

Medically Dependent Children Program
Pending Extension Request/Overdue Case Update

This form **must** be completed and submitted to State Office for any pending or annual case that is more than 30 days past due. *You may also use this form to request an extension for a pending case that is not yet overdue, but which you expect to be delayed.*

Individual Name	Date of Birth	Medicaid Number
Is this request for an extension on a case not yet overdue? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when is case due: _____
Overdue Cases:		
<input type="checkbox"/> Active — List the most recent IPC dates: From: _____ To: _____		
<input type="checkbox"/> Pending — List the date due: _____ Has an extension been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Initial Case		
Explanation of Delay		

Status of Initial/Renewal Activities:

Activity	Actual or Anticipated Date of Submission*	Reason for Delay (explain any item not yet submitted)*	Status of Determination (e.g., n/a, met, not met, awaiting response, in appeal) and Date Received	Date of Planned Follow-up Contact
Medical Necessity				
Disability Determination				
Financial Eligibility				
IPC Plan Developed with Primary Caregiver				
IPC Signed by Physician				
Provider Selected by Family and Authorized Case Manager				
Provider Enrollment Issues				

* For any item that has not already been submitted (e.g., IPC not sent to MD yet), list date you expect to submit the item and provide brief explanation of reason for submission has been delayed.

_____ **Print Name**

_____ **Signature – Case Manager**

_____ **Date**