

2612.00.00 ASSET VERIFICATION SYSTEM (AVS)

Federal regulations require that all States have an AVS in place to verify the resources of individuals when determining Medicaid eligibility for categories that require an asset/resource test⁶. The AVS is an automated system that obtains electronic resource verification and includes all MED 1 and MED 4 categories. AVS also applies to those whose resources are counted for household members on a Medicaid resource category for new applications, redeterminations, and category change from a non-resource Medicaid category to a resource required category. Submissions for the AVS are processed through the Eligibility System and responses are received electronically in the case file.

AVS completes a lookback period for gathering resources of the member and any other members that would be included in the resource test (such as a spouse). Depending on the application lifecycle, the below lookback occurs:

For new applications, including category changes from MAGI to non-MAGI categories, the AVS completes a 5 year look back period.

At redetermination, AVS reviews resources for 1 month prior to redetermination date.

For reapplications, AVS completes a 4-month lookback period.

AVS requests can be made every 90 days, however, if an AVS exchange is required prior to the 90 days, this must be sent to PAL, and if determined necessary, PAL can request a new AVS ping. Unless necessary, AVS pings should not occur more than once a year.

Resource verifications returned from the AVS are obtained from Experian, Bureau of Motor Vehicles, and real property searches. Matches are made using the members' name and Social Security Number. If a member does not have an SSN, then an AVS data match can't be completed.

For liquid resources including bank accounts, a search within 65 miles from the members address listed in the case is completed. While the AVS ping will return verifications from most of the larger banks, some of the smaller banks may not return information.

Some liquid resource that may return results includes:

- Checking accounts
- Savings accounts
- Money markets
- Stocks balances if affiliated with a bank account
- IRA's and retirement fund balances
- Miller Trust balances
- Trust fund amounts, but not the actual legal Trust document
- Vehicles registered in the members' name and listed address in the eligibility system

- Real property in the member's name.

When the worker completes the wrap-up in the Eligibility system, this will ping the AVS system, and AVS will return the electronic verification in 13 days. A 2032 Request for Verifications form must also be sent to the member with the 13-day deadline pending all unverified resources.

If the member's resources are verified via hard copy before the 13 days, the worker should not send it to SRED or authorize the case until the AVS electronic verification is returned or on the 13th day that the verifications are due. Unless the member is failing (such as being over income), no case action should be taken until the 13th day.

With the exception of issuing continued benefits due to an appeal, workers should not override AVS pings prior to the 13th day without PAL approval.

If an unreported or unverified resource by the member is found by AVS, then the AVS information should be entered to continue the eligibility determination process. At no time should a case be closed or denied for failure to verify a resource if the resource has been verified by AVS.

In the case that a member returns the verifications, and they do not match the AVS documentation, then the higher balance will be used as the verified resource amount. The only exception to this is if there is a successful rebuttal verified by a hard copy verification, then AVS will not be used. There is an option for certain DFR workers to override AVS if there is verification that hard copy verification is the lower resource amount. If this occurs, it must be thoroughly documented in case notes.

Documenting AVS returns:

- If after the due date, no hard copy verifications are received but AVS is returned, then AVS verification is to be used.
- If the member fails for a Medicaid resource category due to AVS, an AVS discrepancy notice must be generated and sent to the member notifying them that the application is denied based on AVS data exchange.
- The member can send a rebuttal to the AVS information, such as but not limited to:
- Verification that the resource is jointly owned with another person, therefore a reduced countable value should be used.
- Proof of the amount that is still owed.
- Verification that the resource is no longer in their name (normal transfer of property rules apply). If the member has a reason to believe the AVS data is incorrect, they will need to dispute with the consumer reporting agency in writing or by calling the toll-free number and address located at the bottom of the AVS discrepancy notice.
- Blue book value is used for vehicles. Default to the fair purchase price listed for a base model of the same make, model, and year, unless other verification is received.

- If the 13 days have passed and the case has been authorized, then the AVS returns additional verifications, this should be treated as a case change and the verification should be updated accordingly.

If the member fails for a Medicaid resource category (MA A, MA B, MA D, MADI, MADW, MA L, MA J, MA I, MA G, MA R) due to AVS resource data, an AVS discrepancy notice must be generated and sent out to the applicant member notifying them that the application is denied based on AVS data exchange. If the member has a reason to believe the AVS data is incorrect, they will need to contact the number at the bottom of the discrepancy notice.

⁶ 42 U.S.C. § 1396w