



RHODE ISLAND MEDICAID MANAGED CARE IN LIEU OF SERVICES REQUEST FORM

The Medicaid Managed Care Organization (MCO) should answer each question as comprehensively and practical and as appropriate

MCO INFORMATION

Date:	
MCO Plan Name:	
Contact Person:	Title:
Phone:	Email:

SECTION ONE:

Complete only this section to provide State Approved or State Identified ILoS. Add additional lines if necessary. If the MCO is modifying *any portion* of the State Approved or State Identified ILoS, describe the change by completing the appropriate section(s) in Section Two of this form. If additional rows are needed, a Word document may be used to provide the details.

1.

ILoS to be Provided	Expected start date for provision of service	Target area for availability for service	Target population to be served
A.			
B.			
C.			

2. **MCO Monitoring Activities** – Describe activities, reports, and/or analyses your MCO will use to monitor the provision, utilization, quality, cost-benefit and/or outcomes of the in lieu of service. **MUST** be completed for State Identified ILoS.

SECTION TWO:

Complete this section if the MCO is initiating a new ILoS. Complete appropriate areas as necessary if the MCO is modifying a State Approve or State Identified ILoS.

1. **In Lieu Of Service Name and Description** – Describe the proposed in lieu of service with sufficient detail so that EOHHS can evaluate and assess the nature of this request. (One service per request form.)

Proposed In Lieu of Service	
A. Service name	
B. Description of service, including which State Plan service this may be offered as a substitute	
C. Proposed procedure code(s) defining service	
D. Expected start date for provision of service	
E. Target area for availability of service, or indicate ILoS will be offered in full MCO service area	
F. Assessment of capacity to provide this service within each target area	

2. **Information about the Population(s) that may receive the In Lieu Of Service** – Describe the anticipated enrolled managed care population that will use/receive the proposed in lieu of service. ²

Population	Age Range	Approximate Number of Expected Users over 12-Month Period	Characteristics of the Population (e.g., acuity level, gender, family status, placement setting, other)

3. **Goals and Objectives** – Describe the rationale for providing this service.

4. **Expected Outcomes** – Describe the expected outcomes resulting from the provision of this in lieu of service on member’s health status, utilization of services, cost of care, functional status and/or community integration. If the MCO has provided this service in other programs or states, please describe the outcomes observed. The purpose of this question is to inform how the service will provide the same or better quality of care as the State Plan service for which it is being substituted. ²

5. **Staffing Qualifications, Credentialing Process, and Levels of Supervision, Administrative, and Clinical Required** – Describe the provider’s licensure or certification (if required), staffing patterns, and clinician oversight (if required) or unlicensed practitioners. Describe how your MCO will enroll/screen qualified providers that meet the requirements to deliver the service with the quality outlined in #4 above.

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6. **Unit of Service** – For each proposed procedure code listed in question #1, what is the unit of service that defines this alternative in lieu of service (e.g., 1 hour, 1 day, a visit, 15 minutes)? If different units of service apply to different procedure codes, delineate in the following table as applicable. If additional rows are needed, a Word document may be used to provide the details.

Procedure Code	Unit of Service Definition	Other Information (optional)

7. **Anticipated Units of Service per User** – For each proposed procedure code listed in question #1, what is the anticipated average number of expected users and average number of units per expected user over a 12-month period? (Time frame, LOS, expected units) If this metric varies by population, delineate by population type. ²

Population	Age Range	Approximate Number of Expected Users over 12-Month Period	Procedure Code (must indicate unique identifier to track service)	Approximate Number of Units of Service Per User Per 12-month Period

8. **Targeted Duration of Service** – For the service, describe the expected average duration of the service to achieve the desired outcomes. This could be the average length of treatment/care (e.g., 6 weeks, 6 months) or, if the service is not directly tied to a course of treatment, it could be the frequency at which the service is expected to be delivered to each user (e.g., weekly, monthly, as needed).

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9. **Cost-Effectiveness** – For the population intended to receive the in lieu of service, provide information on the cost-effectiveness of the in lieu of service versus the Stat Plan service(s) available. The State is requesting this information to determine if the requested in lieu of service is cost-effective, consistent with the provisions of 42 C.F.R 438.3(e)(2).²

This question requires the MCO to complete two Parts: Part 1 requests information on expenditures on the State Plan service(s) that the in lieu of service would be offered to replace, and Part 2 requests information on anticipated expenditures on the in lieu of service.**

For the in lieu of service to be considered cost-effective, the total expected expenditure on the in lieu of service must be less than or equal to the total expected cost of comparable State Plan service(s).

Part 1: Computation of Comparable State Plan Service(s) Cost (include type, amount, frequency, etc.)

State Plan Service Name/Description	State Plan Service Identifying Code(s)	Unit of Service Definition	Average Number of Expected Users over 12-Month Period	Average Number of Units of Service Per User Per 12-Month Period	Average Unit Cost

Part 2: Computation or In Lieu Of Services Cost (include type, amount, frequency, etc.)

In Lieu Of Services Name/Description	In Lieu Of Services Identifying Code(s)	Unit of Service Definition	Average Number of Expected Users over 12-Month Period	Average Number of Units of Service Per User Per 12-Month Period	Average Unit Cost

** MCOs may propose a different cost analysis approach that includes comparison of state plans services vs ILS to demonstrate projected cost with and without ILoS.

10. **Encounter Data Reporting** – Describe the process by which your MCO will submit valid and complete encounter data applicable to the in lieu of service. If possible, include descriptions of record/claim type(s), provider codes/taxonomies, and other data elements so that the State and its actuary will have the ability to locate and analyze actual encounter data for the requested in lieu of service.

11. **Financial Statement Reporting** – Please explain the MCO’s ability to track in lieu of service expenditures. The information will inform the State and its actuary the amount of in lieu of expenditure for the development of prospective managed care capitation rates.

12. **MCO Monitoring Activities** – Describe activities, reports, and/or analyses your MCO will use to monitor the provision, utilization, quality, cost-benefit and/or outcomes of the in lieu of service. This MUST be completed for State Identified ILoS.

13. **Other Information** – Provide any other relevant information for the State’s consideration of this request. This could include, if the MCO wishes to submit it, information like references to medical and scientific evidence in support of the proposed ILoS, provider – and/or enrollee-facing information regarding the purpose of the ILoS, authorization requirements for ILoS, or other operational considerations.

1. [42 CFR 438.3\(e\)\(2\). 1](#)

2. MCO’s should utilize experience and knowledge of their enrolled populations and any research/findings available regarding the proposed ILoS to best estimate or approximate the information requested. The State will use this information in its assessment of the MCO’s application, however, will not consider the estimates or approximations as binding for actual service delivery or outcomes