

Legislative Oversight Committee

South Carolina House of Representatives

Post Office Box 11867

Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Email: HCommLegOv@schouse.gov



Program Evaluation Report Extension Request Guidelines

PLEASE NOTE:

The information included in the agency's report will appear online for all legislators and the public to view.

Agency Name:

Date Request Submitted:

SC Department of Health and Human Services

April 16, 2020

Background

Committee Standard Practices 10.1.3 - 10.1.5

Extensions for PER

10.1.3 The Chairman may, for reasons he determines as good cause, provide an agency an extension and new deadline to submit its Program Evaluation Report ("New Deadline").

10.1.4. Before the Chairman will consider granting an extension, the Chairman may require the agency to provide a written letter, which may be sent via U.S. mail or included as an attachment to an email, explaining the reason the agency is requesting the extension and the number of days it is requesting, not to exceed thirty.

10.1.5 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Note this Extension Request Form will be published online.

Agency	SC Department of Health and Human Services
Date of Submission	4/16/2020

Instructions: Please complete this Extension Request Form. The completed form should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Excel) and saved as a PDF for online reporting. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov), Charles Appleby (charlesappleby@schouse.gov), Lewis Carter (lewiscarter@schouse.gov), or Kendra Wilkerson (kendrawilkerson@schouse.gov).

I. Extension Request

- | | | |
|---|--|-----------|
| 1 | State the date the agency originally received the report guidelines: | 1/24/2020 |
| 2 | State the date the agency submitted this request for an extension: | 4/16/2020 |
| 3 | State the original deadline for the report: | 3/9/2020 |
| 4 | State the number of additional days the agency is requesting: | 45 |
| 5 | State the new deadline if the additional days are granted: | 6/2/2020 |

II. History of Extensions

- | | | |
|---|--|-----|
| 1 | List the years in which the agency previously requested an extension, putting the years the extension was granted in bold: | N/A |
|---|--|-----|

III. Good Cause

- | | | |
|---|---|---|
| 1 | Please state good cause as to why the Committee should grant the extension requested by the agency. Please limit the response to 1,000 words or less. | Due to the COVID emergency, the agency had to stop work on the PER document and focus on the health and safety of Medicaid beneficiaries. |
|---|---|---|

IV. Verification

- | | | |
|---|--|------------|
| 1 | Please state the name of the agency head, or person designated and authorized by the agency head to do so, that has approved and reviewed the information provided in this Extension Request form. | Josh Baker |
| 2 | Does the agency head, or person designated by the agency head, affirm that the information contained in this form from the agency is complete and accurate to the extent of his or her knowledge. | Yes |

V. Committee Response

- | | | |
|---|------------------------------------|-----------|
| | Leave this section blank. | |
| 1 | Date extension was granted: | 4/17/2020 |
| 2 | Number of additional days granted: | 45 |
| 3 | New deadline for agency response: | 6/2/2020 |