

Appendix 4 ■ Notice of Action – Change in MSSP Services

Notice of Action – Change in MSSP Services

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 Date: _____ the name of service: _____ will be (discontinued or reduced). This action is being taken because (select one of the options listed below and insert here as appropriate):

- You no longer require this service to remain out of a nursing facility.
- This service is no longer cost-effective. (Explain)
- Another resource has been found to provide this service. (Explain)
- Other. (Explain)

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 phone number _____.

If you disagree with this action, you or your authorized representative may request a State Hearing within ninety (90) days from the date of this notice. The instructions for requesting a Hearing are attached.

Sincerely,

_____, Care Manager