



LOUISIANA
**DEPARTMENT OF
HEALTH**

Medicaid Eligibility: Asset Verification Requirements

Introduction

The purpose of this presentation is to notify Support Coordinators, LGEs, Nursing Facilities, ICF/IIDs, and other providers that assist and serve aged, blind and disabled Medicaid recipients, of the new Louisiana Medicaid asset verification system (AVS) and the impacts to stakeholders.

Background

- ▶ The Supplemental Appropriations Act of 2008 added new federal requirements under section 1940 and 1903(i)(24) of the Social Security Act that states must implement a system for verifying the assets for individuals in the aged, blind or disabled Medicaid categories.
- ▶ This includes **all** new applicants for long term care such as nursing homes, ICF/IID facilities (large and small facilities), and waivers
- ▶ It also includes current recipients in long term care coverage who **do not** have Supplemental Security Income (SSI).
- ▶ Recent changes in federal regulations now require state Medicaid agencies to use an **electronic system** for asset verification instead of self-reporting.
- ▶ This could lead to the system finding discrepancies between what has been self-reported and what is found by the system, potentially causing disenrollments for being over the Medicaid resource limits.

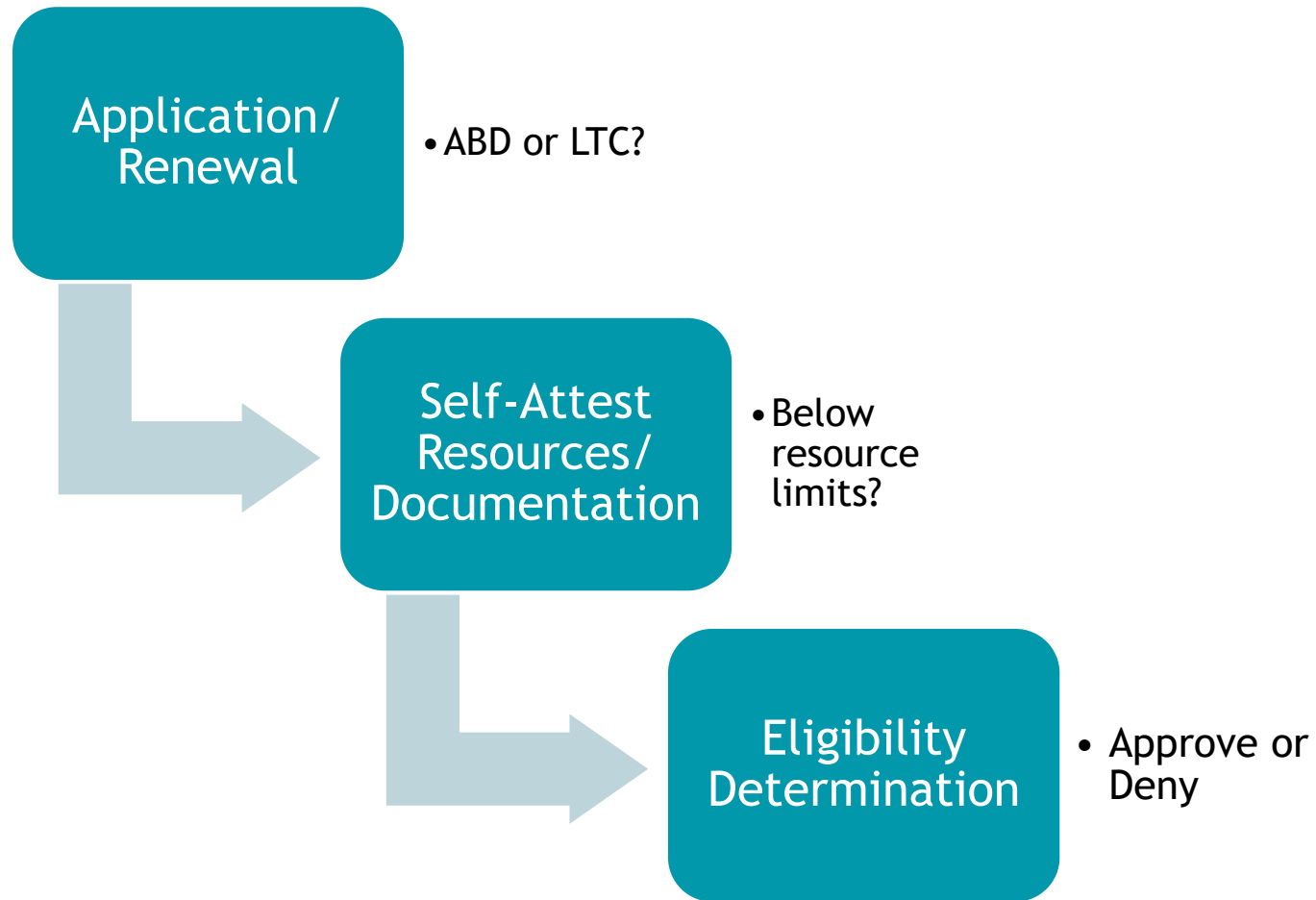
Background Cont.

- ▶ Louisiana is the last state to implement this requirement.
- ▶ In response to the new AVS requirement, Medicaid contracted with Accuity for liquid asset (financial) searches and LexisNexis for property searches.
- ▶ Medicaid will continue conducting asset verifications, as it always has, at application and annual renewal and at any reported change in circumstances.

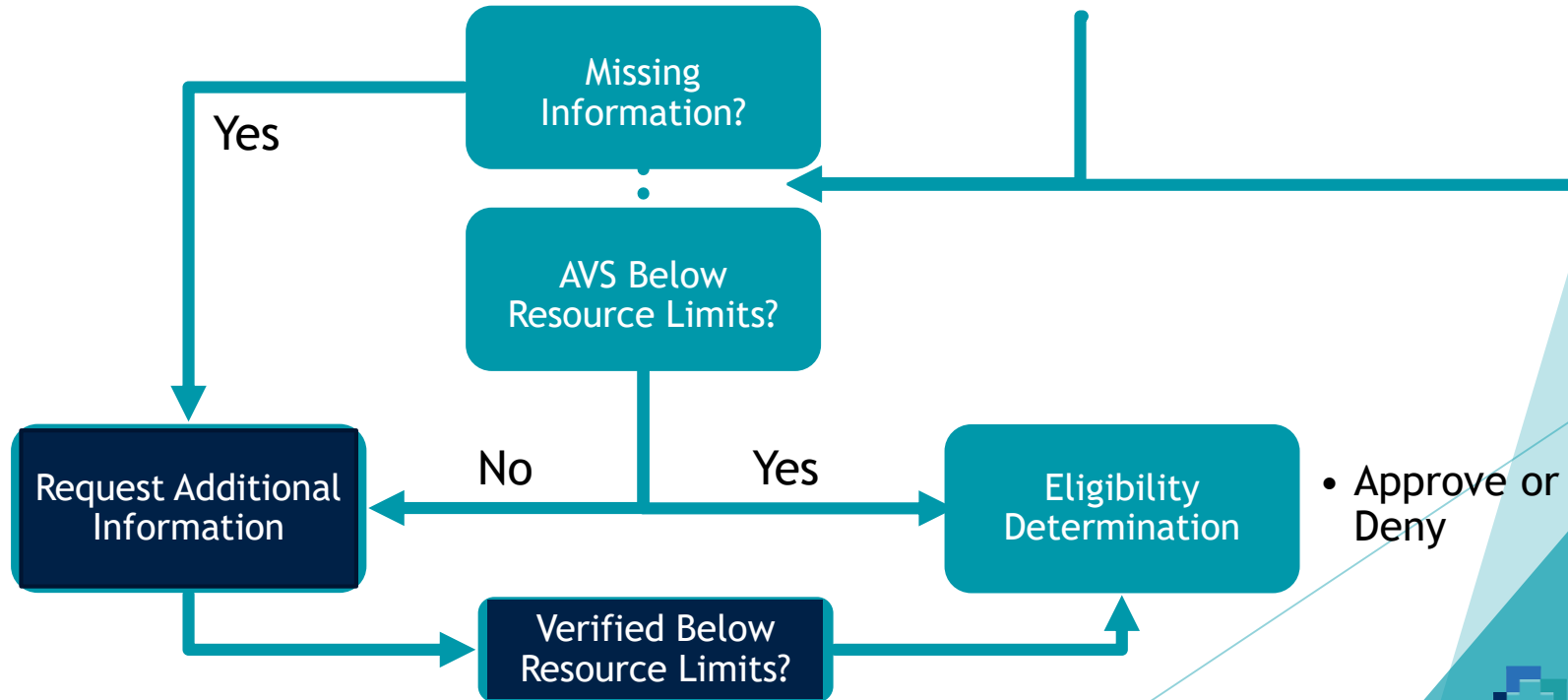
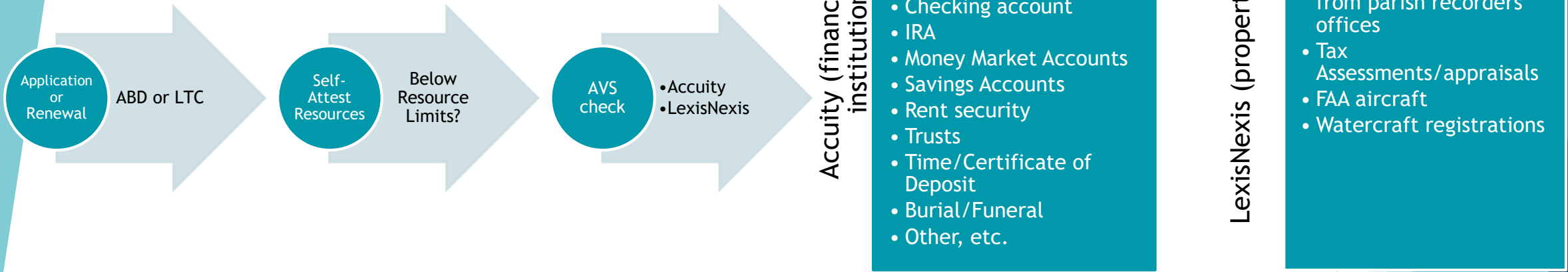
Features of the Asset Verification System

- ▶ The AVS allows for the electronic exchange of financial account information with national, regional and local financial institutions, and real property information with public records databases. This includes:
 - ▶ Checking and savings accounts
 - ▶ CDs, IRAs or any other type of account with a financial institution
 - ▶ Real property

Before AVS



After AVS



What changed?

- ▶ Asset verifications must now be conducted electronically using data resources. Self-attested (i.e., self-reported) and paper documentation of resources/assets can no longer be the only source of information.
- ▶ The applicant/recipient's signature on the Medicaid application/renewal form already authorizes Medicaid to check financial institutions to perform asset verifications through AVS.
- ▶ However, **if there is a legal spouse**, the spouse or someone authorized to act on the spouse's behalf, **must sign the AVS consent form or the Medicaid recipient's coverage will be terminated.**
- ▶ For any children's waiver:
 - ▶ AVS applies if you do NOT waive first month of eligibility or if you request retro-coverage. The other parent must sign consent form.
 - ▶ Consent form must be signed by waiver recipient after the child turns 18

Implementation Timeline

- ▶ Effective August 2019, Medicaid required all long-term care applications and all non-SSI long-term care renewals to undergo asset verification using the new system.
- ▶ Effective October 2019, the other Aged, Blind, Disabled (ABD) eligibility categories will also be subject to AVS requirements at application and for non-SSI ABD renewals.



Medicaid Needs Your Help!

Spousal Consent

- ▶ **As part of the AVS process**, Medicaid will require long-term care and ABD applications and renewals to have a signed Authorization for Verification of Resources form on file when there is a legal spouse. **This is only needed one time.**
- ▶ This is a mandatory legal requirement so that we can use AVS to check joint financial institutions and resources to determine Medicaid eligibility.
- ▶ **We need your help securing spousal signatures.**
- ▶ **Without the spouse's consent, Medicaid cannot complete the application/renewal the recipient will lose Medicaid coverage and provider payments will end.**

Authorization for Verification of Resources

Applicant's name (*print*)

Applicant's Social Security Number

To determine whether an applicant or their legal spouse can receive or continue to receive Medicaid Healthcare Coverage, we must verify information about them and the amount of resources owned by them. This form authorizes Medicaid to request records from financial institutions for an individual and their spouse when one or both apply for Medicaid. **Please read and fill out this form.**

By signing this form you authorize verification of your resources (as well as those of your spouse, if applicable) with financial institutions for the purpose of determining eligibility for Medicaid. This authorization will end if your application for Medicaid is denied, you are no longer eligible for Medicaid, or if you revoke this authorization in a written statement to the Louisiana Department of Health (LDH).

You agree to allow organizations such as the following to give records about you or your spouse to LDH:

- Employers
- Insurance companies
- Real estate companies
- Government agencies
- Building associations
- Banks/Other financial institutions

This agreement does not include getting personal health information from doctors or healthcare providers.

Applicant's name (*print*)

Applicant's Social Security Number

Applicant's signature

Date

Applicant's spouse's name (*print*)

Spouse's Social Security Number

Spouse's signature

Date

Guardian/power of attorney/authorized representative's name (*print*) – **if applicable**

Representative's signature – **if applicable**

Date – **if applicable**

You can return this form by faxing it to **1-877-523-2987**.
You can also mail it to **Medicaid/LaCHIP Office, P.O. Box 91283, Baton Rouge, LA 70821-9278**.

What AVS Means for Medicaid Recipients

- ▶ Asset verification is not new. Only the electronic aspect of it is new and the authorization form with spouse's signature.
- ▶ **All renewals will now require contacting Medicaid in order to complete the process**
- ▶ Some financial assets cannot be verified by AVS, therefore, it does not completely eliminate paper documentation

Please help Medicaid give our recipients a fighting chance to keep their Medicaid coverage!

- ▶ Complete the AVS form at your next face-to-face meeting if the client cannot clearly show you it's done. Don't wait until the form is due – send it in early!
- ▶ Please help make sure the client meets the deadline on any letter sent from Medicaid. Failure to respond by the deadline could result in Medicaid closure.



Questions

Click [HERE](#)

