

Multipurpose Senior Services Program (MSSP)

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This section contains information about the Multipurpose Senior Services Program (MSSP). The California Department of Aging (CDA), Medi-Cal Services Branch, has received a waiver of certain Medi-Cal State plan requirements, allowing the Medi-Cal program to offer home and community-based services to enable frail, elderly clients to remain at home as an alternative to institutionalized care. These services must be provided at a cost less than nursing facility care.

Refer to the *Multipurpose Senior Services Program (MSSP) Billing Codes* section for a list of procedure codes reimbursable to MSSP providers.

Home and Community Based Services

Background

The MSSP waiver program allows agencies (MSSP providers) contracted with the CDA to provide comprehensive social and health care-management. MSSP providers should bill Medi-Cal for the following services:

Administrative expenses	«Oral nutritional supplements (ONS)»
Adult day care	Respite in-home care
«Assistive technology»	Respite out-of-home care
Care-management expenses	«Social support
Communication – device	Specialized non-medical home equipment and supplies
Communication – translation	Supplemental homemaker services
«Community transition services»	Supplemental personal care service
Congregate meals	Supplemental protective supervision
«Consultative clinical services	Therapeutic counseling
Deinstitutional care management»	Therapeutic services»
Home-delivered meals	Transportation
Minor home repair and maintenance	
Money management	

Client Information

Client Eligibility

To qualify for enrollment in MSSP, recipients must meet the following criteria:

«Be a Medi-Cal recipient on the date of enrollment with an aid code of 1E, 2E, 6E, 1H, 1X, 1Y, 10, 14, 16, 17, 18, 20, 24, 26, 27, 28, 60, 64, 66, 6H, 67, 68, K6, K8, L6, M1, M3, M7, M9, P2, P3, R1, 0E, 0G, 0M, 0N, 0P, 0W, 2H, 2V, 28, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R 3U, 3W, 30, 32, 33, 34, 35, 36, 37, 38, 39, 4V, 5V, 54, 59, 6C, 6G, 6J, 6N, 6R, 65, 7D, 8E, 8G, 81 or 87.

- Be 60 years of age or older
- Be certifiable for placement in a nursing facility (MSSP site and CDA staff determines this certification based upon Medi-Cal criteria for placement)
- Reside within the service area of one of the MSSP provider sites»
- Be able to be served within MSSP's cost limitations
- Be appropriate for care-management services

Eligibility Redetermination

Aid codes 1E, 2E and 6E have been added to MSSP to identify eligible recipients affected by the Craig v. Bonta court ruling. Recipients identified by these codes are eligible for full-scope Medi-Cal benefits with no Share of Cost until eligibility is redetermined.

Client Enrollment Limits

«The state enrollment limit at any given time is 11,940 clients.»

Provider Information

Waiver Providers

«CDA has procured contracts with providers around the state to provide MSSP services to frail, older adult participants.»

Waiver Agency Payment

Waiver agencies assume full financial risk for administering the program, providing care-management services, managing the subcontractor billing process and disbursing payments to subcontractors for any authorized waiver services provided to participants.

The Department of Health Care Services (DHCS) reimburses waiver providers for administrative and care-management services on the basis of monthly administrative flat fees per eligible-enrolled-waiver-participant. All other waiver services are reimbursed at cost but not in excess of the established MSSP waiver rates. All requests for reimbursement of waiver services are submitted by waiver agencies to the California MMIS Fiscal Intermediary.

Billing MSSP

For information about how to bill MSSP services using Computer Media Claims (CMC), refer to the *CMC* section in the Part 1 manual.

For information about billing MSSP waiver services on the *UB-04* claim form, refer to the *UB-04 Completion: Outpatient Services* section in this manual.

Special Billing Instructions

“From-Through” Billing

“From-through” billing allows providers to bill several days of continuous service without having to complete a separate claim line for each date of service. For from-through billing instructions, refer to the *UB-04 Special Billing Instructions for Outpatient Services* in this manual or to the *Multipurpose Senior Services Program (MSSP) Billing Example* section of this manual for a claim form example.

Note: Procedure codes with a unit type of “month” in the *Multipurpose Senior Services Program (MSSP) Billing Codes* section of this manual must be billed using the “from-through” method.

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.