

Chapter 4 - Health Surveillance and Infectious Disease

Subchapter 5 -

Vermont Medication Assistance Program (VMAP) Rule

1.0 Authority

This rule is adopted pursuant to Section 119a of Act 61 (1997).

2.0 Purpose

This rule 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 Definitions

- 3.1 “Adjusted Gross Income” (AGI) 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” 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 “Resident” means being domiciled within the State of Vermont and being able to provide proof of such domicile. 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 Eligibility Requirements

4.1 Application

4.1.1 The applicant shall complete the Department of Health’s application form

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

4.1.1.2 By January 31 of each year, the 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.

4.1.2 The form shall contain the following information:

- 4.1.2.1 Name, gender, date of birth, social security number, address and telephone number of the applicant;
- 4.1.2.2 Income information for the applicant;
- 4.1.2.3 Information 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 Medical Condition

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

4.3 Financial Status

The applicant must have an adjusted gross income that does not exceed 500% of the Federal Poverty Level (FPL) as established by the U.S. Department of Health and Human Services.

4.4 Residency

The applicant must be a resident of Vermont.

4.5 Health Insurance

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