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| Notice of Extension of Timeframe to Make a Service Authorization DecisionInsert MCO logo |

Date mailed

Member's Name

Member/Representative's Street Address

City, State Zip Code

Dear:

This letter is to notify you that we have increased the number of days to make a decision on your  request for <<insert requested service or item>> by <<insert number of days; for Family Care or Partnership, insert "14 calendar days"; for PACE, insert "5 calendar days">>. You originally requested <<insert requested service or item>> on <<date of request>>.

We will complete the process and reach a decision no later than <<insert date MCO will reach a decision; see instructions below>>.

[**Directions to MCO: Insert the appropriate date above and then delete these directions.** For standard Family Care or Family Care Partnership request, insert 28th calendar day from date of request; OR for expedited Family Care or Family Care Partnership, insert the 17th calendar day from the date of request; OR for PACE standard, insert the 8th calendar day from the date of request.]

We are increasing the number of days because <<insert reason for the decision to extend the timeframe>>.

If you do not agree with our decision to increase the number of days, you have the right to file a grievance, in which case the extension will be considered a denial of your service or item request.

You may file a grievance by <<insert process and/or contact person for requesting a grievance>>.

If you need assistance, please contact <<MCO name>>’s Member Rights Specialist at <<insert Member Rights Specialist’s contact information>>.

We appreciate your patience. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

<<Care Manager's Name>>

<<Care Manager title>>

<<Telephone Number>>

<<RN Care Manager's Name>>

<<RN Care Manager title>>

<<Telephone Number>>