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*Sarah Clark, Interim Secretary*

Interagency Committee on Administrative Rules (ICAR) Agenda  
Monday, August 12, 2024, 2:00 p.m.

To attend virtually via Microsoft Teams, please [click here to join the meeting](#) for full meeting audio and visual. Meeting ID: 258 213 386 215#, Passcode: krX4KR. If you require a call-in option to participate (e.g., the computer does not have a microphone), dial 802-828-7667 and enter Phone Conference ID: 829 388 718#.

Effective July 1, 2024, meetings will be held electronically per [S.55](#) signed into law by Governor Scott on May 30, 2024.

- Welcome
- Review and approval of the [minutes](#) from the July 8, 2024, meeting
- Note any additions or deletions from the agenda
- Public comment
- Presentation of the following proposed rule:
  - 1) General Assistance Emergency Housing Assistance Rules, Agency of Human Services, Department for Children and Families
    - a. The proposed rule contains five amendments to the General Assistance program rules: (1) language regarding notices to terminate tenancy was added to the definition of constructive eviction in rule 2622; (2) language was added to rule 2650 authorizing DCF to withhold payments to hotels/motels in violation of lodging licensing rules; (3) the catastrophic and vulnerable populations eligibility categories in rules 2652.2 and 2652.3 have been replaced with the new eligibility criteria set forth in sec. E.321 of Act 113 of 2024; (4) the rule updates the basic needs standard chart in rule 2652.4 to align with the current Reach Up basic needs dollar amounts; and (5) the methodology for calculating the 30% income contribution in rule 2652.4 was changed from using the least expensive daily motel rate to either the current daily rate at the motel in which the temporary housing applicant is staying or if the applicant is not currently housed in a motel, the average daily rate.
  - 2) Health Benefits Eligibility and Enrollment Rule, Eligibility Standards (Part 2), Agency of Human Services
    - a. This proposed rulemaking amends Parts 2, 3, and 7 of the 8-part Health Benefits Eligibility and Enrollment (HBEE) rule. Parts 2, 3, and 7 were last amended effective January 1, 2024. Substantive revisions include: making beneficiary-friendly changes to



Transitional Medical Assistance eligibility; codifying the exclusion of dividend/interest income for purposes of Medicare Savings Program eligibility; repealing the exception of Deferred Action for Childhood Arrivals (DACA) recipients as being "lawfully present" for purposes of Qualified Health Plan eligibility; repealing the requirement to pursue potential unearned income for purposes of Medicaid eligibility; codifying the automatic enrollment of SSI recipients as Qualified Medicare Beneficiaries; codifying the 90-day post-denial reconsideration period for Medicaid applicants who did not cooperate with the application process; and repealing the interview requirement for purposes of long-term care Medicaid eligibility.

- 3) Health Benefits Eligibility and Enrollment Rule, Nonfinancial Eligibility Requirements (Part 3), Agency of Human Services
  - a. This proposed rulemaking amends Parts 2, 3, and 7 of the 8-part Health Benefits Eligibility and Enrollment (HBEE) rule. Parts 2, 3, and 7 were last amended effective January 1, 2024. Substantive revisions include: making beneficiary-friendly changes to Transitional Medical Assistance eligibility; codifying the exclusion of dividend/interest income for purposes of Medicare Savings Program eligibility; repealing the exception of Deferred Action for Childhood Arrivals (DACA) recipients as being "lawfully present" for purposes of Qualified Health Plan eligibility; repealing the requirement to pursue potential unearned income for purposes of Medicaid eligibility; codifying the automatic enrollment of SSI recipients as Qualified Medicare Beneficiaries; codifying the 90-day post-denial reconsideration period for Medicaid applicants who did not cooperate with the application process; and repealing the interview requirement for purposes of long-term care Medicaid eligibility.
- 4) Health Benefits Eligibility and Enrollment Rule, Eligibility-and-Enrollment Procedures (Part 7), Agency of Human Services
  - a. This proposed rulemaking amends Parts 2, 3, and 7 of the 8-part Health Benefits Eligibility and Enrollment (HBEE) rule. Parts 2, 3, and 7 were last amended effective January 1, 2024. Substantive revisions include: making beneficiary-friendly changes to Transitional Medical Assistance eligibility; codifying the exclusion of dividend/interest income for purposes of Medicare Savings Program eligibility; repealing the exception of Deferred Action for Childhood Arrivals (DACA) recipients as being "lawfully present" for purposes of Qualified Health Plan eligibility; repealing the requirement to pursue potential unearned income for purposes of Medicaid eligibility; codifying the automatic enrollment of SSI recipients as Qualified Medicare Beneficiaries; codifying the 90-day post-denial reconsideration period for Medicaid applicants who did not cooperate with the application process; and repealing the interview requirement for purposes of long-term care Medicaid eligibility.
- 5) Administrative Rules for Notaries Public, Secretary of State, Office of Professional Regulation
  - a. These rules create standards for issuing commissions as well as special endorsements to notaries public to perform notarial acts on electronic records and for remotely located individuals. The standards specify acceptable methods for performing notarial acts, including identification of individuals, personal appearance, completion of the notarial certificate, remote notarization, and recording notarial acts.

- 6) Licensing and Operating Rules for Therapeutic Community Residences, Department of Disabilities, Aging and Independent Living
  - a. As set forth in 2024 Acts and Resolves No. 137, Sec. 17, the Commissioner of DAIL, in consultation with the Commissioner of Mental Health, is directed to file and adopt permanent and emergency rules that authorize the use of emergency involuntary procedures, including the administration of involuntary medication, at a secure residential recovery facility "in a manner identical to that required in rules adopted by the Department of Mental Health governing the use of emergency involuntary procedures in psychiatric inpatient units."
- 7) Administrative Rules for Peer Support Provider Certification and Peer Recovery Support Specialist Certification, Secretary of State, Office of Professional Regulation
  - a. These rules create the structure and qualifications for the newly-regulated professions of Certified Peer Support Providers and Certified Peer Recovery Support Specialists.
- 8) Dental Services, Agency of Human Services
  - a. This rule sets forth the criteria for coverage of dental services under Vermont's Medicaid program. It amends current Health Care Administrative Rule 4.202 titled "Dental Services for Beneficiaries Age 21 and Older" and consolidates coverage for dental services under one rule. Amendments include updating the rule to reflect coverage changes as a result of Act 51 of the 2023 legislative session. Other amendments include clarifying terms and coverage criteria, and specifying services that are not covered. These changes reflect existing coverage requirements.
- 9) Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women, Agency of Human Services
  - a. Health care administrative rule 4.203 titled "Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women" is being repealed. The coverage criteria will be adopted under Medicaid Health Care Administrative Rule 4.202 titled "Dental Services".
- 10) Orthodontic Treatment, Agency of Human Services
  - a. Health care administrative rule 4.205 titled "Orthodontic Treatment" is being repealed. The coverage criteria will be adopted under Medicaid Health Care Administrative Rule 4.202 titled "Dental Services".
- 11) Medical and Surgical Services of a Dentist, Agency of Human Services
  - a. Health care administrative rule 4.204 titled "Medical and Surgical Services of a Dentist" is being repealed. The coverage criteria will be adopted under Medicaid Health Care Administrative Rule 4.202 titled "Dental Services".
- 12) Chiropractic Services, Agency of Human Services
  - a. This rule sets forth the criteria for coverage of chiropractic services under Vermont's Medicaid program. It amends current Health Care Administrative Rule 3.101 titled "Chiropractic Services". Amendments include updating the prior authorization requirements, clarifying terms that were not previously defined, and specifying services that are not covered. These changes reflect existing coverage requirements.

- Other business
- Next meeting date: Monday, September 9, 2024, at 2:00 p.m.
- Adjournment

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