FINAL PROPOSED RULE # 24-P. 26

Final Proposed Filing - Coversheet

Instructions:

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the "Rule on Rulemaking" adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

All forms shall be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of "Proposed Rule Postings" online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!

Certification Statement: As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

Beneficiary Protections and Responsibilities

/s/ Kristin L. McClure _____ , on 8/21/24

(signature) (date)

Printed Name and Title:
Kristin McClure, Interim Deputy Secretary, Agency of Human Services

RECEIVED BY: _____

- ☐ Coversheet
- ☐ Adopting Page
- ☐ Economic Impact Analysis
- ☐ Environmental Impact Analysis
- ☐ Strategy for Maximizing Public Input
- ☐ Scientific Information Statement (if applicable)
- ☐ Incorporated by Reference Statement (if applicable)
- ☐ Clean text of the rule (Amended text without annotation)
- ☐ Annotated text (Clearly marking changes from previous rule)
- ☐ ICAR Minutes
- ☐ Copy of Comments
- ☐ Responsiveness Summary

1. TITLE OF RULE FILING:
   Beneficiary Protections and Responsibilities
2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE
   24P026
3. ADOPTING AGENCY:
   Agency of Human Services (AHS)
4. PRIMARY CONTACT PERSON:
   (A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).

   Name: Ashley Berliner

   Agency: Department of Vermont Health Access

   Mailing Address: 280 State Drive, Waterbury, VT 05671-1000

   Telephone: 802-578-9305 Fax: 802-241-0450

   E-Mail: ahs.medicaidpolicy@vermont.gov

   Web URL *(WHERE THE RULE WILL BE POSTED)*:
   https://humanservices.vermont.gov/rules-policies/health-care-rules
5. SECONDARY CONTACT PERSON:
   (A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).

   Name: Grace Johnson

   Agency: Department of Vermont Health Access

   Mailing Address: 280 State Drive, Waterbury, VT 05671-1000

   Telephone: 802-760-8128 Fax: 8022410450

   E-Mail: grace.e.johnson@vermont.gov
6. RECORDS EXEMPTION INCLUDED WITHIN RULE:
   (DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE, EXEMPTING IT FROM INSPECTION AND COPYING?) No

   IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

   Not Applicable

   PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

   Not Applicable
7. LEGAL AUTHORITY / ENABLING LEGISLATION:
   (THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).

3 V.S.A. § 801(b)(11), 33 V.S.A. § 1901(a)(1)

8. EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:

AHS' authority to adopt rules as identified in the above section includes, by necessity, authority to amend rules to ensure continued alignment with federal and state guidance and law. The statutes authorize AHS as the adopting authority for administrative procedures and afford rulemaking authority for the administration of Vermont's medical assistance programs under Title XIX (Medicaid) of the Social Security Act.

9. THE FILING HAS NOT CHANGED SINCE THE FILING OF THE PROPOSED RULE.

10. THE AGENCY HAS NOT INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.

11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.

12. THE AGENCY HAS NOT INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.

13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.

14. CONCISE SUMMARY (**150 WORDS OR LESS**):

This Health Care Administrative Rule sets forth Beneficiary Protections and Responsibilities under Vermont Medicaid. It revises and will replace current Medicaid covered services rule 7101 as part of the sequential adoption of Health Care Administrative Rules designed to improve public accessibility and comprehension of the numerous rules concerning the operation of Vermont's Medicaid program.

15. EXPLANATION OF WHY THE RULE IS NECESSARY:

The proposed amendments remove outdated language that no longer reflects current practice or policy. This includes items such as primary care case management (PCCM) and regulations around primary care providers. This proposed amendment also streamlines requirements

and protections for Medicaid members to increase clarity for members and providers alike, removes duplicative language, and removes provisions that do not warrant rule.

16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:
The rule is required to implement state and federal health care guidance and laws. Additionally, the rule is within the authority of the Secretary, is within the expertise of AHS, and is based on relevant factors including consideration of how the rule affects the people and entities listed below.

17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:
Medicaid beneficiaries, Agency of Human Services including its Departments; Hospitals, Health law, policy, and related advocacy and community-based organization and groups including the Office of the Health Care Advocate; and health care providers.

18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):
The rule does not increase or lessen an economic burden on any person or entity including no impact on the State's gross annualized budget. The changes and amendments conform the rules with current practice and changes to federal and state laws that have already been implemented.

19. A HEARING WAS HELD.

20. HEARING INFORMATION
(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING, PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 8/7/2024

Time: 12:00 PM

Street Address: Virtual Hearing only- Phone or Microsoft Teams call in 802-828-7667, Phone Conference ID:83494679#; Teams link and information will be posted in the Global Commitment Register online as well.

Zip Code:

URL for Virtual: https://teams.microsoft.com/l/meetupjoin/19%3ameeting_ZjNmMTVmNzItYmJhZi00MDZmLTg1NWEtNzM1NGFlMzc1OWQ3%40thread.v2/0?context=%7b%22Tid%22%3a%2220b4933b-baad-433c-9c0270edcc7559c6%22%2c%22Oid%22%3a%22e1e11d2c-11af-4bb4-9727-4c26e6ac5311%22%7d

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21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING): 8/14/2024

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Medicaid
Health Care Administrative Rule
HCAR

Beneficiary Protections

Beneficiary Responsibilities

State of Vermont
Agency of Human Services
Office of the Secretary
280 State Drive
Waterbury, VT 05671-1000
www.humanservices.vermont.gov

Jenney Samuelson, Secretary

[phone] 802-241-0440
[fax] 802-241-0450

MEMORANDUM

To: Sarah Copeland Hanzas, Secretary of State, Vermont Secretary of State Office
Representative Trevor Squirrell, Chair, Legislative Committee on Administrative Rules (LCAR)

From: Ashley Berliner, Director of Health Care Policy and Planning, Department of Vermont Health Access

Cc: Charlene Dindo, Committee Assistant, LCAR
Monica Hutt, Chief Prevention Officer and Liaison, Agency of Administration
Jenney Samuelson, Secretary, Agency of Human Services

Date: August 22, 2024

Re: Health Care Administrative Rules

Please find enclosed the final proposed rule filing from the Agency of Human Services for the following rules:

Amended:

- 24P026: Beneficiary Protections and Responsibilities

A public hearing was held on August 7, 2024, and the public comment period ended August 14, 2024. No comments were received. No changes have been made since the filing of the proposed rules.

If you have any questions regarding these rules, please contact Grace Johnson, Health Care Policy Analyst, at 802-760-8128.

280 State Drive - Center Building
Waterbury, VT 05671-1000

OFFICE OF THE SECRETARY
TEL: (802) 241-0440
FAX: (802) 241-0450

JENNEY SAMUELSON
SECRETARY

TODD W. DALOZ
DEPUTY SECRETARY

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

MEMORANDUM

TO: Sarah Copeland Hanzas, Secretary of State

FROM: Jenney Samuelson, Secretary, Agency of Human Services

DATE: August 6, 2024

SUBJECT: Signatory Authority for Purposes of Authorizing Administrative Rules

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I hereby designate Kristin McClure, Interim Deputy Secretary, Agency of Human Services as signatory to fulfill the duties of the Secretary of the Agency of Human Services as the adopting authority for administrative rules as required by Vermont's Administrative Procedures Act, 3. V.S.A § 801 et seq.

CC: KristinMcClure@vermont.gov

Adopting Page

Instructions:

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

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1. TITLE OF RULE FILING:
   Beneficiary Protections and Responsibilities
2. ADOPTING AGENCY:
   Agency of Human Services (AHS)
3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):

   - **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment if the rule is replaced with other text.
   - **NEW RULE** - A rule that did not previously exist even under a different name.
   - **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

   This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):
   SOS Log #: 18-025, Medicaid Benefit Delivery 7101, effective June 1, 2018 (CRV-13-170-710).

State of Vermont
Agency of Administration
109 State Street
Montpelier, VT 05609-0201
www.aoa.vermont.gov

[phone] 802-828-3322

Kristin L. Clouser, Secretary

INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

Meeting Date/Location: May 13, 2024, virtually via Microsoft Teams
Members Present: Chair Sean Brown, Diane Sherman, Jared Adler, Jennifer Mojo, Michael Obuchowski, Natalie Weill, and Nicole Dubuque
Members Absent: John Kessler
Minutes By: Melissa Mazza-Paquette

- 2:04 p.m. meeting called to order, welcome and introductions.
- Review and approval of minutes from the April 4, 2024 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Presentation of Proposed Rules on pages 2-7 to follow.
  1. Recovery Services Organization Certification Rule, Vermont Department of Health, page 2
  2. Ambulance Services, Agency of Human Services, page 3
  3. Beneficiary Protections and Responsibilities, Agency of Human Services, page 4
  4. Marriage Ceremony For Incarcerated Individuals, Department of Corrections, page 5
  5. 2024 Materials Management Plan, Agency of Natural Resources, page 6
  6. Agency Designation, Agency of Human Services, page 7
- Next scheduled meeting is June 10, 2024 at 2:00 p.m.
- 3:08 p.m. meeting adjourned.

Proposed Rule: Beneficiary Protections and Responsibilities, Agency of Human Services
Presented By: Grace Johnson

Motion made to accept the rule by Nicole Dubuque, seconded by Diane Sherman, and passed unanimously except for Natalie Weill who abstained, with the following recommendation:

1. Proposed Filing – Coversheet, #8: Identify the changes.

Economic Impact Analysis

Instructions:

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

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1. TITLE OF RULE FILING:

   Beneficiary Protections and Responsibilities

2. ADOPTING AGENCY:

   Agency of Human Services (AHS)

3. CATEGORY OF AFFECTED PARTIES:

   LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:

   Potentially affected by the adoption of this rule: Medicaid beneficiaries, Agency of Human Services including its Departments; Hospitals, Health law, policy, and related advocacy and community-based organizations and groups including the Office of the Health Care Advocate; and health care providers.

There are no additional costs associated with this rule because the amendments reflect existing practice and coverage policies for Medicaid in Vermont.

4. IMPACT ON SCHOOLS:
INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:

No impact.

5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

Not applicable.

6. IMPACT ON SMALL BUSINESSES:
INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):

No impact.

7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

Not applicable.

8. COMPARISON:
COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:
There is no economic impact for there to be a comparison.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
There are no additional costs associated with this rule because the amendments reflect existing practice and coverage policies for Medicaid in Vermont. There are no alternatives to the adoption of this rule; it is necessary to ensure continued alignment with federal and state guidance and law for covered services and benefits within Vermont's Medicaid program.

Environmental Impact Analysis

Instructions:

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis. If no impacts are anticipated, please specify "No impact anticipated" in the field.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

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1. TITLE OF RULE FILING:

   Beneficiary Protections and Responsibilities

2. ADOPTING AGENCY:

   Agency of Human Services (AHS)

3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*
   No impact.

4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*
   No impact.

5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*
   No impact.

6. RECREATION: *EXPLAIN HOW THE RULE IMPACTS RECREATION IN THE STATE:*
   No impact.

7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*
   No impact.

8. OTHER: *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*
   No impact.

9. SUFFICIENCY: *DESCRIBE HOW THE ANALYSIS WAS CONDUCTED, IDENTIFYING RELEVANT INTERNAL AND/OR EXTERNAL SOURCES OF INFORMATION USED.*
   This rule has no impact on the environment.

Public Input Maximization Plan

Instructions:

Agencies are encouraged to hold hearings as part of their strategy to maximize the involvement of the public in the development of rules. Please complete the form below by describing the agency's strategy for maximizing public input (what it did do, or will do to maximize the involvement of the public).

This form must accompany each filing made during the rulemaking process:

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1. TITLE OF RULE FILING:

   Beneficiary Protections and Responsibilities

2. ADOPTING AGENCY:

   Agency of Human Services (AHS)

3. PLEASE DESCRIBE THE AGENCY'S STRATEGY TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE, LISTING THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

   AHS shared the proposed rule with Vermont Legal Aid, Vermont Medical Society, Vermont Association of Hospitals and Health Systems, Vermont Care Partners, Bi-State Primary Care Association, and the VNAs of Vermont on 2/12/2024. No comments were received.

   AHS notified the Medicaid and Exchange Advisory Committee (MEAC) on 2/21/2024 including the estimated timeframe for filing and the proposed amendments to the rule. No comments were received.

   The rule was presented to ICAR on May 13, 2024. Changes were made to the rule in response to comments from ICAR.

When a rule is filed with the Office of the Secretary of State, AHS provides notice and access to the rule through the Global Commitment Register (GCR). The GCR provides notification of policy changes and clarifications of existing Medicaid policy, including rulemaking, under Vermont's 1115 Global Commitment to Health waiver. Anyone can subscribe to the GCR. Proposed, final proposed, and adopted rules, including all public comments and responses to rulemaking, are posted to the GCR. Subscribers receive email notifications of rule filings including hyperlinks to posted documents and an explanation of how to provide comment and be involved in the rulemaking.

This proposed rule was posted to the GCR and was open for public comment from July 3, 2024 - August 14, 2024. No comments were received.

The public hearing for this proposed rule was held on August 7, 2024. No comments were received during the hearing.

4. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

Agency of Human Services, and the Department of Vermont Health Access;

Vermont Legal Aid;

Vermont Medical Society;

Vermont Association of Hospitals and Health Systems;

Vermont Care Partners;

Bi-State Primary Care Association;

Medicaid and Exchange Advisory Committee.

Medicaid Benefit Delivery

7101 Medicaid Benefit Delivery (06/01/2018, GCR 17-090)

7101.1 Overview

The following includes steps the department, the eligible Medicaid beneficiary and the medical care provider must take for the provider to receive payment for services given to the beneficiary.

(a) The department must:

(1) Give each Medicaid eligible person an identification document showing that the person has been found eligible for Medicaid; and
(2) Accept and process all provider claims itself or through its administrative agent; and
(3) Notify providers of decisions on claims and pay approved claims.

(b) The beneficiary must:

(1) Tell the provider he or she wants the provider's services charged to Medicaid; and
(2) Advise the provider if he or she has private health insurance coverage in addition to Medicaid; and
(3) Accept liability for any applicable co-payment; and
(4) Show the provider his or her identification document if it has been issued.

(c) The provider must:

(1) Verify that the beneficiary is still eligible for Medicaid on the date the service is provided; and
(2) Bill any other liable third parties prior to billing Medicaid; and
(3) Accept the Medicaid payment rate as payment in full and bill the beneficiary only for any applicable co-payments once Medicaid has been accepted as a source of payment; and
(4) Give a Medicaid covered service; and
(5) File a claim with the department or its agent, including all necessary information about the service and the identifying information from the beneficiary's identification document.

7101.2 Disenrollment of Beneficiaries

(a) In rare instances, it may become necessary to pursue disenrollment of beneficiaries who are intentionally unresponsive to basic managed care expectations. The following may be disenrolled:

(1) Beneficiaries who pose a threat to plan employees or other members.
(2) Beneficiaries who regularly fail to arrive for scheduled appointments without canceling, despite documented aggressive outreach efforts by the managed health care plan.
(3) Beneficiaries who do not cooperate with treatment and have not made an affirmative decision to refuse treatment, despite documented aggressive outreach efforts by the plan.

(b) Grounds for disenrollment does not include beneficiaries who have cooperated with the plan in its effort to inform them fully of the treatment options and the consequences of their decisions regarding treatment and who have subsequently made an informed decision to refuse treatment.

(c) Plan disenrollment requests must conform to criteria for disenrollment established by the department. Managed health care plans must notify the affected member, or his or her designated

representative, in writing, of a plan initiated request for disenrollment. Only the department may disenroll a member from a managed health care plan.

(d) Beneficiaries remain in the managed health care plan until the department decides to disenroll the beneficiary. Beneficiaries are notified of this decision in writing and of their right to request a fair hearing before the Human Services Board. Medicaid beneficiaries who are disenrolled, unless enrolled in another managed health care plan or the PCCM program immediately thereafter, will receive services through the traditional fee-for-service system.

7101.3 Primary Care Case Management (PCCM)

The primary care case management (PCCM) program is a managed health care service delivery system that requires a beneficiary to choose a primary care provider (PCP) and to access specified medical care through this provider. The primary care provider (PCP) will provide and coordinate medical care for the beneficiary through direct service delivery or by making appropriate referrals to other providers for necessary services.

(a) Definitions

(1) **"Adverse determination"** means a determination by the DVHA that an admission, availability of care, continued stay or other health care service has been reviewed and, based upon the information provided, does not meet the DVHA's requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness, and the requested service is therefore denied, reduced or terminated.

(2) **"Certification"** means a determination by the DVHA or its designated utilization review organization that an admission, availability of care, continued stay or other health care service has been reviewed and, based on the information provided, satisfies the DVHA's requirements for medical necessity, appropriateness, health care setting, level and intensity of care and effectiveness.

(3) **"Clinical review criteria"** means the written screening procedures, decision abstracts, clinical protocols, practice guidelines and utilization management and review guidelines used by the DVHA to determine the necessity and appropriateness of health care services.

(4) **"Concurrent review"** means utilization review conducted during a beneficiary's hospital stay or course of treatment.

(5) **"DVHA"** means the Department of Vermont Health Access.

(6) **"Health care services"** or **"services"** means services for the diagnosis, prevention, treatment, cure or relief of a health condition, illness, injury or disease.

(7) **"Primary care provider"** means family practitioners, general internists, pediatricians, or doctors of general medicine that shall provide and coordinate medical care for the beneficiary as defined in 7101.3(b).

(8) **"Retrospective review"** means utilization review of medical necessity that is conducted after services have been provided to a beneficiary, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding or adjudication for payment.

(9) **"Second opinion"** means an opportunity or requirement to obtain a clinical evaluation by a provider other than the one originally making a recommendation for a proposed health care service to assess the clinical necessity and appropriateness of the proposed service.

(10) **"Urgently needed care"** or **"urgent care"** means those health care services that are necessary to treat a condition or illness of an individual that if not treated within twenty-four (24) hours presents a serious risk of harm.

(11) **"Utilization review"** means a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures, or settings.

(b) Primary Care Provider (PCP)

Under this system a payment is made to the primary care provider (PCP) each month for case management services provided to each beneficiary enrolled with the PCP. Family practitioners, general internists, pediatricians, or doctors of general medicine, that are enrolled with Vermont Medicaid may become a PCP in the PCCM program. Specialists may become a PCP only under the conditions described below. The PCP selected by a beneficiary shall coordinate needed medical services. PCPs will be responsible for providing beneficiaries with referrals to specialists when in their judgement it is considered medically necessary; for coordinating all ancillary, outpatient and inpatient services; and for preventing the duplication of services.

If a beneficiary has either a life-threatening condition or disease, or a degenerative or disabling condition or disease, that requires specialized medical care over a prolonged period of time, a specialist with expertise in treating the condition or disease may act as the beneficiary's PCP. If a specialist agrees to act as the PCP, the specialist shall provide and coordinate medical care for the beneficiary through direct service delivery or by making appropriate referrals to other providers for necessary services. The DVHA Medical Director must review and approve of such arrangements before a specialist may become the PCP. If the request is denied by DVHA, the beneficiary has the right to appeal DVHA's decision and to request a fair hearing.

(c) Change of Primary Care Provider (PCP)

Enrollees may change their primary care provider (PCP) for any reason every 30 days. Primary care provider changes will become effective on the first day of the following month, if all required actions have been completed by the fifteenth of the prior month. Otherwise, the change shall become effective the first of the second month after all required actions are completed.

If a beneficiary has to change PCP as a result of his or her PCP restricting or terminating participation in the PCCM program, the DVHA will assist the beneficiary in selecting another PCP in order to assure continuity of care.

(d) Procedures for Utilization Review Decisions

(1) The DVHA shall maintain written procedures for making utilization review decisions and for notifying beneficiaries, representatives of beneficiaries, and providers acting on behalf of beneficiaries of its decisions.

(2) For initial and concurrent review determinations, the DVHA shall, within three (3) working days of obtaining all necessary information regarding the admission, procedure or service requiring a review determination, make the determination and notify the treating provider of the determination by telephone. Written confirmation of the determination will be sent to the provider within twenty-four (24) hours of the telephone notification.

(i) In the case of an adverse concurrent review determination, the beneficiary shall not be liable for any services provided before notification to the beneficiary of the adverse determination. Benefits will continue if a fair hearing is requested.
(ii) The DVHA shall establish procedures to expedite initial and concurrent review determinations in cases involving urgently needed care. In no event shall the DVHA take more than twenty-four (24) hours from the time the service is first requested to make an initial or concurrent review determination for such services.

(3) The DVHA shall conduct retrospective review determinations consistent with federal requirements.

(4) A written notification of an adverse determination shall include the principal reason or reasons for the determination and instructions on how to appeal the determination and how to request additional information. Within 90 days of PCCM program implementation, the DVHA will add to the written notification, the clinical rationale for the determination including an explanation of the clinical review criteria used to make the determination. The DVHA shall make the actual clinical review criteria available to the beneficiary upon request.

(5) The DVHA shall act promptly and in good faith to obtain the information necessary to make utilization review decisions. For purposes of this section, "necessary information" includes the results of any face-to-face clinical evaluation or second opinion that may be required.

(6) The DVHA shall have written procedures to address the failure or inability of a provider or a beneficiary to provide all necessary information for utilization review, which shall include a description of the information required for the review. Copies of the procedures are available to all network providers. In cases where the provider or beneficiary will not release the necessary information, the DVHA may deny certification. In no event shall the DVHA penalize a provider for failing to provide a beneficiary's medical records to the DVHA when the beneficiary has not authorized release of the records and the provider is not otherwise obligated by law or regulation to disclose the records.

(e) Network Adequacy

The DVHA will not require any beneficiary to be assigned to the PCCM program unless covered health care services, including referrals to participating specialty physicians, are accessible to members on a timely basis, as follows. The DVHA will make a good faith effort to attract sufficient numbers and types of providers to ensure that all covered health care services will be provided without unreasonable delay.

(1) Travel times for PCCM beneficiaries, under normal conditions from their residence or place of business, generally should not exceed the following:

(i) Thirty (30) minutes to a network primary care provider;
(ii) Thirty (30) minutes to an outpatient facility for mental health or chemical dependency services;
(iii) Sixty (60) minutes for laboratory, x-ray, pharmacy, general optometry, inpatient psychiatric, MRI and inpatient medical rehabilitation services;
(iv) Ninety (90) minutes for cardiac catheterization laboratory, kidney transplantation, major trauma treatment, neonatal intensive care, and open-heart surgery services; and

(v) Reasonable accessibility for other specialty hospital services, including major burn care, organ transplantation (other than kidneys), and specialty pediatric care.

(2) Waiting times for appointments should generally not exceed the following:

(i) Immediate access to emergency care; and
(ii) Twenty-four (24) hours for urgent care; and
(iii) Two (2) weeks for the initial treatment of non-emergency or non-urgent care, with prompt follow-up care as necessary, including referrals for specialty services; and
(iv) Ninety (90) days for preventive care (including routine physical examinations); and
(v) Thirty (30) days for routine laboratory, x-ray, general optometry, and all other routine services.

(3) The DVHA shall develop and implement written standards or guidelines that address the assessment of provider capacity to provide timely access to health care services.

(f) Confidential Information

The DVHA shall take the appropriate steps necessary to ensure that information gathered by it in its quality assurance activities shall be confidential and privileged.

(g) Disclosure of Information

The DVHA shall supply to each beneficiary upon enrollment and upon major revision thereafter the following information consistent with 42 CFR §438.10(g). The information shall be in handbook form and in twelve-point type, and shall be in plain language. This requirement may be satisfied by giving a copy of the handbook to each household, rather than to each beneficiary. The DVHA shall make available to any beneficiary, upon request, a listing by specialty of the name, telephone number and address of all health care providers and health care facilities enrolled in PCCM and Medicaid (including, in the case of physicians, information as to board certification). This list shall be updated (by addendum or otherwise) at least once every six months, and shall indicate which primary care providers are accepting new patients. In addition, the handbook shall include:

1. Coverage provisions, including covered health care services and items, benefit maximums, benefit limitations, exclusions from coverage (including procedures deemed experimental or investigational by the DVHA), restrictions on referral or treatment options, requirements for prior authorization or utilization review, the use of formularies, and any other limitations on the services covered.

2. A description of the rule 7104 procedure for coverage of prescription drugs from manufacturers that do not participate in the federal rebate program. In addition to the criteria contained in rule 7104, the DVHA shall also consider the following criteria in making rule 7104 determinations for prescription drugs. The currently covered drug:

- has not been effective in treating the patient's medical condition; or

- causes or is reasonably expected to cause adverse or harmful reactions in the beneficiary.

3. If prior authorization or utilization review is required before obtaining treatment or services, the process a beneficiary must use to obtain that authorization or review, including any time lines that apply.

4. The financial inducements offered to any Medicaid provider or health care facility for the reduction or limitation of health care services. Nothing in this paragraph shall be construed to require disclosure of individual contracts or the specific details of any financial arrangement between the DVHA and a health care provider.

5. The beneficiary's responsibility for payment of premiums, coinsurance, co-payments, deductibles and any other charges, annual limits on a beneficiary's financial responsibility, caps on payments for covered services, and the beneficiary's financial responsibility for non-covered procedures, treatments or services.

6. The beneficiary's financial responsibility for payment when services are provided by a health care provider who is not part of the PCCM network or by any provider after an adverse determination by the DVHA.

7. The criteria used by the DVHA for selecting and credentialing the health care providers it enrolls.

8. The grievance and appeals procedures used to resolve disputes between a beneficiary and the DVHA.

9. A summary of its quality assessment and quality improvement programs.

10. The utilization review procedures of the organization, including the credentials and training of utilization review personnel.

11. The procedure for obtaining emergency services, including any requirements for prior authorization and payment for services rendered outside of Vermont.

12. All necessary mailing addresses and telephone numbers to be used by beneficiaries seeking information or authorization.

13. The process for selecting primary care providers and for obtaining access to other providers in the PCCM network, including any restrictions on the use of network specialists.

14. The procedure for changing primary and specialty care providers within PCCM, including any restrictions on changing providers.

15. How beneficiaries can obtain standing referrals to Medicaid participating specialists, or use specialists or specialized facilities to provide and coordinate their primary and specialty care.

16. The waiting time and travel time standards established in this rule.

17. Whether the health care providers are prohibited from participating in other managed care plans or from performing services for persons who are not members of the PCCM program.

18. Opportunities for beneficiary participation in the development of DVHA policies and in the DVHA's quality assurance and quality improvement activities.

19. The consumer information and services, including the toll-free number for the DVHA Ombudsman.

20. A list of all information available to the beneficiary upon request.

Beneficiary Protections and Responsibilities

8.101 Beneficiary Protections and Responsibilities (XX/XX/2024, GCR 24-XXX)

8.101.1 Beneficiary Protections

(a) Vermont Medicaid will not arbitrarily deny or reduce the amount, duration, or scope of a required service to an otherwise eligible beneficiary solely because of diagnosis, type of illness, or condition of the beneficiary, and
(b) Beneficiaries will receive Medicaid covered services with reasonable promptness, and
(c) Vermont Medicaid will make Medicaid covered services available to all Medicaid beneficiaries regardless of the location of their residence within the state, and
(d) Vermont Medicaid will ensure that Medicaid enrolled providers provide beneficiaries with physical access, reasonable accommodations, and accessible equipment for Medicaid beneficiaries with physical or mental disabilities, and
(e) Vermont Medicaid will promote the delivery of services in a culturally competent matter to all Medicaid enrolled beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of sex, and
(f) Beneficiaries have the right to be treated with respect and dignity, to have timely access to services, including specialists, to receive information on risks, benefits, and consequences of treatment options or nontreatment, and to participate in decisions regarding their health, including the right to refuse treatment, and
(g) Beneficiaries have the right to receive notice, in writing and consistent with HCAR 8.100.3, of any decision regarding enrollment, disenrollment, or other changes in their services, and
(h) Beneficiaries have the right to file a grievance, pursuant to HCAR 8.100.8, to express dissatisfaction about a matter other than an adverse benefit determination, and
(i) Beneficiaries have the right to appeal any denial of benefits or enrollment, consistent with HCAR 8.100.

8.101.2 Beneficiary Responsibilities

(a) To receive full Medicaid benefits, a beneficiary must inform the provider that they want the provider's services charged to Medicaid, and
(b) Advise the provider if they have health insurance coverage in addition to Medicaid which may be liable for charges, and
(c) Accept liability for any applicable co-payment, and
(d) Show the provider their identification document if it has been issued.

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VERMONT **GENERAL ASSEMBLY**

The Vermont Statutes Online

The Vermont Statutes Online does not include the actions of the 2024 session of the General Assembly. We expect them to be updated by November 1st.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 3 : Executive

Chapter 025 : Administrative Procedure

Subchapter 001 : General Provisions

(Cite as: 3 V.S.A. § 801)

§ 801. Short title and definitions

(a) This chapter may be cited as the "Vermont Administrative Procedure Act."

(b) As used in this chapter:

(1) "Agency" means a State board, commission, department, agency, or other entity or officer of State government, other than the Legislature, the courts, the Commander in Chief, and the Military Department, authorized by law to make rules or to determine contested cases.

(2) "Contested case" means a proceeding, including but not restricted to rate-making and licensing, in which the legal rights, duties, or privileges of a party are required by law to be determined by an agency after an opportunity for hearing.

(3) "License" includes the whole or part of any agency permit, certificate, approval, registration, charter, or similar form of permission required by law.

(4) "Licensing" includes the agency process respecting the grant, denial, renewal, revocation, suspension, annulment, withdrawal, or amendment of a license.

(5) "Party" means each person or agency named or admitted as a party, or properly seeking and entitled as of right to be admitted as a party.

(6) "Person" means any individual, partnership, corporation, association, governmental subdivision, or public or private organization of any character other than an agency.

(7) "Practice" means a substantive or procedural requirement of an agency, affecting one or more persons who are not employees of the agency, that is used by the agency in the discharge of its powers and duties. The term includes all such

requirements, regardless of whether they are stated in writing.

(8) "Procedure" means a practice that has been adopted in writing, either at the election of the agency or as the result of a request under subsection 831(b) of this title. The term includes any practice of any agency that has been adopted in writing, whether or not labeled as a procedure, except for each of the following:

(A) a rule adopted under sections 836-844 of this title;

(B) a written document issued in a contested case that imposes substantive or procedural requirements on the parties to the case;

(C) a statement that concerns only:

(i) the internal management of an agency and does not affect private rights or procedures available to the public;

(ii) the internal management of facilities that are secured for the safety of the public and the individuals residing within them; or

(iii) guidance regarding the safety or security of the staff of an agency or its designated service providers or of individuals being provided services by the agency or such a provider;

(D) an intergovernmental or interagency memorandum, directive, or communication that does not affect private rights or procedures available to the public;

(E) an opinion of the Attorney General; or

(F) a statement that establishes criteria or guidelines to be used by the staff of an agency in performing audits, investigations, or inspections, in settling commercial disputes or negotiating commercial arrangements, or in the defense, prosecution, or settlement of cases, if disclosure of the criteria or guidelines would compromise an investigation or the health and safety of an employee or member of the public, enable law violators to avoid detection, facilitate disregard of requirements imposed by law, or give a clearly improper advantage to persons that are in an adverse position to the State.

(9) "Rule" means each agency statement of general applicability that implements, interprets, or prescribes law or policy and that has been adopted in the manner provided by sections 836-844 of this title.

(10) "Incorporation by reference" means the use of language in the text of a regulation that expressly refers to a document other than the regulation itself.

(11) "Adopting authority" means, for agencies that are attached to the Agencies of Administration, of Commerce and Community Development, of Natural Resources, of Human Services, and of Transportation, or any of their components, the secretaries of those agencies; for agencies attached to other departments or any of their components, the commissioners of those departments; and for other agencies, the chief officer of the

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agency. However, for the procedural rules of boards with quasi-judicial powers, for the Transportation Board, for the Vermont Veterans' Memorial Cemetery Advisory Board, and for the Fish and Wildlife Board, the chair or executive secretary of the board shall be the adopting authority. The Secretary of State shall be the adopting authority for the Office of Professional Regulation.

(12) "Small business" means a business employing no more than 20 full-time employees.

(13)(A) "Arbitrary," when applied to an agency rule or action, means that one or more of the following apply:

(i) There is no factual basis for the decision made by the agency.

(ii) The decision made by the agency is not rationally connected to the factual basis asserted for the decision.

(iii) The decision made by the agency would not make sense to a reasonable person.

(B) The General Assembly intends that this definition be applied in accordance with the Vermont Supreme Court's application of "arbitrary" in Beyers v. Water Resources Board, 2006 VT 65, and In re Town of Sherburne, 154 Vt. 596 (1990).

(14) "Guidance document" means a written record that has not been adopted in accordance with sections 836-844 of this title and that is issued by an agency to assist the public by providing an agency's current approach to or interpretation of law or describing how and when an agency will exercise discretionary functions. The term does not include the documents described in subdivisions (8)(A) through (F) of this section.

(15) "Index" means a searchable list of entries that contains subjects and titles with page numbers, hyperlinks, or other connections that link each entry to the text or document to which it refers. (Added 1967, No. 360 (Adj. Sess.), § 1, eff. July 1, 1969; amended 1981, No. 82, § 1; 1983, No. 158 (Adj. Sess.), eff. April 13, 1984; 1985, No. 56, § 1; 1985, No. 269 (Adj. Sess.), § 4; 1987, No. 76, § 18; 1989, No. 69, § 2, eff. May 27, 1989; 1989, No. 250 (Adj. Sess.), § 88; 2001, No. 149 (Adj. Sess.), § 46, eff. June 27, 2002; 2017, No. 113 (Adj. Sess.), § 3; 2017, No. 156 (Adj. Sess.), § 2.)

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VERMONT

Proposed Rules Postings
A Service of the Office of the Secretary of State

Search Rules

Deadline For Public Comment

Deadline: Aug 14, 2024

The deadline for public comment has expired. Contact the agency or primary contact person listed below for assistance.

Rule Details

Rule Number:	24P026
Title:	Beneficiary Protections and Responsibilities.
Type:	Standard
Status:	Final Proposed
Agency:	Agency of Human Services
Legal Authority:	3 V.S.A. § 801(b)(11), 33 V.S.A. § 1901(a)(1)
Summary:	This rule sets forth Beneficiary Protections and Responsibilities under Vermont Medicaid. It revises and will replace current Medicaid covered services rule 7101 as part of the sequential adoption of Health Care Administrative Rules designed to improve public accessibility and comprehension of the

	numerous rules concerning the operation of Vermont's Medicaid program.
Persons Affected:	Medicaid beneficiaries, Agency of Human Services including its Departments; Hospitals, Health law, policy, and related advocacy and community-based organizations and groups including the Office of the Health Care Advocate; and health care providers.
Economic Impact:	The rule does not increase or lessen an economic burden on any person or entity including no impact on the State's gross annualized budget. The changes and amendments conform the rules with current practice and changes to federal and state laws that have already been implemented.
Posting date:	Jul 03,2024

Hearing Information

Information for Hearing # 1

Hearing date:	08-07-2024 12:00 PM ADD TO YOUR CALENDAR
Location:	Virtual via MS Teams
Address:	https://teams.microsoft.com/l/meetupjoin/193ameeting_ZjNmMTVmNzItYmJhZi00MDZmLTg1NWEtNzM1NGFlMzcontext7b22Tid223a2220b4933b-baad-433c-9c0270edcc7559c6222c22Oid223a22e1e11d2c-11af-4bb4-9727-4
City:	Call in option: 1-802-828-7667, Phone Conference ID:83494679#
State:	VT
Zip:	n/a
Hearing Notes:	Call in option: 1-802-828-7667, Phone Conference ID:83494679#; or online : teams.microsoft.com/l/meetupjoin/193ameeting_ZjNmMTVmNzItYmJhZi00MDZmLTg1NWEtNzM1NGFlMzcontext7b22Tid223a2220b4933b-baad-433c-9c0270edcc7559c6222c22Oid223a22e1e11d2c-11af-4bb4-9727-4

Contact Information

Information for Primary Conta

PRIMARY CONTACT PERSON - A PERSON WHO IS ABLE TO ANSWER QUE

Level:	Primary
Name:	Ashley Berliner
Agency:	Agency of Human Services
Address:	280 State Drive
City:	Waterbury

State: VT
Zip: 05671-1000
Telephone: 802-578-9305
Fax: 802-241-0450
Email: ashley.berliner@vermont.gov
SEND A COMMENT

Website Address: https://humanservices.vermont.gov/rules-policies/health-care-rules/health-c
VIEW WEBSITE

Information for Secondary Cont

SECONDARY CONTACT PERSON - A SPECIFIC PERSON FROM WHOM COPI
MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFF

Level: Secondary
Name: Grace Johnson
Agency: Agency of Human Services
Address: 280 State Drive
City: Waterbury
State: VT
Zip: 05671-1000
Telephone: 802-760-8128
Fax: 802-241-0450
Email: grace.e.johnson@vermont.gov
SEND A COMMENT

Keyword Information

Keywords:

Medicaid
Health Care Administrative Rule
HCAR
Beneficiary Protections
Beneficiary Responsibilities

Back

OFFICE OF THE SECRETARY OF STATE

VERMONT STATE ARCHIVES & RECORDS ADMINISTRATION (VSARA)

(802) 828-2863

TO:		
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	The Caledonian Record Julie Poutré (adv@caledonian-record.com)	Tel: 748-8121 FAX: 748-1613
	Times Argus / Rutland Herald Melody Hudson (classified.ads@rutlandherald.com) Elizabeth Marrier elizabeth.marrier@rutlandherald.com)	Tel: 802-747-6121 ext 2238 FAX: 802-776-5600
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	Newport Daily Express (jlafoe@newportvermontdailyexpress.com)	Tel: 334-6568 FAX: 334-6891 Attn: Jon Lafoe
	News & Citizen (mike@stowereporter.com) Irene Nuzzo (irene@newsandcitizen.com and ads@stowereporter .com removed from distribution list per Lisa Stearns.	Tel: 888-2212 FAX: 888-2173
	St. Albans Messenger Legals (legals@samessenger.com; cfoley@orourkemediagroup.com)	Tel: 524-9771 ext. 117 FAX: 527-1948 Attn: Legals
	The Islander (islander@vermontislander.com)	Tel: 802-372-5600 FAX: 802-372-3025
	Vermont Lawyer (hunter.press.vermont@gmail.com)	Attn: Will Hunter

FROM: APA Coordinator, VSARA **Date of Fax:** July 1, 2024

RE: The "Proposed State Rules " ad copy to run on **July 11, 2024**

PAGES INCLUDING THIS COVER MEMO: **3**

***NOTE* 8-pt font in body. 12-pt font max. for headings - single space body. Please include dashed lines where they appear in ad copy. Otherwise minimize the use of white space. Exceptions require written approval.**

If you have questions, or if the printing schedule of your paper is disrupted by holiday etc. please contact VSARA at 802-828-3700, or E-Mail sos.statutoryfilings@vermont.gov, Thanks.

PROPOSED STATE RULES

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By law, public notice of proposed rules must be given by publication in newspapers of record. The purpose of these notices is to give the public a chance to respond to the proposals. The public notices for administrative rules are now also available online at https://secure.vermont.gov/SOS/rules/ . The law requires an agency to hold a public hearing on a proposed rule, if requested to do so in writing by 25 persons or an association having at least 25 members.

To make special arrangements for individuals with disabilities or special needs please call or write the contact person listed below as soon as possible.

To obtain further information concerning any scheduled hearing(s), obtain copies of proposed rule(s) or submit comments regarding proposed rule(s), please call or write the contact person listed below. You may also submit comments in writing to the Legislative Committee on Administrative Rules, State House, Montpelier, Vermont 05602 (802-828-2231).

General Assistance Emergency Housing Assistance Emergency Rules.

Vermont Proposed Rule: 24-E06

AGENCY: Agency of Human Services

CONCISE SUMMARY: This emergency rule contains five amendments to the General Assistance program rules: (1) language regarding notices to terminate tenancy was added to the definition of constructive eviction in rule 2622; (2) language was added to rule 2650 authorizing DCF to withhold payments to hotels/motels in violation of lodging licensing rules; (3) the catastrophic and vulnerable populations eligibility categories in rules 2652.2 and 2652.3 have been replaced with the new eligibility criteria set forth in sec. E.321 of Act 113 of 2024; (4) the rule updates the basic needs standard chart in rule 2652.4 to align with the current Reach Up basic needs dollar amounts; and (5) the methodology for calculating the 30% income contribution in rule 2652.4 was changed from using the least expensive daily motel rate to either the current daily rate at the motel in which the temporary housing applicant is staying or if the applicant is not currently housed in a motel, the average daily rate.

FOR FURTHER INFORMATION, CONTACT: Heidi Moreau, Agency of Human Services, Department for Children and Families, 280 State Drive, NOB 1 North, Waterbury, VT 05671 Tel: 802-595-9639 Email: Heidi.moreau@vermont.gov URL: https://dcf.vermont.gov/esd/laws-rules/current.

FOR COPIES: Amanda Beliveau, Agency of Human Services, Department for Children and Families, 280 State Drive, HC 1 South, Waterbury, VT 05671 Tel: 802-241-0641 Email: amanda.beliveau@vermont.gov.

Judicial Nominating Board Rules.

Vermont Proposed Rule: 24P024

AGENCY: Judicial Nominating Board

CONCISE SUMMARY: The rules govern standards for screening judicial candidates. These amendments: update conflict of interest standards to conform to new legislation; reduce duplicative interviews; emphasize the importance of writing for Supreme Court candidates; and minor miscellaneous edits to conform to statute and practice.

FOR FURTHER INFORMATION, CONTACT: Eleanor Spottswood, Judicial Nominating Board Tel: 802-391-0061 E-Mail: eleanor.spottswood@gmail.com URL: https://www.vermontjudiciary.org/attorneys/judicial-nominating-information.

NOTE: The two rules below have been promulgated by the Agency of Human Services who has requested the notices be combined to facilitate a savings for the agency. When contacting the agency about these rules please note the title and rule number of the proposed rule(s) you are interested in.

- Ambulance Services (4.226)
  Vermont Proposed Rule: **24P025**
- Beneficiary Protections and Responsibilities (8.101)
  Vermont Proposed Rule: **24P026**

AGENCY: Agency of Human Services

CONCISE SUMMARY: The proposed rules set forth the criteria for coverage and service delivery for Health Care Administrative Rules (HCAR). The amendment to HCAR 8.101 replaces Medicaid covered services rule 7101 as part of the sequential adoption of Health Care Administrative Rules designed to improve public accessibility and comprehension of the rules concerning the operation of Vermont's Medicaid program. It also amends Health Care Administrative Rule 4.226 to align with current practice.

FOR FURTHER INFORMATION, CONTACT: Ashley Berliner Agency of Human Services 280 State Drive Waterbury, VT 05671-1000 Tel: 802-578-9305 Fax: 802-241-0450 E-Mail: AHS.MedicaidPolicy@Vermont.gov URL: http://humanservices.vermont.gov/on-line-rules.
