

***Form - Notice of Request for Administrative Review***

**INSTRUCTIONS**

This form must be used to initiate a formal administrative review of the Division's final decision after on cost report findings or on a request for a rate adjustment issued after a Request for Reconsideration. 33 V.S.A. §909(a)(3), V.D.R.S.R. §15.5. **Two copies of this form must be filed at the Division of Rate Setting, 103 South Main Street, Waterbury, VT 05671-2201, within 30 days of the provider's receipt of the Final Order.**

The provider must list each disputed cost report adjustment or other alleged error and provide a clear statement of the nature of the error. No issue which was not included on the *Request for Reconsideration* form can be subject of a Request for Administrative Review, and therefore should not be included on the Statement of Claim schedules.

The provider must complete one copy of the Statement of Claim schedule for each cost report adjustment or other issue appealed. The provider must include a clear statement of the alleged error and an explanation of the remedy requested, showing how the error should be corrected. The provider must include a detailed description of the facts and law supporting its position, including cites to the relevant statutes, rules, regulations, or other authorities, such as the Provider Reimbursement Manual (HCFA Publication 15, also known as HIM-15) or GAAP.

Issues not included in this Notice cannot be raised during the administrative review or in any subsequent appeal of the Secretary's determination on this Request for Administrative review. (33 V.S.A. §909(a)(3).)

Other Documents to be attached to the Notice of Request for Administrative Review

The Notice of Request for Administrative Review must be accompanied by the following schedules and attachments:

1. A *Statement of Claim* (Form 98-2.4F) schedule for each adjustment or issue appealed.
2. *Notice of Representation (General)* (Form 92-2.3F) or *Notice of Representation (Special)* (Form 92-2.4F).

Effective: December 21, 1998

s/Gary Bergeron for Veronica Celani  
Veronica Celani  
Director

**Agency of Human Services**  
103 South Main Street  
Waterbury, Vermont 05671

**Notice of Request for Administrative Review**

**IMPORTANT: This request must be filed (received) at the Division of Rate Setting, 103 S. Main St., Waterbury, VT 05671-2201, within 30 days of the receipt by the provider of a Final Order on Request for Reconsideration.**

**This form *must* have the following schedules and attachments:**

- 1. STATEMENT OF CLAIM: a clear statement of the alleged errors and of the remedy requested with a detailed description of the facts and law supporting the claim (V.D.R.S.R., HCFA-15, etc.); one schedule must be filed for each error appealed.**
  
- 2. NOTICE OF REPRESENTATION (General) (Form 92-2.3F) or NOTICE OF REPRESENTATION (Special) Form 92-2.4F**

Re: Final Order of the Division of Rate Setting re _____	Pursuant to 33 V.S.A. §909(a)(3) and V.D.R.S.R. §15.5, I hereby request administrative review of the Final Order of the Division of Rate Setting dated _____
The following documents are attached to this notice:  <input type="checkbox"/> Statement of Claim - number of schedules _____.  <input type="checkbox"/> Notice of Representation (General) or Notice of Representation (Special)	
I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and attached to this Notice. I understand that all correspondence on this matter will be sent to me.  Signature: _____ Date: _____	Name and Address of Representative:   Telephone No.: _____ Fax No. _____
For Division of Rate Setting use only. Request filed on: (date stamp)	cc: Provider's Representative on _____.

**Statement of Claim** (page \_\_\_\_ of \_\_\_\_.)

**Important: One form *must* be filed for each disputed adjustment/issue.**

<b>Adjustment/Issue No.</b>	
<b>Statement of Alleged Error:</b>	
<b>Statement of Remedy Requested:</b>	
<b>Detailed Description of the Facts and Law Supporting the Claim of Error:</b>	