



## Notice of Service Authorization Extension

**Important:** Read this notice carefully. If you need help, you can call one of the numbers listed on the next page under "Get help & more information."

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**Mailing Date:**

**Member ID:**

**Name:**

**Address:**

**This notice is in response to a request that we received on [date].**

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This extension letter is being completed and sent in compliance with 42 CFR 438.408(c)(2) which states we may extend the service authorization timeframe by up to 14 calendar days if either you request an extension, or if we can show to the State of Michigan there is a need for more time to provide authorization.

Your service authorization was received on [date] and was originally to be completed on [date]. Your new service authorization date is [date].

We called to give you oral notice of the delay of the completion of the service authorization on [date].

Service/s Impacted: [insert services being impacted]

Reason for Extension: [insert reason].

This letter was sent to you within 2 calendar days from the decision to extend the service authorization. If you disagree with the extended time frame you have the right to file a Grievance (complaint) by calling (800) 897-3301.

**Get help and more information**

- *[Enter CMHSP Info Here]* : If you need help or additional information about our decision and the appeal process, call Customer Services at *[number]* (TTY 7-1-1), Monday - Friday 8:00-5:00. OR,
  - Lakeshore Regional Entity (LRE) Customer Services: 800-897-3301 (TTY 7-1-1) Monday – Friday 8:30 – 5:00. You can also visit our website at [www.lsre.org](http://www.lsre.org) OR,
  - Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5156 or 1-800-975-7630 (if calling from an internet-based phone service).
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**Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.**