)	VT (+)
Region II	NJ (/)	NY (/)				
Region III	DE (+)	DC (+)	MD (+)	PA (-)	VA (+)	WV (+)
Region IV	AL (/)	FL (-)	GA (/)	KY (+)	MS (-)	NC (-)
	SC (/)	TN (/)				
Region V	IL (+)	IN (-)	MI (+)	MN (+)	OH (+)	WI (+)
Region VI	AR (-)	LA (-)	NM (/)	OK (/)	TX (-)	
Region VII	IA (+)	KS (-)	MO (+)	NE (-)		
Region VIII	CO (-)	MT (/)	ND (+)	SD (+)	UT (+)	WY (/)
Region IX	AZ (+)	CA (/)	HI (+)	NV (-)		
Region X	AK (+)	ID (/)	OR (+)	WA (+)		

college tuition
WAIVERS



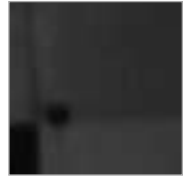
bonus category



Some states offer innovative service subsidies that can make a big difference in the lives of newly adopted children. For example, some states have provided reimbursements for tutoring, nutritional supplements, or car seats. There is one service, however, that is so positive for children and families that NACAC singled it out and awarded bonus marks to the states that offered it.



In addition to the marks on the 14 variables, NACAC awarded an additional "+" mark to recognize nine states for offering a college tuition waiver (or similar) program for children adopted from the foster care system (see Tabel 1 on page 6). Tuition waiver programs are important not only because of what they provide to eligible children, but because they also encourage the adoption of older waiting teenagers and sibling groups. We applaud the following states: Florida, Kentucky, Maine, Maryland, Massachusetts, Michigan, Oregon, Texas, and Virginia.



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about

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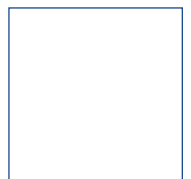
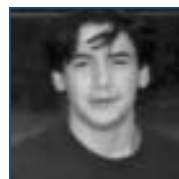
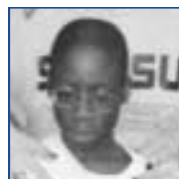
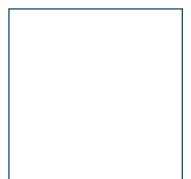
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E-mail: info@nacac.org • Web: www.nacac.org