
Health Care Administrative Rules Introduction

1.100 Health Care Administrative Rules Introduction (12/16/2016, GCR 16-076)

- (a) The Agency of Human Services is the “single State agency,” pursuant to 42 U.S.C. 1396a (a)(5), responsible for the operation of the Medicaid program in Vermont.
- (b) The Agency of Human Services administers Vermont’s Medicaid program with the support and assistance of the Departments that comprise the Agency. The Agency of Human Services includes the Department of Vermont Health Access, Department of Mental Health, Department of Disabilities, Aging, and Independent Living, Department for Children and Families, Department of Corrections, and Vermont Department of Health. The Agency assigns the Departments the responsibility for ensuring that persons eligible for Medicaid services are properly enrolled, covered services are provided, health care providers are paid, and the rights of beneficiaries in the program are respected.
- (c) These Health Care Administrative Rules coordinate and consolidate the State of Vermont rules that pertain to the operation of Vermont’s Medicaid program. Consolidated and well-organized rules written in plain language permit Medicaid beneficiaries and providers convenient access to the regulations, increases comprehension of sometimes technical concepts and program requirements, and ensures consistent policy administration of the program throughout the Agency of Human Services.
- (d) The Health Care Administrative Rules are applicable to the entirety of Vermont’s Medicaid program, without regard to whether the programs are operated and managed by any individual Department within the Agency of Human Services. As such, with two limited exceptions, the Health Care Administrative Rules take precedence over any rules, policies, and guidelines maintained by individual Departments in connection with their operation of the portions of the Medicaid program for which they are responsible, if any inconsistencies between them exist. The first exception concerns certain specialized services contained in programs and services authorized by federal “waivers” of Medicaid program requirements. Those programs and services are reflected at Chapter 7 of these rules, entitled Specialized Services and Programs. The rules, policies, and guidelines relating to such Specialized Services and Programs take precedence over the more general coverage, limitation, prior authorization, and eligibility rules contained throughout these Health Care Administrative Rules. The second exception relates to the provision of Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) required under the Medicaid Act. Vermont Medicaid pays for all medically necessary services for beneficiaries under the age of 21 without regard to service limitations otherwise specified in these Health Care Administrative Rules. Further, federal EPSDT requirements may require in individual cases exceptions to the general Medicaid program rules.