

Report of Delay in Certification

To:

From:

Date		MEPD Eligibility Specialist	
Mail Code	Region	BJN	Telephone

Applicant Name		City	
Application No.	Application Date	Category <input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 04	

Reason for Delay:

- | | |
|---|--|
| <input type="checkbox"/> 30-day consecutive requirement not met | <input type="checkbox"/> Nursing facility pending certification |
| <input type="checkbox"/> Medical necessity (level of care) decision pending | <input type="checkbox"/> New resource/information received after 30 th day of pending application |
| <input type="checkbox"/> Disability determination pending | <input type="checkbox"/> Resource spend-down |
| <input type="checkbox"/> 1915(c) waiver services pending | <input type="checkbox"/> Miscellaneous |

Comments:

Supervisor's Decision

- Approved Not Approved

Signature – Supervisor

Date