

Vermont Medication Assistance Program (VMAP) Rules

A. Authority

These rules are established under authority of 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 rulemaking authority at 3 V.S.A. §§ 801(b)(11) and 3003(a) and 18 V.S.A. §§ 102 and 104.

B. Purpose

These rules establish 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.

C. Definitions

Adjusted Gross Income: Adjusted gross income (AGI) is total income minus specific deductions as defined by the IRS. It can be found on the AGI line of the income tax return form.

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.

Residency: 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.

D. Description of Program

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

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

E. Eligibility Requirements

- (1) Application
 - (a) The Department of Health's application form must be completed:

- (i) for each applicant upon initial application and recertification; and
 - (ii) when there is a change in status affecting eligibility.
- (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.
- (c) 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:
 - (i) name, gender, date of birth, social security number, address and telephone number of the applicant;
 - (ii) income information for the applicant; and
 - (iii) information regarding any other health benefits or insurance coverage that is available to the applicant.

(2) Medical Condition

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

(3) Financial Status

Financial eligibility for the VMAP program is limited to applicants where the adjusted gross income of applicant does not exceed 500% of the Federal Poverty Level (FPL). The Federal Poverty Guidelines are published on 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) Residency

Applicants must be domiciled within the State of Vermont and be able to provide proof of such domicile.

(5) Other Application

If the applicant may be eligible for other programs offering assistance with the cost of medications, such as Medicaid, the applicant will be required to apply for such assistance.