The purpose of this memorandum is to notify you of a change in responsibility within the Department for the Client Benefit Identification Card (CBIC).

Effective April 1, 1992 the responsibility for management of the EMEVS contract, as it relates to the CBIC production operations and use, will shift to the Division of Information Technology Management. With the emergence of the Electronic Benefit Issuance and Control System (EBICS), the CBIC has become the universal single card for all upstate programs. In addition, discussions are underway to determine the feasibility of combining the CBIC and the Electronic Payment File Transfer (EPFT) cards currently used in NYC. Therefore, it was determined that since we are consolidating support for all programs onto one card, it was appropriate at this time to shift the responsibility to a central support Division within the Department.

Effective April 1, 1992 the following contact points should be used for resolving problems related to the CBIC:

Deluxe Data Systems - Linda Weber 1-800-634-7435, extension 7853.

Questions related to:
- Ordering of CBIC related supplies
- Card production Equipment problems
- Production of replacement or permanent cards
ITM Hotline - 1-800-342-3010
Questions related to:
  Use of CBIC for AFSI/EBICS transactions
  General questions related to CBIC or for escalation of unresolved problems

Medical Assistance Division - Joan Johnson 518-473-8856
Questions related to:
  Use of CBIC for EMEVS
  MA policy related to card use

Income Maintenance Division - Dale Van Buren 1-800-342-3715 ext 6-6363
Questions related to:
  Use of card for check cashing purposes
  IM policy related to card use

At this time we are also asking that you provide for a CBIC contact person within your district. This may be the same contact as your EMEVS coordinator or you may wish to designate another individual. Please make the designation on the attached CBIC Contact form and return it to User ID: G10010 or the address on the form by 04/15/92.

______________________________
John J. DiPalermo
Deputy Commissioner
Information Technology Management
Attachment

CBIC Contact Form

District Name:______________________________

Primary Contact_____________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone#</th>
</tr>
</thead>
</table>

Alternate Contact_____________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone#</th>
</tr>
</thead>
</table>

Return to:

Saul Berkowitz
USER ID:  G10010
or
EBICS Project Office
NYSDSS
67 N. Pearl Street
Albany, New York  12207

PLEASE RESPOND BY APRIL 15, 1992