

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

FROM: Betsy Forrest, Deputy Commissioner
Economic Services Division

BULLETIN NO.: 05-13

DATE: April 15, 2005

SUBJECT: Emergency Assistance Rule Technical Amendments

CHANGES ADOPTED EFFECTIVE 4/1/05

INSTRUCTIONS

Maintain Manual - See instructions below.
 Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: _____
 Information or Instructions - Retain until _____

MANUAL REFERENCE(S):

2801
2802
2820

This bulletin makes technical amendments to Emergency Assistance (EA) rules by replacing current pages and removing an obsolete footnote, italics, and italicized text that had referenced a future implementation date now passed.

Background

The budget act of 2004 initiated several measures to sustain Vermont's public health care programs. Part of this initiative made EA unavailable to cover an emergency medical need of an individual whose need would have been covered by government-sponsored health insurance but for the individual's failure to either pay a premium or fulfill an administrative requirement. On December 1, 2003 the department promulgated this EA rule change and included italics to designate the sections that would be effective on April 1, 2004. Simultaneously, the department promulgated other non-substantive EA rule changes to some of the same pages and sections.

On August 17, 2004 the department filed technical amendments to remove italics from rules that had gone into effect and inadvertently made them to an outdated version of the rules. This bulletin restores the current version of EA rules with the outdated footnote and italics removed.

Manual Maintenance

Emergency Assistance Rules

Remove

Insert

2801 P.3
2820

(04-21)
(04-21)

2802
2820

(05-13)
(05-13)

4/1/05

Bulletin No. 05-13

2802

2802 Eligibility Due to a Catastrophic Situation

Applicants with an emergency need attributable to a catastrophic situation (2802.1) may qualify for EA to address that need, provided that they meet the eligibility criteria in 2802-2804 and payment conditions in 2811-2830. Applicants seeking help for an emergency medical need shall not be eligible for EA to address that need if they have been denied or lost health insurance sponsored by the state or federal government for specified reasons (see 2802(4)).

To qualify for such assistance, applicants must meet all of the following eligibility criteria:

1. They must have an emergency need attributable to a catastrophic situation, as defined in 2802.1.
2. They must have exhausted all available income and resources.
3. They must explore and pursue or have explored and pursued all alternatives for addressing the need, such as family, credit or loans, private or community resources, and private or government-sponsored health insurance. Before the department will determine eligibility for EA payment for vision services or items, the applicant must pursue or have pursued assistance from the Vermont Association for the Blind, the Lions Club and other service organizations, school-related health programs, and other child development programs, if applicable.
4. If seeking assistance for a medical need, at the department's most recent eligibility determination they must not have been denied or lost government-sponsored health insurance that would have covered the current need because of either or both of the following reasons:
 - they failed to pay a premium for the government-sponsored health insurance, or
 - they failed to comply with any administrative eligibility requirement necessary to be covered by the government-sponsored health insurance.

For purposes of EA rules, premium is defined as it is defined in Vermont Medicaid rules. Premium means a nonrefundable charge that must be paid by an applicant or beneficiary as a condition of initial and ongoing enrollment for health insurance.

Eligibility workers shall explain to applicants that they are expected to take steps to avoid or resolve emergencies in the future without EA and that they will be asked to demonstrate that they have done so if they reapply. This explanation shall be documented in the applicant's case record.

4/1/05

Bulletin No. 05-13

2820

2820 Medical Care

Medical care is limited to the types of care described in General Assistance Rule sections 2620 through 2627. Applicants must meet eligibility criteria in 2802, 2802.1, and 2802.3 for eligibility due to a catastrophic situation and the general eligibility criteria in 2803 and 2804.

2820.1 Payment

Eligibility workers shall issue vendor authorizations to eligible applicants. Vendor authorizations issued by the department must accompany provider bills for medical services other than prescription drugs. No EA payments shall be made, however, unless the requirements set forth in 2620-2627 are also met.

Payment to providers may not exceed the amount set forth in the fee schedule used in the Vermont Medicaid Program. Vermont law (33 V.S.A. §6501-6508) prohibits balance billing, which is charging or collecting from the recipient any amount in excess of the reasonable charge for the service, defined as the amount in the fee schedule.