



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	V	Health Services	
Chapter:	A	Health Services	11-7-2011
Subchapter:	4	Code 65 Medical Services	
Issuance:	100	<b>Code 65 Medical Services</b>	

### Definition 11-7-2011

The Code 65 Medical Services Program is a non-federally funded coverage option for children who do not qualify for federally matched Medicaid (Code 60) due to financial ineligibility caused by parental income, individual income, i.e., Social Security benefits, or residing in his/her own home. CP&P may pay for medical services under Code 65 for children under the age of 18 and certain pregnant women who are not eligible for the federally funded Medicaid or Medically Needy Programs. Services available under Code 60 Medicaid but not to eligible Code 65 children are:

- EPSDT,
- Federal waiver programs,
- Nursing homes,
- Residential care facilities,
- Psychiatric hospitals with extended stay (including state and county hospitals and Ramapo Ridge), and
- Intermediate care facilities mentally retarded (ICF/MR).

If a child requires any of the above services and needs medical assistance, CP&P refers the child for federally matched Medicaid to the County Welfare Agency (CWA), the local Social Security Office, or the Institutional Services Section (ISS) Area Office of Medicaid.

NOTE: Currently, the Medically Needy Program is limited in that some services including hospital care are not covered for persons under 21 years of age. In case situations where these services may be needed, eligibility for Medically Needy may be ignored as a requirement when determining eligibility for Code 65.

## **Eligibility Criteria 9-26-86**

Persons who may be eligible for Code 65 medical services are:

- Children who are residing in their own homes and need medical services as a part of a treatment plan for abuse or neglect and are not eligible for Medicaid or the Medically Needy Program;
- Children residing in CP&P supported living arrangements who are not eligible for the Code 60 Medicaid Program;
- Children residing in CP&P subsidized adoption homes approved for a medical subsidy who do not qualify for the Code 60 Medicaid Program; and
- Pregnant women who require services on behalf of their unborn children and are not eligible for medical assistance through the Municipal Welfare Board, Medicaid, or the Medically Needy Program.

## **Children Residing in Their Own Homes 11-21-2011**

For children residing in their own homes, medical services under code 65 may be provided only as a necessary part of the treatment plan for abuse and neglect. The PRS criteria for the provision of these services must be documented and recorded in the case record.

In addition to the PRS criteria the following conditions must exist and must be documented.

- Medical services are not available through private hospital and/or health insurance plans, union or other employee's health plan, SSI or Health Maintenance Organizations.
- Medical services are not available on a free or ability-to-pay basis through a local clinic or other community agency.
- The family is not eligible for any county or municipal welfare program, including Medicaid Only or Medically Needy.
- A worksheet has been completed and shows no capacity to support, unless an exception is approved as outlined in this issuance.

If a family refuses to cooperate in the budget process, Code 65 coverage of a child is not authorized. In this instance essential medical services may only be provided with the written approval of the Local Office Manager. Medical services are reimbursed through CP&P Form [K-100](#), Client Service Invoice. All forms submitted must be accompanied by

a Special Approval Request, CP&P Form [16-76](#). Services may not extend beyond six months unless the eligibility criteria for Code 65 services are met.

Children qualifying for the Medically Needy Program receive only limited benefits. If the child requires inpatient hospital care, podiatry or another service excluded from the Medically Needy package, for protection of the child consider enrollment in Code 65.

### **Exception for Children in Their Own Homes                    9-26-86**

In those cases where a capacity to support exists but no agreement is taken, written approval by the Local Office Manager is required before services may be initiated.

The Worker includes justification of need for initiating Code 65 Medical Services Program when completing a CP&P Form [16-76](#). In approving or disapproving such requests, the Local Office Manager considers the individual service need and office priorities for the expenditure of allocated monies.

### **Children Residing in CP&P Supported Living Arrangements    9-26-86**

Children residing in CP&P supported living arrangements are eligible for the Code 65 Medical Services Program if they have been found ineligible for the Code 60 Medicaid Program. See [CP&P-V-A-2-200](#). This approval is given regardless of the family's capacity to support and CP&P does not seek reimbursement. Medically Needy eligibility is not considered. These children are entitled to the full range of Medicaid services rather than the limited services available through the Medically Needy Program.

Third party insurance coverage does not make children ineligible for the Code 65 Program if the children are in CP&P supported living arrangements. However, third party insurance coverage for the children must be noted when the children are enrolled in the Code 65 Program.

### **Time Limited Approval    10-26-98**

Initial approval for the Code 65 Medical Services Program is given by the Local Office Manager for a six month period only, except for subsidized adoptions which are reviewed annually by the LO.

When it is felt that Code 65 Medical Services are necessary after the initial six month period, requests for an extension of such services are approved in writing by the Local Office Manager:

- When a child is in his own home and there is no capacity to support;
- When a child is living in his own home and a LRP capacity to support exists; or

- When medical services are necessary for a pregnant women on behalf of her unborn child. See [CP&P-V-A-1-600](#).

**Retroactivity      7-28-86**

Payment for medical services may be made retroactive only to the date of the Worker's original request for approval.

**Procedures Related to Determining Eligibility for Children Residing In Their Own Homes      7-28-86**

RESPONSIBILITY	ACTION REQUIRED
Worker	1. Determine service need, and inform Support Specialist.
Support Specialist	2. Complete CP&P Form <a href="#">16-76</a> , Special Approval Request. Include justification of need for Code 65 services.
Supervisor	3. Review and approve request for Code 65 services.
	4. Forward to Local Office Manager for approval.
Local Office	5. Review and approve or Manager disapprove request for Code 65 services.
	6. Notify Supervisor of decision
Supervisor	7. Maintain a file of cases approved for Code 65 Medical Services Program.
	8. Advise clerk when request is approved.
Worker/Clerk	9. Complete MAP-1 placing child in Code 65 program status per instruction in Medicaid Status File Manual, if approved.

Worker	10. Issue the Validation for Health Services Program, CP&P Form 16-36, effective the date of enrollment in Code 65 program through the current calendar quarter.
	11. Redetermine need for services and income status every six months.
	12. Complete CP&P Form <a href="#">16-76</a> , Special Approval Request, for three additional months, when necessary; or terminate service. See <a href="#">CP&amp;P-V-A-4-100</a>

**Procedures Related to Determining Eligibility For Children Residing in CP&P Supported Living Arrangements 9-14-84**

RESPONSIBILITY	ACTION REQUIRED
Worker	1. Determine the child is ineligible for Code 60 Medicaid Program. See II K.
	2. Identify third party insurance coverage, if any.
	3. Complete Special Approval Request, CP&P Form <a href="#">16-76</a> , to justify Code 65 medical services.
	4. Forward to Supervisor for review.
Supervisor	5. Review and forward request for Code 65 medical services to Local Office Manager.
Local Office Manager	6. Review and approve request or Code 65 medical services.
	7. Notify Supervisor of decision.
Supervisor/Worker/ Clerk	8. Proceed as outlined in II K 405, steps 7 through 12.

**Changes in Program Status 9-14-84**

CP&P is responsible for maintaining and updating the Medicaid status of children under CP&P supervision.

When a child who was eligible for Code 65 medical services while he was in his own home is subsequently placed in a CP&P supported living arrangement, a formal determination of eligibility for Code 60 Medicaid is made. If the child is eligible for Code 60 program, the child's Medicaid program status is changed from Code 65 to Code 60 using the Medicaid MAP-6 transaction. See [CP&P-V-A-2-200](#), Medicaid Eligibility Determination for CP&P Children, regarding policy and procedures related to initial determination of eligibility for Medicaid Code 60. If the child is not eligible for Code 60, he is continued in the Code 65 program and a redetermination of eligibility is made in three months.

When a child residing in his own home is determined no longer eligible for or no longer in need of Code 65 medical services, the Worker notifies the parent/guardian of the termination in writing and includes a notice of the parent's right to appeal the decision. The Worker updates the Medicaid Status File and NJS.

**Procedures Related to Changes in Program Status 7-7-81**

RESPONSIBILITY	ACTION REQUIRED
Worker	1. Redetermines eligibility for Code 60 or Code 65.
	2. Make change in program status per instructions, when appropriate, or terminate services, when appropriate.
	3. Notify in writing parent/guardian regarding termination including notice of the right of appeal.
	4. Retrieve and void the child's Medicaid Card when terminated.