

# **DHB ADMINISTRATIVE LETTER NO: 01-25, MEDICAID PROCEDURES FOR ASSET VERIFICATION SYSTEM (AVS) DURING THE CONTINUOUS COVERAGE UNWINDING (CCU) PERIOD**

**DATE:** January 9, 2024

**SUBJECT:** **MEDICAID UPDATED PROCEDURES AND  
FLEXIBILITIES 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**

The purpose of this letter is to provide clarification and updated guidance regarding the AVS procedures and flexibilities during the CCU. DHB Administrative Letter 03-14 Asset Verification System (AVS) still applies except where changes are noted below. **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 verification of 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.

## **III. CONTENT OF CHANGE**

### **A. Verifying Resources at Application**

1. Caseworkers 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
  - c. Caseworkers must wait at least 7 calendar days to ensure that AVS results have had adequate time to be returned.
2. If the applicant provides a 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, the caseworker can use the 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](#),
      - i. Provide the applicant with the opportunity to rebut or reduce resources.
      - ii. 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.
3. Incomplete self-attestation of resources
- a. If AVS does not return any results, the 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 the eligibility of the applicant, process the application and send the 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.
4. If other information is required to complete the application, the caseworker may send the [DHB-5097, Request for Information](#).

## **B. Verifying Resources at Recertification**

At recertification, AVS will automatically be pulled in NC FAST as part of Straight

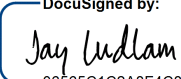
Through Processing (STP).

1. Caseworkers should continue to review AVS when completing ex-parte recertifications for:
  - a. Aged, 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 results within 7 calendar days and the total of all resources known to the agency is under the resource limit, the caseworker should process the ex-parte recertification following policy in [MA 2320, Recertification](#) or [MA 2321, Medically Needy Recertification](#) without any further verification of any known assets
4. If AVS returns results within 7 calendar days and the total of all resources known to the agency is over the resource limit, the caseworker should follow policy in [MA 2230, Financial Resources](#), for excess resources and send the [DHB-5097, Request for Information](#), to allow the a/b to rebut or reduce resources.
5. If AVS returns no information within 7 calendar days, the caseworker should assume there are no changes to the beneficiary's resources and proceed to process the ex-parte recertification without any further verification of any known assets.
6. 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.

#### IV. EFFECTIVE DATE AND IMPLEMENTATION

The policy and procedures found in this letter are effective upon receipt for all applications, recertifications and changes in circumstance currently in progress and will continue through the end of the Continuous Coverage Unwinding (CCU).

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

DocuSigned by:  
  
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Jay Ludlam  
Deputy Secretary, NC Medicaid