

## Your Rights and Responsibilities

These rights and responsibilities apply to everyone who is applying.  
If you need a large print copy of this, please call Customer Service.

### What to Do if You Don't Speak or Read English.

We will provide free language services to you.

This means:

- Interpreters on the phone
- Notices, applications, and other information written in your language

If you need this, call Customer Service. If you don't get the language services you need, you can file a discrimination complaint to get them. To find out how, see the **What to Do if You Think You Are Being Discriminated Against** section on this page.

**Right to Timely Decision on Application.** In most cases, we must make a decision on your application within 45 days (or 90 days if you are applying for Medicaid based on a disability decision). It may take longer if you cause a delay. If you don't get a timely decision, you may call Customer Service for more information or to file an appeal.

**Right to Appeal.** *What if I think my eligibility decision is wrong or late?* You have the right to appeal. This means you are asking for a State fair hearing. Please look at your eligibility notice to find out more about your right to appeal. You must appeal within 90 days of the date of your eligibility notice.

In most cases, we must send you a final decision on your appeal within 90 days from when you appeal. If waiting on a regular State fair hearing might harm you, you can ask for an expedited (faster) appeal and we may decide your appeal sooner. We decide most expedited appeals in 7 working days. To appeal, call Customer Service. You may also write to the Human Services Board, 120 State Street, Montpelier, VT 05620-4301.

*Can someone speak for me at my fair hearing?* Yes. You should attend the hearing but you may have someone else, like a friend, relative, or lawyer, speak for you. You may be able to get free legal assistance by contacting the Health Care Advocate at Vermont Legal Aid at **1-800-917-7787** or <https://vtlawhelp.org/health>.

**Rights of People With Disabilities.** If you have a physical, mental, or learning condition that makes it hard to do things we ask you to do, we can make changes to help you. The Americans with Disabilities Act (ADA) and Vermont law say that we may have to make changes (called reasonable accommodations) to our requirements so people with disabilities can get health benefits.

Here are examples of changes we can make:

- Someone can write down your answers if you can't
- We can give you more time or help you get the documents you need to give us
- We can send documents with a larger print

If you need changes so you can get health benefits, call Customer Service.

**Information for Non-Citizens.** Will getting health care benefits change your immigration status? Find out before you apply or cancel your health benefits. Get FREE legal help by calling Vermont Legal Aid at **1-800-917-7787** OR go to <https://vtlawhelp.org/> on the internet.

Lawfully present individuals can apply for benefits. If your household contains people who are not eligible because of their immigration status, you can still apply for the members who are eligible.

We will verify, with the U.S. Citizenship and Immigration Services, the immigration status of all non-citizens who apply for health benefits.

**What to Do if You Think You Are Being Discriminated Against.** We may not discriminate against you on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. It may be discrimination if we fail to give you language or disability related services you need.

If you think that we have discriminated against you, you can call Customer Service. You can also file a complaint with:

- Department of Vermont Health Access:  
Health Program Civil Rights Coordinator  
Phone: **(802) 241-0454**  
E-mail: [AHS.DVHALegal@vermont.gov](mailto:AHS.DVHALegal@vermont.gov)  
Online: <https://info.healthconnect.vermont.gov/Non-Discrimination>
- Federal government:  
U.S. Department of Health and Human Services  
Phone: **1-800-868-1019, 800-537-7697** (TDD)  
Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Right to Confidentiality.** Information about your application and health benefits is confidential and protected by state and federal law. We will not share any information about you unless it is directly connected to program administration, allowed by law or a court order, or we have your permission.

**How We Use Your Information (Including Social Security Numbers).** We will use your information to determine eligibility, help pay for care, and for other lawful purposes. This may include: to verify income and other eligibility information, determine benefits, collect claims, conduct audits, investigate fraud, pay medical assistance, to assess accuracy of information you give us, and to conduct medical support enforcement. We may contact public and private agencies, including the Social Security Administration, financial institutions (Asset Verification), consumer reporting agencies, Department of Labor, Department of Homeland Security, and the Internal Revenue Service (IRS). If the information does not match, we may ask you to send proof to us.

Everyone applying who has a Social Security Number (SSN) must provide it to qualify for health benefits. If someone does not want health care coverage, they do not have to give us their SSN. Some people who don't have an SSN, including people with a religious objection to having one, don't have to get one to apply for health benefits. Call Customer Service to find out more.

**Duty to Report Changes.** Some of the changes you must report are changes to: income, health insurance, household members, your address, marriage/divorce, pregnancy, and if you move out of state or get Medicaid in another state. Call Customer Service to report changes.

For Medicaid, you must report changes within 10 days. If you enroll in a health insurance plan through us, you must report changes in 30 days. A change in your information could affect your eligibility and that of the member(s) in your household.

**NEED HELP?** Visit [dvha.vermont.gov/apply](https://dvha.vermont.gov/apply) or call Customer Service at **1-855-899-9600**. For TTY/relay services, dial **711**.

Visit [dvha.vermont.gov/apply](https://dvha.vermont.gov/apply) or call Customer Service for a copy of your rights and responsibilities.

**Your Rights and Responsibilities (continued)**  
**If you need a large print copy of this, please call Customer Service.**

**Fraud Penalties.** You or any member of your household will be subject to prosecution for fraud or another criminal offense for knowingly giving false, incorrect, incomplete, or misleading information in order to get, try to get, or help someone else get health care benefits that you or they are not entitled to.

If convicted, penalties may include up to three years of imprisonment and/or a fine of up to \$1,000, or an amount equal to the benefit wrongfully received. Other federal or state penalties may also apply. (42 U.S.C. §1320a-7b; 33 V.S.A. §§141, 143)

**Agreement Regarding Medicare Part B Payments.**

You agree that if you get Medicaid that we will make any payments for future Medicare Part B medical and other health services directly to physicians and medical suppliers. This means you will not have to sign a separate form each time you get a service.

**Agreement to Release Medical Records.** You agree that your health care providers and Department of Vermont Health Access (DVHA) and its contractors and grantees may access, use, and disclose your medical records to: (1) manage state health care programs, or (2) when a hospital, health care provider, mental health provider, or pharmacy needs your medical records. This includes provider and prescription information for your treatment, for payment of your treatment, and for health care operations.

You agree that your consent includes the re-disclosure of prescription medication information received from a drug or alcohol treatment program when such information is needed for purposes of treatment.

You understand that your consent to the use of your medical records remains in place until your eligibility is reviewed. You can revoke your consent to the release of your medical records by putting your revocation in writing and mailing it to: DVHA Deputy Commissioner, NOB1 South, 280 State Drive, Waterbury, VT 05671-1010.

**Agreement to Let Us Pursue Money and Medical Support From Third Parties if You Get Medicaid.** You give us the right to pursue and get any money from other health insurance, legal settlements, or other third parties for your health care costs if you get Medicaid. This applies to you and anyone in your household who gets Medicaid.

You also agree to enroll in a group health plan if the state requires it, and you understand the state may pay the premiums.

You are also giving us the right to pursue and get medical support from a spouse or parent, including a parent living outside of your home. If you think that cooperating to collect medical support may harm you or your children, call Customer Service. You may not have to cooperate.

**Consent to Bill Medicaid if Child Receives Special Education.** If a child in your household gets Medicaid and Special Education, you give permission to your child's school district to bill Medicaid for the services listed in your child's Individual Education Plan (IEP). You understand that if you refuse consent, your refusal only affects Medicaid billing for IEP services; the school district must still provide IEP services at no cost to you. You may revoke this consent at any time. If you revoke this consent, it will apply to billing for services from that date forward. To revoke your consent, write to: DVHA, Application & Document Processing Center, 280 State Drive, Waterbury, VT 05671-8100.

**Are You Using the Supplement to Apply for Medicaid for the Aged, Blind and Disabled (MABD)?  
If Yes, You Have These Additional Rights and Responsibilities.**

**Authorization to Verify Resources for Medicaid for the Aged, Blind and Disabled (MABD).** You understand that Medicaid for the Aged, Blind and Disabled (MABD) has income and resource eligibility limits. You understand that to meet requirements of federal law (42 U.S.C. 1396w), that the Department of Vermont Health Access (DVHA) uses an electronic asset verification system (eAVS) to assist in verifying eligibility for this program. eAVS requests information from financial institutions on both open and closed accounts for the purpose of determining Medicaid eligibility.

You authorize DVHA to verify your resources with financial institutions for the purposes of determining your eligibility for Medicaid. This authorization will remain in effect until you revoke it in a written statement to us or your application is denied, or you are no longer eligible for Medicaid. If you decide to revoke your authorization, call Customer Service to find out where to send your written statement.

**Duty to Report Changes About Resources (Assets).** You understand that in addition to reporting changes described in the **Duty to Report Changes** section on page ii, that you must report changes to your resources if you get Medicaid for the Aged, Blind and Disabled (MABD). This includes reporting:

- when your resources go above the \$2,000 limit
- getting a lump sum payment (like a trust or retirement fund distribution, inheritance, or insurance settlement)
- changes in ownership (like adding or removing a name, or sale or transfer of real or personal property)
- sale of property, including your home

To report a change, call Customer Service or write or send a change report form (Form 200GMC) to: DVHA, Application & Document Processing Center, 280 State Drive, Waterbury, VT 05671-1500.

**NEED HELP?** Visit [dvha.vermont.gov/apply](http://dvha.vermont.gov/apply) or call Customer Service at **1-855-899-9600**. For TTY/relay services, dial **711**.  
Visit [dvha.vermont.gov/apply](http://dvha.vermont.gov/apply) or call Customer Service for a copy of your rights and responsibilities.