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February 17, 2023

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 22-13E  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER 22-13  
(References: All County Welfare Directors Letter (ACWDL) [22-33](#), [22-13](#),  
[22-12](#), [21-31](#), [21-24](#), [19-17E](#) [17-37](#), [17-26E](#) and Medi-Cal Eligibility  
Division Informational Letter (MEDIL) [22-49](#), [22-20E](#), [21-42](#) and [17-05](#).)

The purpose of this All County Welfare Directors Letter (ACWDL) erratum is to correct and clarify policy originally established in ACWDL 22-13.

Corrections and clarifications to ACWDL 22-13 are recorded using the following:

- Strikethrough for deleted language
- Bold and underline for new language

Below is the language from ACWDL 22-13, with revisions located on pages 1-16. Narrative language in Sections I and II was stricken and incorporated into new tables added to pages 5-11 and 13-15.

### Purpose

The purpose of this ~~All County Welfare Directors Letter (ACWDL)~~ is to **provide guidelines for** ~~utilize the July 2022 asset limit increase to modify the conditions under which county eligibility workers (CEWs)~~ **to determine when, given the July 2022 asset limit increase,** ~~can use the asset verification reports~~ **can be used as verification** at application, ~~annual renewal, and change in circumstance (CIC),~~ **and annual renewal** for ~~Non-MAGI Long Term Care (LTC) and Non-LTC Aged, Blind and Disabled (ABD) individuals and their responsible relatives (RR).~~ With the exception of the new guidance provided in this ACWDL **and the supplemental desk guide in MEDIL I 22-49,** CEWs must follow the case processing guidelines for asset verification reports as outlined in ACWDLs 17-37 and 21-24. **DHCS will provide guidance regarding the anticipated**

**elimination of the asset test and the sunseting of programmatic operations in a future letter, if needed.**

**Overview**

Section 1940 of the federal Social Security Act requires **each state's** California's Medicaid program (Medi-Cal **in California**) to have an electronic asset verification program (AVP) in place to verify assets for ABD applicants and beneficiaries who do not receive Supplemental Security Income or State Supplementary Payment (SSI/SSP). California's electronic AVP requirements are outlined in [Welfare & Institutions Code \(WIC\) Section 14013.5](#). The Department of Health Care Services (DHCS) has previously published guidance on California's electronic AVP during various stages of implementation. For background on the pilot program, including participating counties and procedures, please refer to MEDIL I 17-05. Information regarding California's initial AVP rollout can be found in ACWDL 17-37. Details on the new weekly batch process, which went live on January 3, 2022 and covers asset verification requests submitted by CEWs for applications, CICs, and **RR** responsible relative searches, can be found in ACWDL 21-24.

**Changes to AVP Review Requirements at Application, ~~Renewal,~~ and Change in Circumstance, and Annual Renewal**

Effective **As of** July 1, 2022, the asset limit ~~will be increased~~ **is increased** to \$130,000 for one person and \$65,000 for each additional person (up to ~~ten~~ **10** maximum). ~~When these forthcoming changes take effect,~~ CEWs must follow the modified asset verification review requirements at application, **CIC, and annual renewal,** ~~and CIC~~ as specified below.

**NOTE:** ~~These modified review requirements do not affect the Spousal Impoverishment (SI) provisions, nor do they affect existing policies and procedures regarding Application, CIC, Overpayment and Fraud. Please refer to existing DHCS guidance for additional information on these topics.~~

**I. Application and Change in Circumstance**  
**(Weekly Batch Process/AVP Requests Submitted by CEWs)**

**The Centers for Medicare & Medicaid Services (CMS) permits use of attested information that is "reasonably compatible" to streamline Non-MAGI eligibility**

**determinations.<sup>1</sup> CEWs must rely on self-attested asset information provided during the application process and subsequently verify that information using the AVP reports post Medi-Cal enrollment as stipulated in [42 CFR §435.945](#). Self-attestation by an individual, or attestation by the individual's household or family member, authorized representative, etc., is unverified information collected during the application process. CEWs must determine whether attested values are reasonably compatible with electronic data sources, such as the asset verification reports. The attested value is determined reasonably compatible with the electronic data match if both values are either at or below property limits. CEWs must ~~must~~ **should** rely on attested asset information provided during the application process, **wherever possible**, and subsequently verify that information using the AVP reports **pre or** post Medi-Cal enrollment as stipulated in [42 CFR § 435.945](#). **As the use of attested values can expedite the provision of care, CEWs should facilitate use of the SAWS2 Plus in lieu of the Single Streamlined Application (SSApp) for applicants with a property component to their eligibility determination wherever possible.****

**To be accepted within the context of California's AVP, attestation must include:**

- **The minimum necessary information for all asset types listed in MEDIL I 22-49 (defined as "complete attestation"); and/or,**
- **An attested absence of asset(s). For example:**
  - **Client states they do not have any assets during intake**
  - **Client states they do not have any assets under penalty of perjury<sup>2</sup>**

Starting **As of** July 1, 2022, CEWs must grant Medi-Cal eligibility to ABD LTC and Non-LTC applicants **if:**

- **The attested asset information and/or information found on electronic verification sources are at or under \$130,000 for one person and \$65,000 for each additional person (up to 10 maximum).**

**A complete attestation (and/or the attested absence of asset(s)) is needed to approve eligibility using this method. If a complete attestation (and/or the attested absence of asset(s)) is present, then eligibility adjudication should not be delayed if the asset reports have not been received.**

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<sup>1</sup> See, [Streamlined Eligibility and Enrollment for Non-MAGI Populations](https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/non-magi-populations.pdf), p. 16. <https://www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/non-magi-populations.pdf>.

<sup>2</sup> See, ACWDL 22-12 for affidavits signed under penalty of perjury; See, ACWDL 19-17E for telephonic and electronic signature requirements for affidavits.

On May 4, 2022, CMS approved DHCS' Section 1902(e)(14)(A) waiver requests which afford temporary flexibilities to assist with the transition back to normal operations once the Continuous Coverage Period has ended. One of the approved waiver strategies helps facilitate renewals for individuals with no asset verification data returned within a reasonable timeframe. While MEDIL I 22-20E provides additional information on the approved waiver strategies, all were effective as of May 1, 2022 and will remain effective throughout the 12-month Continuous Coverage Unwinding Period.

During the Continuous Coverage Unwinding Period, if an individual has provided a complete attestation and/or an attested absence of asset(s) but the asset report is not received within 20 days for an application, then reasonable compatibility cannot be established and CEWs must request administrative verification. If the asset report is not received within 20 days for a CIC, then the attested information can be used to complete the eligibility determination without further verification of assets. DHCS notifies the Statewide Automated Welfare System (SAWS) Consortium and County Welfare Departments (CWDs) whenever the timeliness standard is exceeded and which files/batches are affected.

Reminders on Attestation:

- Attested information cannot be accepted for trusts (including special needs trusts), annuities, and Spousal Impoverishment (SI) cases. For these scenarios, CEWs must continue to obtain administrative verification and follow standard eligibility approval procedures.
- When a non-applying RR does not provide their SSN, counties should check their case files and/or other case records for this information. If the SSN is available, then it can be used to request an AVP report; if not, CEWs must end the ex parte review process and obtain administrative verification.
- Attested values can be used to expedite the approval of Medi-Cal, but they cannot be used to maintain benefits without AVP reports or administrative verification. If the AVP report is received timely after eligibility approval, refer to Beneficiary/CIC Scenario #1 (page # 8). If the AVP report is not received timely after eligibility approval, refer to Beneficiary/CIC Scenario #3 (page # 9).

Best Practices for Case File Documentation:

- CEWs should only document attested values and values obtained through administrative verification in the case file (AVP report values should not be documented in the case file).

- **If a client is over limits, attested values should be updated with administratively verified values.**

**Below are application and CIC scenarios and the actions CEWs must take to determine eligibility for LTC and Non-LTC ABD individuals and their RRs, if applicable. Scenario examples are provided along with actions to be taken if AVP does not detect certain asset(s):**

Application Scenario		Actions CEWs Must Take
1.	<ul style="list-style-type: none"> <li>• Complete attestation is provided</li> <li>• AVP report is received timely</li> </ul>	<p>Calculate property reserve using the most recent values from the AVP report. For asset(s) not detected by the AVP report, utilize values documented in the case file to determine eligibility. Values for asset(s) not detected by the AVP report can include attested values or those that have been administratively verified. If present, administratively verified values should be used in lieu of attested values.</p> <p><u>Example 1:</u> John attested to owning a Bank of America checking account with a \$500 balance which is documented in the case file, but the AVP report does not detect the account. In this scenario, CEWs would use the attested value of \$500 when calculating the property reserve.</p> <p><b><u>Under limit:</u></b> The attested and AVP report values are reasonably compatible. Approve Medi-Cal eligibility and do not request further verification of assets.</p> <p><b><u>Over limit:</u></b> The attested and AVP report values are not reasonably compatible. Request administrative verification of assets such as banking statements and/or property valuation reports and follow normal business processes to complete the eligibility determination.</p> <p><u>NOTE:</u> Counties shall follow Second Contact requirements prior to denial at application to obtain necessary verifications. Please refer to</p>

Application Scenario		Actions CEWs Must Take
		Second Contact guidance reminders and scenario examples in ACWDL 22-12.
2.	<ul style="list-style-type: none"> <li>Complete attestation is provided</li> <li>AVP report is not (but can still be) received timely</li> </ul>	<p>Calculate property reserve using attested value(s).</p> <p><b>Under limit:</b> Approve Medi-Cal eligibility and recalculate property reserve once AVP report is received.</p> <p><b>Over limit:</b> Request administrative verification of assets such as banking statements and/or property valuation reports and recalculate the property reserve to determine eligibility.</p> <p><b>NOTE:</b> Counties shall follow Second Contact requirements prior to denial at application to obtain necessary verifications. Please refer to Second Contact guidance reminders and scenario examples in ACWDL 22-12.</p>
3.	<ul style="list-style-type: none"> <li>Complete attestation is provided</li> <li>AVP report is not received timely</li> </ul>	<p>Calculate property reserve using attested value(s).</p> <p><b>Under limit:</b> Reasonable compatibility cannot be established. Request administrative verification such as banking statements and/or property valuation reports and reconcile attested value(s) with administrative verification to determine eligibility. Document in case file that in accordance with MEDIL I 22-20E, the client is not subject to AVP reporting requirements due to untimely AVP report.</p> <p><b>Over limit:</b> Request administrative verification of assets such as banking statements and/or property valuation reports and recalculate the property reserve to determine eligibility. Document in case file that the</p>

Application Scenario		Actions CEWs Must Take
		<p>client is not subject to AVP reporting requirements due to untimely AVP report.<sup>3</sup></p> <p><u>NOTE:</u> Counties shall follow Second Contact requirements prior to denial at application to obtain necessary verifications. Please refer to Second Contact guidance reminders and scenario examples in ACWDL 22-12.</p>
4.	<ul style="list-style-type: none"> <li>No or incomplete attestation provided</li> <li>AVP report is not (but can still be) received timely</li> </ul>	<p><b>Application is incomplete.</b>  A determination of eligibility cannot be made until complete attestation is obtained. Request the MC 604 IPS and other supplemental forms necessary for Non-MAGI eligibility determinations in accordance with ACWDL 17-26E. CEWs can also obtain attestation via writing, telephone or in-person interview.</p> <p><u>NOTE:</u> Counties shall follow Second Contact requirements prior to denial at application to obtain necessary verifications. Please refer to Second Contact guidance reminders and scenario examples in ACWDL 22-12.</p> <p>If/when a complete attestation is obtained, please follow Application Scenario # 1 or 2 above.</p>
5.	<ul style="list-style-type: none"> <li>No or incomplete attestation provided</li> <li>AVP report is not received timely</li> </ul>	<p><b>Application is incomplete.</b>  A determination of eligibility cannot be made until complete attestation is obtained. Request the MC 604 IPS and other supplemental forms necessary for Non-MAGI eligibility determinations in accordance with ACWDL 17-26E. CEWs can also obtain attestation via writing, telephone, or in-person interview.</p> <p><u>NOTE:</u> Counties shall follow Second Contact requirements prior to denial at application to</p>

<sup>3</sup> CEWs should include the affected file/batch and timeframe when documenting in the case file that a client is not subject to AVP reporting requirements. Example: "AVP response was not received timely for the weekly request file batch of MM/DD/YYYY to MM/DD/YYYY. Client is not subject to AVP reporting requirements for this timeframe."

Application Scenario		Actions CEWs Must Take
		<p>obtain necessary verifications. Please refer to Second Contact guidance reminders and scenario examples in ACWDL 22-12.</p> <p>If/when a complete attestation is obtained, please follow Scenario # 3 above.</p>

Beneficiary/CIC Scenario*		Actions CEWs Must Take
1.	<ul style="list-style-type: none"> <li>Eligibility was approved based on complete attestation</li> <li>AVP report is received within timeliness standard</li> </ul> <p><i>Note: This scenario is a continuation of Application Scenario #2.</i></p>	<p>Recalculate property reserve using the most recent values from the AVP report and information known in the case file for asset(s) not detected by the AVP report. Values for asset(s) not detected by the AVP report can include attested values or those that have been administratively verified. If present, administratively verified values should be used in lieu of attested values.</p> <p><u>Example 1:</u> Jennifer attested to owning a checking account at Golden 1 Credit Union with a \$500 balance, which is documented in the case file. She was approved for Medi-Cal based on attested values, but the AVP report does not detect the Golden 1 checking account when it returns. In this scenario, CEWs would use the attested value of \$500 when recalculating the property reserve.</p> <p><u>Example 2:</u> Ernesto was approved for Medi-Cal based on attested values and a previously verified Mechanics Bank trust account valued at \$50,000. All assets were documented in the case file, but the AVP report does not detect the trust account when it returns. In this scenario, CEWs would use the administratively verified value of \$50,000 when recalculating the property reserve if the verification is 90 or less days old (new trust documentation must be requested if over 90 days old).</p>



Beneficiary/CIC Scenario*		Actions CEWs Must Take
		<p><b>Under limit:</b> The attested and AVP report values are reasonably compatible. Maintain Medi-Cal eligibility and do not request further verification of assets (including closed accounts and those not detected by the AVP report).</p> <p><b>Over limit:</b> The attested and AVP report values are not reasonably compatible. Request administrative verification of all assets, including closed accounts and those asset(s) not detected by the AVP report, with banking statements and/or property valuation reports. Redetermine eligibility in accordance with <a href="#">42 CFR § 435.916(d)</a> and <a href="#">W&amp;I Section 14005.37</a>.</p>
2.	<ul style="list-style-type: none"> <li>Eligibility was approved based on complete attestation</li> <li>AVP report is not (but can still be) received timely</li> </ul> <p><i>Note: This scenario is a continuation of Application Scenario #2.</i></p>	Maintain Medi-Cal eligibility. If AVP report is received, recalculate property reserve and take action in accordance with Beneficiary/CIC Scenario #1. If AVP report is not received, take action in accordance with Beneficiary/CIC Scenario #3.
3.	<ul style="list-style-type: none"> <li>Eligibility was approved based on complete attestation</li> <li>AVP report is not received timely</li> </ul> <p><i>Note: This scenario is a continuation of Application Scenario #2.</i></p>	Complete the ex parte review without any further verification of assets and document in the case file that the client is not subject to AVP reporting requirements due to untimely AVP report (see MEDIL I 22-20E, pgs. 2-3).

Beneficiary/CIC Scenario*	Actions CEWs Must Take
<p>4.</p> <ul style="list-style-type: none"> <li>• Beneficiary reports a CIC or</li> <li>• There is an unreported CIC (e.g., client turns 65 and is being evaluated for Non-MAGI Medi-Cal)</li> <li>• AVP report is received timely</li> </ul>	<p>Recalculate property reserve using the most recent values from the AVP report and information known in the case file for asset(s) not detected by the AVP report. Values for asset(s) not detected by the AVP report can include attested values or those that have been administratively verified. If present, administratively verified values should be used in lieu of attested values.</p> <p><u>Example 1:</u> At application, Nathan attested to owning a checking account at Umpqua Bank with a \$500 balance. During the initial run, the AVP report detected the Umpqua Bank account but because his attestation was reasonably compatible with the AVP report, the \$500 value was documented in the case file.</p> <p><b><i>AVP is run after Nathan reports a CIC</i></b>, and it does not detect the Umpqua Bank account. In this scenario, CEWs would use the attested value of \$500 when recalculating the property reserve.</p> <p><u>Example 2:</u> Sharice turned 65 and is being evaluated for Non-MAGI Medi-Cal. As part of her evaluation, she provides administrative verification of a Wells Fargo trust account valued at \$50,000. The AVP report does not detect the Wells Fargo trust when it returns. In this scenario, CEWs would use the administratively verified value of \$50,000 when recalculating the property reserve if the verification is 90 or less days old (new trust documentation must be requested if over 90 days old).</p> <p><b><u>Under limit:</u></b> The case file and AVP report values are reasonably compatible. Maintain Medi-Cal eligibility and do not request further verification of assets (including closed accounts and those not detected by the AVP report).</p>

Beneficiary/CIC Scenario*		Actions CEWs Must Take
		<p><b>Over limit:</b> The case file and AVP report values are not reasonably compatible. Request administrative verification of all assets, including closed accounts and those assets not detected by the AVP report, with banking statements and/or property valuation reports. Recalculate property reserve using the most recent combined value of all assets provided on all administrative verification documents, including those asset(s) previously disclosed but not returned by the asset report.</p> <p><b>NOTE:</b> Counties shall follow ACWDL 22-33 requirements to obtain necessary verifications at CIC and discontinue when necessary information is not received.</p>
5.	<ul style="list-style-type: none"> <li>Beneficiary reports a CIC or</li> <li>There is an unreported CIC (e.g., client turns 65 and is being evaluated for Non-MAGI Medi-Cal)</li> <li>AVP report is not received timely</li> </ul>	<p>Complete the ex parte review without any further verification of assets and document in the case file that the client is not subject to AVP reporting requirements due to untimely AVP report (see MEDIL I 22-20E, pgs. 2-3).</p>

*\*This section does not apply to beneficiaries with an upcoming annual redetermination. Actions to be taken for annual renewals can be found in Section II below.*

~~If the asset report is available before a CEW determines Medi-Cal eligibility based on self attestation, then the CEW must grant eligibility if the combined value of all assets on the report, both disclosed and undisclosed, does not exceed \$130,000 for one person and \$65,000 for each additional person (up to ten maximum). In addition to utilizing asset report information, the current attested value of any asset(s) that were previously disclosed but not detected by the report must be used in determining an applicant's property reserve, if applicable. To expedite the provision of medical assistance, the CEW must not request administrative verification such as banking~~

~~statements and/or property valuation reports if the applicant's sum of all reported and unreported assets is below the property reserve limit.~~

~~If Medi-Cal eligibility was granted based on self-attestation prior to receipt of the asset report, but the report is later received and reveals previously undisclosed asset(s), then the CEW must not obtain administrative verification such as banking statements and/or property valuation reports if the combined value of all disclosed and undisclosed assets on the report is less than \$130,000 for one person and \$65,000 for each additional person (up to ten maximum). If applicable, the current attested value of any asset(s) that were previously disclosed but not detected by the report must also be used in determining a beneficiary's property reserve. However, and in accordance with [42 CFR § 435.916\(d\)](#) and [W&I Section 14005.37](#), if new information from the asset report post-Medi-Cal enrollment indicates potential ineligibility, then the CEW must evaluate that information and redetermine eligibility as appropriate. Section II provides additional guidance regarding the modified conditions for when CEWs must obtain administrative verification such as banking statements and/or property valuation reports for annual renewals and CIC redeterminations.~~

## **II. Renewal and Change in Circumstance Annual Renewal (Monthly Batch Process/AVP Requests Submitted by DHCS)**

~~To make the renewal process faster and less burdensome on both County Welfare Departments (CWDs) and beneficiaries, DHCS modified the conditions under which CEWs can use asset reports as verification ~~at~~ **for** annual renewals and CIC. The modified renewal processing conditions outlined in this ACWDL supersede those provided in ACWDL 21-24.~~

~~Under ACWDL 21-24, the pre July 1, 2022, processing conditions for annual renewals and CICs were as follows:~~

~~When the asset verification report identifies all assets included in the beneficiary's case file, and the value of those assets fall under property reserve limits, then CEWs must not request administrative verification such as bank statements and/or property valuation reports. CEWs must request bank statements and/or property valuation reports only in the following scenarios:~~

- ~~1) When the asset report reveals previously undisclosed assets;~~
- ~~2) When the asset reports reveals a previously disclosed asset with a value exceeding the property reserve limit; or~~

~~3) When the asset report does not detect an asset already disclosed by the beneficiary.~~

**During the Continuous Coverage Unwinding Period, if the asset report is not received within 30 days for annual renewals, then counties must complete the ex parte review process without any further verification of assets. DHCS notifies the SAWS Consortium and CWDs whenever the timeliness standard is exceeded and which files/batches are affected.**

**Best Practices for Case File Documentation:**

- **CEWs should only document attested values and values obtained through administrative verification in the case file (AVP report values should not be documented in the case file).**
- **If a client is over limits, attested values should be updated with administratively verified values.**

**Below are Annual Renewal scenarios and the actions CEWs must take to determine ongoing eligibility for LTC and non-LTC ABD individuals (effective as of July 1, 2022):**

Annual Renewal Scenario		Actions CEWs Must Take
1.	<ul style="list-style-type: none"> <li>• AVP report is received timely</li> </ul>	<p>Calculate property reserve using the most recent values from the AVP report and information known in the case file for asset(s) not detected by AVP. Values for asset(s) not detected by AVP can include attested values or those that have been administratively verified. If present, administratively verified values should be used in lieu of attested values.</p> <p><u>Example 1:</u> At application, Thomas was approved based on attested values which were reasonably compatible with the AVP report. All attested values were documented in the case file, including a Golden 1 Credit Union checking account valued at \$500.</p> <p><b><i>When AVP was run at annual renewal</i></b>, it did not detect the Golden 1 checking account. In this scenario, CEWs would use the attested</p>

Annual Renewal Scenario	Actions CEWs Must Take
	<p>value of \$500 when calculating the property reserve.</p> <p><u>Example 2:</u> At application, Julia was approved based on attested values, but when AVP returned the attested values were not reasonably compatible with the AVP report. After requesting administrative verification of all assets, Julia was found to be under limits and eligibility was maintained. All of the administratively verified assets were documented in the case file, and one of these was a Redwood Credit Union savings account with a \$5,000 balance. <b><i>When AVP was run at annual renewal</i></b>, it did not detect the Redwood Credit Union savings account. In this scenario, CEWs would use the previously verified value of \$5,000 when calculating the property reserve.</p> <p><b><u>Under limit:</u></b> The case file and AVP report values are reasonably compatible. Maintain Medi-Cal eligibility and do not request further verification of assets (including closed accounts and those not detected by AVP).</p> <p><b><u>Over limit:</u></b> The case file and AVP report values are not reasonably compatible. Request administrative verification of all assets, including closed accounts and those not detected by AVP, with banking statements and/or property valuation reports. Recalculate property reserve using the most recent combined value of all assets provided on administrative verification documents, including assets previously disclosed but not returned by the asset report.</p> <p><b><u>NOTE:</u></b> Counties shall follow ACWDL 22-33 requirements to obtain necessary verifications at annual renewal and discontinue when necessary information is not received.</p>

Annual Renewal Scenario		Actions CEWs Must Take
2.	<ul style="list-style-type: none"> <li>AVP report is not received timely</li> </ul>	Complete the ex parte review without any further verification of assets and document in the case file that the client is not subject to AVP reporting requirements due to untimely AVP report (see MEDIL I 22-20E, pgs. 2-3).

- ~~1) CEWs must not request administrative verification such as bank statements and/or property valuation reports when the asset report contains assets, whether disclosed or undisclosed, that when combined do not exceed the new property reserve limits of \$130,000 for one person and \$65,000 for each additional person (up to ten maximum). In addition to utilizing asset report information, the current attested value of any asset(s) that were previously disclosed but not detected by the report must be used in determining the total value of the property reserve.~~
- ~~a. If a beneficiary is beneath property reserve limits, then CEWs must use the most recent combined value of all assets on the report and/or the current attested value of any asset(s) that were previously disclosed but not detected by the report. Previously undisclosed assets must be documented in the beneficiary's case file.~~
- ~~2) CEWs must request administrative verification such as bank statements and/or property valuation reports when the asset report contains assets, whether disclosed or undisclosed, that when combined exceed the new property reserve limits of \$130,000 for one person and \$65,000 for each additional person (up to ten maximum).~~
- ~~b. If a beneficiary exceeds property reserve limits, then CEWs must use the most recent combined value of all assets provided on all administrative verification documents, including those previously disclosed but not returned by the asset report. Previously undisclosed assets must be documented in the beneficiary's case file.~~

If the asset report provides evidence of closure on a previously known asset, then the CEW should no longer include the asset in the case record. If the record is known in SAWS, then the case should be updated to reflect that the asset is no longer open by **using the AVP report to end date the asset listing**. All supporting information and/or documentation used in eligibility determinations must be retained in the case notes/files to be compliant with audits and appeals requirements. This may include person(s) contacted, dates, times, and other applicable information or documentation to support the case file. To remain in compliance with [FFCRA Section 6008\(b\)\(3\)](#), CEWs must not

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terminate a beneficiary until after completing the beneficiary's first ordinary annual renewal that occurs following the end of the month in which the ~~public health emergency~~ **Continuous Coverage Requirement** ends, **which is identified as March 31, 2023,** even if eligibility was granted based on ~~self~~-attested information at application.

If you have any questions, or if we can provide further information, please contact Corinne Marquez at (916) 345-8684 or by email at [Corinne.Marquez@dhcs.ca.gov](mailto:Corinne.Marquez@dhcs.ca.gov).

Original signed by

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