



CDSS

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STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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EDMUND G. BROWN JR.
GOVERNOR

May 18, 2012

ALL COUNTY LETTER NO. 12-18

TO: ALL COUNTY WELFARE DIRECTORS
ALL CDSS ADOPTIONS DISTRICT OFFICES
ALL COUNTY PLACEMENT SUPERVISORS
ALL ADMINISTRATIVE LAW JUDGES
ALL LICENSED ADOPTION AGENCIES

SUBJECT: ADOPTION ASSISTANCE PROGRAM (AAP) FORMS

REFERENCE: Welfare and Institutions Code Sections 16119; 16120; 16120.1; 16121 and 16121.05; All County Letters 10-08 AND 09-51

This letter is to notify agencies of the recent changes to the AAP forms. The updated AAP forms are to replace all other such forms. All forms are to be completed by the responsible public agency and where applicable, the adoptive parents and/or county. Copies of the completed forms must be kept in the confidential AAP case file maintained by the responsible public agency.

I. AAP FORMS

The following list of forms may be accessed through the California Department of Social Services (CDSS) website: <http://www.cdss.ca.gov/cdssweb/PG19.htm> . It is the agency's responsibility to periodically check the CDSS website for updated versions.

The responsible public agency is to maintain the confidential AAP case file and ensure that all applicable forms are reviewed for accuracy, all relevant sections are completed and the required signatures have been obtained prior to filing in the AAP case file.

For specific questions related to the completion of the AAP forms please refer to the Adoptions Users Manual, Manual Letter No. AD-11-01 at <http://www.cdss.ca.gov/ord/PG612.htm>

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

- **AAP 1 - Request For Adoption Assistance Program Benefit**

The AAP 1 form is to be completed and signed by the adoptive parent. The completed AAP 1 form is to be submitted to the responsible public agency and used when determining the child's AAP eligibility.

- **AAP 2 - Payment Instructions Adoption Assistance Program**

The AAP 2 is to be completed by the responsible public agency following the signing of the AAP agreement (AD 4320). This form states the payment of the AAP benefits and is to be submitted to the responsible income division of the county welfare department.

- **AAP 3 - Reassessment Information - Adoption Assistance Program**

The county responsible for AAP benefit payments is responsible for sending the AAP 3 form to the adoptive parents every two years. It is the adoptive parent's responsibility to complete and return the form to the responsible public agency.

- **FC 8 - Federal Eligibility Certification For Adoption Assistance Program**

The FC 8 is to be completed by the county responsible for determining federal or state eligibility and the payment of AAP benefits. The completed FC 8 is to be submitted to the responsible public agency. For a child to be Title IV-E (federal) eligible they must meet the citizenship requirements and at least one eligibility path, or meet the "Applicable Child" criteria and one of the corresponding paths.

- **AAP 4 - Eligibility Certification Adoption Assistance Program**

The AAP 4 documents a child's AAP eligibility and is to be completed by the responsible public agency. For a child to be AAP eligible he or she must meet the Three Part Special Needs Determination (Section 1), Citizenship requirements (Section II), Title IV-E (federal) eligibility (Section III), or state eligibility requirements (Section IV). The completed AAP 4 is to be submitted to the county responsible for AAP payments.

When completing Section 1, question 2 of the AAP 4, if the child does not meet any other characteristics as barriers to adoption and the only characteristic is the child comes from an adverse parental background, the worker must specify the type of medical or behavior of the parent(s) that was determined to adversely affect the child's development.

For a child to be Title IV-E eligible, Section III. A. or Section III. B. must be met. It is the worker's responsibility to determine if the child meets the requirements stated in Section III. A., or if the child meets the requirements stated in Section III. B. The AAP eligibility needs to be determined based on the requirements in one section or the other section, but not partial sections or both sections.

Many AAP eligible children are adopted through cooperative placements with licensed private adoption agencies. The AAP 4 form is required to be submitted to CDSS by the licensed private adoption agencies when claiming for reimbursement from the Private Adoption Agency Reimbursement Program (PAARP). The CDSS will no longer accept incomplete and/or out dated AAP 4 forms from licensed private adoption agencies. The responsible public agency must ensure that the current version of the AAP 4 was used, accurately completed and signed by the worker of the responsible public agency and the county welfare department prior to sending a copy to the licensed private adoption agency.

- **AAP 5 - Adoption Assistance Program Independent Adoptions Program**

The AAP 5 is applicable to children who are adopted through the independent adoptions process. This form informs adoptive parents of the Adoption Assistance Program and states the specific eligibility criteria for a child who is adopted through the independent adoption process. The adoptive parents' signature ensures that they have reviewed and understand that AAP may be available provided their child meets the specific stated eligibility criteria. Note: This form is to be filed in the adoptive parent case file.

- **AAP 6 - Adoption Assistance Program Negotiated Benefit Amount and Approval Instructions and Form**

The federal Administration of Children, Youth and Families requires documentation be in the AAP case file supporting the AAP rate/benefit negotiation process. The AAP 6 was developed to meet this requirement; CDSS requires this form to be completed when negotiating initial and subsequent AAP rates/benefits.

- **AAP 7 - Adoption Assistance Program Statement of Acknowledgement**

Federal and state law requires that every prospective adoptive parent be provided information about AAP, nonrecurring adoption expenses and federal and state adoption tax credits. The use of this form ensures prospective adoptive parents have been informed of AAP, nonrecurring adoption expenses and potential federal and state adoption tax credits. Note: This form is to be filed in the adoptive parent case file.

- **AAP 8 - Adoption Assistance Program Nonrecurring Adoption Expenses Agreement**

The federal Administration of Children, Youth and Families requires documentation be in the AAP case file stating the adoptive parents have been informed, have submitted a claim or plan to submit a claim for Nonrecurring Adoption Expenses. The AAP 8 form was developed to meet this requirement; the form informs the adoptive parents of the benefit and the option to submit a claim immediately or at a later date. The CDSS requires this form to be completed and filed in the confidential AAP case file.

- **AD 4320 - Adoption Assistance Program (AAP) Agreement**

The AD 4320 is to be signed by the responsible public agency and the adoptive parents following the negotiation of initial AAP benefits (completion of the AAP 6), and at anytime the AAP benefits are renegotiated or there has been a change in the AAP amount due to a requested age-related increase. The signing of the AD 4320 is to reflect the most current agreed upon rate and documents that the responsible public agency and the adoptive parents agree to the stated negotiated AAP amount/benefits.

If the child is state only eligible, the worker should discuss and explain to the adoptive parents the possible limitations for health care services through AAP, if they reside or have stated an intention to reside in a state other than California. The applicable box pertaining to the funding source must be checked under Section I item #13 of the AD 4320. The enclosed attachment is a flyer addressing frequently asked questions related to this topic that is to be given to adoptive parents.

II. INQUIRIES

If you have any inquiries please direct all AAP questions to the Adoptions Services Bureau at (916) 651-8089.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachment

State Only AAP Frequently Asked Questions

1. What is State Only AAP?

State Only AAP benefits are financed with California state funds which includes California funded Medi-Cal benefits. The State Only AAP benefits are not supplemented by federal funding which may affect your child's medical coverage if they live outside the state of California.

2. How does State Only AAP affect my family?

If your adopted child receives State Only AAP benefits from California and you live in or move to another state, your adopted child may or may not be able to receive Medicaid coverage from that state; it will depend on that state having reciprocity with California. Reciprocity, in this context, means the other state would honor your adopted child's Medicaid eligibility and that your child's Medi-Cal would be switched to the other state's Medicaid system. Please note that the scope of coverage in that state may be different than what is covered by Medi-Cal in California.

Not all states have reciprocity with California. If you live in or move to a state that does not have reciprocity, your adopted child will not qualify for Medicaid in that state on the basis of the child's State Only AAP eligibility. You may continue to keep your child's Medi-Cal benefits, but it will be your responsibility to identify a provider in your state of residence who is a Medi-Cal provider, or is willing to become a Medi-Cal provider.

3. How do I know which states have Medicaid reciprocity with California?

Most states have Medicaid reciprocity with California. To find out if a state has Medicaid reciprocity with California under the Interstate Compact on Adoption and Medical Assistance (ICAMA), you may visit the website for the Association of Administrators for the Interstate Compact on Adoption and Medical Assistance <http://www.aaicama.org> or call 916 651-8100.

4. If my adopted child has State Only AAP and our family moves to a state that does not have reciprocity with California, will my child receive Medicaid from our state of residence?

No, but there may be other options for your child. You will need to contact the state's Medicaid system to inquire about that state's specific eligibility and application process.

5. What if I have more questions?

If you have further questions, you may contact the Post Adoption Services Unit/Department of the responsible public agency stated on the AAP Agreement (AD 4320).