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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

尊敬的：Member's Name

此信件旨在通知您我们已将针对您  申请 <<insert requested service or item>> 做出相关决定的天数延长了 <<insert number of days; for Family Care or Partnership, insert "14 calendar days"; for PACE, insert "5 calendar days">>。您此前于 <<date of request>> 申请了 <<insert requested service or item>>。

我们将在不晚于 <<insert date MCO will reach a decision; see instructions below>>的期间完成整个流程并做出决定。

[**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.]

我们延长天数的原因是 <<insert reason for the decision to extend the timeframe>>。

如果您不同意我们延长天数的决定，您有权提出申诉，在此情况下延长期限将被视为拒绝为您提供服务或拒绝您的项目请求。

您可以通过 <<insert process and/or contact person for requesting a grievance>>.

如果您需要协助，请联系 <<MCO name>>的会员权利专员，联系方式为<<insert Member Rights Specialist’s contact information>>.

我们感谢您的耐心等候。如果您有任何问题或疑问，请随时与我们联系。

此致

<<Care Manager's Name>>

<<Care Manager title>>

<<Telephone Number>>

<<RN Care Manager's Name>>

<<RN Care Manager title>>

<<Telephone Number>>