



VERMONT
Department of Banking, Insurance,
Securities & Health Care Administration

Division of Health Care Administration

MENTAL HEALTH CARE REVIEW AGENT
2011 LICENSE RENEWAL
APPLICATION FORM

Vermont-licensed mental health review agents shall annually apply for license renewal on September 15th or a date specified by the Department, as required by Rule H-2011-01.

Please complete the license renewal application, together with all required attachments, and send it to: Janet Richards, Administrative Assistant, at janet.richards@state.vt.us or to Vermont Department of Banking, Insurance, Securities and Health Care Administration, 89 Main Street, Montpelier, VT 05620-3101. An annual license renewal fee of \$200.00 must be included with this application. Checks should be made payable to the State of Vermont.

If you have any questions about the license renewal process or data filing requirements, please contact Dawn S. Bennett, Health Care Administrator at 802-828-2923 or by email at dawn.bennett@state.vt.us.

Please submit the following information:

Date: _____

Licensee Name:

_____ **VT License No:** _____

Business Address:

Street Address

City, State & Zip Code

Contact Name: _____

Title: _____

Telephone: _____

Email: _____

PART I: DISCLOSURE OF CHANGES

A review agent shall disclose any changes to the information described in Section 6(A), Rule H-2011-01, that have occurred since the latter of the initial license application or any renewal application, whether or not previously disclosed to the Department.

Section 6(A), Disclosure of Changes	Check all boxes that apply
No changes have been made for this reporting period; skip to Part II	<input type="checkbox"/>
Change in business name, address, contact name or information	<input type="checkbox"/>
Changes to organization chart	<input type="checkbox"/>
Changes to list of officers and directors of review agent, including names and license numbers of corporate medical director(s) and Vermont licensed physicians making denial decisions for service review activities	<input type="checkbox"/>
Disclosure of all regulatory actions, lawsuits, arbitrations, or criminal proceedings (<u>attach a description</u> of each action or proceeding, and the status/resolution; omit any personal identification)	<input type="checkbox"/>
If no actions or proceedings have been taken against the review agent during this reporting period, check this box: <input type="checkbox"/>	
Changes to staff licensure types/status, qualifications, compensation structure	<input type="checkbox"/>
Changes to any accreditation	<input type="checkbox"/>
Changes to written policies and procedures for making utilization review determinations or internal review of appeals/complaints	<input type="checkbox"/>
Changes to UR or grievance notices	<input type="checkbox"/>
Changes to clinical review criteria	<input type="checkbox"/>
Changes to training and evaluation of service review staff	<input type="checkbox"/>
Changes to liability insurance coverage in effect	<input type="checkbox"/>
Changes to review agent's business activities in Vermont	<input type="checkbox"/>

PART II: REQUIRED DOCUMENT(S) SUBMISSION

The following documents must be submitted to the Department with the annual renewal application. Please clearly denote any changes that have been made to these documents, regardless of whether the changes have been submitted to the Department during the most recent license period.

Document Submission Requirements	Attached Documents
Current copies of letter templates used for notification of benefit determinations for initial service reviews, internal first level grievances and voluntary second level grievances, if applicable	<input type="checkbox"/>
List the names of any subcontractors that the review agent retains to provide mental health review services on its behalf in Vermont, and the number of Vermont lives covered under each contract; and the number of Vermont lives covered under each contract	<input type="checkbox"/>

PART IV: REQUIRED ATTESTATION

The following statement must be signed, notarized and submitted as part of the renewal application.

[Add Review Agent Name]_____ attests that service review criteria and standards are periodically evaluated (at least annually) and updated with appropriate involvement from mental health providers. Such service review criteria and standards must be compatible with established principles and standards of mental health care. As indicated below, the review criteria are either adopted from already accepted, commercially available sources, or developed by the applicant, based on scientific evidence.

The review criteria have been:

1. Developed by applicant based on scientific evidence: Yes No

List all criteria below:

- _____
- _____
- _____

2. Adopted from¹ accepted, commercially available sources: Yes No

List all sources below:

- _____
- _____
- _____

ATTESTED BY:

Review Agent Officer Name (please print)	Notary Name (please print)
Review Agent Officer Signature	Notary Signature
Review Agent Officer Title	Commission Expires on:
Date	Date

¹ "Adopted from" includes use of commercially available service review standards and criteria with minor non-material modifications.