

## Request for Deinstitutional Services

MSSP Site: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Medi-Cal #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

I am requesting assistance in transitioning from living in a facility to living in the community. Specifically, I am requesting services from the Multipurpose Senior Services Program (MSSP). I understand that:

- I may change my mind at any time, withdraw from the program, and decide to continue living where I am. I will not be forced to make a change in my living arrangements.
- Discharge or voluntary withdrawal from these transition services will not affect other medical or social benefits that I am eligible to receive.
- I will participate in the process of determining the transition services that I need. I will be notified of the services I am to receive and any subsequent changes made to these arrangements.
- I do not have to answer any questions that are not relevant to the determination of services I am to receive.
- All information in my MSSP case record is confidential. It will be seen only by staff and consultants of MSSP, those providing services to me, and as otherwise provided by law.
- My health information that I authorize to be provided to MSSP shall be maintained as confidential as required by the Health Insurance Portability and Accountability Act (HIPAA). I acknowledge that the MSSP site has provided me with a notice of HIPAA privacy practices.
- I will only receive transition services as long as federal and State funds are available.
- At the time of my death, the state is required to recover the costs of certain Medi-Cal services I have received. Medi-Cal services that are subject to recovery include costs of a nursing facility and other long-term care services such as MSSP.
- I may request a fair hearing if my request for services is denied, if I am discharged from services, or if I am dissatisfied with the services I receive. A hearing may be requested by writing to:

**California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 95814**

I may also request a hearing by calling the Public Inquiry and Response Unit:

**Toll-Free Number: 1.800.952.5253**  
**TDD for the Deaf: 1.800.952.8349**

All questions I have at this time concerning MSSP have been fully answered. When I have further questions, I should contact:

MSSP Staff (Print): \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby witness the above signature. I have:

- Explained the deinstitutionalization services, MSSP, and the nature of the involvement requested of the individual;
- Answered the questions asked by the individual, or by persons asking on behalf of this individual; and
- Provided a copy of this form to the individual.

MSSP Staff  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant received a copy of this form on this date: \_\_\_\_\_