

## REQUEST TO PROVIDE A NEW "IN LIEU OF SERVICE OR SETTING"

### Overview

This form is to be used by a Missouri HealthNet Division (MHD) health plan to request approval from the State of Missouri (State) for a proposed new "In Lieu of Service or Setting" (ILOS) it seeks to substitute for a covered Medicaid State Plan service or setting. An ILOS is an alternative service or setting that is a medically appropriate and cost-effective substitute for a covered service or setting under the Medicaid State Plan. In completing this form, health plans should reference federal regulations (42 CFR 438.3(e)(2) and 42 CFR 438.6(e)) and the MHD health plan contract (sections 2.7.11 and 2.7.12).

MHD Health Plan Information	
MHD Health Plan:	
MHD Health Plan Staff Contact:	
Telephone:	Email:
Proposed ILOS Information	
The MHD health plan must respond to the following questions with documentation and other information that supports the response. Supporting information may be attached to this form.	
The proposed ILOS is a: <ul style="list-style-type: none"> <li>• Service</li> <li>• Setting</li> </ul>	
1. An ILOS must be a substitute for an existing State Plan service. Indicate the State Plan service or setting proposed for substitution with the ILOS and its associated service code. In citing the State Plan service, please refer to provider manuals and bulletins, which can be found at the following links: <ul style="list-style-type: none"> <li>• <a href="http://manuals.momed.com/manuals/">http://manuals.momed.com/manuals/</a></li> <li>• <a href="https://dss.mo.gov/mhd/providers/pages/bulletins.htm">https://dss.mo.gov/mhd/providers/pages/bulletins.htm</a></li> </ul>	
2. What is the proposed effective date for the ILOS?	
3. An ILOS must be medically appropriate. Demonstrate how the proposed ILOS is medically appropriate and provide supporting information (e.g., is there evidence in medical research journals, from health associations, etc. supporting the claim that the service or setting is medically appropriate?).	
4. An ILOS must be a cost-effective substitute (i.e., the ILOS service or setting must not cost more than the service or setting it was substituted for). Demonstrate how the proposed ILOS is a cost-effective substitute for the service or setting and provide supporting information.	
5. An ILOS must be optional to members. Is the proposed ILOS optional for members? Explain how the health plan will ensure that the ILOS remains optional? (e.g., updates to member handbooks, notices to members, etc.)	

A proposed ILOS must be requested by the CEO or someone with the delegated authority to sign for the CEO. By signing this form, the CEO or delegated authority attests to the accuracy of the information provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Submission Process

Once completed, this form and supporting information should be submitted to the MHD at the Missouri Department of Social Services via email at [MHD.MCReporting@dss.mo.gov](mailto:MHD.MCReporting@dss.mo.gov), with the subject title "ILOS application."

It is a federal requirement that the ILOS is authorized and identified in the health plan contract. The utilization and actual cost of an ILOS will also be considered in capitated payment calculations. Upon submission of this form, the State will review the ILOS request and make a determination whether it meets federal and state standards. If approved, the State will amend the health plan contract. A health plan may not provide the ILOS until these processes have been completed.

Questions about the ILOS application may be directed to Rebecca Logan via email at [MHD.MCReporting@dss.mo.gov](mailto:MHD.MCReporting@dss.mo.gov)