Denial of MSSP Services (Notice of Action)

Name: _____ Date: _____

Address: _____

MSSP ID: _____

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 60 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 under this Act.

We have reviewed your application and determined you are not eligible for MSSP services because:

2. ☐ You do not reside in the MSSP service area.
4. ☐ You do not meet the criteria for placement in a nursing facility.
5. ☐ Other: _____
7. ☐ You have been admitted to a hospital or nursing facility.
8. ☐ The estimated cost of providing you with home-based services exceeds the cost of full-time care in a nursing facility.
10. ☐ You are unwilling or unable to utilize care management services.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE A RIGHT TO REQUEST A STATE FAIR HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE OF THE CALIFORNIA 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.

The following checked status applies to you:

1. ☐ You may be assured that denial of MSSP benefits 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 _____ at _____ if you have any questions.

Sincerely,

_____
Site Director