

on Foster Child - Med. Assist.

N.J.R.S. 30:4D-3

(1972 Amendment)

LAWS OF 1972	CHAPTER 152	Sept. 11, 1972
SENATE BILL 321 (A2094-1971) andocr	ASSEMBLY BILL	
INTRODUCED <i>Pre-filed</i>	BY <i>Hagedorn</i>	
SPONSOR'S STATEMENT	<input checked="" type="radio"/> YES	NO
ASSEMBLY COMMITTEE STATEMENT	YES	<input checked="" type="radio"/> NO
SENATE COMMITTEE STATEMENT	<input checked="" type="radio"/> YES	NO
FISCAL NOTE	<input checked="" type="radio"/> YES	NO
AMENDED DURING PASSAGE	<input checked="" type="radio"/> YES	NO
HEARING <i>None discovered</i>		
VETO		
GOVERNOR'S STATEMENT ON SIGNING	<input checked="" type="radio"/> YES	<i>See other side.</i>

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SPONSOR'S STATEMENT to Senate, No. 321

This bill would permit a child, in foster placement under the supervision of a private nonprofit adoption agency, to receive medical assistance.

Based on the experience of private agencies during 1969, the Bureau of Children's Services estimates that enactment of this legislation would require a State expenditure of \$24,930.00 per year.

JA/PC
11/7/75

CHAPTER 152
APPROVED 9-11-72

[SECOND OFFICIAL COPY REPRINT]

SENATE, No. 321

STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1972 SESSION

By Senator HAGEDORN

AN ACT to amend "An act providing for the establishment of a medical assistance program for eligible persons and providing for the administration thereof," approved January 15, 1969 (P. L. 1968, c. 413).

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. Section 3 of P. L. 1968, c. 413 (C. 30:4D-3) is amended to
2 read as follows:

3 3. Definitions. As used in this act, and unless the context other-
4 wise requires:

5 a. "Applicant" means any person who has applied for medical
6 assistance under this act.

7 b. "Commissioner" means the Commissioner of the Department
8 of Institutions and Agencies.

9 c. "Department" means the Department of Institutions and
10 Agencies, which is herein designated as the single State agency to
11 administer the provisions of this act.

12 d. "Medical assistance" means payments on behalf of recipients
13 to providers for medical care and services.

14 e. "Provider" means any person, public or private institution,
15 agency or business concern lawfully providing medical care, ser-
16 vices, goods and supplies authorized under this act, holding, where
17 applicable, a current valid license to provide such services or to
18 dispense such goods or supplies.

19 f. "Qualified applicant" means a person who is a resident of this
20 State and is determined to need medical care and services as pro-
21 vided under this act, and who:

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

22 (1) Is a recipient of old age assistance, assistance for the per-
 23 manently and totally disabled, assistance for the blind or assistance
 24 for dependent children; or

25 (2) Would be eligible to receive public assistance under the
 26 State categorical assistance programs except for failure to meet
 27 an eligibility condition or requirement imposed under such State
 28 program which is prohibited under Title XIX of the Federal Social
 29 Security Act such as a durational residence requirement, relative
 30 responsibility, consent to imposition of a lien; or

31 (3) Is a child between 18 and 21 years of age who would be eligi-
 32 ble for assistance for dependent children living in the family group
 33 except for lack of school attendance or pursuit of formalized voca-
 34 tional or technical training; or

35 (4) Is a spouse of a recipient of old age assistance, assistance
 36 for the permanently and totally disabled, or assistance for the
 37 blind who is living with such recipient and whose needs are taken
 38 into account in determining the amount of cash payment made to
 39 the recipient; or

40 (5) Is a child in foster placement under supervision of the
 41 Bureau of Children's Services whose maintenance is being paid in
 42 whole or in part from public funds *or is a child *["in foster place-*
 43 *ment under the supervision of]" *placed in a foster home or institu-*
 44 *tion by* a private**[" , nonprofit]"** adoption agency in New Jer-*
 44A *sey; or*

45 (6) Meets the standard of need applicable to his circumstances
 46 under a categorical assistance program or the program of Assist-
 47 ance to Families of the Working Poor but is not receiving such
 48 assistance and applies for medical assistance only; *or*

49 (7) Is a recipient of assistance under the Assistance to the
 50 Families of the Working Poor Act.

51 g. "Recipient" means any person who is determined to be
 52 eligible to receive medical assistance under this act.

53 h. "Resident" means a person living, other than temporarily,
 54 within the State. Temporary absences from the State shall not
 55 cause a person to lose his status as a resident of this State.

56 i. "State Medicaid Commission" means the Governor, the Com-
 57 missioner of Institutions and Agencies, the President of the Senate
 58 and the Speaker of the General Assembly, hereby constituted a
 59 commission to approve and direct the means and method for the
 60 payment of claims pursuant to this act.

1 2. This act shall take effect immediately.

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ASSEMBLY COMMITTEE AMENDMENT TO

SENATE, No. 321

[OFFICIAL COPY REPRINT]

STATE OF NEW JERSEY

ADOPTED MAY 8, 1972

Amend page 2, section 1, line 44, after "private", omit "nonprofit".

SENATE INSTITUTIONS, HEALTH AND WELFARE
COMMITTEE

STATEMENT TO
SENATE, No. 321

STATE OF NEW JERSEY

DATED: MARCH 27, 1972

This bill extends medical benefits of the State Medicaid program (C. 30:4D-1 et seq.) to children placed in foster homes or institutions by private, nonprofit adoption agencies in the State. Children placed in foster homes or institutions under the supervision of the Bureau of Children's Services are now eligible for Medicaid.

Because of his ineligibility under the current law to receive Medicaid, a child in the supervision of private agencies is often harder to place in a foster home willing to care for him but unable to bear the cost of medical treatment the child may require. The same child, who happened to come under the supervision of the Bureau of Children's Services, the State agency for protective and welfare services for children, would be eligible for the medical benefits under Medicaid.

The amendment to the bill made in Senate Committee adopts the language suggested by the federal administrative offices of Medicaid for making another optional category for extending Medicaid services. By stipulating that the medical coverage begins with placement in a foster home or institution, the amended version of the bill excludes medical costs that may accrue for hospital or other care before the child is placed by the adoption agency.

NAME: *U. L. ...*

FISCAL NOTE TO
SENATE, No. 321
[OFFICIAL COPY REPRINT]

STATE OF NEW JERSEY

DATED: APRIL 19, 1972

The Official Copy Reprint of Senate Bill No. 321 permits a child placed in a foster home or institution by a private non-profit adoption agency to receive medical assistance.

The Bureau of Children's Services, based on the experience of private non-profit adoption agencies during 1969, has estimated that enactment of this legislation would require a State expenditure of \$24,930.00 per year. This estimate was derived by multiplying the number of children placed for adoption by private non-profit adoption agencies in New Jersey in 1969 by the cost of the average length of stay of each child in foster care.

In compliance with written request received, there is hereby submitted a fiscal estimate for the above bill, pursuant to P. L. 1962, c. 27.

FROM THE OFFICE OF THE GOVERNOR

SEPTEMBER 11, 1972

FOR RELEASE: IMMEDIATE

Governor William T. Cahill today signed into law a Senate bill making children who are placed in foster homes by private adoption agencies eligible for Medicaid.

Sponsored by Senator Garrett W. Hagedorn (R., Bergen), Senate 321 will permit payment to the same extent as presently paid for children placed in foster homes under the supervision of the State Department of Institutions and Agencies.

"This bill is a good example of how the public and private sectors can work together on problems of mutual concern," Governor Cahill said.

He added that the bill will encourage private agencies to accept for adoption children with a history of medical problems. In the past, it has been difficult to place these children because of the medical expenses involved.

Cahill pointed out that participation by the private agencies in this field will help to relieve state agencies of a substantial burden.

"More importantly, however, the bill will assure the medical well-being of all children placed in foster homes," the Governor said.

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