



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CN 712

TRENTON, NEW JERSEY 08625

(609) 588-2600

ALAN J. GIBBS
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO. 91-25

DATE: November 13, 1991

TO: County Welfare Agency Directors/New Jersey Care Supervisors

SUBJECT: Children Under the Supervision of Private Adoption Agencies

Background: There are certain children who are the responsibility of private adoption agencies for varying periods of time, during the transitional period while they are awaiting adoption or the return to the custody of their natural parents. In the past, these children received medical care through Medicaid by way of a manual payment system. With the transition to a new fiscal agent for Medicaid claims processing, this payment method must be automated. Accordingly, these children must have Medicaid eligibility records established on the eligibility file. However, there are certain elements of these cases which are atypical and which create a unique situation in terms of establishing a case record.

The majority of these children will be determined eligible for New Jersey Care, except for those who exceed the age limit; those children over the age of six will be determined eligible for Medicaid Special. In either case, application cannot be made by either of the natural parents, since these children are in the legal care and custody of the adoption agency. Furthermore, the natural parent or parents cannot be identified by the temporary custodian (the adoption agency) because of the confidentiality provisions of N.J.A.C. 10:121A-3.6, which strictly forbids the disclosure of the parents' identity by the agency.

Closely related to the need to preserve the confidentiality in these matters is the issue of disclosing names and birth information, and obtaining Social Security Numbers for these children. After careful examination of all of the relevant issues, it appears that the best interests of all concerned are served by developing a unique method of building a case record for these children.

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1. **Who will apply** - In all cases, application will be made on behalf of these children by a designated representative of the private adoption agency. The child's county of residence will be considered the county where the adoption agency is located, regardless of whether or not the child is in foster care elsewhere. A list of adoption agencies is attached for your information.
2. **Names** - Each child's actual given name will be used; however, the surname of the child will be a pseudonym devised by the agency or an acronym of the agency's initials. The true identity of the child will be cross-referenced in the agency's records but cannot be disclosed to the CWA.
3. **Birth Information** - While the birth certificate or similar documents cannot be provided for the case record, the actual birth date of the child will be provided by the agency representative and will have been validated by the agency.
4. **Social Security Number** - Prior to application, steps will be taken by the agency to obtain a Social Security Number for each child, if one has not already been issued. If the number has not already been issued, the record should contain information that the issuance of the child's Social Security Number has been requested and is pending.
5. **Effective Dates** - Eligibility can be established for the month in which the agency assumes custody, up to three months prior to application. For example, the agency could apply at the beginning of a month, when the child was actually born in the previous month. If the agreement between the birth mother and the agency gives the agency custody immediately after the birth, and if there are outstanding hospital or medical bills for that month, the effective date of eligibility may be established as of the date of the child's birth under the provisions of federal regulations for retroactive Medicaid eligibility.
6. **Documentation** - The agency will provide for the case record a statement (example attached) attesting to the fact that it is the legal custodian of the child, that the child's name, birthdate and other relevant information are contained in a sealed record at the agency, that steps have been taken to obtain a Social Security Number for the child, and that the child meets the financial eligibility criteria for Medicaid.

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Your cooperation and assistance in obtaining Medicaid for these children will be most appreciated. If there are any questions, you may contact Nancy Scarlata in the Office of Eligibility Policy at (609) 588-2556.

Sincerely,



for Saul M. Kilstein
Director

SMK:PSS
Attachments

c Marion E. Reitz, Director
Division of Economic Assistance

Nicholas R. Scalera, Director
Division of Youth and Family Services

Adoption Agencies

Adopt A Miracle
15 Quill Pen Way
Warren, NJ 07059-5517

The Adoption Agency
18 Washington Avenue
Haddonfield, NJ 08033

Adoption and Infertility Services
P.O. Box 447
Lincroft, NJ 07748

Adoptive Single Parents of NJ
73 Tristen Road
Clifton, NJ 07013

Associated Catholic Charities
17 Mulberry Street
Newark, NJ 07102

Bethany Christian Services
1120 Goffle Road
Hawthorne, New Jersey 07506

Better Living Services
1975 St. George Avenue
Suite 2
Rahway, NJ 07065

Catholic Charities
26 Safran Ave.
Edison, NJ 08837

Casa del Mundo
25 Briarheath Lane
Clark, NJ 07066

Catholic Fam. and Community Services
476-17th Avenue
Paterson, NJ 07504

Catholic Social Services of the
Diocese of Camden
810 Montrose Street
Vineland, NJ 08360

Catholic Charities
Diocese of Trenton
47 N. Clinton Avenue
Trenton, NJ 08609

Adoption Agency List
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Catholic Social Services
1845 Haddon Avenue
Camden, NJ 08103

Catholic Welfare Bureau
115 W. Pearl Street
Burlington, NJ 08016

Children of the World
855 Bloomfield Ave., Suite 12
Glen Ridge, NJ 07028

Childrens Aid & Adoption
Society of New Jersey
575 Main Street
Hackensack, NJ 07601

Children's Home Society of NJ
929 Parkside Avenue
Trenton, NJ 08618

CHOICES - An Adoption Agency
1930 E. Marlton Pike
Cherry Hill, New Jersey 08003

Christian Homes for Children
275 State Street
Hackensack, NJ 07601

Family & Children's Counseling
and Testing Center
40 North Avenue
Elizabeth, NJ 07207

Golden Cradle
2201 Route 38
8th Floor
Cherry Hill, NJ 08002

Growing Families, Inc.
2803 Buckingham Circle
Middletown, NJ 07748

Holt International Children's Svcs.
2490 Pennington Road
Trenton, NJ 08638

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Homestudies
1182 Teaneck Road
Office #101
Teaneck, NJ 07666

Jewish Family Services
100 Park Blvd.
Cherry Hill, NJ 08002

Lutheran Social Ministries of NJ
120 Route 156
Yardville, NJ 08620

Love the Children
74 Mountain Avenue
Summit, NJ 07901

Spaulding for Children
36 Prospect Street
Westfield, NJ 07090

Spaulding for Children
Black Family Recruitment
230 Park Avenue
East Orange, NJ

Spaulding for Children
South Jersey Unit
6 Kings Highway East
Haddonfield, NJ 08033

United Fam. & Children's Society
305 West Seventh Street
Plainfield, NJ 07060

Catholic Social Services - El Centro
1035 Mechanic Street
Camden, NJ 08104

Catholic Social Services
of Gloucester Co.
8 Green Avenue
Woodbury, NJ 08096

Black Adoption Consortium, Inc.
5090 Central Highway
Suite 6
Pennsauken, NJ 08109

Childrens Aid & Adoption
Society of NJ
439 Main Street
Orange, NJ 07050

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Childrens Aid & Adoption
Society of NJ
196 Speedwell Avenue
Morristown, NJ 07960

Children's Home Society
51 Main Street
Clinton, NJ 08809

(ADOPTION AGENCY NAME AND ADDRESS)

THIS DOCUMENT WILL SERVE TO CERTIFY THAT THE FOLLOWING INFORMATION CONCERNING _____, IS TRUE AND CORRECT.

1. There is a confidential legal instrument, dated _____ on file that gives this agency care and custody of the child.
2. The actual surname of this child is cross referenced in our confidential file.
3. The birthdate of this male/female child is _____, has been validated by _____, and a birth certificate has been requested.
4. The Social Security Number for this child:
☐ Is _____; the card is on file in the case record.
☐ Has been applied for and will be provided as soon as possible.
5. This minor child has no income or resources from any source and meets all other eligibility requirements for Medicaid.

_____ IS A REPRESENTATIVE OF THIS AGENCY AND IS AUTHORIZED TO ACT IN THE INTERESTS OF THIS CHILD.

Sincerely,

Executive Director