

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

BULLETIN NO.: 08-20F

FROM: Joseph Patrissi, Deputy Commissioner
Economic Services Division

DATE: September 15, 2008

SUBJECT: Rules Renumbering, Renaming, and Reorganizing

CHANGES ADOPTED EFFECTIVE 10/1/08

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):

The Agency of Human Services (AHS) plans to implement an automated document management system (DMS) to organize rules, procedures, and other administrative guidance for each of its departments. The DMS will provide powerful tools for researching, maintaining, organizing, updating, and publishing rules and related documents.

In its initial rollout, the DMS will make rules and related documents available to staff at the Vermont Department of Corrections, the Office of Vermont Health Access, and the Economic Services Division of the Vermont Department for Children and Families. At the same time, members of the public will be able to access and search the rules of these three organizations at the AHS internet site.

The Economic Services Division (ESD) has been adding to its set of rules for many assistance programs during most of the last 40 years. During this time, the rules have outgrown their numbering scheme, and the addition of many new programs and program components has had an adverse effect on the logical organization of the rule set as a whole.

As part of the DMS implementation, ESD proposes to renumber its rules with a numbering system that supports their inclusion in the DMS as well as the addition of new rules and programs in the future. ESD will locate and correct any references to rule by rule number in the text of the rules. In addition, ESD will locate and update out-of-date references to organizations, programs, and jobs by name. For example, references to Vermont Department of Prevention, Assistance, Transition, and

Health Access (PATH) will be changed to the Economic Services Division of the Vermont Department for Children and Families, and references to Aid to Needy Families with Children (ANFC) will be changed to Reach Up.

ESD also proposes some housekeeping changes to put related rules near each other in the organizational scheme and eliminate the duplication of content. Every effort has been made to ensure that the content and meaning of the rules remain the same.

Finally, to make the online rules easier to navigate, these rules propose new and shorter names for rules with names deemed too long for readable display on a computer screen.

A more detailed description of proposed changes follows.

Reorganization of Medicaid Benefit Delivery Rules

In these proposed rules, rules detailing Medicaid benefit delivery processes and requirements administered by the Office of Vermont Health Access (OVHA) have been removed from the section of Medicaid rules to their own dedicated section of rules. This change reflects the separation of OVHA, which was originally the Medicaid Division of the Vermont Department of Social Welfare, from the rest of what is now the Economic Services Division and OVHA's structure as a public Managed Care Organization and a distinct entity in AHS.

Reorganization of the All Programs Rules

Originally, ESD's rules were contained in one rules manual, with an introductory section of rules, called *All Programs*, pertaining to all assistance programs. The *All Programs* rules dealt with topics common to all assistance programs, such as applications, notices, eligibility reviews, benefits, fraud, and quality assurance. At the time, there were only a handful of programs, including Aid to Needy Families with Children, now Reach Up; the Food Stamp Program; Medicaid; General Assistance; and Aid to the Aged, Blind, or Disabled. Since that time, the complexity of the rules governing the first three programs has increased significantly. Many new programs, especially health care assistance programs, have also been created, some with original processes and eligibility criteria.

In about 1980, to respond to the expanding number of rules and tailor them to the needs of program-specific eligibility workers, the rules were reorganized into stand-alone rule sets for each program. For food stamps, the language, organization, and numbering of federal regulations, which are detailed and prescriptive, were adopted to administer food stamps in Vermont. Rules from the *All Programs* section were duplicated, for the most part, in each program-specific set of rules and then eliminated from *All Programs*.

This reorganization, however, was never completed with respect to General Assistance (GA) and Aid to the Aged, Blind, or Disabled (AABD). Many of the *All Programs* rules left behind were simply modified by adding "GA and AABD Only" in parentheses after the title of the rule.

These proposed rules carry the reorganization of the GA and AABD rules into program-specific sets one step further by:

- ✓ deleting GA and AABD rules in *All Programs* when their content is duplicated in the GA and AABD rule sets and
- ✓ moving the content of rules not duplicated to a logical place in the GA and AABD rule sets.

Reorganization of Reach Up Rules

Eligibility rules for Aid to Needy Families with Children (ANFC), which is now called Reach Up, were originally organized in two sections, one structured more or less around the eligibility determination process and one detailing the eligibility criteria used in the process. Through the years and through several waves of fundamental changes to the program, however, this organizing principle was not sustained. The second section, the one detailing eligibility criteria, was neglected, and most changes were added to the first section. These proposed rules make changes that incorporate all the eligibility rules into one section, improving the logical organization of the rule set and eliminating duplication and inconsistency.

The rules governing the services component of Reach Up, which were added to the end of the second section, have been assigned to their own dedicated section of rules.

Renumbering the Sections of Rules

The table called *Renumbering at the 100's Level* (attached) presents the proposed renumbering scheme at the level of numbers evenly divisible by 100. Most sections of rules at this level represent the entire set of rules for an assistance program. The exceptions to this are Reach Up, which comprises two sections, and Medicaid, which comprises 10 sections. This scheme balances the benefit of organizing programs in an order that reflects the way in which the eligibility is determined in the field with the benefit of retaining the current numbering.

Specific principles used in the design of the renumbering at the 100's level include:

- ✓ Reach First, a new program designed to provide services and assistance to new applicant families in lieu of the Reach Up program, is put before Reach Up, following the usual sequence of eligibility determination.
- ✓ Reach Up rules governing financial assistance come next, retaining their place in the 2200 section.
- ✓ Reach Up services rules are next because they govern families' involvement in welfare-to-work activities once they are determined eligible for Reach Up financial assistance.
- ✓ Rules for the Postsecondary Education (PSE) program are next because PSE serves former Reach Up families as well as other families in lieu of Reach Up.
- ✓ The next section is reserved for Reach Ahead, a new program serving former participants in Reach Up and PSE.
- ✓ Rules for General Assistance; Aid to the Aged, Blind, or Disabled; Emergency Assistance; and Fuel retain their places at 2600, 2700, 2800, and 2900, respectively.
- ✓ Refugee Cash Assistance rules, moved to make room for Reach Ahead, follow the other cash assistance program rules at 3000.

- ✓ Eligibility rules for all health care programs come next. First are the general rules for all health care programs, followed by Medicaid eligibility rules in three sections. Next come the rules for nine smaller health care assistance programs. Rules concerning refugee medical assistance are removed from the section of rules concerning refugee cash assistance and assigned to their own section. The remaining health care assistance programs are organized roughly in the order in which eligibility is considered for typical applicant families
- ✓ Last are six sections of rules concerning Medicaid benefit delivery and covered services, which are OVHA's responsibility.

Some numbers remain unassigned to allow for the addition of rules for new cash assistance and health care assistance programs in the future, as well as for Food Stamp Program rules.

Renumbering at the Rule Level

For rules in all sections except those related to Medicaid covered services from 7200-7600, renumbering at the rule level incorporates the following principles:

- ✓ Locate major topics at numbers evenly divisible by 10, leaving space for additional rules in-between.
- ✓ Renumber most sections (i.e., those with one digit after the period) as rules (i.e., those with whole numbers).
- ✓ Eliminate rule numbers expressed as ranges (e.g., 2700-2799).
- ✓ Eliminate rule numbers for which there is no rule. Such rule numbers have occasionally, but not consistently, been used in the past to define the organization of a rule set.
- ✓ Make the numbering of subsections (i.e., those with two digits after the period) consistent throughout the rules.

The tables called *Renumbering at the Rule Level* (attached) present the assignment of new numbers and shorter names for each rule, section, and subsection. Footnotes for instances in which there is a change in the sequence of rules contain the reason for the change.

Deleted Rules

The following list presents the rule numbers deleted because there are no rules at those numbers. They are identified by their current numbers.

2106	Fraud
2205	Fraud
2216	Monthly Reporting and Prospective Budgeting
2234	Payment Adjustments
2255	Excluded Income
2300-2309	Common Factors
2340-2399	Reach Up Program – Services Component
2402	Eligibility
2403	Application
2406	Postsecondary Education Plan (PSE Plan)
2411	Case Management
2412	Time Limits for Participation in PSE Program

2413	Interruptions in Participation in PSE Program
2500	Refugee Cash Assistance
2610-2619	Basic Maintenance
2710-2719	Application, Eligibility, and Payment
2810-2819	Basic Maintenance
2903	Resources
3004	Process
3104	Process
3204	Process
3302	Eligibility Process
3303	Payment Conditions
3403	Payment Conditions
3504	Eligibility Process
4002	Eligibility Process
4107	CHAP Benefits
M106	Prior Authorization
M110-M119	Application
M120-M129	Initial Eligibility
M130-M139	Continuing Eligibility
M140-M149	Notice and Appeal
M170	Citizenship or Alienage Status and Identity
M231.12	Life Estate (see section M232.16)
M231.13	Burial Funds (see section M232.3)
M231.14	Life Insurance (see section M232.2)
M231.26	Home Equity Conversion Plans (see section M232.14)
M231.31	Trusts (see section M232.5-M232.53)
M231.35	Fiduciary for a Joint Fiduciary Account (see section M232.71)
M310-M319	General Eligibility Factors
M619	Medical and Surgical Services of a Dentist
M620	Dental Services for Beneficiaries Under 21
M621	Dental Services for Beneficiaries Age 21 and Older
M622	Orthodontic Treatment
M650	Audiology Services/Hearing Aids
M670	Eyeglasses and Vision Care Services
M700-799	Other Services
M710	Home Health Agency Services
M740	Personal Care Services
M830	Medical Supplies
M840	Durable Medical Equipment (DME)
M841	Wheelchairs, Mobility Devices and Seating Systems
M842	Augmentative Communication Devices/Systems
M843	Prosthetics Devices
M950	Reconsideration, Appeal or Fair Hearing – Client Requests
M960	Denial or Termination of Provider Agreement

Other Housekeeping Changes

These rules propose several additional housekeeping changes to the rules:

- ✓ Two obsolete Reach Up rules inadvertently omitted from the manual maintenance instructions in the recent Bulletin 08-02 are deleted.
- ✓ A reference to Reach Up financial eligibility rules in the Bulletin 08-02 has been corrected.
- ✓ A paragraph in VHAP rules detailing the requirement to pursue potential sources of unearned income has been moved to a more logical place in the VHAP rules.

Detailed Changes

Rules for which detailed changes are identified below are identified by their new rule numbers.

Reorganization of All Programs, General Assistance, and AABD Rules

- 2010 The last paragraph in this section is deleted because it refers to the organization of *All Programs* prior to the changes proposed in this bulletin and becomes obsolete with the adoption of these changes.
- 2011 Language in this rule referring to GA and AABD rules being eliminated or moved is deleted as obsolete.
- 2014 Language from 2014.1 is added to this rule (see 2014.1 below).
- 2014.1 The content of this rule, which details the requirements for an authorized representative in GA and AABD only, is added to the All Programs rule, 2014, *Authorized Representative*, because it is generally applicable to all assistance programs. References to GA and AABD are removed. This rule is deleted as obsolete.
- 2020 This section, *Application (AABD & GA)*, is deleted because its content is covered in 2601 (GA) and 2711 (AABD).
- 2030 This rule, *Initial Eligibility (AABD & GA)*, is deleted. The content related to AABD is covered in 2712 and 2731. Content related to GA is added as a section under 2601, *Application*.
- 2031 This rule, *Time Limits*, is deleted because its AABD content is covered by AABD rule 2712 and its GA content has been added to GA rule 2601.
- 2032 This rule, *Methods of Investigations*, is deleted. Its AABD content is covered by AABD rules 2713, 2714, and 2715. Its GA content has been added as a section under GA rule 2601.
- 2032.1 This rule, *Statement of Need*, is deleted because it has content already covered by AABD rule 2713 and GA rule 2601.

- 2032.2 This rule, *Interviews*, is deleted. Its AABD content is covered by AABD rule 2714 and its GA content is added as a section under GA rule 2601.
- 2032.3 This rule, *Verification*, is deleted. Its AABD content is covered by AABD rule 2715. Its GA content is added as a section under GA rule 2601.
- 2032.4 This rule, *Collateral Sources*, is deleted. Its AABD content is covered by AABD rule 2716. Its GA content is added as a section under GA rule 2601.
- 2033 This rule, *Quality Control Review*, has content related only to food stamps. Since this topic is covered in federal food stamp regulations, this rule is deleted.
- 2034 This rule, *Fraud Control*, has content essentially duplicated in 2015, *Fraud*, and its sections. It appears, from its proximity to 2033 (see above) and a reference to USDA, that this rule originally applied to food stamps. It is deleted as obsolete.
- 2040 This rule, *Continuing Eligibility*, is covered by AABD rule 2720. Its GA content is added to GA rule 2600. It is deleted as obsolete.
- 2041 This rule, *Eligibility Review (AABD)*, is covered by AABD rules 2723 and 2730. It is deleted as obsolete.
- 2041.1 This rule, *Review Frequency (AABD)*, is covered by AABD rules 2721 and 2723. It is deleted as obsolete.
- 2042 This rule, *Methods of Investigation (AABD)*, is covered by AABD rules 2714, 2715, and 2716. It is deleted as obsolete.
- 2043 This rule, *A Change in Circumstances (AABD)*, is covered by AABD rules 2721 and 2722. It is deleted as obsolete.
- 2043.1 This rule, *Change of Circumstances*, is covered by AABD rule 2722. It is deleted as obsolete.
- 2043.3 This rule, *Deceased Recipient (AABD)*, is covered by AABD rules 2731. It is deleted as obsolete.
- 2044 This rule, *Continued Assistance Pending Fair Hearing*, is covered by AABD rule 2733. It is deleted as obsolete.
- 2050 This rule, *Case Decisions, Notification and Authorization*, is covered by AABD rule 2731 and GA rules 2610 and 2606. It is deleted as obsolete.
- 2051 This rule, *Application Decisions*, is deleted. Its AABD content is covered by AABD rules 2712 and 2721. GA content not already covered by GA rule 2600 is added to 2600.

- 2052 This rule, *Review Decisions, (AABD)*, is covered by AABD rules 2721 and 2731. It is deleted as obsolete.
- 2053 This rule, *Notice of Decision*, is covered by AABD rule 2731. It is deleted as obsolete.
- 2053.1 This rule, *Exemption from Minimum Advance Notice (AABD)*, is deleted because its content is covered by AABD rule 2731.
- 2053.2 This rule, *General Assistance*, has content that is added to GA rule 2601. It is deleted as obsolete.
- 2060 This rule, *Vendor Payments (GA Only)*, has content that is added as a new section following 2650. The phrase “Other General Assistance’ is changed to “Burial expense,” which is specified in 2064. This rule is deleted as obsolete.
- 2061 The content of this rule, *Administrative Expenses*, is moved to the GA rule set as a new section, 2650.2. This rule is deleted as obsolete.
- 2062 The content of this rule, *Maintenance Assistance*, is covered in 2060 (see above). It is deleted as obsolete.
- 2063 This rule, *Medical Care and Services (GA)*, has content covered by GA rule 2660.1. It is deleted as obsolete.
- 2064 This rule, *Other General Assistance*, has content covered by GA rules 2686 and 2660 ff. It is deleted as obsolete.
- 2600 Language from 2040 concerning the prohibition of continuing assistance in GA is added.
- Language from 2051 concerning the exclusion of food stamps from consideration in determining GA eligibility is added.
- 2601 Language from 2030 concerning the completion of action on an application is added.
- Language from 2031 concerning when action on a GA application is taken is added.
- Language from 2053.2 concerning oral notice requirements is added.
- 2601.1 2032, *Methods of Investigation*, is moved to this new GA section.
- 2601.2 2032.2, *Interviews*, is moved to this new GA section.
- 2601.3 2032.3, *Verification*, is moved to this new GA section.
- 2601.4 2032.4, *Collateral Sources*, is moved to this new GA section.

- 2650.1 2060, *Vendor Payments (GA Only)*, is moved to this new section. The phrase “Other General Assistance” to changed to “Burial expense.”
- 2650.2 2061, *Administrative Expenses*, is moved to this new section.
- 2670-2674 Rules governing GA adoption assistance, authorized by the legislature for a closed period from July 1, 1999, through June 30, 2002, are deleted as obsolete.

Reorganization of Reach Up Eligibility Rules

- 2221 This rule, *Assistance Payee*, is deleted because its content is covered in 2230, *Money Grants*.
- 2230 Content from 2301, *Age*, and 2230, *Living with a Relative or Caretaker*, has been added to this rule, *Eligible Child*.
- 2233.2 This rule, *Committed Children (ANFC)*, is deleted because its content is covered in 2233.1, *Committed Child (ANFC)*.
- 2242 This new section, *Unmarried Parents with a Child-in-Common*, moves content from 2262, *Living Arrangement*, to a more appropriate placement near rules on the formation of the assistance group.
- 2262 Content dealing with the formation of the assistance group for unmarried parents of a child-in-common is moved to a new section, 2242.
- 2230.1 This rule, *Age*, is deleted because its content has been added to 2230, *Eligible Child*.
- 2230.2 This rule, *Living with a Relative or Caretaker*, is deleted because its content has been added to 2230, *Eligible Child*.

Other Housekeeping Changes

- 2111 This Reach First rule, *Financial Eligibility*, was initiated in bulletin 08-02, effective April 1, 2008, to incorporate Reach Up financial eligibility rules into Reach First rules by reference to the Reach Up rules. The reference to the range of rules has been corrected to include all the financial eligibility rules.
- 2200.1 This Reach Up rule, *Terminology from Act 147*, should have been deleted in Bulletin 08-02, effective April 1, 2008, but was inadvertently omitted from the manual maintenance instructions. It is deleted as obsolete.
- 2274.2.1 This Reach Up rule, *Continuing Eligibility Earned Income Computation*, should have been deleted in Bulletin 08-02, effective April 1, 2008, but was inadvertently omitted from the manual maintenance instructions. It is deleted as obsolete.

5317 A paragraph in VHAP rules detailing the requirement to pursue potential sources of unearned income has been moved from 5320, *Financial Need of a VHAP Group*, to this rule, *Other Eligibility Requirements*, where it logically belongs.

5320 A paragraph in VHAP rules detailing the requirement to pursue potential sources of unearned income has been moved to this rule, *Other Eligibility Requirements*, where it logically belongs, from 5320, *Financial Need of a VHAP Group*.

Comment Period

A public hearing was held on June 16, 2008, at 11:00 a.m. in the DCF Commissioner’s Conference Room, 5 North, State Office Complex, Waterbury, Vermont. No comments were made at the hearing.

The comment period for these changes closed at 4:30 p.m., on June 23, 2008. Only one individual, from the Office of Vermont Health Access, submitted comments. A summary of those comments and the changes made in response to them follows.

Comments and Responses

Comment: To describe the contents of each rule better, the commenter requested the following name changes to OVHA rules governing Medicaid covered services:

Current Number	Requested Change	As Originally Proposed
M152	Medical Service Payment	Medical Services
M155.7	Withholding Payments	Provider Fraud
M160	Health Care Trust Fund	Health Care Improvement Trust Fund
M500	Payment for Hospital Services	Hospital Services
M501	Reimbursement Standards	Hospital Payments
M800-M899	Pharmaceuticals, Medical Supplies and Equipment – General Information	Pharmaceuticals, Medical Supplies and Equipment
M843.1	Prosthetic Devices	Definition

Response: The requested changes have been made to these names.

Comment: The commenter requested extensive renumbering of the OVHA rules governing Medicaid covered services for the following reasons:

- ✓ To make the sequences of rules more logical for rules dealing with the reassignment of claims; the services of physicals and other licensed practitioners; and pharmaceuticals, medical supplies and equipment.
- ✓ To present rules about covered services in alphabetical order, where appropriate.
- ✓ To provide numbers for future rules with general information about each group of covered services.

To number rules sequentially without allowances for the insertion of future rules between existing rules, except for the rules with general information noted above.

- ✓ To reflect the relationship between among rules better.

Final Renumbering and Renaming

As a final step in the renumbering process, rules not deleted for the purposes of reorganization or housekeeping as renumbered as follows:

- ✓ 2021 is renumbered 2020 because 2020 is deleted.
- ✓ 2070 is renumbered 2030 because all the intervening rules are deleted.
- ✓ 2221.1 is renumbered 2221 because 2221 is deleted.
- ✓ 2222.3-2222.4 are renumbered 2222.2 and 2222.3 because there is no rule numbered 2222.2.
- ✓ 2230.3-2230.5 are renumbered 2230.1-2230.3 because 2230.1 and 2230.2 are deleted.
- ✓ Reach Up Services rules from 2360-2379 are renumbered because some of them were out of sequence in the proposed rule.
- ✓ The rule named *Housing Protection Limitation*, currently 2372.21, is added and numbered 2375.3. It was inadvertently omitted from the proposed rule.
- ✓ 2680-2693 are moved up 10 numbers (e.g., 2680 becomes 2670) because 2670-2674 are deleted.
- ✓ The number of the rule named *Temporary Absences* is changed from 4224.1 to 4223.1, to remain in sequence.
- ✓ The rules from 5340-5349 are renumbered because some of them were out of sequence in the proposed rule.
- ✓ The number of the last VPharm rule, *Coverage*, is changed from 5400 to 5450, because 5400 is the number of the first VPharm rule.

The following rules are renamed in the tables under the heading, *Renaming at the Rule Level*, so that they are consistent with the rule names in the table called, *Renumbering at the 100's Level*:

- ✓ 4200 is changed from *SSI-Related Medicaid* to *Medicaid, Aged, Blind, and Disabled*.
- ✓ 4300 is changed from *ANFC-Related Medicaid* to *Medicaid, Families and Children*.
- ✓ 5900 is changed from *Program Overview* to *Premium Assistance*.

Additional Information

To get more information about the Administrative Procedures Act and the rules applicable to state rulemaking go to the website of the Office of the Vermont Secretary of State at: <http://vermont-archives.org/aparules/> or call Louise Corliss at 828-2863

For information on upcoming hearings before the Legislative Committee on Administrative Rules go to the website of the Vermont Legislature at: <http://www.leg.state.vt.us/schedule/schedule2.cfm> or call 828-5760.

Vertical lines in the left margin indicate significant changes. Dotted lines at the left indicate changes to clarify, rearrange, correct references, etc., without changing content.

Manual Maintenance

All subscribers will be issued a new hard copy manual reflecting the renumbered, renamed and reorganized rules when Online Rules are made available to the public. Please keep this bulletin as a reference index for the old and new numbers.

Renumbering at the 100's Level			
New Number	Current Number	New Name	Content
2000	2000 and 2100	All Programs	Introduction to All Programs, Eligibility and Payment, AABD and GA process, ADA
2100	2100	Reach First	Reach First
2200	2200 and 2300	Reach Up	Reach Up Eligibility from the 2200's and 2300's
2300	2300 and 2100	Reach Up Services	Reach Up Services; Separate State Programs and Segregated Funds Components
2400	2400	Postsecondary Education	PSE
2500	none	Reach Ahead	Reach Ahead
2600	2600	General Assistance	General Assistance
2700	2700	Aid to the Aged, Blind, or Disabled	Aid to the Aged, Blind, or Disabled
2800	2800	Emergency Assistance	Emergency Assistance
2900	2900	Fuel	Fuel
3000	2500	Refugee Cash Assistance	Refugee Cash Assistance
4100	M100	Medicaid Program	Medicaid Eligibility and Payment
4200	M200	Medicaid, Aged, Blind, and Disabled	Medicaid Eligibility for the Aged, Blind, and Disabled
4300	M300	Medicaid, Families and Children	Medicaid Eligibility for Individuals Age 20 or Younger, Pregnant Women, and Parents or Caretaker Relatives of a Dependent Child
4400	M400	Spend-Down, Patient Share, and Resource Transfer	Medical Expense Spend-Down
5100	2500	Refugee Medical Assistance	Refugee Medical Assistance
5200	3000	Dr. Dynasaur	Dr. Dynasaur
5300	4000	Vermont Health Access Plan (VHAP)	VHAP
5400	3500	VPharm	VPharm
5500	3300	VHAP-Pharmacy	VHAP-Pharmacy
5600	3200	VScript	VScript
5700	3400	Healthy Vermonters	Healthy Vermonters
5800	3100	HIV/AIDS	HIV/AIDS
5900	4100	Premium Assistance	Premium Assistance
7100	M100	Medicaid Benefit Delivery	Medicaid Benefit Delivery - OVHA Rules from M100
7200	M500	Hospital Services	Hospital Services

Renumbering at the 100's Level			
New Number	Current Number	New Name	Content
7300	M600	Physicians and Other Licensed Practitioners	Physicians and Other Licensed Practitioners
7400	M700	Other Medicaid Services	Other Services
7500	M800	Pharmaceuticals, Medical Supplies and Equipment	Drugs and Pharmaceutical Items, Medical Supplies and Equipment
7600	M900	Long-Term Care Institutions	Long-Term Care Institutions

Renumbering at the Rule Level

All Programs Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2000	2000	All Programs	Introduction
2010	2100-2109	Eligibility and Payment	Eligibility and Payment
2011	2101	Eligibility	Eligibility
2012	2102	Payment	Payment
2013	2103	Case Records	Case Records
2014	2104	Authorized Representative	Authorized Representative
2015	2106.1	Fraud	Definition
2015.1	2106.2	Suspected Fraud	Criteria for Identification of Suspected Fraud
2015.2	2106.3	Methods of Investigation	Methods of Investigation
2015.3	2106.4	Referral to Law Enforcement	Referral to Law Enforcement Agencies
2015.4	2106.5	Records and Reports	Records and Reports
2020	2111	Application Procedures	Application Procedures
2030	2170	Americans With Disabilities Act (ADA)	Americans With Disabilities Act (ADA)

Reach First Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2100	2190	Reach First	Introduction to Reach First
2101	2191	Definitions	Definitions
2110	2192	Eligibility	Eligibility
2111	2193	Financial Eligibility	Financial Eligibility
2112	2194	Personal Interview	Personal Interview
2113	2194.1	Orientation	Orientation
2114	2194.2	Financial and Self-Sufficiency Screening	Financial and Self-Sufficiency Screening
2115	2194.3	Ineligible Families	Families Ineligible for Reach First
2116	2194.4	Families Inappropriate for Referral	Families Inappropriate for Reach First Referral
2117	2194.5	Families with Mandatory Applicants	Families with Reach First Mandatory Applicants
2118	2194.6	Families with No Mandatory Applicants	Families with No Reach First Mandatory Applicants
2120	2195	Payments	Reach First Payments
2121	2195.1	Payment Calculation	Payment Calculation
2122	2195.2	Payment Disbursement	Payment Disbursement
2130	2196	Services Component	Reach First Services Component
2131	2196.1	Assessment	Assessment
2132	2196.2	Case Management	Case Management
2133	2196.3	Family Development Plans	Family Development Plans
2134	2196.4	Support Services	Support Services
2140	2197	Participant Responsibilities	Reach First Participant Responsibilities
2141	2197.1	Consequences of Noncompliance	Consequences of Noncompliance
2142	2197.2	Noncompliance and Good Cause	Noncompliance and Good Cause
2143	2197.3	Conciliation	Conciliation
2150	2198	Referral and Transition to Other Programs	Referral and Transition to Other Programs
2160	2199	Notice and Appeal	Notice and appeal

Reach Up Eligibility Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2200	2200	Reach Up	Purpose of the Reach Up Program
2201	2201	Eligibility and Payment Process	Eligibility and Payment Process
2202	2202	Eligibility and Payment Definition	Eligibility and Payment Definition
2203	2203	Case Records	Case Records
2204	2204	Authorized Representative	Authorized Representative
2205	2205.1	Fraud	Definition
2205.1	2205.2	Suspected Fraud	Criteria for Identification of Suspected Fraud
2205.2	2205.3	Methods of Investigation	Methods of Investigation
2205.3	2205.4	Referral to Law Enforcement	Referral to Law Enforcement Agencies
2205.4	2205.5	Records and Reports	Records and Reports
2206	2215	Quality Control Review	Quality Control Review
2207	2225.1	Domestic Violence	Domestic Violence
2210	2208	Application	Application
2210.1	2334	Termination Due to Support Payment	Administrative Period Following Termination of Reach Up Due to Support Payment
2210.2	2209	Choice of Program	Choice of Program
2210.3	2210	Deadline for Application Processing	Deadline for Application Processing
2211	2211	Methods of Investigation	Methods of Investigation
2211.1	2211.1	Statement of Need	Statement of Need
2211.2	2211.2	Interviews	Interviews
2211.3	2211.3	Verification	Verification
2211.4	2211.4	Collateral Sources	Collateral Sources
2212	2218	Continuing Eligibility	Continuing Eligibility
2213	2218.1	Review of Eligibility	Review of Eligibility
2213.1	2220.1	Reviews	Reviews
2214	2220	Change of Circumstances	Change of Circumstances
2214.1	2223	Change of Address	Change of Address
2214.2	2224	Family Separation	Family Separation
2214.3	2222	Deceased Participant	Deceased Recipient
2215	2218.2	Assistance Pending Fair Hearing	Continued Assistance Pending Fair Hearing
2216	2225	Decisions, Notification and Authorization	Case Decisions, Notification and Authorization
2216.1	2226	Application Decisions	Application Decisions
2216.2	2226.1	Money Payment	Money Payment
2216.3	2227	Review Decisions	Review Decisions

Reach Up Eligibility Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2217	2228	Notice of Decision	Notice of Decision
2217.1	2228.1	Exemptions from Minimum Advance Notice	Exemptions from Minimum Advance Notice
2217.2	2228.2	Money Grant Notice	Money Grant Notice
2220	2230	Money Grants	Money Grants
2221	2231	Alternate Payee	Alternate Payee
2222	2232	Method of Payment	Method of Payment
2222.1	2238	Vendor Payments	Vendor Payments
2222.2	2237	Maintenance Assistance	Maintenance Assistance
2222.3	2236	Administrative Expense	Administrative Expense
2223	2233	Deceased Payee	Deceased Payee
2224	2234.1	Underpayments	Underpayments
2225	2234.2	Overpayments	Overpayments
2225.1	2242.74	Overpayment to Aliens	Overpayment to Aliens
2226	2235	Protective Payments	Protective Payments
2226.1	2235.1	Money Mismanagement	Criteria for Determining Money Mismanagement
2226.2	2235.2	Payee Selection Criteria	Payee Selection Criteria
2226.3	2235.21	Conflict of Interest Limitation	Conflict of Interest Limitation
2226.4	2235.3	Payee Relationship	Payee Relationship
2226.5	2235.4	Controlled Vendor Payments (CVP)	Controlled Vendor Payment System (CVP)
2226.6	2235.5	Redetermination	Redetermination
2226.7	2235.6	Appeal	Appeal
2230	2242.1	Eligible Child	Eligible Child
2230.1	2302.11	Relative	Relative
2230.2	2302.12	Qualified Caretaker	Qualified Caretaker
2230.3	2302.13	Home	Home
2231	2242.2	Eligible Parent	Eligible Parent
2231.1	2208.1	Civil Unions Act (Act 91)	Civil Unions Act (Act 91)
2232	2242.4	Needy Essential Person	Needy Essential Person
2233	2302	Residence	Residence
2233.1	2302.2	Residence - Committed Child	Committed Child (ANFC)
2234	2303	Social Security Numbers	Social Security Numbers
2235	2330-2339	Support Obligations and Payments	Child Support Obligations and Payments
2235.1	2331	Assignment of Support Rights	Assignment of Support Rights
2235.2	2332	Cooperation With Child Support	Cooperation With Child Support
2235.3	2332.1	Good Cause for Refusal	Good Cause for Refusal to Cooperate
2235.4	2332.2	Request for Waiver	Request for Waiver

Reach Up Eligibility Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2235.5	2332.3	Review of Good Cause Waivers	Review of Good Cause Waivers Granted
2236	2242.73	Temporarily Disqualified Aliens	Temporarily Disqualified Aliens
2237	2304	Special Cases of Ineligibility	Special Cases of Ineligibility
2237.1	2304.1	Strike Participants	Strike Participants
2237.2	2304.2	Residence in Two States	Persons Claiming Residence in Two States
2237.3	2304.3	Fugitive Felons and Probation and Parole Violators	Fugitive Felons and Violators of Probation and Parole
2240	2242	Formation of the Assistance Group	Assistance Group
2241	2242.5	Caretaker	Caretaker
2242	n/a	Unmarried Parents with a Child-in-Common	n/a
2250	2239	Need Determination	Need Determination
2251	2240	Method for Determination of Need	Method for Determination of Need
2252	2245.24	Ratable Reduction	Ratable Reduction
2253	2240.1	Eligibility Computation	Eligibility Computation
2254	2216.1	Prospective Budgeting	Definitions
2254.1	2216.2	Prospective Eligibility and Budgeting	Prospective Eligibility and Budgeting
2255	2241	Amount of Payment	Amount of Payment
2256	2241.1	Income Deficits Prohibited	Income Deficits Prohibited
2260	2244-2249	Needs	Basic Requirements
2261	2245	Need Standards	Need Standards - Household or Housing Unit
2261.1	2245.2	Basic Need Standard	Eligibility Standards - ANFC
2261.2	2245.21	Members in Long-Term Care	Members in Long-Term Care
2261.3	2245.22	Children in Schools or Institutions	Dependent Children in Schools and/or Institutions
2261.4	2245.23	Special Needs	Special Needs Allowances
2262	2243	Living Arrangement	Living Arrangement
2263	2245.3	Housing Allowance	Housing Allowance - Eligibility Standards
2263.1	2245.31	Subsidized Housing	Subsidized Housing
2263.2	2245.33	Budgeting Subsidized Housing	Budgeting For Subsidized Housing
2263.3	2245.5	Shared Households	Shared Households
2263.4	2246	Room and Board Standards	Room and Board
2263.5	2247	Institution	Institution
2263.6	2248	Foster Home	Foster Home (ANFC-FC)

Reach Up Eligibility Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2264	2245.4	Temporary Absence-Illness	Temporary Absence-Illness
2265	2245.41	Temporarily Uninhabitable Home	Temporary Absence - Other than Illness
2270	2250-2259	Income	Income
2270.1	2250.1	Lump Sum Income	Lump Sum Income
2270.2	2250.2	Income-in-Kind	Income-in-Kind
2271	2252	Unearned Income	Unearned Income
2271.1	2252.1	Social Security - Railroad Retirement	Social Security - Railroad Retirement
2271.2	2252.2	Veterans Benefits	Veterans Benefits
2271.3	2252.3	Contributions	Contributions
2272	2333	Distribution of Child Support	Distribution of Child Support Money
2272.1	2333.1	Family Bonus Payment	Family Bonus Payment
2272.2	2333.2	Parent Share Payment	Parent Share Payment
2272.3	2333.3	Arrearage Collected	Arrearage Collected
2272.4	2333.4	Advance Support Payments	Advance Support Payments
2273	2242.71	Income of Sponsored Aliens	Sponsored Aliens
2273.1	2242.72	Excluded Income of Sponsored Alien	Excluded Aliens
2274	2253	Earned Income	Earned Income
2274.1	2253.1	Computation Method	Computation Method
2274.2	2253.11	Earned Income Computation Sequences	Earned Income Computation Sequences
2274.3	2253.2	Business Expense	Business Expense
2274.4	2253.21	Providing Child Care	Providing Child Care
2275	2253.3	Earned Income Deductions	Earned Income Deductions and Disregard
2275.1	2253.31	Employment Expenses	Standard Employment Expense Deduction
2275.2	2253.32	Dependent Care Expenses	Deduction from Earned Income for Dependent Care Expenses
2275.3	2253.33	Earned Income Disregard	Earned Income Disregard
2275.4	2253.34	Disallowance of Disregard	Disallowance of Earned Income Disregard
2276	2255.1	Excluded Income	Other Excluded Income
2280	2260-2269	Resources	Resources
2281	2261	Combined Resources Limitation	Combined Resources Limitation
2281.1	2261.1	Transfer or Assignment Prohibited	Transfer or Assignment Prohibited
2281.2	2261.2	Property Sales	Property Sales
2281.3	2263.7	Excess Resources	Excess Resources

Reach Up Eligibility Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2282	2262	Real Property	Real Property
2283	2263	Personal Property	Personal Property
2283.1	2263.1	Liquid Assets	Liquid Assets
2283.2	2263.2	Trust Funds - Trust Accounts	Trust Funds - Trust Accounts
2283.3	2263.3	Burial Plots - Funeral Arrangements	Burial Plots - Funeral Arrangements
2283.4	2263.4	Pension Funds	Pension Funds
2283.5	2263.5	Vehicles	Vehicles
2283.6	2263.6	Income-Producing Property	Income Producing Property
2284	2264	Excluded Resources	Excluded Resources
2290	2270-2279	Potential Income and Resources	Potential Income and/or Resources
2291	2271	Pension and Benefit Programs	Pension and Benefit Programs
2292	2272	Insurance and Liability Claims	Insurance and/or Liability Claims
2293	2273	Support from Relatives	Relative Support
2293.1	2273.1	Notice to Law Enforcement	Notice to Law Enforcement Officials
2293.2	2273.2	Contact with Relatives	Contact with Relatives
2293.3	2273.3	Location of Relatives	Location of Relatives
2293.4	2273.4	Referral to Office of Child Support	Referral to Office of Child Support
2293.5	2273.5	Cooperation with Courts	Cooperation with Courts
2293.6	2335	Collections for Non-Reach Up Families	Support Collections for Families Not Receiving Public Assistance

Reach Up Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2300	2340	Reach Up Services	Introduction to Reach Up Services Component
2301	2341	Definitions	Definitions
2302	2350	Case Management	Case Management
2302.1	2350.1	Caseload Size	Caseload Size
2302.2	2350.2	Notification	Notification
2302.3	2350.3	Assessment	Assessment
2302.4	2350.4	Case Management Responsibilities	Case Management Responsibilities
2310	2351	Support Services	Support Services to Participating Families
2311	2351.1	Support Services, Assessment, and the FDP	Relationship of Support Services to Assessment and the FDP
2312	2351.2	Support Services Providers	Support Services Providers
2313	2351.3	Types of Support Services	Types of Support Services
2314	2351.4	Payment for Support Services	Payment for Support Services
2314.1	2351.41	Payment by Other Programs	Payment for Support Services Through Other Programs
2314.2	2351.42	Payment by DCF	Payment of Support Services by the Department
2315	2351.5	Criteria For Purchase of Support Services	Criteria For Purchase of Support Services
2316	2352	Child Care Assistance	Child Care Assistance
2316.1	2352.1	Basic Eligibility Criteria	Basic Eligibility Criteria
2316.2	2352.2	Allowable Child Care Expenses	Allowable Child Care Expenses
2316.3	2352.3	Payment Rate	Payment Rate
2317	2353	Incentive Payments	Incentive Payments
2317.1	2353.1	Payment of Incentives	Payment of Incentives
2320	2360	Participation	Participation in the Services Component
2321	2360.1	Participation Requirements	Services Component Participation Requirements
2322	2360.2	Participation Phases	Participation Phases
2322.1	2360.21	Application Phase	Application Phase
2322.2	2360.22	Pre-Work-Ready Phase	Pre-Work-Ready Phase
2322.3	2360.23	Work-Ready Phase	Work-Ready Phase
2322.4	2360.24	Employment Phase	Employment Phase
2322.5	2360.25	Assignment to a Phase	Assignment to a Participation Phase

Reach Up Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2322.6	2360.26	Months of Financial Assistance	Months of Receipt of Reach Up Financial Assistance
2330	2361	Family Development Plans	Family Development Plans
2331	2361.1	Employment Goal	Employment Goal
2332	2361.2	Development of the FDP	Development of the FDP
2333	2361.3	FDP Reviews and Modifications	Reviews and Modifications of the FDP
2334	2362	FDP Requirements	Family Development Plan (FDP) Requirements
2335	2362.1	Adult Participants	Adult Participants' FDP Requirements
2335.1	2362.11	Requirement to Report to VDOL	Requirement to Report to Department of Employment and Training
2335.2	2362.12	Primary Caretaker Parents	FDP Requirements for Primary Caretaker Parents
2336	2362.2	Minor Parents	Additional FDP Requirements for Minor Parents
2336.1	2362.21	Approved Living Arrangement	Approved Living Arrangement Requirement
2336.2	2362.22	Other Approved Living Arrangements	Alternate Approved Living Arrangements
2336.3	2362.23	Noncompliance with Approved Living Arrangement	Noncompliance, Good Cause, and Sanctions
2337	2362.3	Out-of-School Youth	FDP Requirements for 16- and 17-Year-Old Out-of-School Youth
2340	2363	Work Requirements	Work Requirements
2341	2363.1	Work-Ready Determination	Work-Ready Determination
2341.1	2363.11	When Determined Eligible	When Determined Eligible for Reach Up Financial Assistance
2341.2	2363.12	During the First 12 Months	During the First 12 Cumulative Months of Receiving Reach Up Financial Assistance
2341.3	2363.13	12th Month of Financial Assistance	Upon Receipt of the 12th Cumulative Month of Reach Up Financial Assistance
2341.4	2363.14	Pre-Work-Ready Phase Extended	When the Pre-Work-Ready Phase Is Extended Beyond 12 Months
2341.5	2363.15	Financial Assistance Before July 2001	For Participants Receiving Financial Assistance Before July 1, 2001
2342	2363.2	Implementation of Phase-In Plan	Implementation of Phase-In Plan For Adults Receiving Assistance Before July 1, 2001

Reach Up Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2343	2363.3	Work Requirement Hours	Work Requirement Hours
2343.1	2363.31	Parents in Two-Parent Families	Work Requirement Hours for Parents in Two-Parent Families
2343.2	2363.32	Single Parents and Caretakers	Work Requirement Hours for Single Parents and Caretakers
2343.3	2363.33	Participants Under 20 Years Old	Alternate Work Requirement for Participants Under 20 Years Old
2343.4	2363.34	Requirement to Accept or Retain a Job	Requirement to Accept or Retain a Suitable Unsubsidized Job
2343.5	2363.35	Exceptions to Requirement to Accept a Job	Exceptions to the Requirement to Accept a Suitable Unsubsidized Job
2350	2364	Work and Work Activities	Work and Work Activities Described
2350.1	2364.1	Unsubsidized Employment	Unsubsidized Employment
2350.2	2364.2	Subsidized Private Employment	Subsidized Private Employment
2350.3	2364.3	Subsidized Public Employment	Subsidized Public Employment
2350.4	2364.4	Work Experience	Work Experience
2350.5	2364.5	On-the-Job Training	On-the-Job Training
2350.6	2364.6	Job Search	Job Search
2350.7	2364.7	Community Service Programs	Community Service Programs
2350.8	2364.8	Vocational Education	Vocational Education
2350.9	2364.9	Job Skills Training	Job Skills Training Directly Related to Employment
2350.10	2364.1	Education Related to Employment	Education Directly Related to Employment
2350.11	2364.11	Satisfactory Attendance at Secondary School	Satisfactory Attendance at Secondary School or in a Course of Study Leading to a Certificate of General Equivalence
2350.12	2364.12	Child Care Services to CSP Participant	Provision of Child Care Services to an Individual Participating in a Community Service Program.
2351	2364.13	Financial Literacy Classes	Financial Literacy Classes
2352	2364.14	Work Activity Displacement Policy	Work Activity Displacement Policy
2353	2364.15	Fair Labor Standards Act	Fair Labor Standards Act
2360	2365	Deferments and Modifications	Deferments and Modifications
2361	2365.1	Presumption of Capacity to Work	Presumption of Capacity to Work

Reach Up Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2362	2365.2	Deferment of Requirements	Grounds for Deferment of Services Component Requirements
2363	2365.3	Deferment or Modification of work Requirement	Grounds for Deferment or Modification of the Work Requirement
2363.1	2365.31	Domestic Violence Deferment or Modification	Domestic Violence Deferment or Modification
2363.2	2365.32	Medical Deferment or Modification	Medical Deferment or Modification
2370	2370	Noncompliance and Good Cause	Noncompliance and Good Cause
2371	2370.1	Types of Noncompliance	Types of Noncompliance
2371.1	2370.11	De Facto Refusal	De Facto Refusal
2371.2	2370.12	Overt Refusal	Overt Refusal
2372	2370.2	Determination of Good Cause	Determination of Good Cause
2373	2370.3	Good Cause Criteria	Good Cause Criteria
2373.1	2370.31	Good Cause for Refusing, Quitting, or Being Fired from a Job	Good Cause for Refusing a Job Offer, Quitting a Job, or Being Terminated from a Job
2373.2	2370.32	Good Cause for Noncompliance with FDP Requirement	Good Cause for Failing to Comply with an FDP Requirement
2373.3	2370.33	Absence of Appropriate Child Care	Absence of Appropriate Child Care
2374	2371	Conciliation	Conciliation
2374.1	2371.1	Conciliation Process	Conciliation Process for Noncompliance
2374.2	2371.2	Conciliation Resolution Period	Conciliation Resolution Period
2374.3	2371.3	Successful Resolution	Successful Resolution
2374.4	2371.4	Unsuccessful Resolution	Unsuccessful Resolution
2375	2372	Sanctions for Noncompliance	Sanctions for Noncompliance with Services Component Requirements
2375.1	2372.1	Independent Review and Notice	Independent Review and Notice
2375.2	2372.2	Sanction Amounts	Sanction Amounts
2375.3	2372.21	Housing Protection Limitation	Housing Protection Limitation on Sanction Amounts
2375.4	2372.3	Vendor Payment of Housing Costs	Vendor Payment of Housing Costs
2375.5	2372.4	Meeting with Case Manager	Meeting with Case Manager

Reach Up Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
2376	2373	Sanctions – Cure and Forgiveness	Sanctions – Cure and Forgiveness
2377	2373.1	Curing Sanctions	Curing Sanctions
2377.1	2373.11	Notice of Ability to Cure	Notice of Ability to Cure
2377.2	2373.12	Process to Cure Sanctions	Process to Cure Sanctions
2378	2373.2	Forgiveness of Past Sanctions	Forgiveness of Past Sanctions
2380	2380	Notice and Appeal	Notice and Appeal
2380.1	2380.1	Notice	Notice
2380.2	2380.2	Appeal	Appeal
2380.3	2380.3	Grounds for Appeal	Grounds for Appeal
2390	2180	Solely State-Funded Programs and Separate State Programs	Solely State-Funded Programs and the Separate State Programs Component of Reach Up
2391	2181	Solely State-Funded Programs	Solely State-Funded Program Component Descriptions
2391.1	2181.1	Parental Nurturing Component	Reach Up Parental Nurturing Component
2391.2	2181.2	Minor Parents' Safety Net Component	Reach Up Minor Parents' Safety Net Component
2391.3	2181.3	Special Needs Component	Reach Up Special Needs Component
2391.4	2181.4	SSI and SSDI Applicant Component	Reach Up Supplemental Security Income and Social Security Disability Insurance (SSI/AABD) Applicant Component
2392	2182	Exemption from 60-Month Limit	Hardship Exemption from 60-Month Limit on Federal TANF Assistance
2393	2183	Assignment to Solely State-Funded Programs	Assignment to the Solely State-Funded Programs Component
2393.1	2183.1	Assignment Rules	Rules Governing Assignment and the Order of Assignment
2394	2184	Separate State Funds Programs	Reach Up Separate State Funds Programs Component
2395	2185	Child Support Distribution	Child Support Distribution for Families in Solely State-Funded and Separate State Funds Programs

PSE Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2400	2400	Postsecondary Education (PSE)	Introduction to Postsecondary Education Program
2401	2401	Definitions	Definitions
2402	2417	Americans with Disabilities Act	Americans with Disabilities Act
2410	2402.1	Initial Eligibility	Initial Eligibility
2411	2402.2	Continuing Eligibility	Continuing Eligibility
2420	2403.1	General Application Requirements	General Requirements
2421	2403.2	Application Periods	Application Periods
2422	2403.3	Financial Eligibility	Financial Eligibility Application
2423	2403.4	Documentation	Provision of Documentation
2424	2403.5	Literacy Assessment	Literacy Assessment
2425	2403.6	Non-Participating Parents Unable-to-Work	Requirements for Non-Participating Parents Unable-to-Work
2426	2403.7	Pre-Existing PSE Degrees	Applicants With Pre-Existing PSE Degrees-Exceptions
2427	2403.8	Development of PSE Plan	Development of PSE Plan
2428	2403.9	Conditions for Participation	Conditions for Participation in PSE Program
2429	2403.10	Notice of Decision	Eligibility Determination and Written Notice
2430	2404	Priorities	Priorities
2440	2405	Participants Receiving a Stipend April 1, 2007	Transition for Participants Receiving a Stipend on April 1, 2007
2450	2406.1	PSE Plan	PSE Plan Development, Modification, and Review
2451	2406.2	PSE Plan Requirements	PSE Plan Requirements
2452	2406.3	Fields of Study/Majors	Fields of Study/Majors – Requirements for Exceptions
2453	2406.4	Change in Occupation, Major, Degree or College	Change in Occupation, Major, Field of Study, Degree or College
2454	2406.5	Modifications to Plan Schedule	Modifications to the Schedule for Program Completion
2460	2407	Financial Assistance	Financial Assistance
2461	2408	Support Services	Support Services
2462	2409	Pre-Participation Services	Pre-Participation Services
2470	2411.1	Case Management	General
2471	2411.2	Availability of Case	Availability of Case

PSE Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
		Management	Management
2472	2411.3	Case Management Services	Case Management Services
2473	2411.4	Other Services	Other Services
2474	2411.5	Case Management During Interruptions	Case Management During Interruptions in PSE Program Participation
2475	2411.6	Conflict of Interest	Conflict of Interest
2480	2412.1	Annual Review	Scheduling Annual Review
2481	2412.2	Documentation	Provision of Documentation
2482	2412.3	Review of PSE Plan	Review of PSE Plan
2483	2412.4	Conditions for Continuing Participation	Conditions for Continuing Participation in the PSE Program
2484	2412.5	Non-Participating Parents Unable-to-Work	Requirement for Non-Participating Parents Unable-to-Work
2485	2412.6	Notice of Decision	Continuing Eligibility Determination and Written Notice
2486	2413.1	Approved Interruptions	Approved Interruptions
2487	2413.2	Unapproved Interruptions	Unapproved Interruptions
2488	2413.3	Financial Support During Interruptions	Financial Support During Interruptions in PSE Program Participation
2490	2414	Time Limits for Participation	Time Limits for Participation in PSE Program
2491	2415	Termination from PSE	Termination from PSE Program
2492	2416	Notice and Appeal Rights	Rights to Written Notice and Appeal

GA Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2600	2600	General Assistance (GA)	General Assistance
2601	2600.1	Application	Application
2601.1	2032	Methods of Investigation	Methods of Investigation
2601.2	2032.2	Interviews	Interviews
2601.3	2032.3	Verification	Verification
2601.4	2032.4	Collateral Sources	Collateral Sources
2602	2600.2	Applicant Household	Applicant Household
2603	2600.3	Definitions	Definitions
2604	2603	Citizenship and Residence	Citizenship and Residence
2605	2604	Applicant's Responsibility	Applicant's Responsibility
2606	2605	District Director's Responsibility	District Director's Responsibility
2610	2601	Non-Catastrophic Eligibility	Eligibility Criteria for Non-Catastrophic Situations
2620	2602	Catastrophic Eligibility	Eligibility Due to a Catastrophic Situation
2621	2602.1	Catastrophic Situation	Definition of Catastrophic Situation
2622	2602.2	Constructive Eviction	Definition of Constructive Eviction
2623	2602.3	Emergency Medical Need	Definition of Emergency Medical Need
2630	2607	Employment	Employment
2631	2607.1	Work Requirements	Requirements
2632	2607.2	Work Exemptions	Exemptions from Employment Requirement
2633	2607.3	Active Job Search Effort	Active Effort
2640	2608	Income	Income
2641	2608.1	Work Expense Deduction	Standard Work Expense Deduction
2642	2608.2	Self Employment Deductions	Self Employment Deductions
2643	2608.3	Child Support Deductions	Child Support Deductions
2644	2608.4	Room and Board Deductions	Room and Board Deductions
2645	2608.5	Dependent Care Deduction	Dependent Care Expense Deduction
2646	2608.6	Excluded Income	Excluded Income
2650	2610	Benefit Issuance	Benefit Issuance
2650.1	2060	Vendor Payments	Vendor Payments
2650.2	2061	Administrative Expenses	Administrative Expenses
2651	2611	Groceries and Personal Needs	Groceries and Personal Needs
2652	2613	Housing	Housing
2652.1	2613.1	Permanent Housing	Permanent Housing

GA Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2652.2	2613.2	Temporary Housing	Temporary Housing
2653	2613.3	Moving Expense	Moving Expense
2654	2614	Room and Board	Room and Board
2655	2615	Heating Equipment	Heating Equipment
2656	2616	Transportation	Transportation
2657	2617	Fuel and Utilities	Fuel and Utilities
2657.1	2617.1	Metered Delivery	Metered Delivery
2657.2	2617.2	Bulk Delivery	Bulk Delivery
2660	2620	Medical Care	Medical Care
2660.1	2620.1	Payment for Medical Care	Payment
2661	2621	Physician Services	Physician Services
2662	2622	Dental Services	Dental Services
2663	2623	Vision Services and Items	Vision Services and Items
2664	2624	Prescription Drugs	Prescription Drugs
2665	2625	Medical Supplies	Medical Supplies
2666	2626	Durable Medical Equipment	Durable Medical Equipment
2667	2627	Ambulance Services	Ambulance Services
2670	2640	Burial Responsibility	Burial Responsibility
2671	2641	Burial Arrangements	Burial Arrangements
2672	2642	Application for Burial	Application
2673	2643	Burial Eligibility	Eligibility Requirements
2674	2644	Allowable Expenses, Burial	Allowable Expenses
2674.1	2644.1	Professional Services, Burial	Professional Services
2674.2	2644.2	Other Expenses, Burial	Interment and Other Related Expenses
2675	2645	Resources, Burial	Resources
2676	2646	Payment for Burial	Provision for Payment
2677	2647	Payment Process, Burial	Payment
2680	2680	Town Service Officer (TSO)	Town Service Officer Appointment
2681	2681	TSO Duties	Town Service Officer Duties
2682	2682	TSO Decisions	Eligibility Decisions
2682.1	2682.1	Groceries or Meals, TSO	Issuance for Groceries or Restaurant Meals
2682.2	2682.2	Housing, TSO	Issuance for Housing
2682.3	2682.3	Fuel and Utilities, TSO	Issuance for Fuel and/or Utilities
2682.4	2682.4	Emergency Medical Care, TSO	Issuance for Emergency Medical Care
2682.5	2682.5	Other Items, TSO	Issuance for "Other Items"
2683	2683	TSO Compensation	Compensation

AABD Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2700	2700-2799	Aid to the Aged, Blind or Disabled (AABD)	Aid to the Aged, Blind or Disabled (AABD)
2701	2716	Authorized Representative	Authorized Representative
2702	2717	Case Records	Case Records
2703	2713.4	Recipient Fraud	Recipient Fraud Investigation
2710	2711	Application	Application
2711	2712	Initial Eligibility	Initial Eligibility
2712	2712.1	Application Decisions	Application Decisions
2713	2712.2	Statement of Need	Statement of Need
2714	2712.3	Interviews	Interviews
2715	2712.4	Verification	Verification (Proof)
2716	2712.5	Collateral Sources	Collateral Sources
2720	2713	Continuing Eligibility	Continuing Eligibility
2721	2713.1	Review Decisions	Review Decisions
2722	2713.2	Change Report	Change Report
2723	2713.3	Eligibility Review	Periodic Full Eligibility Review
2730	2714	Notice and Appeal	Notice and Appeal
2731	2714.1	Notice of Decision	Notice of Decision
2732	2714.2	Right to Appeal	Right to Appeal
2733	2714.3	Continued Benefits	Continued Benefits During Appeal
2734	2714.4	Fair Hearing Procedures	Fair Hearing Procedures
2740	2715.1	Eligibility Expenses	Eligibility Expenses
2741	2715.2	SSI/AABD Payments	SSI/AABD Benefit Payments
2742	2715.3	Assistance Pending SSI	Interim Assistance (SSI/AABD Pending)
2743	2715.4	AABD-EP Benefit Payments	AABD-EP Benefit Payments
2750	2720-2729	Mandatory AABD Supplement	Eligibility Criteria Mandatory AABD Supplement
2760	2730-2739	Optional AABD Supplement	Eligibility Criteria Optional AABD Supplement
2761	2731	Living Arrangements	Living Arrangements
2762	2731.1	Independent Living	Independent Living
2763	2731.2	Living in Another's Household	Living in Another's Household
2764	2731.3	Residential Care Home	Licensed Residential Care Home
2764.1	2731.31	Residential Care, Assistive Community Care	Residential Care Home with Assistive Community Care – Level III
2764.2	2731.32	Residential Care, Limited Nursing	Residential Care Home with Limited Nursing Care – Level III
2764.3	2731.33	Other Residential Care	Residential Care Home – Level IV

AABD Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2765	2731.4	Community Care Home	Licensed Community Care Home
2766	2731.5	Custodial Care	Custodial Care - Family Home
2767	2731.6	Long-Term Care	Long-Term Care
2770	2732	Payment Levels	Payment Levels
2780	2750-2759	Essential Person (AABD-EP)	Eligibility Criteria State AABD (Essential Person)
2781	2751	Essential Person Definition	Essential Person Definition
2781.1	2751.1	Personal Care Services	Medically Necessary Personal Care Services
2781.2	2751.2	Homemaker Services	Medically Necessary Homemaker Services
2782	2752	AABD-EP Assistance Group	Assistance Group
2783	2753	Living Arrangements, AABD-EP	Living Arrangement Basis
2783.1	2753.1	Independent Living with EP	Independent Living With Essential Person
2783.2	2753.2	EP Living in Another's Household	Living in Another's Household With Ineligible Spouse
2784	2754	AABD-EP Payment Levels	Payment Levels
2785	2755	Resources, AABD-EP	Resources Standard
2786	2756	Income, AABD-EP	Income Computation

EA Rules with Shorter Names Sorted by Current Numbers			
New Number	Current Number	New Name	Current Name
2800	2800	Emergency Assistance (EA)	Emergency Assistance
2801	2800.1	Application	Application
2802	2800.2	Applicant Household	Applicant Household
2803	2800.3	Definitions	Definitions
2804	2800.4	Authorization Limits	Authorization Limits
2805	2803	Disqualification	Disqualification
2806	2804	Applicant's Responsibility	Applicant's Responsibility
2807	2805	District Director's Responsibility	District Director's Responsibility
2810	2801	Non-Catastrophic Eligibility	Eligibility Criteria for Non-Catastrophic Situations
2820	2802	Catastrophic Eligibility	Eligibility Due to a Catastrophic Situation
2821	2802.1	Catastrophic Situation	Definition of Catastrophic Situation
2822	2802.2	Constructive Eviction	Definition of Constructive Eviction
2823	2802.3	Emergency Medical Need	Definition of Emergency Medical Need
2830	2807	Employment	Employment
2831	2807.1	Work Requirements	Requirements
2832	2807.2	Employment Definitions	Employment Definitions
2833	2807.3	Work Exemptions	Exemptions from Employment Requirement
2834	2807.4	Active Job Search Effort	Active Effort
2840	2808	Income	Income
2841	2808.1	Work Expense Deduction	Standard Work Expense Deduction
2842	2808.2	Self-Employment Deductions	Self-Employment Business Expense Deductions
2843	2808.3	Child Support Deductions	Child Support Deductions
2844	2808.4	Room and Board Deductions	Room and Board Deductions
2845	2809.5	Dependent Care Deduction	Dependent Care Expense Deduction
2846	2809.6	Excluded Income	Excluded Income
2850	2810	Benefit Issuance	Benefit Issuance
2851	2811	Groceries and Personal Needs	Groceries and Personal Needs
2852	2813	Housing	Housing
2852.1	2813.1	Permanent Housing	Permanent Housing
2852.2	2813.2	Temporary Housing	Temporary Housing
2852.3	2813.21	Permanent Housing Pre-Authorization	Pre-authorization of Permanent Housing Payments

EA Rules with Shorter Names Sorted by Current Numbers			
New Number	Current Number	New Name	Current Name
2853	2813.3	Rental or Mortgage Arrearage	Rental or Mortgage Arrearage
2853.1	2813.31	Arrearage Definitions	Definitions
2853.2	2813.32	Arrearage Eligibility	Eligibility for Payment of Rental or Mortgage Arrearage
2854	2814	Moving Expense	Moving Expense
2855	2814	Room and Board	Room and Board
2856	2815	Heating Equipment	Heating Equipment
2857	2816	Transportation	Transportation
2858	2817	Fuel and Utilities	Fuel and Utilities
2858.1	2817.1	Metered Delivery	Metered Delivery
2858.2	2817.2	Bulk Delivery	Bulk Delivery
2860	2820	Medical Care	Medical Care
2860.1	2820.1	Payment	Payment
2870	2830	Child Welfare Emergencies (EA-CWE)	Child Welfare Emergencies
2871	2830.1	EA-CWE Eligibility	Eligibility Criteria
2872	2830.2	Protective Services, EA-CWE	Protective Services
2873	2830.3	Family Support Services, EA-CWE	Family Support Services
2874	2830.4	Family Prevention Services, EA-CWE	Family Prevention Services

Fuel Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2900	2900	Fuel Program	Fuel Program
2901	2900.1	Additional Funds	Additional Funds
2902	2912	Fuel Supplier Certification	Fuel Supplier Certification
2903	2913	Advantageous Pricing	Advantageous Pricing
2904	2911	Recoupment	Recoupment
2910	2901	Household Composition	Criteria Applied in Determining Fuel Household Membership and Eligibility
2911	2901.1	Definitions	Definitions
2912	2901.2	Eligible Households	Eligible Households
2913	2901.3	Excluded Households	Excluded Households
2914	2902	Application	Application for Assistance
2915	2902.1	Application Period	Application Period
2916	2905	Verification	Verification
2920	2903.2	Resources	Definition of Resources
2921	2903.1	Resources Maximum	Maximum Allowable Resources
2922	2903.3	Jointly Held Resources	Jointly Held Resources
2930	2904	Income	Income
2931	2904.1	Income Maximums	Allowable Income Maximums
2932	2904.2	Definition of Income	Definition of Income
2933	2904.3	Income Deductions	Income Exclusions, Disregards, Deductions and Adjustments
2940	2906	Benefit Levels	Benefit Levels
2941	2906.1	Subsidized Housing	Reductions for Public, Subsidized, or Section 8 Housing
2942	2906.2	Calculation of Benefits	Calculation of Benefits
2943	2906.3	Fuel Program Tables	Fuel Program Tables
2944	2906.4	Primary Heating Fuel Costs	Primary Heating Fuel Costs
2950	2907	Benefit Issuance	Benefit Issuance
2951	2907.1	Benefit Payment Method	Benefit Payment Method
2952	2907.2	Payments to Certified Fuel Suppliers	Use of Payments to Certified Fuel Suppliers
2953	2907.3	Credit Balances	Credit Balances at the End of the Heating Season
2954	2907.4	Expedited Benefits, Crisis Households	Expedited Seasonal Fuel Benefits for Crisis Households
2960	2908	Changes in Circumstances	Changes in Household Circumstances
2961	2908.1	Change of Fuel Supplier	Change of Fuel Supplier
2970	2909	Notices and Appeal Rights	Notice of Decision and of Appeal Rights
2971	2910	Fair Hearing	Fair Hearing

Fuel Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
2971.1	2910.1	Fair Hearing Definitions	Definitions
2971.2	2910.2	Fair Hearing Rules	Fair Hearing Rules
2980	2950	Crisis Fuel Assistance,	Crisis Assistance
2981	2951	Eligibility, Crisis Fuel	Eligibility
2982	2951.1	Expedited Fuel Benefits, Crisis Households	Expedited Seasonal Fuel Benefits for Crisis Households
2983	2952	Crisis Fuel Application	Application
2984	2953	Income, Crisis Fuel	Income
2985	2954	Resources, Crisis Fuel	Resources
2986	2955	Verification, Crisis Fuel	Verification
2987	2956	Crisis Fuel Benefits	Benefits, Payment Maximums, and Conditions of Receipt
2988	2957	Appeal Rights, Crisis Fuel	Appeal Rights, Crisis Component
2989	2958	Recoupment, Crisis Fuel	Recoupment

Refugee Cash Assistance with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
3000	2501	Refugee Cash Assistance (RCA)	Refugees Eligible for Assistance Under the Refugee Cash Assistance Program
3010	2502	Eligibility	Eligibility for Assistance
3020	2502.1	Relationship to SSI/AABD	Relationship to SSI/AABD
3030	2503	Employment Requirements	Employment Requirements
3031	2503.1	Sanctions	Sanctions
3040	2504	Unaccompanied Minors	Unaccompanied Minors
3050	2505	Fair Hearings	Fair Hearings and Appeals

Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4100	M100	Medicaid Program	General Description – Medicaid Program
4101	M101	Purpose – Medicaid Program	Purpose – Medicaid Program
4102	M101.1	Vermont Health Access Plan (VHAP)	Purpose – Vermont Health Access Plan
4103	M116	VHAP Determination When Medicaid Closes	VHAP Program
4104	M134	Quality Control Review	Quality Control Review
4105	M135	Beneficiary Fraud	Recipient Fraud Investigation
4110	M102	Eligibility and Enrollment Process	Eligibility and Enrollment Process
4111	M102.1	Premiums	Premiums
4112	M104	Authorized Representative	Authorized Representative
4113	M105	Case Records	Case Records
4120	M111	Application	Application Requirement
4121	M112	Reapplication and Reenrollment	Reapplication and Reenrollment
4122	M113	Retroactive Application	Retroactive Application
4123	M114	Date of Application	Date of Application
4124	M115	Choice of Category	Choice of Category
4130	M121	Application Decisions	Application Decisions
4131	M122	Decision Time Limits	Decision Time Limits
4132	M123	Application Forms	Application Forms
4133	M124	Interview	Interview
4134	M125	Social Security Numbers	Social Security Numbers
4135	M126	Verification	Verification (Proof)
4136	M127	Collateral Sources	Collateral Sources
4137	M128	Potential Unearned Income	Requirement to Apply for Annuities, Pensions, etc.
4138	M129	Other Potential Income	Pursuit of Medical Support, Third-Party Medical Payments and Private Health Insurance
4138.1	M129.1	Assignment of Rights to Payments	Assignment of Rights to Support and Payments
4138.2	M129.2	Cooperation in Obtaining Payments	Cooperation in Obtaining Support and Payments
4138.3	M129.21	Good Cause for Noncooperation	Good Cause for Noncooperation
4138.4	M129.3	Enrollment in a Health Insurance Plan	Enrollment in a Health Insurance Plan
4140	M131	Eligibility Review	Eligibility Review Requirement
4141	M132	Review Frequency	Review Frequency
4142	M133	Review Decisions	Review Decisions
4150	M141	Notice of Decision and Appeal	Notice of Decision

Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4151	M142	Right to Appeal	Right to Appeal
4152	M142.1	Disability Determination Appeal	Disability Determination Appeal
4153	M143	Continued Benefits Pending Appeal	Continued Benefits During Appeal or Fair Hearing
4154	M144	MCO Appeals and Fair Hearing Rules	MCO Appeals and Fair Hearing Rules
4160	M150	Payment Systems	Payment Systems
4161	M150.1	Cost-Sharing	Cost-Sharing Requirements
4162	M150.2	Obligation of the Department	Obligation of the Department
4163	M151	Eligibility Expenses	Eligibility Expenses
4164	M153	Beneficiary Identification	Beneficiary Identification
4170	M170.1	Citizenship	Requirement
4171	M170.2	U.S. Citizen	U.S. Citizen
4171.1	M170.21	Notice of Verification Requirement	Notice of Obligation to Satisfy Documentation Requirement
4171.2	M170.22	Citizenship and Identity Documentation	Acceptable Documentation of Citizenship and Identity
4172	M170.3	Qualified Alien	Qualified Alien
4172.1	M170.31	Battered Alien	Battered Alien
4172.2	M170.32	Immigration Status Documentation	Acceptable Document of Qualified Alien Status
4173	M170.4	Five-Year Bar for Qualified Aliens	Five-Year Bar for Qualified Aliens
4173.1	M170.41	Documentation of Entry Date	Acceptable Documentation to Determine the Five-Year Bar
4174	M170.5	Non-Qualified Aliens	Non-Qualified Aliens
4174.1	M170.51	Illegal Aliens	Illegal Aliens
4174.2	M170.52	Undocumented Aliens	Undocumented Aliens
4175	M170.6	Ineligible Aliens and Non-Immigrants	Ineligible Aliens/Non-Immigrants
4176	M170.7	Confirmation of Immigration Via SAVE	Confirmation of Immigration and Citizenship Status
4177	M170.8	Emergency Medical Services	Emergency Medical Services

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4200	M200	Medicaid, Aged, Blind, and Disabled	SSI-Related Medicaid Eligibility
4201	M200.1	Definitions	Definitions
4202	M200.2	Categorically Needy Coverage Groups	SSI-Related Categorically Needy Coverage Groups
4202.1	M200.21	Categorically Needy Coverage Groups	SSI-Related Categorically Needy Coverage Groups
4202.2	M200.22	SSI-Eligible Coverage Groups	SSI-Eligible Coverage Groups
4202.3	M200.23	Long-Term Care Coverage Groups	Long-Term Care Medicaid Coverage Groups
4202.4	M200.24	Coverage Groups for New Applicants	SSI-Related Medicaid Coverage Groups Open to New Aged, Blind, or Disabled Applicants
4202.5	M200.25	Coverage Groups for Former Recipients	Coverage Groups Open to Former Recipients of SSI, SSI/AABD, or Medicaid
4203	M200.3	Medically Needy Coverage Group	SSI-Related Medically Needy Coverage Group
4204	M200.4	Medicare Cost-Sharing Coverage Groups	SSI-Related Medicare Cost-Sharing Coverage Groups
4204.1	M200.41	Qualified Medicare Beneficiaries (QMB)	Qualified Medicare Beneficiaries (QMB)
4204.2	M200.42	Qualified Disabled and Working Individuals (QDWI)	Qualified Disabled and Working Individuals (QDWI)
4204.3	M200.43	Specified Low-Income Medicare Beneficiaries (SLMB)	Specified Low-Income Medicare Beneficiaries (SLMB)
4204.4	M200.44	Qualified Individuals (QI-1)	Qualified Individuals (QI-1)
4210	M210	Nonfinancial Eligibility Tests	Nonfinancial Eligibility Tests for SSI-Related Medicaid
4211	M211	Relationship to SSI	Relationship to SSI Based on Age, Blindness, or Disability
4212	M211.1	Definition of Age	Definition of Age
4213	M211.2	Definition of Disability	Definition of Disability
4213.1	M211.21	Substantial Gainful Activity	Substantial Gainful Activity
4214	M211.3	Definition of Blindness	Definition of Blindness
4215	M211.4	Determining Disability or Blindness	Determination of Disability or Blindness
4216	M212	Citizenship and Identity	Citizenship and Identity
4216.1	M212.1	Emergency Medical Services	Emergency Medical Services
4217	M213	Residence	State Residence
4217.1	M213.1	Temporary Absence	Temporary Absences from the State

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4217.2	M213.2	Placement in Vermont Institutions	Individuals Placed in Vermont Institutions by Out-of-State Agencies
4217.3	M213.3	Incapable of Stating Intent	Incapable of Stating Intent
4217.4	M213.4	Residence as Payment Requirement	Residence as a Requirement for Payment
4217.5	M213.5	Specific Prohibitions	Specific Prohibitions
4218	M214	Living Arrangement	Living Arrangement
4218.1	M214.1	Public Institution	Living in a Public Institution
4218.2	M214.2	Private Facility	Living in a Private Facility
4218.3	M214.3	Correctional Facility	Living in a Correctional Facility
4220	M220	Financial Eligibility	Financial Eligibility for SSI-Related Medicaid
4220.1	M220.1	Definitions	Definitions
4221	M221	Formation of Financial Responsibility Group	Formation of the SSI-Related Financial Responsibility Group
4221.1	M221.1	Financial Responsibility Groups for Single Adults	SSI-Related Financial Responsibility Groups for Single Adults
4221.2	M221.2	Financial Responsibility Groups for Children	SSI-Related Financial Responsibility Groups for Dependent Children
4221.3	M221.3	Financial Responsibility Groups for Sponsored Noncitizens	SSI-Related Financial Responsibility Groups for Noncitizens with a Sponsor
4221.4	M221.31	Qualifying Quarters of Coverage	Qualifying Quarters of Coverage
4222	M222	Formation of the Medicaid Group	Formation of the SSI-Related Medicaid Group
4222.1	M222.1	Medicaid Groups for Single Adults	SSI-Related Medicaid Groups for Single Adults
4222.2	M222.2	Groups for Adults with Spouses	SSI-Related Medicaid Groups for Adults with Spouses
4222.3	M222.21	Exceptions for Adults with Spouses	Exceptions to the Rules for Forming SSI-Related Medicaid Groups for Adults with Spouses
4222.4	M222.3	Medicaid Groups for Children	SSI-Related Medicaid Groups for Children
4223	M223	Deeming	Deeming
4223.1	M223.1	Temporary Absences	Temporary Absences and Deeming Rules
4230	M230	Resources	Overview of SSI-Related Medicaid Resource Requirements
4231	M231	Types of Resources	Types of Resources

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4232	M231.1	Nonliquid Resources	Nonliquid Resources
4232.1	M231.11	Real Property	Real Property
4232.2	M231.12	Life Estate	Life Estate
4232.3	M231.13	Burial Funds	Burial Funds
4232.4	M231.14	Life Insurance	Life Insurance
4233	M231.2	Liquid Resources	Liquid Resources
4233.1	M231.21	Accounts in Financial Institutions	Accounts in Financial Institutions
4233.2	M231.22	Retirement Funds	Retirement Funds
4233.3	M231.23	Stocks, Bonds, and Funds	Stock, Bonds, Mutual Funds, and Money Market Funds
4233.4	M231.24	Annuities	Annuities
4233.5	M231.25	Mortgages and Promissory Notes	Mortgages and Promissory Notes
4233.6	M231.26	Home Equity Conversion Plans	Home Equity Conversion Plans
4234	M231.3	Resources Managed by Third Party	Resources Managed by a Third Party
4234.1	M231.31	Trusts	Trusts
4234.2	M231.32	Power of Attorney	Power of Attorney
4234.3	M231.33	Guardian	Guardian
4234.4	M231.34	Representative Payee	Representative Payee
4234.5	M231.35	Fiduciary for Joint Fiduciary Account	Fiduciary for a Joint Fiduciary Account
4240	M232	Excluded Resources	Excluded Resources
4241	M232.1	Real Property	Real Property
4241.1	M232.11	Home and Contiguous Land	A Home and Contiguous Land
4241.2	M232.12	Sale of Excluded Home	Proceeds from the Sale of an Excluded Home
4241.3	M232.13	Real Property for Sale	Real Property for Sale
4241.4	M232.14	Home Equity Conversion Plans	Home Equity Conversion Plans
4241.5	M232.15	Jointly Owned Real Property	Jointly Owned Real Property
4241.6	M232.16	Life Estates	Life Estates
4241.7	M232.17	Income-Producing Real Property	Real Property Producing Significant Income
4241.8	M232.18	Goods for Home Consumption	Real Property Producing Goods for Home Consumption
4242	M232.2	Insurance	Insurance
4242.1	M232.21	Life Insurance	Life Insurance
4242.2	M232.22	Long-Term Care Insurance Partnership	Qualified State Long-Term Care Insurance Partnership
4243	M232.3	Burial Funds	Burial Funds

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4244	M232.4	Other Income-Producing Resources	Annuities, Promissory Notes, and Similar Resources That Produce Income
4245	M232.5	Resources Managed by Third Party	Resources Managed by a Third Party
4245.1	M232.51	Definition of Trust	Definition of Trust
4245.2	M232.52	Excluded Trusts	Excluded Trusts
4245.3	M232.53	Trusts Excluded Due to Hardship	Trusts Excluded Due to Undue Hardship
4246	M232.6	Early Withdrawal and Surrender Penalties	Early Withdrawal Penalties and Surrender Fees
4247	M232.7	Jointly Held Accounts	Jointly Held Accounts
4247.1	M232.71	Fiduciary for a Joint Fiduciary Account	Fiduciary for a Joint Fiduciary Account
4248	M232.8	Other Excluded Resources	Other Excluded Resources
4248.1	M232.81	Personal Property	Household Goods and Personal Effects
4248.2	M232.82	Vehicles	Vehicles
4248.3	M232.83	Independent Living Contracts	Contracts for Medical Care, Assistive Technology Devices, and Home Modifications
4248.4	M232.84	Cash	Cash, Including Cash Necessary to Operate a Business
4248.5	M232.85	Retirement Funds	Retirement Funds
4248.6	M232.86	Tax Refunds	Tax Refunds
4248.7	M232.87	Student Benefits	Student Benefits
4248.8	M232.88	Savings from Excluded Income	Savings from Excluded Income
4248.9	M232.89	Federal Exclusions	Resources Excluded by Federal Law
4249	M232.9	Exclusions for Limited Periods	Resources Excluded for Limited Periods
4249.1	M232.91	Retroactive Social Security and SSI/AABD	Retroactive Social Security and SSI/AABD Payments
4249.2	M232.92	Funds for Replacing Excluded Resources	Funds for Replacing a Lost, Stolen, or Damaged Excluded Resource
4249.3	M232.93	Earned Income Tax Credit	Earned Income Tax Credit
4249.4	M232.94	Medical or Social Services Payments	Cash Payments for Medical or Social Services
4249.5	M232.95	Victim's Compensation Payments	Victim's Compensation Payments
4249.6	M232.96	Relocation Payments	Relocation Payments
4249.7	M232.97	Expenses from Last Illness and Burial	Funds for Expenses Resulting from Last Illness and Burial

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4249.8	M232.98	Stocks, Bonds, and Funds	Stocks, Bonds, Mutual Funds, and Money Market Funds
4249.9	M232.99	Home-Based Long-Term Care Disregard	Resource Disregard for Certain Individuals Receiving Home-Based Long-Term Care
4250	M233	Value of Resources	Value of Resources Counted Toward the Medicaid Resource Limit
4251	M233.1	Jointly Owned Resources	Counting Jointly Owned Resources
4251.1	M233.11	Tenancy in Common	Tenancy in Common
4251.2	M233.12	Joint Tenancy	Joint Tenancy
4251.3	M233.13	Tenancy by the Entirety	Tenancy by the Entirety
4252	M233.2	Value of Certain Resources	Value of Certain Resources
4252.1	M233.21	Annuities	Annuities
4252.2	M233.22	Life Estates	Nonexcluded Life Estates
4252.3	M233.23	Jointly Owned Real Property	Jointly Owned Real Property
4252.4	M233.24	U.S. Savings Bonds	United States Savings Bonds
4252.5	M233.25	Income-Producing Notes and Contracts	Promissory Notes and Similar Resources that Produce Income
4252.6	M233.26	Substantial Home Equity	Substantial Home Equity
4260	M234	Countable Resources	Determination of Countable Resources for SSI-Related Medicaid
4261	M234.1	Individuals Other than Children	Determining Countable Resources for Individuals Other than Children
4262	M234.2	Individuals with Spouses and Not in Long-Term Care	Determining Countable Resources for Individuals Requesting SSI-Related Medicaid, Other than Long-Term Care, When They Have a Spouse
4263	M234.3	Blind or Disabled Children	Determining Countable Resources for Blind or Disabled Children
4264	M234.4	Individuals with Spouses and in Long-Term Care	Determining Countable Resources for Individuals Requesting Long-Term Care, Including Waiver and Hospice Services, When They Have a Spouse

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4264.1	M234.41	Individuals with a Community Spouse	Assessment of Resources for Individuals with a Community Spouse
4264.2	M234.42	Allocation to a Community Spouse	Allocation of Resources for Individuals with a Community Spouse
4270	M240	Income Requirements	Overview of SSI-Related Medicaid Income Requirements
4271	M241	Types of Income	Types of Income
4272	M241.1	Earned Income	Earned Income
4272.1	M241.11	Self-Employment Income	Self Employment Income
4273	M241.2	Unearned Income	Unearned Income
4280	M242	Income Exclusions	Income Exclusions
4280.1	M242.1	Earned Income Exclusions	Earned Income Exclusions
4280.2	M242.2	Unearned Income Exclusions	Unearned Income Exclusions
4281	M243	Determination of Countable Income	Determination of Countable Income for SSI-Related Medicaid
4281.1	M243.1	Financial Responsibility Group of One	Financial Responsibility Groups for One Individual Seeking Community Medicaid
4281.2	M243.2	Financial Responsibility Group of Two	Financial Responsibility Groups for Individuals When One or Both Spouses Seek Community Medicaid
4281.3	M243.3	Parent and Child Living Together	Financial Responsibility Groups for a Parent and Child Living Together
4281.4	M243.4	Children Seeking Community Medicaid	Financial Responsibility Groups for Children Seeking Community Medicaid Other Than Katie Beckett Coverage
4281.5	M243.5	Individuals Seeking Long-Term Care	Financial Responsibility Groups for Individuals Seeking Long-Term Care
4281.6	M243.51	Long-Term Care in Nursing Facilities	Determination of Countable Income for Long-Term Care Applicants in Nursing Facilities
4281.7	M243.52	Waiver or Hospice Services	Determination of Countable Income for Long-Term Care Applicants Seeking Waiver or Hospice Services
4282	M245	Income Deductions	Income Deductions
4283	M245.1	Earned Income Deductions	Earned Income Deductions

SSI-Related Medicaid Rules with Shorter Names Sorted by New Number			
New Number	Current Numbers	New Names	Current Names
4283.1	M245.11	Business Expenses	Business Expenses from Self-employment
4283.2	M245.12	Work Expenses of Blind Individuals	Work Expenses from Income of Blind Individuals under the Age of 65
4283.3	M245.13	Work Expenses of Disabled Individuals	Work Expenses from Income of Disabled Individuals
4284	M245.2	Unearned Income Deductions	Unearned Income Deductions

ANFC-Related Medicaid with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4300	M300	Medicaid, Families and Children	ANFC-Related Medicaid: Eligibility for Individuals Under Age 21, Pregnant Women, and Parents or Caretaker Relatives of a Dependent Child
4301	M301	Eligibility	ANFC-Related Eligibility Criteria
4301.1	M301.1	Income Maximums	ANFC-Related Medicaid Income Maximum
4301.2	M301.2	Deprivation Not Required	ANFC-Related Medicaid Applicants Not Required to Establish Deprivation
4310	M302	Categorically Needy Coverage Groups	Categorically Needy ANFC-Related Coverage Groups
4311	M302.1	Eligible Family Members	Members of Families Who Meet ANFC-Related Criteria
4312	M302.2	Family Members Eligible Based on Exceptions	Individuals Who Would Be Eligible for ANFC-Related Medicaid Except For Certain Conditions
4312.1	M302.21	Eligible Except for Earnings	Groups No Longer Eligible for ANFC-Related Medicaid Due to Increased Earnings (Transitional Medicaid)
4312.2	M302.22	Eligible Except for Child Support	Groups No Longer Eligible for ANFC-Related Medicaid Due to Increased Child Support (Transitional Medicaid)
4312.3	M302.23	Eligible Except for Institutional Status	Individuals In Institutions
4312.4	M302.24	Recipients in August 1972	Individuals Entitled to OASDI and Receiving Cash Assistance in August 1972
4312.5	M302.25	Eligible Except for Child Care Payments	Individuals Receiving Child Care Services
4312.6	M302.26	Children Under 18 (Dr. Dynasaur)	Children Under 18 (Dr. Dynasaur)
4312.7	M302.27	Pregnant Women (Dr. Dynasaur)	Pregnant Women (Dr. Dynasaur)
4312.8	M302.28	Other Eligible Family Members	Other ANFC-Related Categorically Eligible Coverage Groups
4320	M303	Medically Needy Coverage Groups	ANFC-Related Medically Needy Coverage Groups
4330	M311	Citizenship and Identity	Citizenship and Identity

ANFC-Related Medicaid with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4330.1	M311.1	Emergency Medical Services	Emergency Medical Services
4331	M312	Residence	State Residence
4332	M313	Living Arrangements	Living Arrangements
4332.1	M313.1	Public Institution	Living in a Public Institution
4332.2	M313.2	Private Facility	Living in a Private Facility
4332.3	M313.3	Correctional Facility	Living in a Correctional Facility
4340	M320- M329	ANFC-Related Eligibility Factors	Relationship to ANFC Eligibility Factors
4341	M321	Age	Individuals Under the Age of 21
4342	M322	Pregnancy	Pregnant Women
4343	M323	Parents and Caretaker Relatives	Parents and Caretaker Relatives
4350	M330- M339	Financial Eligibility	ANFC-Related Financial Eligibility Factors
4351	M331	Financial Responsibility of Relatives	Financial Responsibility of Relatives
4351.1	M331.2	Spousal Responsibility	Termination of Spousal Responsibility
4351.2	M331.3	Parental Responsibility	Termination of Parental Responsibility
4360	M332	ANFC-Related Medicaid Group	The ANFC Related Medicaid Group
4361	M332.1	Medicaid Group Formation	Applying the ANFC Rules to the Formation of the Medicaid Group
4361.1	M332.11	Exceptions to Medicaid Group Formation Rules	Exceptions to the Application of the ANFC Rules in Forming the Medicaid Group
4362	M336	Exclusions from Income and Resources	Exclusions from Income and Resources
4363	M337	Sponsored Aliens	Financial Responsibility of Sponsors
4363.1	M337.1	Qualifying Quarters of Work	Qualifying Quarters
4370	M340- M349	Resources	Resources
4371	M340.1	Jointly Owned and Jointly Held Resources	Jointly Owned and Jointly Held Resources
4372	M340.2	Resource Disregard	Resource Disregard
4373	M341	Liquid Assets	Liquid Assets
4373.1	M341.1	Life Insurance	Life Insurance
4373.2	M341.2	Trusts	Trusts
4373.3	M341.21	Trusts Established Prior to 1994	Trusts Established Prior to January 1, 1994
4373.4	M341.22	Trusts Established After 1993	Trusts Established On or After January 1, 1994
4373.5	M341.3	Burial Plots and Funeral	Burial Plots - Funeral Agreement

ANFC-Related Medicaid with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
		Agreements	
4374	M342	Non-Liquid Assets	Non-Liquid Assets
4374.1	M342.1	Real Property	Real Property
4374.2	M342.2	Vehicles	Vehicles
4374.3	M342.3	Income-Producing Property	Income-Producing Property
4375	M344	Lump Sum Receipts	Lump Sum Receipts
4380	M350- M359	Income	Income
4381	M351	Unearned Income	Unearned Income
4382	M352	Earned Income	Earned Income
4382.1	M352.1	Income Computation	Computation Method
4382.2	M352.2	Business Expenses	Business Expenses
4382.3	M352.3	Employment Expenses	Standard Employment Expense Amount
4382.4	M352.4	Dependent Care Expenses	Dependent Care Expenses
4390	M360	Long-Term Care and Community Spouses	Individuals with a Community Spouse Requesting Long Term Care

Medicaid Spenddown Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4400	M400	Spenddown, Patient Share, and Resource Transfer	Spenddown, Patient Share, and Transfer of Resources Provisions
4410	M401	Living Arrangements	Types of Living Arrangements
4411	M401.1	Community Living Arrangement	Community Living Arrangement
4412	M401.2	Long-Term Care Living Arrangement	Long-Term Care Living Arrangement
4420	M402	Accounting Periods	Types of Accounting Periods
4421	M402.1	Six-Month Spend-Down Period	Six-Month Accounting Period
4422	M402.2	One-Month Patient Share Period	One-Month Accounting Period
4430	M410	Spenddown of Excess Resources and Income	Spenddown of Excess Resources and Income to meet Financial Eligibility Standards
4431	M411	Spending Down Excess Resources	Spending Down Excess Resources
4432	M411.1	Retroactive Coverage	Allowable uses of Excess Resources to Qualify for Retroactive Coverage
4433	M412	Spending Down Excess Income	Spending Down Excess Income
4434	M412.1	Allowable Uses of Excess Income	Allowable uses of Excess Income
4440	M420	Medical Expense Spenddown	Spending Down Excess Income on Medical Expenses
4441	M420.1	Eligibility Date	Eligibility Date
4442	M420.2	Deduction Sequence	Deduction Sequence
4443	M420.3	Time Frames for Deductions	Time Frames for Deductible Expenses
4443.1	M420.31	Predictable Expenses	Predictable Expenses
4443.2	M420.32	Prior Medical Expenses	Prior Medical Expenses
4450	M421	Allowable Medical Expenses	Allowable Medical Expense Deductions
4451	M421.1	Health Insurance Expenses	Health Insurance Expenses
4452	M421.2	Expenses Not Covered by Medicaid	Medical Expenses not Covered by Medicaid
4452.1	M421.21	Over-the-Counter Drugs and Supplies	Over-the-Counter Drugs and Supplies
4452.2	M421.22	Transportation	Transportation
4452.3	M421.23	Personal Care Services	Personal Care Services
4452.4	M421.24	Assistive Community Care Services	Assistive Community Care Services
4453	M422	Covered Medical Services	Covered Medical Services
4454	M423	Third-Party Coverage	Expenses Subject to Third-Party Coverage

Medicaid Spenddown Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4460	M430	Patient Share Payment for Long-Term Care	Patient Share Payment for Long-Term Care, Including Waiver and Hospice Services
4461	M431	Long-Term Care Residence Period	Determining Residence Period for Long-Term Care
4461.1	M431.1	Percentage of Month in Long-Term Care	Determining the Percentage of the Month the Individual was in Long-Term Care
4461.2	M431.2	Determining Maximum Patient Share	Determining the Maximum Patient Share
4462	M432	Deductions from Patient Share	Deductions from Patient Share
4462.1	M432.1	Personal Needs Allowance and Community Maintenance Allowance	Personal Needs Allowance and Community Maintenance Allowance
4462.2	M432.2	Home Upkeep Deduction	Home Upkeep Deduction
4462.3	M432.3	Allocation to Family Members	Allocation to Family Members
4462.4	M432.31	Allocation to Community Spouse	Allocation to Community Spouse
4462.5	M432.32	Allocation to Other Family Members	Allocation to Other Family Members
4463	M433	Transfer Between Nursing Facilities	Determining which Provider Receives Patient Share Payment
4463.1	M433.1	Hospital Admission from Nursing Facility	Payment of Patient Share when Long-Term Care Recipient Enters Hospital
4463.2	M433.2	Transfer from Waiver Services to Nursing Facility	Payment of Patient Share when Long-Term Care Recipient of Waiver Services Enters a Nursing Facility
4463.3	M433.3	Discharge from Nursing Facility to Waiver Services	Payment of Patient Share when Long-Term Care Recipient is Discharged from a Nursing Facility to Waiver Services
4463.4	M433.4	Discharge from Long-Term Care	Payment of Patient Share for the Month when Long-Term Care Recipient is Discharged from Long-Term Care
4463.5	M433.5	Termination of Eligibility for Long-Term Care	Payment of Patient Share for the Month when Long-Term Care Recipient is no longer Eligible for Medicaid Coverage of Long-Term Care
4463.6	M433.6	Patient Share in the Month of Death	Payment of Patient Share in the Month of Death

Medicaid Spenddown Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
4470	M440	Income or Resource Transfer and Long-Term Care Coverage	Transfer of Income or Resources by Individuals Requesting Long-Term Care Coverage
4471	M440.1	Definition of Transfer	Definition of Transfer
4472	M440.2	Transfers for Fair Market Value	Allowable Transfers for Fair Market Value
4472.1	M440.21	Receipt of Fair Market Value	Scheduled Receipt of Fair Market Value after the date of Transfer
4473	M440.3	Transfers for Less Than Fair Market Value	Allowable Transfers for Less than Fair Market Value
4473.1	M440.31	Transfers of Trusts for Less than Fair Market Value	Allowable Transfers involving Trusts for Less than Fair Market Value
4473.2	M440.32	Transfers of Homes to Family Members	Allowable Transfers of Homes to Family Members for Less than Fair Market Value
4473.3	M440.33	Other Transfers to Family Members	Other Allowable Transfers to Family Members for Less than Fair Market Value
4473.4	M440.34	Transfers of Annuities	Transfers involving Annuities
4473.5	M440.35	Jointly Held Income or Resources	Transfers involving Jointly Held Income or Resources
4473.6	M440.36	Income-Producing Notes and Contracts	Transfers involving Promissory Notes or Similar Resources that Produce Income
4474	M440.4	Penalty Period for Disallowed Transfers	Determination of the Penalty Period for Disallowed Transfers
4474.1	M440.41	Penalty Date	Penalty Date
4474.2	M440.42	Penalty Period	Penalty Period
4474.3	M440.43	Penalty When Both Spouses Request Long-Term Care Coverage	Assignment of Penalty Periods when both Spouses Request Long-Term Care Coverage
4474.4	M440.44	Undue Hardship	Undue Hardship

Refugee Medical Assistance with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5100	2510	Refugee Medical Assistance (RMA)	Refugee Medical Assistance
5101	2510.2	Medical Screening Examination	Medical Screening Examination
5110	2510.1	Eligibility Requirements	General Eligibility Requirements
5120	2511	Determining Eligibility	Determining Eligibility for Refugee Medical Assistance
5121	2511.1	Non-Financial Eligibility	Non-Financial Eligibility
5122	2511.2	Financial Eligibility	Financial Eligibility
5130	2512	Limited English Proficiency	Services for People with Limited English Proficiency

Dr. Dynasaur Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5200	3000	Dr. Dynasaur	Introduction
5210	3001	Eligibility	Eligibility
5211	3001.1	Residence	State Resident
5212	3001.2	Member of Covered Group	Member of Covered Group
5212.1	3001.21	Pregnant Woman	Pregnant Woman
5212.2	3001.22	Child Under the Age of 18	Child Under the Age of Eighteen
5220	3001.3	Financial Need	Financial Need
5221	3001.31	Definition of Household	Definition of Household
5222	3101.32	Income Level	Income Level
5230	3001.4	Uninsured	Uninsured
5240	3002	Services	Services
5250	3004.1	Application	Application
5251	3004.2	Application Decision	Application Decision
5252	3004.3	Period of Eligibility	Period of Eligibility
5253	3004.4	Identification Document	Identification Document
5254	3004.5	Application for Other Benefits	Application for Other Benefits
5255	3004.6	Right to Appeal	Right to Appeal

VHAP Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5300	4000	Vermont Health Access Plan (VHAP)	Introduction
5301	4002.7	Beneficiary Fraud	Beneficiary Fraud
5310	4001	Eligibility	Eligibility
5311	4001.1	Age	Age
5312	4001.2	Uninsured or Underinsured	Uninsured or Underinsured
5313	4001.3	Citizenship and Identity	Citizenship and Identity
5314	4001.4	Residence	State Residence
5315	4001.5	Living Arrangement	Living Arrangement
5316	4001.6	Student Status	Student Status
5317	4001.7	Other Eligibility Requirements	Other
5320	4001.8	Financial Need	Financial Need of a VHAP Group
5321	4001.81	Income	Countable Income
5322	4001.82	Excluded Income	Excluded Income
5323	4001.83	Countable Income	Determining Countable Income
5324	4001.84	Income Test	Income Test
5330	4001.9	Cost-Sharing Requirements	Cost-Sharing Requirements
5331	4001.91	Premium	Premium
5332	4001.92	Co-payment	Co-payment
5340	4002.1	Application	Application
5341	4002.2	Application Decision	Application Decision
5342	4002.3	Eligibility Period and Enrollment	Period of Eligibility and Enrollment
5342.1	4002.31	VHAP-Limited Coverage	VHAP-Limited Coverage
5342.2	4002.32	VHAP Managed Health Care	VHAP Managed Health Care System
5343	4002.4	Identification Document	Identification Document
5344	4002.5	Application for Medicaid	Application for Medicaid
5345	4002.6	Right to Appeal	Right to Appeal
5350	4003	Benefit Delivery	Benefit Delivery Systems
5351	4003.1	Benefits	Benefits
5351.1	4003.11	Beneficiaries Eligible for VHAP and Medicare	Beneficiaries Eligible for VHAP and Medicare
5352	4003.2	VHAP Managed Health Care Plan	VHAP Managed Health Care Plan System
5352.1	4003.21	Enrollment	Enrollment
5352.2	4003.22	Appeals of Managed Health Care Decisions	Appeals of Managed Health Care Decisions
5360	4004	Medicaid Program	Medicaid Program

VPharm Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5400	3500	VPharm	Introduction
5401	3501	Definitions	Definitions
5402	3504.4	Beneficiary Fraud	Beneficiary Fraud Investigation
5410	3502	Eligibility	Eligibility
5411	3502.1	Age	Age
5412	3502.2	Disability	Disability
5413	3502.3	Residence	State Residence
5414	3502.4	Income	Income
5415	3502.5	PDP Enrollment	PDP Enrollment
5416	3502.6	Limited Income Subsidy	Limited Income Subsidy
5417	3502.7	Citizenship and Identity	Citizenship and Identity
5420	3503	Application	Application
5421	3503.1	Application Decision	Application Decision
5430	3504.1	Eligibility Period and Enrollment	Period of Eligibility and Enrollment
5431	3504.2	Identification Document	Identification Document
5432	3504.3	Notice and Appeal	Notice and Right to Appeal
5440	3505	Payment System	Payment System
5441	3505.1	Cost-Sharing	Cost-Sharing
5442	3505.2	Medicare Advocacy Program	Medicare Advocacy Program
5443	3505.3	Payments for Prescribed Drugs	Lower of Price for Ingredients Plus Dispensing Fee or Charge
5444	3505.4	Price for Ingredients	Price for Ingredients
5445	3505.5	Compounded Prescriptions	Compounded Prescriptions
5446	3505.6	Participating Pharmacy	Participating Pharmacy
5447	3505.7	Prescribed Drugs	Prescribed Drugs
5450	3506	Coverage	Coverage

VHAP-Pharmacy Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5500	3300	VHAP-Pharmacy	Introduction
5501	3302.7	Beneficiary Fraud	Beneficiary Fraud Investigation
5510	3301	Eligibility	Eligibility
5511	3301.1	Age	Age
5512	3301.2	Disability	Disability
5513	3301.3	Uninsured	Uninsured
5514	3301.4	Citizenship and Identity	Citizenship and Identity
5515	3301.5	Residence	State Residence
5516	3301.6	Living Arrangement	Living Arrangement
5520	3301.7	Financial Need	Financial Need
5521	3301.71	Countable Income	Countable Income
5522	3301.72	Excluded Income	Excluded Income
5523	3301.73	Determining Countable Income	Determining Countable Income
5524	3301.74	Income Test	Income Test
5530	3302.1	Application	Application
5531	3302.2	Application Decision	Application Decision
5532	3302.3	Eligibility Period and Enrollment	Period of Eligibility and Enrollment
5533	3302.4	Identification Document	Identification Document
5534	3302.5	Application for Other Benefits	Application for Other Benefits
5540	3302.6	Right to Appeal	Right to Appeal
5550	3303.1	Cost Sharing	Cost Sharing
5551	3303.2	Payments for Prescribed Drugs	Lower of Price for Ingredients Plus Dispensing Fee or Charge
5552	3303.3	Price for Ingredients	Price for Ingredients
5553	3303.4	Compounded Prescriptions	Compounded Prescriptions
5554	3303.5	Participating Pharmacy	Participating Pharmacy
5555	3304	Prescribed Drugs	Prescribed Drugs
5560	3305	Benefit Coverage	Benefit Coverage

VScript Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
5600	3200	VScript	Introduction
5610	3201	Eligibility	Eligibility
5611	3201.1	Citizenship and Identity	Citizenship and Identity
5612	3201.2	State Resident	State Resident
5613	3201.3	Living Arrangement	Living Arrangement
5614	3201.4	Member of Covered Group	Member of Covered Group
5614.1	3201.41	Elderly Definition	Elderly
5614.2	3201.42	Disabled Definition	Disabled
5620	3201.5	Uninsured Definition	Uninsured
5630	3201.6	Financial Need	Financial Need
5631	3201.61	Countable Income	Countable Income
5632	3201.62	Excluded Income	Excluded Income
5633	3201.63	Determining Income	Determining Countable Income
5634	3201.64	Income Test	Income Test
5640	3202	Coverage	Coverage
5641	3202.1	Maintenance Drugs	Maintenance Drugs
5642	3202.2	Participating Pharmacy	Participating Pharmacy
5643	3202.3	Dispensing	Dispensing
5650	3203	Cost-Sharing Requirements	Cost Sharing Requirements
5660	3204.1	Application	Application
5661	3204.2	Application Decision	Application Decision
5662	3204.3	Eligibility Period and Enrollment	Period of Eligibility and Enrollment
5663	3204.4	Payment Methodology	Payment Methodology
5664	3204.5	Right to Appeal	Right to Appeal

Healthy Vermonters Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5700	3400	Healthy Vermonters	Introduction
5701	3402.9	Beneficiary Fraud	Beneficiary Fraud Investigation
5710	3401	Eligibility	Eligibility
5711	3401.1	Insurance Coverage	Insurance coverage
5712	3401.2	Citizenship and Identity	Citizenship and Identity
5713	3401.3	Residence	State Residence
5714	3401.4	Living Arrangement	Living Arrangement
5720	3401.5	Financial Need	Financial Need of a Healthy Vermonters Group
5721	3401.51	Income	Countable Income
5722	3401.52	Excluded Income	Excluded Income
5723	3401.53	Countable Income	Determining Countable Income
5724	3401.54	Income Test	Income Test
5730	3402	Eligibility Process	Eligibility Process
5731	3402.1	Application	Application
5732	3402.2	Application Decision	Application Decision
5733	3402.3	Eligibility Period	Period of Eligibility
5734	3402.4	Termination	Termination of Eligibility
5735	3402.5	Reporting Changes	Requirement to Report Changes
5736	3402.6	Identification Document	Identification Document
5737	3402.7	Application for Other Benefits	Application for Other Benefits
5738	3402.8	Right to Appeal	Right to Appeal
5740	3403.1	Benefit	Program Benefit
5741	3403.2	Enrollment Fee	Enrollment Fee
5742	3403.3	Coinsurance Requirement	Coinsurance Requirement
5743	3403.4	Coverage	Coverage
5744	3403.5	Participating Pharmacy	Participating Pharmacy

HIV/AIDS Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5800	3100	HIV/AIDS	Introduction
5810	3101	Eligibility	Eligibility
5811	3101.1	Residence	State Resident
5812	3101.2	Member of Covered Group	Member of Covered Group
5820	3101.3	Financial Need	Financial Need
5821	3101.31	Definition of Household	Definition of Household
5822	3101.32	Income Level	Income Level
5823	3101.33	Resource Limit	Resource Limit
5830	3102	Coverage	Coverage
5840	3104.1	Application	Application
5841	3104.2	Application Decision	Application Decision
5842	3104.3	Period of Eligibility	Period of Eligibility
5843	3104.4	Payment Methodology	Payment Methodology
5844	3104.5	Application for Other Benefits	Application for Other Benefits
5845	3104.6	Right to Appeal	Right to Appeal

Premium Assistance Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5900	4100	Premium Assistance	Program Overview
5901	4101	Definitions	Definitions
5910	4102	Eligibility	Eligibility
5911	4102.1	VHAP-ESIA	VHAP-ESIA
5911.1	4102.2	VHAP-ESIA Enrollment	VHAP-ESIA Participation as a Condition of VHAP Eligibility
5912	4102.3	Catamount-ESIA	Catamount-ESIA
5913	4102.4	CHAP	CHAP
5914	4102.5	Prior Loss of Insurance	Prior Enrollment in a Health-Care Program
5915	4102.6	Medicare	Medicare
5916	4102.7	Income Determinations	Income Determinations
5917	4102.8	ESI Available to Ineligible Member	Availability of an ESI Plan - Ineligible Employees
5920	4103	Eligibility Process	Eligibility Process
5921	4103.1	Application	Application
5922	4103.2	Cooperation Requirements	Cooperation Requirements
5923	4103.3	Screening; Initial Eligibility	Screening; Initial Eligibility Determinations
5924	4103.4	Plan Information Request Letter	Plan Information Request Letter
5924.1	4103.5	Enrollment Determination	Enrollment Determination
5924.2	4103.6	Approval of ESI Plans	Approval of ESI Plans
5924.3	4103.7	Determining Cost-Effectiveness	Methodology for Determining Cost-Effectiveness
5924.4	4103.8	No Cost-Effective or Available ESI	VHAP or CHAP-Approved ESI Plan Not Available or Enrollment Not Cost-Effective
5924.5	4103.9	Cost-Effective ESI Available	VHAP-ESIA or Catamount-ESIA-Approved ESI Plan Is Available and Enrollment is Cost-Effective
5925	4103.10	Eligibility Period and Enrollment	Period of Eligibility and Enrollment
5925.1	4103.11	New Access to ESI	New Access to ESI
5925.2	4103.12	Plan Disenrollment	Plan Disenrollment
5925.3	4103.13	ESI No Longer Approved or Cost-Effective	Termination of ESIA; ESI Plan No Longer Approved or Cost-Effective
5930	4103.14	Notice and Appeal Rights	Notice and Appeal Rights
5940	4104	Premium-Assistance Amounts	General Rules for Calculation of Premium-Assistance Amounts
5950	4105	VHAP-ESIA Benefits	VHAP-ESIA Benefits

Premium Assistance Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
5951	4105.1	Premium Balances and Assistance Amounts	Premium Balances and Premium-Assistance Amounts
5952	4105.2	VHAP Wraparound Coverage	VHAP Wraparound Coverage
5960	4106	Catamount-ESIA Benefits	Catamount-ESIA Benefits
5961	4106.1	Premium Balances and Assistance Amounts	Premium Balances and Premium-Assistance Amounts
5962	4106.2	Chronic-Care Wraparound Coverage	Chronic-Care Wraparound Coverage
5963	4107.1	Premium Balances and Assistance Amounts	Premium Balances and Premium-Assistance Amounts
5970	4108	Premium Balance Collection Methods	Premium Balance Collection Methods
5971	4109	Premium Payments	Premium Payments
5972	4110	Payment Adjustments	Payment Adjustments
5972.1	4110.1	Underpayments	Underpayments
5972.2	4110.2	Overpayments	Overpayments

Medicaid Benefit Delivery Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7101	M103	Medicaid Benefit Delivery	Benefit Delivery Systems
7101.1	M103.1	Fee-For-Service	Fee-For-Service System
7101.2	M103.2	Managed Health Care Plan	Managed Health Care Plan System
7101.3	M103.3	Primary Care Case Management (PCCM)	Primary Care Case Management Program
7102	M106.1	Prior Authorization	Background
7102.1	M106.2	Criteria for Prior Authorization	Criteria for Services Requiring Prior Authorization
7102.2	M106.3	Prior Authorization Determination	Prior Authorization Determination
7102.3	M106.4	Waiver of Prior Authorization	Waiver of Prior Authorization
7102.4	M106.5	Prior Authorization Process	Prior Authorization Process
7103	M107	Medical Necessity	Medical Necessity
7104	M108	Requesting Coverage Exceptions	Procedure for Requesting Coverage of a Service or Item
7105	M152	Medical Service Payment	Medical Services
7105.1	M152.1	General Exclusions	General Exclusions
7105.2	M154	Provider Responsibility	Provider Responsibility
7105.3	M156	No Reassignment of Claims	No Reassignment of Claims to Benefits
7106	M155	Violations of Provider Responsibility	Violations of Provider Responsibility
7106.1	M155.1	Definitions	Definitions
7106.2	M155.2	Grounds for Sanctioning Providers	Grounds for Sanctioning Providers
7106.3	M155.3	Sanctions	Sanctions
7106.4	M155.4	Imposition and Extent of Sanctions	Imposition and Extent of Sanctions
7106.4.1	M155.41	Imposition of Sanctions	Imposition of Sanctions
7106.4.2	M155.42	Scope of Sanctions	Scope of Sanctions
7106.4.3	M155.43	Notice of Sanctions	Notice of Sanctions
7106.5	M155.5	Provider Information Program	Provider Information Program
7106.6	M155.6	Right of Appeal	Right of Appeal
7106.7	M155.7	Withholding Payments	Withholding Payment for Provider Fraud or Willful Misrepresentation
7107	M157	Utilization Control	Utilization Control
7107.1	M157.1	Beneficiary Abuse	Beneficiary Abuse
7107.2	M157.2	Provider Abuse	Provider Abuse
7108	M158	Third-Party Liability	Third-Party Liability
7108.1	M158.1	Health Insurance Premiums	Health Insurance Premiums

Medicaid Benefit Delivery Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7108.2	M159	Adjustment or Recovery	Adjustment or Recovery
7108.3	M159.1	Estate Recovery	Adjustments or Recoveries from Estates
7108.3.1	M159.2	Exemptions from Estate Recovery	Exemptions from Estate Adjustment or Recovery
7108.3.2	M159.21	Hardship Exemptions for Homesteads	Undue Hardship Exemptions Applicable to Homesteads
7108.3.3	M159.22	Adjusting Claims Against Homesteads	Methodology for Adjusting a Claim Against a Homestead
7108.3.4	M159.23	Retroactive Homestead Exemptions	Methodology for Retroactive Homestead Exemption Claims
7108.3.5	M159.24	Long-Term Care Insurance Partnership Exemption	Exemptions for Qualified Long-Term Care Insurance Partnership
7109	M160	Health Care Trust Fund	Health Care Improvement Trust Fund
7110	M180	Global Commitment Appeals and Grievances	Global Commitment Appeals and Grievances
7110.1	M180.1	Definitions	Definitions
7110.2	M181	Beneficiary Appeals	Beneficiary Appeals
7110.2.1	M181.1	Expedited Appeal Requests	Expedited Appeal Requests
7110.2.2	M181.2	Participating Provider Decisions	Participating Provider Decisions
7110.2.3	M181.3	Notices, Continued Services, and Beneficiary Liability	Notices, Continuation of Services, Beneficiary Liability for Service Costs
7110.3	M182	Fair Hearing	Fair Hearing
7110.4	M183	School-Based Health Services	School-Based Health Services
7110.5	M184.1	Filing Grievances	Filing Grievances
7110.5.1	M184.2	Written Acknowledgement	Written Acknowledgement
7110.5.2	M184.3	Withdrawal of Grievances	Withdrawal of Grievances
7110.5.3	M184.4	Disposition	Disposition
7110.5.4	M184.5	MCO Grievance Review	MCO Grievance Review
7110.5.5	M184.6	MCO Responsibility for Grievances	MCO Components with Responsibility for Addressing Grievances

Medicaid Hospital Services Rules with Shorter Names Sorted by New Numbers			
New Number	Current Number	New Name	Current Name
7201	M500	Payment for Hospital Services	Hospital Services
7201.1	M501	Reimbursement Standards	Methods And Standards For Reimbursement
7201.2	M505	Disproportionate Share	Disproportionate Share Programs
7202	M510	Inpatient Services	Inpatient Services
7202.1	M511	Excluded Services	Excluded Services
7202.2	M512	Dental Procedures	Dental Procedures
7202.3	M513	Psychiatric Care	Psychiatric Care
7202.4	M514	Care Of Newborn Child	Care Of Newborn Child
7203	M520	Outpatient Services	Outpatient Hospital Services

Medicaid Physician Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7301	M600	Physicians and Other Licensed Practitioners	Physicians and Other Licensed Practitioners
7301.1	M610	Physician Services	Physician Services
7301.1.1	M614	Physician Visits	Physician Visits
7301.1.2	M680	Nurse Practitioners	Nurse Practitioners
7301.2	M611	Psychiatric Services	Psychiatric Services
7301.2.1	M660	Psychologists Practicing Independently	Psychologists Practicing Independently
7302	M617	Abortion	Abortion
7303	M618	Acupuncture	Acupuncture
7304	M640	Chiropractic Services	Chiropractic Services
7305	M613	Covered Organ and Tissue Transplants	Covered Organ and Tissue Transplants
7306	M616.1	Fertility Services	Fertility Services
7307	M618.1	Massage Therapy	Massage Therapy
7308	M630-M639	Podiatry Services	Podiatry Services
7309	M616	Sterilizations and Related Procedures	Sterilizations and Related Procedures
7310	M615	Surgery	Surgery
7311	M619.1	Medical and Surgical Services of a Dentist	Definition
7311.1	M619.2	Eligibility for Care	Eligibility for Care
7311.2	M619.3	Covered Services	Covered Services
7311.3	M619.4	Conditions for Coverage	Conditions for Coverage
7311.4	M619.5	Prior Authorization Requirements	Prior Authorization Requirements
7311.5	M619.7	Qualified Providers	Qualified Providers
7311.6	M619.8	Reimbursement	Reimbursement
7312	M620.1	Dental Services for Beneficiaries Under 21	Definition
7312.1	M620.2	Eligibility for Care	Eligibility for Care
7312.2	M620.3	Covered Services	Covered Services
7312.3	M620.4	Conditions for Coverage	Conditions for Coverage
7312.4	M620.5	Prior Authorization Requirements	Prior Authorization Requirements
7312.5	M620.6	Non-Covered Services	Non-Covered Services
7312.6	M620.7	Qualified Providers	Qualified Providers
7312.7	M620.8	Reimbursement	Reimbursement
7313	M621.1	Dental Services for Beneficiaries Age 21 and Older	Definition
7313.1	M621.2	Eligibility for Care	Eligibility for Care

Medicaid Physician Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7313.2	M621.3	Covered Services	Covered Services
7313.3	M621.4	Conditions for Coverage	Conditions for Coverage
7313.4	M621.5	Prior Authorization Requirements	Prior Authorization Requirements
7313.5	M621.6	Non-Covered Services	Non-Covered Services
7313.6	M621.7	Qualified Providers	Qualified Providers
7313.7	M621.8	Reimbursement/Copayments	Reimbursement/Copayments
7314	M622.1	Orthodontic Treatment	Definition
7314.1	M622.2	Eligibility for Care	Eligibility for Care
7314.2	M622.3	Covered Services	Covered Services
7314.3	M622.4	Conditions for Coverage	Conditions for Coverage
7314.4	M622.5	Prior Authorization Requirements	Prior Authorization Requirements
7314.5	M622.7	Qualified Providers	Qualified Providers
7314.6	M622.8	Reimbursement	Reimbursement
7315	M650.1	Audiology Services/Hearing Aids	Definition
7315.1	M650.2	Eligibility for Care	Eligibility for Care
7315.2	M650.3	Covered Services	Covered Services
7315.3	M650.4	Conditions for Coverage	Conditions for Coverage
7315.4	M650.5	Prior Authorization Requirements	Prior Authorization Requirements
7315.5	M650.6	Non-Covered Services	Non-Covered Services
7315.6	M650.7	Qualified Providers	Qualified Providers
7315.7	M650.8	Reimbursement	Reimbursement
7316	M670.1	Eyeglasses and Vision Care Services	Definition
7316.1	M670.2	Eligibility for Care	Eligibility for Care
7316.2	M670.3	Covered Services	Covered Services
7316.3	M670.4	Conditions for Coverage	Conditions for Coverage
7316.4	M670.5	Prior Authorization Requirements	Prior Authorization Requirements
7316.5	M670.6	Non-Covered Services	Non-Covered Services
7316.6	M670.7	Qualified Providers	Qualified Providers
7316.7	M670.8	Reimbursement	Reimbursement

Medicaid Other Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7401	M710.1	Home Health Agency Services	Definition
7401.1	M710.2	Eligibility for Care	Eligibility for Care
7401.2	M710.3	Covered Services	Covered Services
7401.3	M710.4	Conditions for Coverage	Conditions for Coverage
7401.4	M710.5	Prior Authorization Requirements	Prior Authorization Requirements
7401.5	M710.6	Non-Covered Services	Non-Covered Services
7401.6	M710.7	Qualified Providers	Qualified Providers
7401.7	M710.8	Reimbursement	Reimbursement
7402	M715	Hospice Services	Hospice Services
7403	M720	Clinic Services	Clinic Services
7403.1	M721	Mental Health Clinic	Mental Health Clinic
7403.2	M722	Indian Health Service Facilities	Indian Health Service Facilities
7403.3	M723	Rural Health Clinics	Rural Health Clinics
7405	M730	Laboratory and Radiology Services	Laboratory and Radiology Services
7406	M740.1	Personal Care Services	Definition and Purpose
7406.1	M740.2	Eligibility for Care	Eligibility for Care
7406.2	M740.3	Covered Services	Covered Services
7406.3	M740.4	Qualified Providers	Qualified Providers
7406.4	M740.5	Non-Covered Services	Non-Covered Services
7406.5	M740.6	Guidelines for Coverage	Guidelines for Coverage
7406.6	M740.7	Prior Authorization Requirements	Prior Authorization Requirements
7406.7	M740.8	Reimbursement	Reimbursement
7407	M750	Ambulance Services	Ambulance Services
7407.1	M751	Reimbursement	Reimbursement
7408	M755	Transportation	Transportation
7409	M760	Planned Parenthood of Vermont	Planned Parenthood of Vermont
7410	M770	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
7410.1	M771	Informing	Informing
7410.2	M772	Screening and Outreach	Screening and Outreach
7410.3	M773	Corrective Treatment	Corrective Treatment
7410.4	M774	Rates of Payment	Rates of Payment
7411	M781	Private Non-Medical Institutions	Private Non-Medical Institutions
7411.1	M781.1	Residential Child Care Facilities	Private Non-Medical Institutions for Child Care Services
7411.2	M781.11	Prior Authorization	Prior Authorization
7411.3	M781.12	Reimbursement	Reimbursement
7411.4	M781.2	Assistive Community Care Facilities	Private Non-Medical Institutions Providing Assistive Community Care Services

Medicaid Other Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7411.5	M781.21	Reimbursement	Reimbursement

Medicaid Drugs and DME Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7501	M800-M889	Pharmaceuticals, Medical Supplies and Equipment - General Information	Drugs and Pharmaceutical Items, Medical Supplies and Equipment
7501.1	M801	Beneficiaries Eligible for Medicaid and Medicare	Beneficiaries Eligible for Medicaid and Medicare
7501.2	M813	Payment Conditions	Payment Conditions
7501.3	M813.1	Payments for Prescribed Drugs	Lower of Price Ingredients plus Dispensing Fee or Charge
7501.4	M813.2	Price for Ingredients	Price for Ingredients
7501.5	M813.3	Compounded Prescriptions	Compounded Prescriptions
7501.6	M813.4	Beneficiaries in Long-Term Care Facilities	Beneficiaries in Long-Term Care Facilities
7501.7	M813.5	Unused Drugs From Long-Term Care Facilities	Return of Unused Drugs From Long-Term Care Facilities
7502	M810	Prescribed Drugs	Prescribed Drugs
7502.1	M811	Smoking Cessation Products	Smoking Cessation Products
7502.2	M811.1	Non-Drug Items	Non-Drug Items
7502.3	M811.2	Amphetamines and Appetite Depressants	Amphetamines and Appetite Depressants
7502.4	M811.3	Vitamins and Minerals	Vitamins and Minerals
7502.5	M811.4	Other Preparations	Other Preparations
7502.6	M812	Family Planning Items	Family Planning Items
7503	M820	Whole Blood	Whole Blood
7504	M830.1	Medical Supplies	Definition
7504.1	M830.2	Eligibility for Care	Eligibility for Care
7504.2	M830.3	Covered Services	Covered Services
7504.3	M830.4	Conditions for Coverage	Conditions for Coverage
7504.4	M830.5	Prior Authorization Requirements	Prior Authorization Requirements
7504.5	M830.6	Non-Covered Services/Supplies	Non-Covered Services/Supplies
7504.6	M830.7	Qualified Providers	Qualified Providers
7504.7	M830.8	Reimbursement	Reimbursement
7505	M840.1	Durable Medical Equipment (DME)	Definition
7505.1	M840.2	Eligibility for Care	Eligibility for Care
7505.2	M840.3	Covered Services	Covered Services
7505.3	M840.4	Conditions for Coverage	Conditions for Coverage
7505.4	M840.5	Prior Authorization Requirements	Prior Authorization Requirements
7505.5	M840.6	Non-Covered Services	Non-Covered Services
7505.6	M840.7	Qualified Providers	Qualified Providers
7505.7	M840.8	Reimbursement	Reimbursement

Medicaid Drugs and DME Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7506	M841.1	Wheelchairs, Mobility Devices and Seating Systems	Definition
7506.1	M841.2	Eligibility for Care	Eligibility for Care
7506.2	M841.3	Covered Services	Covered Services
7506.3	M841.4	Conditions for Coverage	Conditions for Coverage
7506.4	M841.5	Prior Authorization Requirements	Prior Authorization Requirements
7506.5	M841.6	Non-Covered Services	Non-Covered Services
7506.6	M841.7	Qualified Providers	Qualified Providers
7506.7	M841.8	Reimbursement	Reimbursement
7507	M842.1	Augmentative Communication Devices/Systems	Definition
7507.1	M842.2	Eligibility for Care	Eligibility for Care
7507.2	M842.3	Covered Services	Covered Services
7507.3	M842.4	Conditions for Coverage	Conditions for Coverage
7507.4	M842.5	Prior Authorization Requirements	Prior Authorization Requirements
7507.5	M842.6	Non-Covered Services	Non-Covered Services
7507.6	M842.7	Qualified Providers	Qualified Providers
7507.7	M842.8	Reimbursement	Reimbursement
7508	M843.1	Prosthetic Devices	Definition
7508.1	M843.2	Eligibility for Care	Eligibility for Care
7508.2	M843.3	Covered Services	Covered Services
7508.3	M843.4	Conditions for Coverage	Conditions for Coverage
7508.4	M843.5	Prior Authorization Requirements	Prior Authorization Requirements
7508.5	M843.6	Non-Covered Services	Non-Covered Services
7508.6	M843.7	Qualified Providers	Qualified Providers
7508.7	M843.8	Reimbursement	Reimbursement

Medicaid Long-Term Care Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7601	M900	Long Term Care Institutions	Long Term Care Institutions
7601.1	M901	Definitions	Definitions
7601.2	M902	Medical Review Systems	Medical Review Systems
7602	M910	Per Diem Rates and Payment Conditions	Per Diem Rates and Payment Conditions
7602.1	M910.1	Billings for Long Term Care	Billings for Long Term Care
7601.2	M910.2	Supplementation Prohibition	Supplementation Prohibition - All Long Term Care Facilities
7603	M920	Daily Care Services	Daily Care Services - All Long Term Care Facilities
7603.1	M920.1	Drugs in Long-Term Care Facilities	Drugs for Beneficiaries in an NF, ICF, Psychiatric Facility, or ICF/MR
7603.2	M920.2	Drugs in the Vermont State Hospital	Drugs for Beneficiaries in the Vermont State Hospital
7603.3	M920.3	Personal Comfort Items	Personal Comfort Items - All Long Term Care Facilities
7603.4	M920.4	Services in a Non-Medicare Facility (ICF's)	Services in a Non Medicare Facility (ICF's)
7603.5	M920.5	Services in a Medicare Participating Facility (SNF)	Services Provided in a Medicare Participating Facility (SNF)
7604	M930	Duration of Coverage	Duration of Coverage - All Long Term Care Facilities
7604.1	M930.1	Nursing Home Leave of Absence	Leave of Absence from Nursing Home
7604.2	M930.2	Absence Due to Hospitalization	Leave of Absence Due to Hospitalization
7604.3	M930.3	Leave of Absence in ICF/MR's	Leave of Absence in ICF/MR's
7605	M940	Patient Classifications	Patient Classifications
7605.1	M940.1	Authorization for Care	Authorization for Care in Long Term Care Facilities
7605.2	M940.2	Level of Care - SNF's, ICF's	Level of Care - SNF's, ICF's
7605.3	M940.3	Level of Care - ICF/MR's, Psychiatric Facilities	Level of Care - ICF/MR's, Psychiatric Facilities
7605.4	M940.4	Level of Care - Mental Hospitals	Level of Care - Mental Hospitals
7605.5	M940.5	Pre-Admission Review from Hospitals)	Pre-Admission Review (Medicaid Recipients or Applicants Admitted from Hospital(s))
7605.6	M940.6	Post-Admission Review	Medicaid Recipient or Applicant Residing in or Admitted to a Participating Facility

Medicaid Long-Term Care Services Rules with Shorter Names Sorted by New Number			
New Number	Current Number	New Name	Current Name
7605.7	M940.7	Determining Need for Continued Stay	Reviews to Determine Need for Continued Stay
7606	M950.1	Request for Reconsideration and Appeal of Level of Care or Termination	Request for Reconsideration and Appeal (Review of Reconsideration of a Level of Care or Termination Decision by the Vermont Department of Health)
7606.1	M950.2	Appeal Process -Review of Reconsideration	Request for Appeal (Review of Reconsideration)
7606.2	M950.3	Appeal Process - Mental Health Facilities	Request for Appeal - Mental Health Facilities (ICF-MR's, Psychiatric Facilities, Mental Hospitals)
7606.3	M950.4	Appeal Process - Medicaid Financial Eligibility	Request for Fair Hearings Regarding Financial Eligibility for Medicaid
7607	M960.1	Appeal Process Provider Agreement	Request for Hearing by Provider Upon Denial, Termination or Non-Renewal of Provider Agreement
7607.1	M960.2	Notice of Voluntary Medicaid Closure	Notification of Closure or Withdrawal of Participation in the Medicaid Program
7607.2	M960.3	Medicaid Closure or Prohibition by the State of Vermont	Closure or Prohibition in the Medicaid Program by a Regulatory Department of the State of Vermont
7608	M970	Level I and Level II Care in Vermont General Hospitals	Level I and Level II Care In Vermont General Hospitals

10/1/08

Bulletin No. 08-20

2010

2010 Eligibility and Payment

Eligibility and payment encompasses the process through which individuals in need of assistance and benefits furnished through Department programs may request and receive, if eligible, such assistance or benefits. Steps within this process include:

1. Application for one or more programs of assistance or benefits.
2. Documentation of necessary information related to pertinent eligibility conditions.
3. Decision, by the department, that an individual is eligible or ineligible to receive, or to continue to receive, aid or benefits and the amount thereof.
4. Notice of decision.
5. Authorization and payment of aid or benefits for which the individual is found eligible.

10/1/08

Bulletin No. 08-20

2011

2011 Eligibility

Eligibility refers to conditions under Federal and State laws and regulations which must be met to receive assistance or benefits.

10/1/08

Bulletin No. 08-20

2014

2014 Authorized Representative

An authorized representative may under specific conditions act on behalf of an applicant (individual, family group or household group) to carry out specific activities related to establishing eligibility for, obtaining and using aid or benefits made available through department programs. A judicially appointed legal guardian or legal representative automatically meets the criteria for an authorized representative.

A relative, friend, or other knowledgeable interested party with authority to act for the individuals, may act on behalf of an applicant unable to act for himself due to physical or mental incapacity. An applicant may, in an emergency precluding the presence of the applicant at a required interview, designate a representative to act on his behalf by addressing a letter, naming the individual designated and bearing the applicant's signature, to the welfare office.

10/1/08

Bulletin No. 08-20

2600

2600 General Assistance

General assistance (GA) is an emergency financial assistance program for eligible applicant households whose emergency needs, according to department standards, cannot be met under any other assistance program administered by the department and cannot be relieved without the department's intervention. Receipt of food stamps, however, shall not be a factor in determination of emergency need since this is a diet supplement program and may not be considered in determining eligibility for or level of benefits in any other assistance program.

A household may qualify for GA in two ways, by meeting either the non-catastrophic or the catastrophic rules. All households must meet the citizenship and residence criteria in section 2603 and furnish required information as specified in section 2604.

Households with emergency needs not caused by a catastrophic situation must include a minor dependent or meet other criteria of age or ability to work (2601) to be determined eligible, and must have income below the applicable income test (2601B). Households in which all members receive Reach Up, a Postsecondary Education Program (PSE) stipend, SSI/AABD, or a combination of these program benefits are ineligible for non-catastrophic GA because they are considered to be over income for this program.

Households with emergency needs caused by a catastrophic situation must meet the eligibility criteria in section 2602. Emergency medical needs are considered catastrophic. All households applying for GA for an emergency medical need must meet the catastrophic GA criteria at 2602 to have the emergency medical need covered by GA.

General Assistance, a program to meet emergency needs, has no provision for ongoing assistance. Subsequent requests will be treated as new applications.

10/1/08

Bulletin No. 08-20

2601

2601 Application

To have their eligibility for GA considered, all applicants (2600.3) or their authorized representatives must:

- submit a complete, signed application each time they request assistance; and
- have a face-to-face interview with a PATH representative, unless waived by the district manager.

Action on applications shall be taken upon receipt and review of a signed application. The action shall be considered complete when:

1. A decision on the application has been made.
2. Written notice of such decision has been made available to the applicant. A written grant notice is not required but will be provided upon request. A written denial notice is required if the entire application or any part of it is denied.

Oral notice of assistance granted shall include the following specific information:

1. Items and amount authorized.
2. Effective dates of authorization.
3. Method of payment.

Written notice of assistance denied shall include the specific reason for denial.

Failure to complete action on an application promptly shall not constitute the sole reason for denial of assistance unless it can be established and documented in the case record that such failure is the result of noncooperation on the part of the applicant.

2601.1 Methods of Investigation

The applicant is the primary source of information about his need and eligibility for aid or benefits. Information furnished on the signed application and through interviews may be subject to verification, through documentary or collateral sources.

Reliance on the applicant as the primary source of information to establish eligibility recognizes the right to privacy, but also places responsibility on the applicant to furnish necessary information completely and accurately or, when needed, to give consent to obtain such information elsewhere. Department responsibility to assist an applicant to establish eligibility requires careful explanation and interpretation of program eligibility criteria and information needed to assess the applicant's circumstances against such eligibility criteria.

An applicant has a right to refuse to give information, to submit required proof, or to give consent to a collateral contact. Such refusal of information or action necessary to establish eligibility will result in denial or closure of aid or benefits. Wilful misrepresentation of applicant circumstances will also result in legal action under fraud statutes. Department staff shall make every effort to assure full applicant understanding of the consequences of refusal to take necessary action to establish eligibility or misrepresentation of individual circumstances.

An individual may apply for aid or benefits through another person; for example: an authorized representative; a person acting responsibly for an incompetent or incapacitated individual. The individual acting for the applicant is, in such situations, considered the primary source of information, subject to the same rights, responsibilities and consequences for the applicant as an applicant acting directly for himself.

10/1/08

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2601.2

2601.2 Interviews

Face-to-face interviews are required for General Assistance applications. Such interviews may be conducted in the applicant's home or another mutually convenient location when individual circumstances of health, or unusual transportation problems preclude office interviews.

Personal interviews are conducted privately with the applicant, who may have one representative of his choice to assist in oral presentation of his needs.

10/1/08

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2601.3

2601.3 Verification

Verification, defined as a written entry in the case record of third-party or documentary confirmation of facts stated by an applicant, shall be required for the following:

1. All income (including deductions), resources, and shelter expense.
2. Positive means of personal identification (e.g., Social Security card, driver's license, birth certificate, marriage certificate).
3. Whenever necessary to obtain complete, clear, and consistent information with regard to any other eligibility factor.

Written verification statements shall include sufficient detail to enable independent reviewer evaluation of the reasonableness of the resulting eligibility decision, including but not limited to a description of method used, dates, sources, summary of information obtained, and any computations required.

Refusal to submit necessary verification or to consent to verification of any eligibility factor or to cooperate in investigation necessary to support an affirmative decision of eligibility shall result in denial of the application.

10/1/08

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2601.4

2601.4 Collateral Sources

Contact with sources other than the applicant concerning his eligibility for aid or benefits is limited to interviews, telephone calls, or correspondence necessary to obtain information required to make a decision on eligibility when the applicant is unable to furnish the necessary information. Information requested from collateral sources is limited to the specific eligibility factors in question.

Common collateral sources are relatives, town officials, town service officers, public records, doctors, and medical facilities. Other agencies that have worked with the client are generally the best source of collateral information.

No collateral contact is made without the applicant's knowledge and consent, based on his clear understanding of the need for and purpose of each contact. Department policies regarding confidentiality will be respected.

An applicant may on occasion be reluctant to consent to contact with collateral sources. If, with full understanding of the possible alternative of denial, the applicant refuses to permit a necessary contact, the application shall be denied.

10/1/08

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2650.1

2650.1 Vendor Payments

Vendor payments are defined as all payments made direct to a third party who has furnished goods or services to or on behalf of an applicant for or recipient of aid, benefits or services under Department programs. Vendor payments cover the following types of authorized General Assistance expenditures:

1. Maintenance assistance authorized in lieu of direct money payment to the recipient.
2. Medical care and services.
3. Burial expenses.

Vendor billing shall require prior written authorization by designated Department staff. In specified emergency situations, oral authorization may be given; in such instances, confirming written authorization or approval of a designated staff member shall be required for payment.

Itemized bills shall be submitted in duplicate to the appropriate district office, when so directed, for approval. All other bills, itemized, shall be submitted, in duplicate, accompanied by appropriate written authorization to the State Office. Payment shall be made through established Department and State disbursement channels.

Contracts with specified vendors to provide goods or services shall specify acceptable methods of authorization, billing and payment for items covered under the contract.

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2650.2

2650.2 Administrative Expenses

Administrative expense required to establish eligibility for assistance is currently limited to professional examination, evaluation and report on medical factors related to eligibility. Payment of reasonable charge for such examination and report shall be approved on receipt of the required written report and itemized bill.

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2111

2111 Financial Eligibility

Financial eligibility for Reach First is evaluated and determined using Reach Up financial assistance rules 2200 through 2299, which are incorporated into Reach First rules by this reference except for the following sections:

- | | |
|------------------------------------|--------|
| A. Assistance Pending Fair Hearing | 2215 |
| B. Money Payment | 2216.2 |

2230 Eligible Child

An eligible child is defined as an individual who meets all Reach Up criteria of need, age, and residence.

An individual qualifies under the age criterion as a child if he or she is under 18. In addition, an 18-year-old child is eligible if he or she is a full-time student in a secondary school or an equivalent level of vocational or technical training and is expected to complete high school or the equivalent program before reaching his or her nineteenth birthday. Children who are eligible for ANFC on the day before their eighteenth or nineteenth birthday remain eligible for ANFC for the full calendar month during which their eighteenth or nineteenth birthday occurs.

An eligible child must also be living with a relative or a qualified caretaker. A relative or qualified caretaker may apply and be found eligible to participate in Reach Up on behalf of a child who is not yet in the home. Participation in such assistance shall be conditioned on the child's coming to live with the relative or qualified caretaker within 30 days after receipt of the first payment.

Physical aspects of the home and care of the child that appear to be below minimum standards of health and decency shall not limit eligibility as long as the child lives with the relative or qualified caretaker. Improvement of detrimental conditions shall be attempted through casework and related services; if hazardous conditions continue, protective action shall be initiated under applicable laws and regulations.

The relative or caretaker responsible for care and supervision of the child shall be a person of sufficient maturity to assume this responsibility adequately. Parents and children living together must be included in the same assistance group. Another relative or caretaker living in the same household with the parents and children, who has assumed responsibility for the care and supervision of the children, can only be added to the assistance group if the parents are incapable of providing care and supervision for some reason, such as mental incapacity.

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2242

2242 Unmarried Parent with a Child-in-Common

In situations where unmarried parents eligible in their own right have a child-in-common whose paternity has been established by birth certificate, court order, or written acknowledgement by both parents, the grant shall be budgeted as a single assistance group. For example, if a father with a child by a previous marriage shares a home with a woman with a child by a previous marriage, each is eligible in their own right. If subsequently they have a child, the entire household shall be rebudgeted as a single assistance group.

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2262

2262 Living Arrangement

Budgetary computation of need for any payment month shall include allowances for all maintenance items required in the living arrangement of the individual or family group during the payment month, except that allowances for maintenance of prior living arrangement pending return shall be continued, under specified conditions, during temporary absence required by illness or other emergency.

Standard allowances and budgeting policies are classified according to the following major patterns of living:

1. Household or housing unit;
2. Room and board;
3. Room with separate meals;
4. Institution.

Most Reach Up participants reside as families in a household or housing unit; therefore Reach Up budgeting, with limited exceptions, shall be based on household living, either as a single family unit or through sharing expenses with other household members.

Individuals residing in institutions shall meet all eligibility conditions of the program through which assistance is granted.

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5317

5317 Other Eligibility Requirements

An individual must, if required of him/her:

- (a) assign rights to any medical support and other payments for medical care,
- (b) cooperate with the department in establishing paternity, and
- (c) enroll in a group health plan if it includes both hospital and physician services and if the department has determined this would be cost-effective to the state. The department would pay all cost-sharing obligations associated with the group health plan, including premiums, deductibles and coinsurance. The individual remains in the VHAP program with no change in the level of benefits.

An individual must take all necessary steps to obtain any annuities, pensions, retirement, disability benefits or other income to which he or she may be entitled, unless he or she can show good cause for not doing so. Annuities, pensions, retirement and disability benefits include, but are not limited to, veterans' compensation and pensions; Old Age, Survivors, and Disability Insurance (OASDI) benefits; railroad retirement benefits; and unemployment compensation. Individuals are not required to apply for cash assistance programs such as SSI/AABD or Reach Up.

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5320

5320 Financial Need of A VHAP Group

An individual must be a member of a VHAP group with countable income under the applicable income test to meet this requirement.

A VHAP group includes all of the following individuals if living in the same home:

- a. the VHAP applicant and his or her spouse;
- b. children under age 21 of the applicant or spouse;
- c. siblings under age 21, including half-siblings and step-siblings, of b.;
- d. parents, including a stepparent and adoptive parents of c., and
- e. children of any children in b. and c., and
- f. unborn children of any of the above.

The VHAP group shall not include any individual eligible for and receiving SSI/AABD benefits. In addition, the income of all SSI/AABD recipients living in the household shall not be considered in determining whether the VHAP group passes the income test for VHAP.

The VHAP group shall not include any individual eligible for and receiving Reach Up financial assistance. In addition, the income (including the Reach Up financial assistance payment) of all Reach Up participants living in the household shall not be considered in determining whether the VHAP group passes the income test for VHAP.