

## 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 financial assistance to low-income individuals living with HIV for the purchase of prescription medications that have been determined to prolong life and/or prevent 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.
- 3.2 “Department” means the Department of Health.
- 3.3 “HIV” means Human Immunodeficiency Virus.
- 3.4 “Medication Assistance Program Application” means the form published by the Department of Health used to apply for VMAP benefits.
- 3.5 “Medication Assistance Program Recertification Form” means the form published by the Department of Health used to prove continued program eligibility to receive benefits in the next enrollment period.
- 3.6 “Recertification” means providing proof of continued eligibility for assistance under the Vermont Medication Assistance Program.
- 3.7 “Resident” means being domiciled within the State of Vermont and being able to provide proof of such domicile.

## **4.0 Eligibility Requirements**

### **4.1 Application**

- 4.1.1 To apply for VMAP, applicants shall submit a completed Medication Assistance Program Application to the Department of Health.
- 4.1.2 Initial applicants may apply at any time.
- 4.1.3 Existing VMAP recipients seeking to continue to receive the VMAP benefit must recertify in order to receive benefits in the next enrollment period. To recertify, applicants shall submit a completed Medication Assistance Program Recertification Form to the Department of Health by July 31.
- 4.1.4 An individual is not required to have health insurance coverage before application to VMAP.
- 4.1.5 Both the Medication Assistance Program Application and the Medication Assistance Program Recertification Form must be signed by the applicant or the applicant's authorized representative.
- 4.1.6 The Department of Health may require other information from the applicant for the proper administration of the program based on federal guidance.

### **4.2 Medical Condition**

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

### **4.3 Financial Status**

The applicant must have an AGI that does not exceed 500% of the Federal Poverty Level as established by the U.S. Department of Health and Human Services.

### **4.4 Residency**

- 4.4.1 The applicant must be a resident of Vermont. Residency can be demonstrated by providing one of the following documents:

- 4.4.1.1 A Vermont driver's license;
- 4.4.1.2 A Vermont voter registration;
- 4.4.1.3 A completed Vermont Department of Health VMAP Residential Statement;
- 4.4.1.4 Utility bill with the applicant's name and Vermont address listed;
- 4.4.1.5 Property tax bill with physical location;
- 4.4.1.6 Lease or landlord statement;
- 4.4.1.7 Homeowners/renters insurance (policy/proof of claim);
- 4.4.1.8 First class mail with current name and street address; or
- 4.4.1.9 Filing of a Vermont tax return for the most recent tax year.

## **5.0 Recipient Requirement**

If the VMAP recipient is eligible for health insurance or other related financial assistance programs that cover all or part of the cost of medications, such as Medicaid or private insurance, the individual shall apply for such assistance within 7 days, following notification by the Vermont Medication Assistance Program that the application was received.