



Participant First Name	Participant Last Name	Participant ID	Reason for Extension	Explain Why the Extension Was Beneficial to Participant	Notification of Extension Given to Participant?	Was Appeal Language Included in the Letter? (Y/N)	Did the Participant Appeal? (Y/N)	Date of the Appeal Request (MM/DD/YY)	Was the Approved Service Added to the Care Plan? (Y/N)	If Yes, Provide the Date it Was Added. (MM/DD/YY)	Was Emergency Care Provided? (Y/N)	When Was Emergency Care Provided?	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)
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