



**Karyn Tribble, PsyD, LCSW**

*Director*

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## Letter of Extension

Date

Name

Address

Address Line 2

City, State, Zip

Dear [Click or tap here to enter text.](#):

On [Click or tap to enter a date.](#) you filed a [Choose an item.](#) with our office regarding the following matter:

[Click or tap here to enter text.](#)

I am continuing to investigate your concern but I have not received all the information necessary to reach a decision and resolution. *[If appropriate, note the information that is pending or if information from the beneficiary is needed.]* For this reason, we are extending the timeframe by 14 days. We will make a decision and notify you of the resolution by *[insert the new date.]*

The California Code of Regulations, Section 1850.206.(b) allows for the initial time frame of [60/45/3] days to be extended by up to 14 calendar days if the beneficiary requests an extension or if the Mental Health Plan (MHP) determines that there is a need for additional information and that the delay is in the beneficiary's best interest.

Our goal is to provide you with the best possible service, and we will continue to work toward obtaining the information we need in order to address the issues you raised. If you have any questions, you may contact me at *[insert contact information.]*

Sincerely,