Participant Rights in MSSP

Welcome to the Multipurpose Senior Services Program (MSSP). The goal of our care management services is to prevent or delay nursing facility placement for our participants. We do this by arranging for and monitoring various supportive services available in the community.

Your care manager will work with you to identify your strengths, resources, priorities, interests, and needs. You will have a formal assessment of your situation at least once a year, at which time a plan for your services, called a care plan, will be developed. In arranging services for you, your care manager must first assess and use the assistance available through your family and friends; programs available in the community are the next priority. If there remains a need for additional services when those resources have been exhausted, MSSP may be able to purchase some services for you. The services that may be available through MSSP include: Adult Day Care, Minor Home Repair/Maintenance, Supplemental Homemaker, Personal Care and Protective Services, Care Management, Respite, Transportation, Meal Services, and Communication Services.

Both you and your care manager have responsibilities in MSSP.

It is your responsibility to:

- Provide information necessary for the development of your care plans
- Cooperate with your care manager and the other providers of services you receive
- Be willing and able to cooperate with program requirements, including required annual home visits by both Nurse and Social Work Care Managers
- Communicate with your care manager (at a minimum monthly by phone and every three months face-to-face or via telehealth in the place where you live) about any issues or concerns as they arise, along with the areas of need identified on your care plan

It is your care manager's responsibility to:

- Inform you of your rights and responsibilities, including your rights to:
  - Refuse services
  - Choose the services and providers identified in your care plan
  - Choose the location, time (within business hours) and method of how your **monthly** contact is conducted
  - Choose whether **quarterly** contact is in-person or via telehealth, if there are no health or safety issues that would necessitate an in-home visit

  - Have any complaint or grievance addressed by our local office
  - File a request for a Medi-Cal State Fair Hearing at any time if you disagree with any decision made by our program
- Coordinate the services identified in your care plan
- Provide counseling and guidance
- Notify you prior to any major changes affecting your care plan, including case closure
- Keep your information confidential

It is our intention to deliver high quality services that meet your expectations. However, should you have a complaint, question, or if you are dissatisfied with our decisions or services, please talk it over with your care manager. If you and your care manager cannot resolve the issue, you may ask for a meeting with your care manager's supervisor who is _____ at phone number _____ .

You may have a family member or representative with you at any time to meet with our program staff.

It has been our experience that most questions can be resolved at the local program level. However, you have the right to initiate a request for a formal Medi-Cal State Fair Hearing at any time.

The best way to request a hearing is to fill in the information on the attached form and send it to:

Mail: California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 21-37
Sacramento, CA 94244-2430

Fax: (833) 281-0905

Email: SHDCSU@DSS.ca.gov

Online: acms.dss.ca.gov

Click “Create an account” to have an ACMS account and get documents online; or click “Submit Appeal without Account” to file without an account

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

Toll-Free Number: 1-800-952-5253
TDD For the Deaf: 1-800-952-8349