



North Carolina Department of Health and Human Services
Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603
Courier # 56-20-25

Michael F. Easley, Governor
Dempsey Benton, Secretary

Sherry Bradsher, Director
(919) 733-3055

August 15, 2008

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

ATTENTION: Children's Services Administrators and Adoption Services Supervisors

SUBJECT: ALLOCATION OF ADDITIONAL SPECIAL CHILDREN ADOPTION INCENTIVE FUND

We are pleased to announce that an additional **\$500,000** allocation in Special Children Adoption Incentive Fund (SCAIF) has been approved by the General Assembly. This Program enables foster parents of eligible children to receive supplemental adoption assistance payment that equals the amount of financial assistance that they received as a foster parent for the child. Since its inception in 2000, over 125 children have been adopted and 26 counties have participated in the program. The success of SCAIF has been remarkable and we are looking forward to many more special needs children achieving permanency through adoption with the additional allocation.

Since this funding is capped, approval for participation is granted on a "first come, first served" basis for those who qualify. Counties that participate in the Special Children Adoption Incentive Fund Program must commit to provide 50% of the cost of the incentive and the state provides the other 50%. This program is available to all counties who choose to participate.

For additional information regarding the Program refer to the Family Services Manual, Volume I: Children's Services, Chapter XIII: Child Welfare Funding-Adoption Assistance Payments, Section 1600 and Administrative Rules [10A NCAC 70M.0404](#) and [70M.0405](#). The following is a summary of the Program eligibility requirements:

- The child must have been in the custody and placement responsibility of a department of social services for at least six consecutive months;
- The child must have a documented condition/impairment expected to last throughout childhood;
- The child requires eight hours or more of direct supervision daily for personal health care or prevention of self-destructive or assaultive behavior;
- The child must have resided continuously in the home of the licensed foster parent for the previous six months;
- The foster parent has been receiving monthly cash assistance above the established State rate on a continuous basis for the previous six months; and
- The foster parent is willing to adopt the child only if the monthly cash assistance above the State adoption assistance rate received as a foster parent is not terminated.

Note: The Special Children Adoption Incentive Fund is *not* an entitlement, as the regular Adoption Assistance, and is subject to continued availability of State and County funds for this purpose.

In anticipation of an increase in applications for funding under the SCAIF Program we solicit your support and cooperation in submitting complete application packages to expedite the approval process. You may access SCAIF forms online at <http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=dss>. To establish eligibility for monthly payments from the Fund departments of social services should adhere to the following guidelines:

1. Submit application package to the State Office that include:
 - [DSS-5213](#) – Verification of Child’s Need for Daily Supervision
 - [DSS-5214](#) – Agency’s Verification of Placement Authority and Child’s Living Arrangement
 - [DSS-5215](#) – Verification of Child’s Health Condition
 - A letter from the foster parent(s) describing the daily needs of the child
2. After review of the materials, the State Office will notify the County of approval/denial or the need for additional information to process the application. If the child is approved for funds, the money will be encumbered for 60 days. A written request for an extension *must* be submitted, if the Decree of Adoption is not issued within 60 days.
3. After the Decree of adoption has been issued, to initiate monthly payments from the Fund, submit the following documents:
 - [DSS-5013](#) --NC Adoption Assistance Agreement (*copy*).
 - [DSS-5211](#) –Request for Special Children Adoption Incentive Fund Payment
 - [DSS-5212](#) –NC Supplemental Adoption Assistance Agreement for Special Children Adoption Incentive Fund
 - [DSS 1814](#) – Decree of Adoption (*copy*).
 - Electronic Payment Verification Form (*for Direct Deposit ONLY*)

Note: Payments cannot be made until the Adoption Assistance case is opened in the Child Placement and Payment System via the DSS-5095.

4. The State Office mails a separate check from the Special Children Adoption Incentive Fund to the adoptive family around the 10th of the month.
5. The County notifies the State Office to terminate Fund, if child becomes ineligible prior to 18th birthday.

Any children previously approved for SCAIF that we were unable to fund will begin receiving funds effective from the date of the new funding, assuming that the children remain eligible. Agencies should contact the Division regarding a child’s current status if a child was previously approved for SCAIF. Agencies assuming full responsibility for the supplemental payment during last state fiscal year for SCIAF eligible children should also contact the Division regarding the State’s share of the supplemental payment.

Children with special health care needs due to physical and medical conditions may also be eligible for benefits under the Children’s Special Health Services (CSHS) Program. CSHS provides medical coverage to eligible children up to their 21st birthday. In order for the child to be eligible she/he must have medical condition covered by the program and documented by a physician on the program’s roster. For children who meet these requirements, they will be considered a “family of one” for post adoption coverage and the income of the adoptive family will be disregarded in determining financial eligibility for CSHS. This coverage is intended to offset medical cost to the adoptive family and encourage the adoption of children with special health care needs.

The request for coverage through CSHS must be made **prior** to the final order of adoption. CSHS coverage and rules are found in 10A NCAC 43F.0802, 10A NCAC 43F.0303, 10A NCAC 43F.0102 and 10A NCAC 45A.0201. Application of Certification for Services After Adoption (DHHS-3739) along with attachments should be submitted to the Division. We encourage you to review children with special health care needs and submit application packets as appropriate for CSHS coverage.


Requests for SCAIF and CSHS should be submitted to:

**Amelia Lance
Foster Care and Adoption Policy & Interstate Team
2409 Mail Service Center
Raleigh, NC 27699-2409
Courier Service: 56-20-25**

We hope that this information is helpful to you. Please review and refer to it as appropriate in your discussion regarding placement options for foster children with severe physical, mental or psychological needs. If you have any questions regarding benefits under the Program, please do not hesitate to contact Amelia Lance at Amelia.Lance@ncmail.net or (919) 334-1096.

Thank you for your continued participation in the Special Children Adoption Incentive Program.

Sincerely,



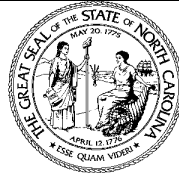
Charisse S. Johnson, Chief
Family Support and Child Welfare Services

Attachment

cc: Sherry Bradsher
JoAnn Lamm
Lakeitha M. Miller
Sarah Barham
Family Support and Child Welfare Services Team Managers
Children's Programs Representatives
Local Support Managers
Local Business Liaisons

FSCWS-46-08

North Carolina Department of Health and Human
Services – Office of the Controller



Electronic Payment Verification Form

Return to: DHHS Controller's Office
Attn: Judy Gay

Telephone: 919-715-8985

Address 2019 Mail Service Center
Raleigh, NC 27699-2019

FAX: 919-715-4829

Dear Sir/Madam:

For your convenience and benefit, the State of North Carolina requires payees future payments to be made electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you also will be notified of the deposit electronically, either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

NOTE This form is used for direct deposit and should be mailed to the address above.**

- **ATTACH A VOIDED CHECK, PRINT THE INFORMATION BELOW and SEND or FAX to the above location.**

Payee Name _____

Federal ID # / Social Security # _____

Bank Name _____

Bank routing number _____

() Checking account # _____

() Savings account # _____

- FAX or e-mail address for payment notification. (Place a check in front of the method of notification you prefer.)

() FAX # (___ ___) - ___ - ___ - ___

Or

() E-mail address _____

Authorized Signature: _____ Date: _____

Title: _____

Division/Institution: _____ **24PN**

(ATTACH VOIDED CHECK)