

OTHER ELIGIBILITY REQUIREMENTS**CARD ISSUANCE**

Description: There are three types of Common Benefit Identification Cards (CBIC): permanent plastic photo; permanent plastic non-photo; and temporary paper replacement. A temporary Medicaid Authorization (DSS-2831A) form may also be issued in cases of immediate medical need. Any of these cards may be presented to a medical care provider for the purpose of verifying eligibility and coverage.

Policy: Photo and non-photo cards are plastic and issued on a permanent basis. A recipient generally uses the same card for his/her entire period of eligibility. Adults applying for or in receipt of Medicaid must comply with CBIC photo requirements unless specifically exempted.

The following Medicaid A/Rs are exempt from the photo CBIC requirements:

1. All cash SSI recipients;
2. All children under 21 living with a responsible relative (including foster parents and guardians);
3. All persons who apply through the hospital, Pre-natal Care Assistance Program (PCAP) **or Prenatal Presumptive Eligibility** application process, until their first recertification. Those who come in to recertify after their initial period of eligibility are photographed at that time, unless otherwise exempt;
4. Homebound persons including those receiving personal care, home health care, or long-term home health care;
5. All persons in nursing facilities or in institutional foster care;
6. Person residing in living arrangements operated by the Office of Mental Health (OMH), or residing in living arrangements certified or operated by the Office of Mental Retardation and Developmental Disabilities (OMRDD);
7. Person enrolled in the OMRDD Home Community Based Services Waiver (HCBS Waiver);

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8. Persons who have their Medicaid eligibility determined by OMH or OMRDD in conjunction with the NYS Department of Health (i.e., districts 97 and 98);
9. ***Persons applying for the Family Planning Benefit Program (FPBP). Any individual who is currently ineligible for cash assistance or Medicaid due to noncompliance with photo requirements may be eligible for FPBP; and***
10. ***Persons eligible for Family Health Plus.***

When two or more adults reside in the same household, each receives his/her own card.

When an applicant is determined eligible and has an immediate medical need, the district may issue a temporary Medicaid authorization (DSS-2831A) pending his/her receipt of a permanent CBIC. The DSS-2831A is intended for use between the time of determination and actual delivery of the permanent card, and is valid only for a specific number of days.

References:

ADMs **02 OMM/ADM-7**
 01 OMM/ADM-6

Interpretation:

A CBIC is issued to each: (1) individual in receipt of SSI; (2) needy child in foster care; or (3) individual determined eligible for Medicaid. Cards are not issued for periods of retroactive coverage. Certain recipients, such as those in nursing homes or voluntary childcare institutions which receive Medicaid per diem payments do not receive a CBIC. Rather, their names are placed on a roster of eligible individuals. Rosters are generated from principal provider codes and sent to each facility.

Disposition:

Persons, who are required to have a photo CBIC, but fail or refuse, may be denied or discontinued from Medicaid. All other eligible family members continue to be entitled to Medicaid.

All photo identification cards must be signed. A card may be signed by the recipient, the recipient's authorized representative, the recipient's caretaker relative, or an authorized representative of the local social services agency. Children, age 13 and older, may sign their own cards.