

**ADOPTION ASSISTANCE PROGRAM
NEGOTIATED BENEFIT AMOUNT AND APPROVAL**☐ Initial ☐ Reassessment**Part A**

Adoptive Parent's Name(s): _____

Child's Adoptive Name: _____ DOB: _____

Financially Responsible County: _____ Host County: _____

☐ Medi-Cal Only ☐ Deferred AgreementSpecialized Care Increment (SCI) Rate: ☐ Financially Responsible County ☐ Host County

Age-related state-approved foster family home rate (basic rate): \$ _____ SCI: \$ _____

☐ Dual Agency Child Dual Agency Rate: \$ _____ Supplemental Rate: \$ _____☐ Out-of-Home Placement ☐ AAP Rate Classification Level (RCL): _____ State Approved Facility Rate: \$ _____☐ Another Entity Basic Rate: \$ _____ Share of Cost: \$ _____☐ Wraparound RCL: _____ RCL Rate: \$ _____☐ One check to be issued by the county to the provider☐ Two checks will be issued by the county, one check to the provider and a check to the adoptive parents

Child's Special Needs and Underlying Problem or Condition:

Part B

Date(s) of Contact with Family: _____

Family's AAP Benefit Request: \$ _____ Maximum Eligible AAP Benefit: \$ _____

☐ Family and responsible public agency have agreed on the negotiated AAP benefit amount: \$ _____

☐ Family and responsible public agency are unable to agree on an AAP benefit amount.

☐ AAP 2 Completed with instructions to send Notice of Action stating requested amount is denied.

Adoptive Parent Signature: _____ Date: _____

Adoptive Parent Signature: _____ Date: _____

Adoptions Social Worker Signature: _____ Date: _____

Adoptions Supervisor Approval Signature: _____ Date: _____

Check Applicable Attachments and Supporting Documentation:

☐ AAP 1

☐ Specialized Care Increment Schedule/Criteria

☐ Dual Agency/California Regional Center (CRC) Eligibility Determination, if applicable Supplemental Rate documentation

☐ AAP 3

☐ Other (Explain, such as medical/developmental/psychological information, out-of-home placement and wraparound information):

ADOPTION ASSISTANCE PROGRAM NEGOTIATED BENEFIT AMOUNT AND APPROVAL FORM INSTRUCTIONS

The attached Adoption Assistance Program (AAP) Negotiated Benefit Amount and Approval form documents the process of assessing the child's needs and discussions with the family resulting in the approved negotiated AAP benefit. This form is to be completed in conjunction with initial and subsequent AAP agreements (AD 4320) and reassessments (AAP 3.) The form is to be completed by the adoptions social worker and approved by the adoptions supervisor.

The following are the steps to chronicle the process for completing the form:

1. Determine which county is financially responsible for the payment.
2. Identify and document the child's care and supervision needs including any special needs beyond basic care and supervision with direct observation of the child, discussions with the family, and review of case file documents. Note: Direct observation of the child is not required for subsequent renegotiations or the completion of the reassessment process.
3. Discuss with the adoptive family their specific circumstances such as the family's ability to integrate the child into their lifestyle, standard of living and future plans, as well as meeting the child's immediate and future needs.
 - a. If the adoptive parents decline the AAP benefit but wish to utilize Medi-Cal benefits, document the decision on the form and proceed with signing the AAP agreement.
 - b. If the adoptive parents decline the AAP benefit including Medi-Cal benefits, document this on the form and proceed with signing a deferred AAP agreement.
4. Assess whether the child's needs and the circumstances of the family can be met with the age-related, state-approved foster family home rate (basic rate.) If the child requires a benefit based on a special need in addition to the basic rate, document/describe special needs and any underlying problem or conditions.
 - a. If applicable, determine which county's Specialized Care Increment (SCI) rate will be used (host county or financially responsible county.) Discuss the option with the adoptive family.
 - b. To determine the eligible SCI amount, compare the child's documented needs with the specific criteria stated for each SCI rate level. Note: the AAP benefit amount may not exceed the amount the child would have received if he or she had been in foster care in a foster family home.
5. If the child is a current consumer of California Regional Center (CRC) services, the dual agency rate is the current fiscal year (July 1st through June 30th) dual agency rate for a child three years and older, and if eligible the supplement to the rate not to exceed a \$1,000. To determine the eligible supplement to the rate refer to All County Letter 08-54 and 10-16. CRC consumers who have received a rate prior to July 2007, which exceeds the maximum eligible dual agency rate for the current fiscal year (July 1st through June 30th) for a child three years and older plus supplement to the rate, may continue to receive the higher rate until the child is no longer eligible for AAP benefits or the adoption is dissolved.
 - a. If the child is under the age of three and receiving services under the California Early Intervention Services Act, but not yet determined by the CRC to have a developmental disability as defined by the Lanterman Act, the maximum AAP benefit is the current fiscal year (July 1st through June 30th) dual agency rate for a child three years and younger or the foster family home rate and applicable SCI rate, whichever is greater.
 - b. For children under the age of three determined by the CRC to have a developmental disability as determined by the Lanterman Act, the maximum dual agency rate is the current fiscal year (July 1st through June 30th) dual agency rate for a child three years and older. Dual agency children under the age of three are not eligible to receive the supplemental rate.

6. If the child is placed in an approved out-of-home placement, the maximum AAP benefit is the state-approved foster care facility rate for which the child is placed.
 - a. The AAP may pay for an eligible out-of-home placement if the placement is justified by a specific episode or condition and does not exceed 18 months. After the initial authorized out-of-home placement, subsequent authorizations for payment must be based on an eligible child's subsequent and specific episode or conditions.
 - b. When another entity such as a CRC, county welfare department, or other program pays for the child's out-of-home placement cost, the maximum AAP benefit may be the state approved basic foster family home rate or their actual share of cost for their child's support, whichever is greater.
7. If the child is receiving wraparound services:
 - a. Document the eligible RCL:

For AAP purposes the highest rate stated in the most recent All County Letter is to be paid regardless if the child is federal or state only eligible.
 - b. The county issues one check to the provider who will then pay the AAP benefit to the adoptive family or
 - c. The county issues two checks one to the provider and one to the adoptive family (AAP benefit.)
8. The AAP benefit shall be based on the needs of the child and the circumstances of the family. Submit the negotiated maximum eligible AAP benefit to the adoptions supervisor for approval.
 - a. If there is no agreement on the AAP benefit, complete an AAP 2 with instructions to send a Notice of Action (NOA) to the adoptive family stating the requested AAP benefit is denied and the reason for the denial. The NOA provides the adoptive family instructions to request a fair hearing.
9. File the completed form in the AAP case file and include applicable supporting documentation.
10. Provide copies of the following to the adoptive family:
 - a. Signed AAP 6
 - b. Signed AD 4320
 - c. SCI Schedule/Criteria, if applicable
 - d. Dual Agency/CRC Eligibility Determination and Supplemental Rate documentation, if applicable and requested by the family