

UCare MSC+/MSHO


Care Coordination and Long-Term Services and Supports

Title: Request for In Lieu of Services (ILOS)

Purpose: To assist care coordinators in understanding the requirements and process for utilizing ILOS

Summary: In lieu of services are interventions that would support seniors who are not eligible for Elderly Waiver (EW) or who are pending a waiver assessment and benefit from waiver services to avert future health care costs. ILOS supports seniors to live as independently as possible in community settings, achieve health outcomes, safety and community integration. Services offered would be in lieu of preventable ER, avoidable inpatient care, and more acute services/drugs used as a result of the enrollee facing barriers to safe, healthy independent living and community integration that can be addressed with home and community-based services.

ILOS may be used as a bridge to temporarily support members' assessed needs while awaiting EW authorization or to meet acute needs. Members open to CADI/BI/DD/CAC would not be eligible for ILOS. If a member chooses not to enroll in EW d/t waiver obligation, ILOS is not an option. Care coordinators (CC) should also consider whether the member is eligible for MSHO supplemental benefits before requesting ILOS.

ILOS Coverage Criteria and Services	
	<p>Specific EW services may be covered using ILOS for up to 45-day approval spans. ILOS could be considered following a member's hospitalization, an outpatient procedure, or anesthesia or when a member may be at risk of hospitalization without the service(s). To be eligible for Chore Services, the member must have a frail health condition, and neither the member nor others in the household can perform the chore.</p> <p>ILOS services UCare includes are:</p> <ul style="list-style-type: none"> • Homemaking • Respite out of home or hospital • ICLS • Chore Service • Specialized Equipment & Supplies (one-time purchase)

Determining Eligibility and Requesting ILOS

1. The CC completes or reviews the current MnCHOICES Assessment to review eligibility status.
 - a. If the member is eligible for EW and can begin services without delay, ILOS is not applicable.
 - b. If the member does not meet the nursing facility level of care but would benefit from ILOS and meets eligibility criteria, ILOS may be requested.
 - c. If the member is eligible for EW and urgently needs services, ILOS may be requested pending EW start (e.g., waiting for the U code to be removed).
 - d. If a member declines ILOS, the CC documents the conversation in the member record.
2. CC identifies providers that can meet the member's ILOS service needs using a DHS EW enrolled provider listed on [MinnesotaHelp.info](https://www.mn.gov/Minnesotahelpinfo).
3. CC submits the [ILOS Request Form](#), which is located on the Care Coordination and Care Management [MSC+ and MSHO Resources](#) page.

- a. CC will document member conversations and request to receive ILOS services in the member record.
- b. CC completes one ILOS Request form for each service requested.
- c. CC must provide robust justification for the service need, related diagnosis, and how the need will be met when ILOS ends.
- d. Completed ILOS Request Forms are emailed to CareCoordinationReviews@ucare.org.

UCare Determination and CC Responsibilities

UCare will review and determine if the member meets ILOS eligibility criteria within seven business days of the request. If additional information is needed, UCare will communicate with the requestor via secure email. To avoid delay, the CC should include a robust explanation of the service need on the form to aid UCare in determining approval for ILOS. CCs will be securely emailed with the approved/not approved results.

2. **Approved:** Daily Authorizations Report will show authorization. The Service provider will receive a Service Authorization Letter.
3. **Not Approved:** UCare issues the denial (not the requesting CC) if UCare does not approve the ILOS request.
4. **Care Coordinator Communication:** UCare will email the CC with a notification of approved/denied ILOS. The CC will coordinate services with the member accordingly.

Update the Support Plan

Upon approval of ILOS, the CC adds ILOS services to the member's support plan under the People and Community Organizations that Support Me. The CC ensures the member's primary care provider receives a copy of the completed when ILOS is being initiated with an annual assessment. If ILOS is added between member assessments, the CC may document the PCP was informed via phone or letter of ILOS services being implemented or by resharing the support plan.

After 45 days

If services are needed beyond 45 days, the CC should review EW eligibility. If the member continues to meet ILOS eligibility, a new ILOS request may be submitted.

ILOS and CC DTRs

- Upon completion of the requested ILOS service span, a DTR is not required
- If a CC offers ILOS, but the member's choice is to decline, a DTR is not required
- If a member requests to decrease or stop ILOS before the requested ILOS service span, the CC submits the ILOS Request Form indicating a DTR is needed
 - a. **Select Reason Code:** 1602; services are being terminated at the member's request
- Upon admission to a nursing facility, the CC submits ILOS Request Form to terminate
 - a. **Select Reason Code:** 1106; services are not covered in your benefit set