

MEDICAID ALERT

December 22, 2020

Asset Verification System (AVS) Expanded to all Disabled, Aged and Blind/SSI-Related Eligibility Submissions

The purpose of this Alert is to inform all submitters (client representatives, community organizations, facilitated enrollers etc.) that assist consumers with Medicaid applications of the implementation of the Asset Verification System (AVS) for purposes of determining Medicaid eligibility for SSI-related applications.

Effective January 1, 2021, AVS authorization is required on all SSI-related applications regardless if EDITS or manual submissions.

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:

- MSP only applications
- 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, when transfer rules apply.
- 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), which should be used for all new submissions.

Note: Supplement A (DOH-5178A) is required for applicants:

- Age 65 or older
- Certified blind or disabled (of any age)
- Not certified disabled but chronically ill
- Institutionalized and applying for coverage of nursing home care – this includes a hospital that is equivalent to nursing home care.

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 Application (DOH-4220) and/or Supplement A(DOH-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

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 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, the resource information provided by AVS will be budgeted. 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