



## Facility Decertification Member Notice Template Attachment B

John Sample  
1234 Sample Street  
Address 2  
Any town, CA 90000

XX/XX/XXXX

The purpose of this letter is to let you know of changes in your facility's relationship with the Medi-Cal (and Medicare) program and how these changes affect you.

On XX/XX/XXXX, Medi-Cal (and Medicare) will stop paying for you to get care at <Insert facility name>.

You will need to choose a new facility. A facility is the place where you live and get your care.

### **Why do I have to choose a new facility?**

State law says that you can only get services from a licensed provider. And they must meet Medi-Cal certification requirements. <Insert facility name> no longer meets all of the requirements to be a Medi-Cal provider. So you will need to choose a new facility.

This letter tells you your options. And it tells you how to choose a new facility. You do not need to move to a new place until <XX/XX/XXXX>. But you can choose to move sooner.

### **How will this change affect me?**

<Insert facility name> will:

- Still provide services to you while you are living there.
- Work with us to arrange your move to a new place.
- Assess your social and physical functions. This will help us make sure that you are placed in a new health care facility that is best for you.

<Insert plan name> will:

- Work with <Insert facility name> to plan your move.
- Move your medical records, clothes, and other items to your new place.
- Contact you to talk about your options. We can also contact your family or legal guardian.
- Check in with you after you move to see how you are doing.



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### **How do I choose a new facility?**

A care manager with <Insert plan name> will contact you soon. Your care manager will tell you your options and can answer your questions or concerns. We will work with you to choose a new place to live. We can also work with your family or other person that helps you to choose a new facility.

The California Advocates for Nursing Home Reform (CANHR) has a web site. It has information that can help you choose a new facility. Here is the link to the web site: [http://canhr.org/NH\\_Data/index.html](http://canhr.org/NH_Data/index.html).

### **What if I don't want to move?**

If you want Medi-Cal to pay for your care, you will need to move to a new place by <XX/XX/XXXX>. If you stay at <Insert facility name> after <XX/XX/XXXX>, you may have to pay for some or all of your services.

### **What if I have questions?**

If you have questions, you can ask your care manager or call us at:

<Insert plan contact information>

### **Long-Term Care Ombudsman**

You may also call your Long-Term Care Ombudsman. The Long-Term Care Ombudsman is trained to help with questions or problems about the nursing home and to assist you in exercising your rights. Your long-term care ombudsman is <Insert name of local long-term care ombudsman> and can be contacted at XXX-XXX-XXXX.

If you want help with problems or you have a complaint about your health plan, you should contact the CCI Ombudsman at 1-855-501-3077.

**Please do not call your eligibility worker about these changes. This change does not affect your Medi-Cal eligibility.**