|  |
| --- |
| **Managed Care Plan Submission** |
| *Managed Care Plan Name:**Managed Care Plan Contact:**Contact Information:**Submission or Resubmission:**Date Received:* |  |

|  |
| --- |
| **Agency Review** |
| *Bureau:**Unit:**Date Review Completed:**Status of ILOS Request:* | Bureau of Medicaid PolicyManaged Care Policy and Contract Development[ ]  Approved [ ]  Not approved, requires revision and resubmission |

**Section 1**: **Proposed In Lieu of Service [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 1:***

|  |  |
| --- | --- |
| [ ]  | The proposed ILOS not sufficiently identified. |
| [ ]  | The equivalent State Plan service or setting for the ILOS not sufficiently identified. |
| [ ]  | How the State Plan service or setting is comparable to the ILOS not sufficiently described. |
| [ ]  | The proposed ILOS is not equivalent to the State Plan service. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 2: Procedure Code(s) and Description(s) [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 2:***

|  |  |
| --- | --- |
| [ ]  | Proposed Healthcare Common Procedure Coding System (HCPCS) or CPTCurrent Procedural Terminology code(s) not identified or not sufficiently identified. |
| [ ]  | Other |

***Agency Response:***

**Section 3: Mental Health Parity [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 3:***

|  |  |
| --- | --- |
| [ ]  | Did not provide assurance the proposed ILOS is in compliance with the Centers for Medicare & Medicaid Services (CMS) Medicaid Parity Final Rule (Parity Rule), codified in Title 42 CFR 438 Subpart K. |
| [ ]  | Other |

***Agency Response:***

**Section 4: Group Age Limits (Minimum Age Limits and/or Maximum Age Limits) [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 4:***

|  |  |
| --- | --- |
| [ ]  | Required minimum age limit not specified or not sufficiently specified. |
| [ ]  | Required maximum age limit not specified or not sufficiently specified. |
| [ ]  | Minimum age limit is specified but not appropriate. |
| [ ]  | Maximum age limit is specified but not appropriate. |
| [ ]  | Proposed age limit does not meet the requirements described in Section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d (a). |

***Agency Response:***

**Section 5: Eligible Enrollees [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 5:***

|  |  |
| --- | --- |
| [ ]  | Proposed eligible enrollees not identified or not sufficiently identified |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 6: Provider Type [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 6:***

|  |  |
| --- | --- |
| [ ]  | Proposed provider qualifications not identified or not sufficiently identified. |
| [ ]  | Proposed enrollment provider type ineligible to render the proposed in lieu of service. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 7: Authorization Requirements [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 7:***

|  |  |
| --- | --- |
| [ ]  | Proposed criteria to be used in determining medical necessity for the service not identified or not sufficiently identified |
| [ ]  | Proposed authorizations are not provider-specific or enrollee-specific. |
| [ ]  | Proposed age limit does not meet requirements described in *Section 1905(a) of the Social Security Act, codified in Title 42 of the United States Code 1396d (a).* |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 8: Exclusions [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 8:***

|  |  |
| --- | --- |
| [ ]  | Proposed exclusionary criteria is not defined or not sufficiently defined. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 9: Cost Effectiveness [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 9:***

|  |  |
| --- | --- |
| [ ]  | *Submission does not explain how the in lieu of service will be more cost-effective that the State Plan service(s) available, consistent with the provisions of 42 CFR 438.3(e)(2)* |
| [ ]  |  |
| [ ]  |  |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 10: Encounter Data [ ]  MET**

**[ ]  NOT MET**

***Element Not Met in Section 10:***

|  |  |
| --- | --- |
| [ ]  | Submission did not include additional information regarding how the plan will submit valid and complete encounter data applicable to the proposed ILOS. |
| [ ]  |  |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 11: Indicate if ILOS for MMA and/or LTC Enrollees**

**[ ]  MMA MET** **[ ]  MMA NOT MET**

**[ ]  LTC MET** **[ ]  LTC NOT MET**

***Element Not Met in Section 11:***

|  |  |
| --- | --- |
| [ ]  | Service was not specified for MMA and/or LTC enrollees. |
| [ ]  | Setting was not specified for MMA and/or LTC enrollees. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 12: Attach Enrollee Handbook or Handbook ILOS Insert [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 12:***

|  |  |
| --- | --- |
| [ ]  | Enrollee handbook or handbook ILOS insert not attached. |
| [ ]  | Enrollee handbook or handbook ILOS insert attached but missing required elements. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 13: Notice of Enrollee Choice of ILOS Template [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 13:***

|  |  |
| --- | --- |
| [ ]  | Notice of Enrollee of Choice of ILOS Template not attached. |
| [ ]  | Notice of Enrollee of Choice of ILOS Template attached but missing required elements. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***

**Section 14: Attestation [ ]  MET**

 **[ ]  NOT MET**

***Element Not Met in Section 14:***

|  |  |
| --- | --- |
| [ ]  | Attestation not attached. |
| [ ]  | Attestation does not meet all of the requirements in Chapter 2 of the Statewide Medicaid Managed Care Managed Care Plan Report Guide that was in effect on the date of submission. |
| [ ]  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Agency Response:***