

Chapter 4 - Health Surveillance and Infectious Disease

Subchapter 5 -

Vermont Medication Assistance Program (VMAP) Rule

1.0 A. Authority

~~These rules are established under authority of~~ This rule is adopted pursuant to Section 119a of Act 61 (1997) which expressly directs the Secretary of the Agency of Human Services to develop and adopt rules governing the eligibility for assistance under the Vermont Medication Assistance Program (VMAP) and the Vermont Department of Health's general rule making authority at 3 V.S.A. §§ 801(b)(11) and 3003(a) and 18 V.S.A. §§ 102 and 104.

2.0 B. Purpose

~~These~~ This rules establishes the eligibility requirements for assistance under the Vermont Medication Assistance Program (VMAP). The purpose of VMAP is to provide, to low-income individuals living with HIV/AIDS, financial assistance for the purchase of prescription medications that have been determined to prolong life and/or prevent serious deterioration of health.

3.0 C. Definitions

3.1 "Adjusted Gross Income": Adjusted gross income (AGI) is means total income minus specific deductions as used by the Internal Revenue Service and defined in 26 U.S.C. § 62. It can be found on the AGI line of the income tax return form.

3.2 "Recertification": Providing proof of income and Vermont residency semi-annually for the purpose of verifying eligibility. Proof of income includes but is not limited to pay stubs, bank statements, IRS tax return. means proof of continued eligibility. Factors demonstrating eligibility for recertification include, but are not limited to, enrollment in state-sponsored health insurance or completion of a self-attestation form certifying that there has been no change in the applicant's eligibility.

3.3 "Residency": means being domiciled within the State of Vermont and being able to provide proof of such domicile. Having a Vermont address for purposes of determining eligibility at initial enrollment and semi-annual for recertification. Proof of a Vermont address includes but is not limited to driver's license, utility bill or lease agreement. Factors demonstrating residency include, but are not limited to: possession of a Vermont driver's license, registration to vote in Vermont, evidence that a person leases/owns property in Vermont, or filing of a Vermont tax return for the most recent tax year.

4.0 D. Description of Program

4.1 In carrying out this program, the Department of Health shall:

- ~~4.1.1 (1) determine which medications are eligible to be included under the program formulary;~~
- ~~4.1.2 (2) provide assistance for the purchase of prescription medications determined to be eligible under paragraph (1); and~~
- ~~4.1.3 (3) assure that outreach is provided to individuals with HIV/AIDS and, as appropriate, to the families of such individuals.~~

4.0 E. Eligibility Requirements

4.1 (A) Application

~~4.1.1 (a) The applicant shall complete the The Department of Health's application form must be completed:~~

~~4.1.1.1 (i) fFor each applicant upon initial application and recertification annually thereafter; and~~

~~4.1.1.2 (ii) wWhen there is a change in status affecting eligibility.~~

~~4.1.1.1 By July 31 of each year, any applicant must submit a completed application to the Department.~~

~~4.1.1.2 By January 31 of each year, any applicant must submit a completed a recertification form to the Department.~~

~~4.1.1.2.1. Current enrollment in a Medicaid or any state-sponsored health care insurance plan satisfies the Section.~~

~~(b) The signature of the individual applying for assistance is required on the application form. In any case where the applicant is incapable of signing the application because of physical incapability, or mental incompetency, application shall be signed on behalf of such a person by his/her authorized representative.~~

~~4.1.2 (e) The form shall contain the following information, in addition to any other information which the Department of Health may require for the proper administration of the program:~~

~~4.1.2.1 (i) nName, gender, date of birth, social security number, address and telephone number of the applicant;~~

~~4.1.2.2 (ii) iIncome information for the applicant; and~~

~~4.1.2.3 (iii) iInformation regarding any other health benefits or insurance coverage that is available to the applicant;:~~

~~4.1.2.4 The signature of the applicant or the applicant's authorized representative with proof of authorization in any case where the applicant is incapable of signing the application because of physical incapability or mental incompetency; and~~

4.1.2.5 Any other information that the Department of Health may require for the proper administration of the program.

4.2 ~~(2)~~ **Medical Condition**

~~A~~ The applicant must have a confirmed medical diagnosis of HIV/AIDS to participate in the program.

4.3 ~~(3)~~ **Financial Status**

The applicant must have an ~~Financial eligibility for the VMAP program is limited to applicants~~ the adjusted gross income of applicant that does not exceed 500% of the Federal Poverty Level (FPL). The Federal Poverty Guidelines are published on as established by the U.S. Department of Health and Human Services website at <http://aspe.hhs.gov/poverty/12poverty.shtml#guidelines> and are hereby incorporated by reference.

4.4 ~~(4)~~ **Residency**

The applicant must be a resident of Vermont. ~~Applicants must be domiciled within the State of Vermont and be able to provide proof of such domicile.~~

4.5 ~~(5)~~ **Other Application** Health Insurance

If the applicant ~~may be~~ is eligible for ~~other programs offering~~ health insurance or other related financial assistance programs that covers all or part of assistance with the cost of medications, such as Medicaid, the applicant ~~will~~ may be required to ~~apply~~ obtain for such assistance before receiving VMAP benefits.