Notice of Action – Change in MSSP Services

Name: _____ Date: _____

Address: _____

MSSP ID: _____

Dear: _____

This letter provides you with information about a change in the services you have been receiving from the Multipurpose Senior Services Program (MSSP). It is required by Title 22, California Administrative Code, Division 3, Section 50951.

Effective _____ the _____ will be

_____ .

This action is being taken because**:**

A. ☐ You no longer require this service to remain out of a nursing facility.

B. ☐ This service is no longer cost-effective.

_____

C. ☐ Another resource has been found to provide this service.

_____

D. ☐ Other:

_____

Please call me for further information if you have any questions about this Notice of Action. If I cannot resolve any concerns you may have, you may contact my supervisor, _____ at _____
If you disagree with this action, you or your authorized representative may request a State Fair Hearing within ninety (90) days from the date of this notice. The instructions for requesting a Hearing are attached.

Sincerely,

_____
Care Manager