

MEDICAID ALERT

REVISED

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Asset Verification System (AVS) Expanded to Hospital Eligibility submissions

The purpose of this Alert is to inform Hospital, (Client Representative will be added to the implementation usage after further notice) staff that assists consumers with Medicaid applications of the implementation of the Asset Verification System (AVS) for purposes of determining Medicaid eligibility for SSI-related applicants on hospital application submissions.

Effective 12/09/2019, the Hospital Eligibility Division (HED) will require AVS authorization on all hospital applications regardless if EDITS or manual submissions.

As referenced in a previous AVS Alert, dated April 9, 2018 when the initial implementation of the system was made; AVS will electronically verify accounts held in banking institutions and conduct searches on real property owned by the applicants and/or the A/R spouse during the month of application and the three-month retro period.

Authorization to verify Asset through AVS

An SSI-R A/R and their spouse must authorize the electronic verification of their asset as a condition of Medicaid eligibility. This requirement applies regardless of whether an applicant is attesting to the value of resources for community coverage without long term care or seeking Medicaid coverage with long term care.

Exception to this requirement are:

- Incapacitated Individuals who are not capable of authorizing the verification of assets through AVS and who do not have another person authorized to sign on their behalf. **When submitting applications for incapacitated consumers, the MAP-3044 must be completed and submitted with the application.**

Paper documentation of resources will be required for these consumers.

- Parents of SSI-related children are not required to provide AVS authorization since resources owned by the parents are not always considered in determining the child's eligibility.

Paper documentation of resources will continue to be required if applicable.

- An SSI-related A/R (and his/her spouse) who are eligible for Medicaid Extended Coverage as a NYS Partnership for Long Term Care (NYSPLTC) policy holder (please include copy Policy) with Total Asset Protection are not required to provide AVS authorization.

Paper Documentation

Paper documentation of Resources is also required:

- If AVS does not return a response for a bank account that was reported on Supplement A, and the individual is applying for community –based long-term care or nursing home care
- To further review transactions in months in which AVS identifies a potential transfer of assets
- For assets that cannot be verified through AVS. AVS only reports on financial accounts held in banking institutions and cannot be used to verify stocks, bonds, securities, and mutual funds purchased through a brokerage firm or life insurance policies and annuity products issued by insurance companies
- In certain circumstances if there is a discrepancy between information provided by the A/R and the results of the AVS inquiry

How AVS is Authorized

The A/R's signature on the Medicaid application and renewal form is sufficient authorization to verify assets through AVS. A legally responsible spouse is required to provide authorization for Medicaid to electronically verify his/her assets as a condition of eligibility for an SSI-related A/R. This authorization must be signed by the legally responsible spouse or by someone authorized to act on the spouse's behalf. Supplement A (DOH-4495A) has been modified to obtain a non-applying spouse's authorization to verify assets through AVS. This new form is the Supplement A (DOH-5178A). At this time, HRA continues to use the DOH-4495A but we will accept the DOH-5178A if it is submitted. SDOH has also created a new form the DOH-5149 for purposes of obtaining the signature of a non-applying spouse.

If a Medicaid application is signed by someone other than the applicant, the applicant's spouse, or an authorized representative, a separate authorization must be submitted to allow the individual to sign the application on behalf of the applicant.

If the client did not sign the 4495A or 5178A the following documents are also required:

- MAP-3044a Facility Submission of Application on Behalf of Consumer **and**
- MAP-3043 Authorization to Apply for Medicaid on my behalf signed by the consumer **or**
- MAP-3044 Submission of Application on Behalf of An Incapacitated Consumer **or**
- Supporting legal documentation such as Guardianship Commission or Power of Attorney
- Resources not in a financial institution e.g. brokerage accounts, insurance policies, annuities

Medicaid applications filed on behalf of deceased persons must be signed by the decedent's surviving spouse or by the legally appointed representative of the decedent's estate. Applications received by HED that are not signed by the decedent's spouse or estate representative will be accepted but will be deferred for signature of the spouse or legally appointed representative. If the Medicaid application is signed by the decedent's spouse or estate representative, the decedent's assets can be verified through AVS. Applications without appropriate signatures will be denied.

In most instances, HED /Client Rep will be budgeting the resource information provided by AVS. If coverage is denied or discontinued due to excess resources, clients will be given 30 days to dispute these results.

All providers are reminded that incapacitated consumers without legal representation cannot authorize AVS. Therefore, it is very important, that the MAP-3044, Facility Submission on Behalf of an Incapacitated Consumer is included in the submission package when appropriate. Submission of this form will prevent these clients from being sent to AVS for verification.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF