

Representation of a PNMI facility

I. PURPOSE

To enable the Division to identify the official representative of the provider and to know where communications should be sent, a written notification must be filed by the provider, pursuant to V.P.N.M.I.R. §1.11(b).

II. WHO CAN BE A REPRESENTATIVE?

According to V.P.N.M.I.R. §1.11(a), there are certain restrictions on who may represent a provider:

1. A sole proprietorship may be represented by the owner.
2. A corporation, partnership or trust, or other entity created by law must be represented by an agent designated by an officer with the authority to make such a designation.
3. Any provider may be represented by the business manager, a licensed attorney, or an independent public accountant (a Certified Public Accountant or a Registered Public Accountant.)

III. INSTRUCTIONS - HOW TO DESIGNATE A REPRESENTATIVE

The Division has prescribed two forms for this purpose:

A) *Notice of Representation (General)* Form 96-1.3F

All PNMI's ***must*** file this form which will be added to the Master File maintained at the Division, pursuant to V.P.N.M.I.R. §3.1. The representative designated on this form is the person that the Division will contact for all matters, except those for which a *Notice of Representation (Special)* (Form 96-1.4F) has been filed.

The representative designated on this form will receive all oral communications and written material sent out by the Division, including practice and procedure issuances, summaries of findings, general correspondence and memoranda, rate notices, hearing notices, etc.)

B) *Notice of Representation (Special)* Form 96-1.4F

This form is used to designate special representatives, such as accountants or lawyers, for particular matters such as funding application filings or appeals. The special representative will receive all communications relating to these matters, and his or her address will become the official service address referenced in V.P.N.M.I.R. §1.10(e). If no special representative is designated, all communications will be directed to the general representative.

The Division will not deal with any person purporting to represent the provider unless a Notice of Representation has been filed designating that person as either a general or special representative. A new form must be filed whenever a general or special representative is changed.

Transitional Action Required: Because this is a new procedure, all existing PNMIIs are required to submit a Notice of Representation as appropriate for each individual currently authorized to represent the facility. Such notices should be filed on or before March 1, 1996

Effective: January 31, 1996

Ruth Rivers
Director

**Agency of Human Services
Division of Rate Setting**
103 South Main Street
Waterbury, Vermont 05671-2201

Notice of Representation (General)

IMPORTANT: This notice *must* be filed by all PNMLs. The form should be completed by the provider and the general representative.

Provider's Name:	Address:						
Medicaid Provider ID No.							
<p>Effective (date) _____, the above referenced provider hereby designated _____</p> <p>as its general representative, pursuant to V.P.N.M.I.R. §1.11, to represent the provider in all matters before the Division for which no special representative is designated. The provider understands that all communication from the Division on these matters, whether written or oral, will be made to the general representative.</p> <p>This supersedes a previous <i>Notice of Representation (General)</i>. <input type="checkbox"/> No. <input type="checkbox"/> Yes, dated _____. (If signed by a corporate officer, partner, or fiduciary on behalf of the provider, I certify that I have the authority to make this designation of representation.)</p> <p>Signature of/for Provider: _____ Date: _____</p> <p>Name (print): _____ Title: _____</p>							
<p style="text-align: center;">Declaration of Representative</p> <p>I acknowledge my designation as general representative for the above referenced provider, pursuant to V.P.N.M.I.R. §1.11. I understand that all communication on these matters will be made to me at the address and telephone numbers(s) set out below. I declare that I am: (Check all that apply.)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> the provider's business manager</td><td><input type="checkbox"/> a licensed attorney</td></tr><tr><td><input type="checkbox"/> the provider's agent</td><td><input type="checkbox"/> a certified public accountant</td></tr><tr><td></td><td><input type="checkbox"/> a registered public accountant</td></tr></table>		<input type="checkbox"/> the provider's business manager	<input type="checkbox"/> a licensed attorney	<input type="checkbox"/> the provider's agent	<input type="checkbox"/> a certified public accountant		<input type="checkbox"/> a registered public accountant
<input type="checkbox"/> the provider's business manager	<input type="checkbox"/> a licensed attorney						
<input type="checkbox"/> the provider's agent	<input type="checkbox"/> a certified public accountant						
	<input type="checkbox"/> a registered public accountant						
<p>Signature of Representative:</p> <p>_____</p> <p>Date:</p> <p>_____</p>	<p>Name and Address of Representative:</p> <p>_____</p> <p>Telephone No.:</p> <p>FAX No.:</p>						

For Division of Rate Setting use only.

<p>Notice filed on:</p> <p>(date stamp)</p> <p>1/96</p>	<p>cc: Provider</p> <p> Provider's general representative} on _____.</p>
---	---

Agency of Human Services
Division of Rate Setting
103 South Main Street
Waterbury, Vermont 05671-2201

Notice of Representation (Special)

IMPORTANT: This form should be completed by the provider and the special representative and filed with the Division before the representative takes any action in the below referenced matter.

Provider's Name:	Address:		
Medicaid Provider ID No.			
<p>Effective (date) _____, the above referenced provider hereby designated _____</p> <p>as its special representative, pursuant to V.P.N.M.I.R. §1.11, to represent the provider in the following matter before the Division. (Be specific. Include only one matter on each form.)</p> <p>This supersedes a previous <i>Notice of Representation (Special)</i> filed for this matter. <input type="checkbox"/> No. <input type="checkbox"/> Yes, dated _____.</p> <p>The provider understands that all communication from the Division on this matter, whether written or oral, will be made to the special representative. (If signed by a corporate officer, partner, or fiduciary on behalf of the provider, I certify that I have the authority to make this designation of representation.)</p> <p>Signature of/for Provider: _____ Date: _____</p> <p>Name (print): _____ Title: _____</p> <p>Declaration of Representative: I acknowledge my designation as special representative for the above referenced provider in the above referenced matter, pursuant to V.P.N.M.I.R. §1.11. I understand that all communication on this matter will be made to me at the address and telephone numbers(s) set out below. I declare that I am: (Check all that apply.)</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> the provider's business manager <input type="checkbox"/> the provider's agent</div><div><input type="checkbox"/> a licensed attorney <input type="checkbox"/> a certified public accountant <input type="checkbox"/> a registered public accountant</div></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 50%; padding: 5px; vertical-align: top;">Signature of Representative: _____ Date: _____</td><td style="width: 50%; padding: 5px; vertical-align: top;">Name and Address of Representative: Telephone No.: FAX No.:</td></tr></table>		Signature of Representative: _____ Date: _____	Name and Address of Representative: Telephone No.: FAX No.:
Signature of Representative: _____ Date: _____	Name and Address of Representative: Telephone No.: FAX No.:		

For Division of Rate Setting use only.

Notice filed on: (date stamp)	cc: Provider Provider's general representative} on _____.
----------------------------------	--