Medicaid Managed Care

In Lieu Of Services and Settings (ILOS)



August 15, 2024



Topics

- ► In Lieu Of Services and Settings (ILOS) Defined
- ► Purpose of ILOS
- ► Requirements of ILOS
- ▶ lowa's ILOS
 - 15-day IMD Stay
 - HCBS while on HCBS waiver waitlists
- ► Effective date, assessments billing.

In Lieu of Services (ILOS)

- Provided by the MCOs in lieu of a service or setting (ILOS) covered under the Medicaid State Plan
- Used, at the option of the managed care plan and the enrollee
- Used as an immediate or longer-term substitutes for state plan-covered services or settings
- Used when the ILOSs can be expected to reduce or obviate the future need to utilize state plan-covered services or settings





ILOS

Help address many of the unmet physical, behavioral, developmental, long-term care needs Help Improve Improve health outcomes Facilitate greater access to care for home and Facilitate community-based services Prevent Prevent or delay enrollees' need for acute or institutional caré or delay

Six Principles of ILOS

Must advance the objectives of the Medicaid program;

Must be cost effective;

Must be medically appropriate;

Must be provided in a manner that preserves enrollee rights and protections;

Must be subject to appropriate monitoring and oversight; and

Must be subject to retrospective evaluation, when applicable

States must determine that the ILOS is a medically appropriate and cost-effective substitute for covered services or settings under the state plan

Enrollees cannot be required to use the ILOS

ILOS must be authorized and identified in the managed care plan contract and must be offered to enrollees at the option of the managed care plan;

The utilization and actual cost of the ILOS is considered in developing the component of the capitation rates that represents the covered state plan services

CMS must approve the rate certification including the projected ILOS cost percentage

The projected and final ILOS cost percentage may not exceed five percent

State will perform ongoing and robust monitoring and oversight activities

ILOS

FFP is not available for any medical assistance under Title XIX for services provided to an individual, aged 21 to 64, who is a patient in an Institution for Mental Disease (IMD) facility

ILOS allows short-term inpatient mental health or substance use disorder treatment in an IMD

Iowa Medicaid ILOS

Limited to 15 days per capitation period

15-day IMD Stay

Medically appropriate, cost effective, and at the option of the enrollee and managed care plan

2016 Medicaid and CHIP final rule (see 81 FR 27555-27563).

42 CFR §§ 438.3(e)(2), 438.6(e), and 438.66



Services while waiting for HCBS waiver funding slot

Iowa Medicaid ILOS

Available to MCO enrollees on the HCBS waiver waitlists

Referred by MCO care managers or self-referral

HCBS while on waitlists

Standardized assessment tool to identify need for services

Medically necessary to avoid acute care or imminent institutionalization



Iowa Medicaid ILOS

HCBS while on waitlists

Housing Supports Services

Home Modifications

Vehicle modifications

Case management

Respite care services

Personal care services

Medically Tailored Meals (MTM)

Intermittent Supported Community Living Services (SCL)

Supported Employment Services (SE)

Adult Day Care

Non-Medical Transportation including to conduct personal business essential to the health and welfare of the member

Personal Emergency Response System

Specialized Medical Equipment



ILOS effective date

July 2024

ILOS billing

ILOS billing will use HCBS waiver service procedure codes with the **SC** modifier.

There will **NOT be client participation** withheld from the payment of ILOS services

ILOS excluded

populations.

Medicaid members receiving services through a limited benefit group, such as the Iowa Health and Wellness Plan (IHAWP) or Hawki, are not eligible for ILOS.



ILOS assessment and eligibility

- ► ILOS require the completion of an In Lieu of Services Needs Assessment (ILOSNA) tool, administer by the MCO case manager.
- ► ILOS are used when the services are expected to reduce or avoid the future need to utilize state plan covered services or settings.
- ► Needed services are obtained by enrolled Medicaid providers.
- ► ILOS are not available through the Consumer Choices Option (CCO) program.
- ▶ ILOS services are not available, in whole or part, to a member in the time frame for which they are actively on any HCBS waiver.
 - For example, medically tailored meals via the ILOS benefit could not be used to supplement a member who is currently on an HCBS waiver that does not support home delivered meals



Point of Contact for more details:

► Iowa Total Care:

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Questions

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