

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 1, 1988

ALL-COUNTY LETTER 88-115

TO: ALL COUNTY WELFARE DIRECTORS  
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES  
ALL SDSS ADOPTION DISTRICT OFFICES

SUBJECT: REQUIRED MODIFICATION OF ADOPTION ASSISTANCE AGREEMENTS

REFERENCE: ACL 87-140 dated October 13, 1987

As a condition of California's continued eligibility to receive Federal funding, the Federal Department of Health and Human Services (DHHS) is requiring that all Adoption Assistance Agreements in effect as of November 20, 1987 or entered into after that date be modified (reference: ACYF-PA 87-03, July 23, 1987). This requirement for immediate modification affects only cases of children whose Adoption Assistance Program (AAP) payments are eligible for Federal Financial Participation. Negotiations on the exact wording to be used on the amended agreements required contact with both regional and central offices of DHHS, thus delaying implementation of this change. The purpose of this letter is to explain the required modification and the steps that adoption agencies must take to meet the Federal requirement.

DHHS is requiring addition of the following underlined sentence to the paragraph of the Adoption Assistance Agreement form AD 4320 dealing with Title XIX and Title XX eligibility:

"I/we understand that under the terms of this agreement the child is eligible for services under Titles XIX (Medicaid) and XX (Social Services) of the Social Security Act. (Name of agency) will help the child obtain these services if I/we live in or move to another state by providing information and referral services."

For the Federally eligible California child, the added sentence means that if the family either adopts the child and then moves to another state or is adopting the child in another state and the family wishes to receive Medicaid benefits, the California agency shall: 1) inform the family that they must apply for those benefits in that state; 2) provide the family and/or the other state's Medicaid agency with verification of the fact that the child is eligible for Federal AAP and; 3) provide information and referral services regarding the appropriate social services agencies to contact in that state.

This additional sentence does not have to be added immediately to existing Adoption Assistance Agreements for children who are not eligible for federally funded AAP program benefits, i.e., AAP cases funded solely by State funds and all Aid to the Adoption of Children (AAC) cases. If added to agreements for these non-federally eligible children, the sentence makes no change to the current requirement that the California agency shall provide the family which moves to or adopts in another state with instructions on obtaining California Medi-Cal benefits while residing in that state. These instructions were included in All-County Letter 87-140.

These required modifications to Adoption Assistance Agreements for Federally eligible children shall be implemented as follows:

### **Existing Agreements**

All existing agreements for Federally eligible children shall be modified by sending the adopting family two copies of a letter on or before October 1, 1988 of which one copy must be signed by the parent(s) and returned to the agency. The letter shall contain the following language:

"The Federal Department of Health and Human Services has instructed us to modify the Adoption Assistance Agreement for \_\_\_\_\_ (name of child) \_\_\_\_\_. This modification changes the section of the agreement that discusses eligibility for services under Title XIX (Medicaid) and Title XX (Social Services) of the Social Security Act. It means that if you either adopt this child and then move to another state or are adopting this child in another state and you wish to receive Medicaid benefits, this agency will: 1) inform you that you must apply for those benefits in that state. (Medicaid is the Federal name for the medical assistance program that is called Medi-Cal in California); 2) provide you or the other state's Medicaid agency with verification of the fact that the child is eligible for Federal AAP; and 3) provide information and referral services regarding the appropriate social services agencies to contact in that state.

"This modification adds the following underlined words to the ninth paragraph of Section I of your current Adoption Assistance Agreement:

"I/we understand that under the terms of this agreement the child is eligible for services under Titles XIX (Medi-Cal) and XX (Social Services) of the Social Security Act. (Name of agency) will help the child obtain these services if I/we live in or move to another state by providing information and referral services."

"This is a technical modification to the agreement which has no effect on your receipt of Adoption Assistance Program benefits."

A copy of this letter signed by the adoptive parent(s) shall be filed with the Adoption Assistance Agreement (AD 4320). For your convenience, a form letter which may be used to notify the parent(s) is attached. Should the adoptive parents fail to respond to this mailing by December 31, 1988, a second set of letters shall be sent by certified mail and the signed receipt filed with the case.

### **New or Amended Agreements**

In order to assure compliance and consistency in this program, all new Adoption Assistance Agreements or amendments to existing agreements made after the date of this letter must be modified as indicated above before being signed. This requirement applies to agreements for both Federally and non-Federally eligible children. The Department will revise the AD 4320 to include this change for all future cases. Agencies are requested to modify existing versions of the form until a revised version incorporating the required change is printed and made available. The new form is anticipated to be available by October 1, 1988.

We apologize for any inconvenience the timing of this directive might cause your agency and staff. The technical nature of the notification language to adoptive parents required by DHHS and federal approval of the means to transmit it to the adoptive parent(s) resulted in this delay. Please address any questions to Ms. Jan Darvas, Adoptions Policy Consultant at (916) 323-0468 (ATSS 473-0468).

  
LOREN D. SUTER  
Deputy Director  
Adult and Family Services

Attachment

cc: CWDA

FORM LETTER

Dear \_\_\_\_\_:

The Federal Department of Health and Human Services has instructed us to modify the Adoption Assistance Agreement for \_\_\_\_\_ . This modification changes the section of the agreement that discusses eligibility for services under Title XIX (Medicaid) and Title XX (Social Services) of the Social Security Act. It means that if you either adopt this child and then move to another state or are adopting this child in another state and you wish to receive Medicaid benefits, this agency will: 1) inform you that you must apply for those benefits in that state. (Medicaid is the Federal name for the medical assistance program that is called Medi-Cal in California); 2) provide you or the other state's Medicaid agency with verification of the fact that the child is eligible for Federal AAP; and 3) provide information and referral services regarding the appropriate social services agencies to contact in that state.

This modification adds the following underlined words to the ninth paragraph of Section I of your current Adoption Assistance Agreement:

"I/we understand that under the terms of this agreement the child is eligible for services under Titles XIX (Medi-Cal) and XX (Social Services) of the Social Security Act. will help the child obtain these services if I/we live in or move to another state by providing information and referral services."

This is a technical modification to your agreement which has no effect on your receipt of Adoption Assistance Program benefits.

Please sign this letter in the spaces provided below, keep one copy for your records and return one copy to the following address:

Should you have any questions, please do not hesitate to contact me at \_\_\_\_\_ or at the above address.

Sincerely,

I/we understand that the above information is to assist in the receipt of out-of-state medical care and has no effect on my/our Adoption Assistance Program benefits.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Agency Representative)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent)