OTHER ELIGIBILITY REQUIREMENTS

CARD ISSUANCE

- 1. 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);
- 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
- 3. 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; (3) individual determined eligible for Medicaid; or (4) individuals determined eligible as a Qualified Medicare Beneficiary (QMB). 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.