

## Extensions of Time

### I. PURPOSE

This issuance addresses time limits for the submission of information requested by the Division. In general, deadlines may be found in the *Practices and Procedures Manual for PNMI Facilities*, in the instructions for the submission of time studies, and in the auditors' letters requesting information related to Funding Applications. Because it is not always possible to meet these deadlines, the rules also contain provisions to permit the extension of time limits. V.P.N.M.I.R. § 3.3(c).

If a funding application or any other requested information is not supplied by the due date set by the Division, the **penalty provisions of V.P.N.M.I.R. § 3.3(d) could apply**. If a provider requires additional time to supply information to the Division, it is imperative that the provider file a Request for Extension of Time on Form 96-2F. If information, including time study data, has not been received by its respective due date and no Request for Extension of Time has been submitted and approved, the provider's new rate, if increased, will not take effect until the month following the Division's Final Order. If the provider's new rate is decreased, it will take effect the first day of the rate period.

Requests for extensions of time must be filed at the Division on the prescribed form before the due date. A request is filed when it is received and date-stamped by the Division pursuant to V.P.N.M.I.R. § 1.10(d). A request will not be received or granted by telephone.

The Division does reserve the right to limit the extension to a reasonable period. Providers should be warned, however, that subsequent requests for extensions of the same time limit may not be granted.

### II. INSTRUCTIONS

#### **Request for Extension of Time Form 96-2F**

This form should be used for all requests for an extension of time, including extensions of time to file Funding Applications, pursuant to V.P.N.M.I.R. § 3.3(c)(1).

In completing Form 96.2F, the provider should clearly state the matter for which an extension of time is requested. For instance, "*Submission of Funding Application of Happy Street PNMI for the period of July 1, 2014-June 30, 2015.*" The provider should

include the action for which the time limit is imposed. For instance, “*Submit the Funding Application by xx date.*”

On Form 96-2F, providers will need to explain why there is good cause to grant an extension, and what amount of additional time is required. Providers should note the provisions of V.P.N.M.I.R. § 3.3(c)(2), which clearly state that *good cause* for a failure to make a timely filing does not include: (1) ignorance of the rule requiring the filing of funding applications on a schedule prescribed by the Director of the Division, (2) inconvenience, or (3) a funding application preparer engaged in other work.

The Division will complete the bottom section of the form, indicating the action taken and return a photocopy of the form to the provider's authorized representative(s).

Effective: April 21, 2014



Kathleen Denette, Director of Division of Rate Setting

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

**Request for Extension of Time**

**IMPORTANT: This request must be filed (received) at the Division of Rate Setting prior to the due date for which the extension of time is requested.**

|                            |  |
|----------------------------|--|
| Provider's Name:           | The provider is required to take the following action: |
| Matter (See instructions): |  |
|                            |  |
|                            | by (due date) _____.                                   |

Pursuant to V.P.N.M.I.R. § 3.3(c), I hereby request an extension of time to (date) \_\_\_\_\_, for the following reasons: (The Division will grant extensions for good cause only.)

You may use additional sheets, if necessary. Are additional sheets attached?  No.  Yes. If yes, how many? \_\_\_\_\_

|   |   |
|---|---|
| I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.<br><br>Signature: _____<br><br>Date: _____ | Name and Address of Representative:<br><br><br><br><br>Telephone No.: _____ |
|---|---|

**For Division of Rate Setting use only.**

|                                   |  |
|-----------------------------------|--|
| Request filed on:<br>(date stamp) | <input type="checkbox"/> Extension granted to date requested by provider's representative.<br><input type="checkbox"/> Extension granted to date determined by the Division.<br><br>New due date: _____<br><br><input type="checkbox"/> Request denied for the following reason:<br>_____<br>_____<br>Signed: _____<br>Date: _____<br><br>cc: Provider's Representative on _____ |
|-----------------------------------|--|