

Appendix 2 ■ Termination of MSSP Services (Notice of Action)

Name: _____ Date: _____

Address: _____

MSSP Site: _____

RE: Denial of Multipurpose Senior Services Program (MSSP) Benefits

Dear: _____

Welfare and Institutions Code, 9560 et seq. authorizes the operation of the Multipurpose Senior Services Program for persons who are 65 years or older, Medi-Cal recipients, living in the community, and who are certified or certifiable for placement in a nursing facility (NF). Further, the cost for serving recipients cannot consistently exceed the cost of a nursing facility. You have applied for MSSP benefits and/or are receiving MSSP services under this Act.

We have reviewed your application or information provided and determined that as of Date: _____ you are not eligible for MSSP services because (select one of the options listed below):

- You do not reside in or have moved out of the MSSP service area.
- You no longer desire to receive MSSP services.
- You no longer meet the criteria for placement in a nursing facility.
- Other: _____
- You no longer qualify for Medi-Cal (no share of cost).
- You have been admitted to a hospital or nursing facility.
- The estimated cost of providing you with home-based services is \$_____ per month which exceeds the cost of full-time care in a nursing facility.

California Department of Aging, Multipurpose Senior Services Program
MSSP Site Manual

Your Medi-Cal eligibility has changed to an Aid Code that no longer qualifies you for MSSP services.

You are unwilling or unable to utilize care management services.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE A RIGHT TO REQUEST A STATE HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE OF THE STATE DEPARTMENT OF SOCIAL SERVICES. INSTRUCTIONS FOR REQUESTING A HEARING ARE ATTACHED.

The State laws which require this action are found in the Code of California Regulations, Title 22, Division 3, Subdivision 1, Chapter 2, Article 18, Section 50951; and Welfare and Institutions Code, Sections 10950-10965.

(Select only one of the following two paragraphs):

1. You may be assured that denial of MSSP will not affect other medical or social services you are eligible to receive through the California Medi-Cal Program or other public benefit programs.
2. Because your current eligibility for Medi-Cal services is linked to your continuing eligibility for MSSP, you will no longer be eligible for Medi-Cal under this criterion. You may contact your local county welfare office to see if your Medi-Cal benefits can be continued under other eligibility criteria.

Thank you for your interest in MSSP. You may apply for MSSP services at a future time if you believe you have become eligible.

Please call Care Manager Name: _____ at telephone number: _____ if you have any questions.

Sincerely,

_____, Site Director