

DHB ADMINISTRATIVE LETTER NO: 03-23, MEDICAID PROCEDURES FOR ASSET VERIFICATION SYSTEM (AVS) DURING THE CONTINUOUS COVERAGE UNWINDING (CCU) PERIOD

DATE: March 7, 2023

SUBJECT: **MEDICAID PROCEDURES FOR ASSET
VERIFICATION SYSTEM (AVS) DURING THE
CONTINUOUS COVERAGE UNWINDING (CCU)
PERIOD**

DISTRIBUTION: **County Departments of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff**

I. BACKGROUND

Federal regulations required all states to implement a program to verify the liquid assets of individuals held in financial institutions when determining Medicaid eligibility. North Carolina's Asset Verification System (AVS) is an automated system that obtains electronic financial information for individuals applying or subject to redetermination for Aged, Blind and Disabled (ABD) beneficiaries. Caseworkers submit asset verification requests and receive responses through NC FAST.

The purpose of this letter is to provide clarification and updated guidance regarding the AVS procedures during the CCU. **The caseworker may be using a combination of applicant/beneficiary's (a/b) complete self-attestation and/or AVS results.**

II. POLICY

AVS is used to collect liquid assets from participating financial institutions for applications, recertifications, and changes in circumstance in NC FAST. The Medicaid caseworker may use AVS to request verification of assets provided by the (a/b) or verify any existing assets.

A. Programs That Use AVS

AVS is only used to verify assets for ABD Medicaid programs and Qualified Medicare Beneficiaries (MQB). AVS is not used for Medicaid to Families with Dependent Children (MAF) cases.

B. Financial Institution Responses

Responses are received from financial institutions that may be in North Carolina, bordering states or across the country. However, not all financial institutions participate in the program. Financial institutions include:

1. Banks
2. Related brokerage firms
3. Credit Unions
4. Savings and Loans

C. AVS can provide liquid asset evidence of:

- Checking
- Saving,
- CD,
- Money Market,
- IRA, and
- Keogh
- Other types of AVS responses

D. AVS Results

AVS can provide monthly balances held by the a/b at any time in the 60 months prior to start date entered on inquiry screen. This monthly balance is what existed as of 12:01 a.m. on the first day of the month in question. All Accounts may not be known to the system.

III. PROCEDURES

A. New AVS Request

The caseworker may request an AVS search at any time. Requests are generally submitted at application, recertification, and change in circumstances. The a/b is still required to give consent and authorization to access financial records at application by their signature on the Medicaid application.

1. An AVS request can be initiated by clicking on the AVS Data tab on the Income Support/Income Support Application page in NCFAS.

2. The Request AVS Data Dialog Box will display. Select the household member for the request and enter a start date. (By selecting the household member, the system will automatically send the Name, Social Security Number (SSN), and address for that household member).

3. Enter a Start Date

Example #1: Application date January 15th, 2023. The worker enters 1/31/2023 in the AVS request date. The AVS result will be as of 12:01 January 1, 2023.

Request AVS ? ×

* required field

Household Member Details

Select household member

Household Member *

Asset Verification Request Details ▼

Enter start date, select look back period from drop down box or enter the look back date

Look Back Period

Look Back Date

Start Date *

Request Confirmation ? ×

You are requesting Asset Verification Service for

Starting from 1/2023 through look back month of 1/2023

Are you sure you want to continue?

Example #2: Recertification, cp ending June 30, 2023. Recert started April 1, 2023. The worker enters April 30th, 2023. The AVS result will be as of 12:01 April 1, 2023.

Request AVS ? ×
* required field

Household Member Details

Select household member

Household Member *

Asset Verification Request Details ▼

Enter start date, select look back period from drop down box or enter the look back date

Look Back Period

Look Back Date

Start Date *

Request Confirmation ? ×

You are requesting Asset Verification Service for **OUTREACH/COACHING**

Starting from 4/2023 through look back month of 4/2023

Are you sure you want to continue?

Example#3: Recertification, cp ending June 30, 2023. Recert started May 1, 2023. The worker enters May 31, 2023. The AVS result will be as of 12:01 May 1, 2023.

Request AVS ? ×
* required field

Household Member Details

Select household member

Household Member *

Asset Verification Request Details ▼

Enter start date, select look back period from drop down box or enter the look back date

Look Back Period

Look Back Date

Start Date *

Request Confirmation ? ×

You are requesting Asset Verification Service for **OUTREACH/COACHING**

Starting from 5/2023 through look back month of 5/2023

Are you sure you want to continue?

4. Enter a Look Back Date. This will auto populate 60 months prior to the start date. An end date should be entered if the entire 60 months review is not needed.

Example #4: Change In Circumstance-active PLA Medicaid case, reports request for LTC evaluation on January 10th, 2023. Beneficiary entered the facility December 10th, 2022. Worker needs the first moment balance as of December 1, 2022, and the 60 month lookback period. The worker enters December 31, 2022, and 60-month lookback period. The AVS result will be as of 12:01 December 1, 2022, including lookback period of December 2017.

Request AVS
(?) (x)

* required field

Household Member Details

Select household member

Household Member *

Asset Verification Request Details ▼

Enter start date, select look back period from drop down box or enter the look back date

<p>Look Back Period <input type="text" value="60 months"/></p>	<p>Look Back Date <input type="text" value=""/></p>
<p>Start Date * <input type="text" value="12/31/2022"/></p>	

5. The Look Back Date indicates how far in the past the Medicaid caseworker requires financial information.
6. Click “Save.”
7. Most results are received within 7 calendar days; but could take up to 60 days to receive a response.
8. If the caseworker receives a response after the case is processed, update evidence accordingly. If the response indicates ineligibility, treat it as a change in circumstance.

B. AVS Responses

1. Responses can be viewed in the AVS data tab in NC FAST. The following information is displayed:
 - a. The most recent request will be at the top of the page.
 - b. Each financial institution is listed individually with the response date and time of request.
 - c. This page will also display a record for each request that has been made, creating a history with responses that can be reviewed at a later date.
 - d. Toggle to open the response(s) for current and retro balances.
 - e. Caseworker should use the current and retro monthly balances to create or update the Liquid Resource evidence on the dashboard.
2. Successful Response
 - a. If response is accepted, the caseworker will receive an “Acknowledgment is Successful” message.
 - b. Successful responses with status “Received” are when the financial institution finds a match and the information is provided to NCFAST, or
 - c. If no match is found, most of the response is blank and will state, “No account found” or “Unknown to the financial Institution”.

Note: Although the financial institution did not find a match in the system, the financial institution name, brand, and institution IDs are returned to identify which institution is responding.

3. Failure Response

A “failure” response with status “Will not respond” means the institution is not responding.
4. If an error occurs when the request is made the acknowledgement date will remain blank. This commonly happens due to name, SSN or DOB mismatch. The worker should review the name, DOB and SSN for accuracy and update if necessary and **reinitiate** the AVS call request. If the error persists, the caseworker will need to submit the DHB-3431 Request for Financial Information to the financial institution and allow 30 calendar days for recertifications and 12 calendar days for applications.

C. Processing Task

1. When the AVS task is opened, the following information will be displayed:
 - a. Financial Institution Details,
 - b. Current & Retro Monthly Balances, and
 - c. Previous History Monthly Balances, which is a list of all the other monthly balances received in the response for that account.
2. By clicking on the List Action Menu and selecting the “Compare” action, the Caseworker will be able to compare the Current & Retro Monthly Balances to existing liquid resource evidence.
3. All existing monthly balances in the “Current & Retro Monthly Balances” section will be displayed on the “AVS Evidence Update” page which will allow the caseworker to select any or all the balances they need to import to evidence.
4. Additional information may continue to be received through day 60, prompting a new task to be generated.
5. The caseworker can determine which evidence to act upon.
6. There is a 60-day hard cut-off day from the date of the acknowledgement date.
7. The caseworker will need to match the active asset to the new response to update the evidence to the income support case to assist in the eligibility determination.
8. If no data is found, caseworker will document in the case notes “No action is required”, and the process stops.

D. Unacceptable Use

The AVS System may not be used for any of the following:

1. To obtain or attempt to obtain from AVS any information which the caseworker has not been authorized to access.
2. The creation or transmission of unauthorized information, unauthorized requests for information or information that is knowingly erroneous.

3. The creation or transmission of any offensive, obscene or indecent images, data or other material, or any data capable of being resolved into obscene or indecent images or material.
4. The creation or transmission of material which is designed or likely to cause annoyance, inconvenience, or needless anxiety.
5. The creation or transmission of defamatory material.
6. The transmission of material such that infringes the copyright of another person.
7. The transmission of unsolicited commercial or advertising material either to other caseworkers, or to caseworkers connected to other networks, save where that material is embedded within, or is otherwise part of, a service to which the caseworker has chosen to subscribe.
8. Deliberate unauthorized access to facilities or services accessible via the AVS System.
9. Deliberate activities with any of the following characteristics:
 - a. Corrupting or destroying other caseworkers' data
 - b. Violating the privacy of other caseworkers
 - c. Using the AVS in a way that denies service to other caseworkers (for example, deliberate or reckless overloading of access links or of switching equipment).
 - d. Other misuse of the AVS or networked resources, such as the introduction of viruses.

IV. CONTENT OF CHANGE

A. Verifying Resources at Application

1. Caseworker should continue to request AVS when completing applications for certain Medicaid programs:
 - a. Adult, Blind, and Disabled (ABD) program
 - b. Medicaid for Qualified Medicare Beneficiaries (MQB) program
2. Caseworkers must wait at least 7 calendar days to ensure that AVS results have had adequate time to be returned.

3. If Applicant provides complete attestation of resources (Bank name(s), account number(s), and balance(s)) or states no resources at application, caseworker will wait 7 calendar days for AVS results.
 - a. If AVS does not return any results, caseworker can use applicant's complete attestation as verification.
 - (1) If attestation results in the applicant being eligible, continue processing the application.
 - (2) If attestation results in ineligibility due to excess resources, follow policy in [MA 2300, Application](#),
 - (a) provide the applicant with the opportunity to rebut or reduce resources
 - (b) allow two DHB 5097 Request for Information, if applicable
 - b. If AVS does return results, follow policy in [MA 2251, Reasonable Compatibility](#), and [MA 2300, Application](#), and continue processing the application utilizing the AVS results and/or the applicant's attestation for any resources not verified via AVS.
4. Incomplete self-attestation of resources
 - a. If AVS does not return any results, caseworker should follow policy in [MA 2300, Application](#), and request verification of resources using the DHB 5097, Request for Information.
 - b. If AVS does return results:
 - (1) If AVS results in eligibility of the applicant, process the application and send appropriate notice.
 - (2) If the AVS results in **ineligibility** due to excess resources, follow policy in [MA 2300, Application](#), providing the applicant with the opportunity to rebut or reduce resources allowing two DHB 5097 Request for Information.
5. If other information is required to complete the application, the caseworker may send the DHB 5097 Request for Information.

B. Verifying Resources at Recertification

1. Caseworkers should continue to request AVS when completing ex-parte recertifications for certain Medicaid programs:

- a. Adult, Blind, and Disabled (ABD) programs
 - b. Medicaid for Qualified Beneficiaries (MQB) programs
2. Caseworkers must wait at least 7 calendar days to ensure that AVS results have had adequate time to be returned.
 3. If AVS returns no information within 7 calendar days, the caseworker should proceed to process the recertification by requesting all needed information from the beneficiary by sending the DHB 5097, Request for Information, and allow 30 calendar days to provide.
 4. If results are returned from AVS after the recertification has been completed, the caseworker should react to the information as a change of circumstance and follow policy in [MA 2340 Change in Situation](#). As a reminder the caseworker must allow the individual the opportunity to rebut or reduce resources.

D. Questions Regarding AVS

The local agency should designate an individual to contact AVS' contractor, Accuity, with questions regarding Requests. When contacting Accuity, the contact person will need the Request ID, as it will allow the Customer Support Specialist to immediately identify and access the request in question. The Customer Support Center can be reached at 855-807-9822.

Questions and concerns that might require a contact with Accuity include the following:

1. Questions about financial institutions, or
2. Questions about a request submitted by DHB, or
3. Questions about a response provided by Accuity on behalf of a financial institution, or
4. Questions about an overdue follow-up status.

Please note: It is imperative that the local agency contact the AVS contractor, Accuity, and not contact a Financial Institution directly. The services provided by Accuity are intended to provide a single point of contact for caseworkers and the financial institutions, that streamline the transfer of information and provide answers to questions.

V. EFFECTIVE DATE AND IMPLEMENTATION

This letter is effective upon receipt of this letter for all applications, recertifications and changes in circumstance currently in progress.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

DocuSigned by:
Jay Ludlam
Jay Ludlam
Deputy Secretary, NC Medicaid