



**Aetna Better Health of  
Michigan  
In Lieu of Services (ILOS)  
Member Screening Tool**

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Created: December 17, 2024

Last Updated: February 18<sup>th</sup>, 2026

## Appendix A: ILOS Descriptions

ILOS	Medically Tailored Home Delivered Meals	Healthy Home Delivered Meal	Healthy Food Pack	Produce Prescription
<b>Offering Description</b>	Fresh or frozen home delivered meal that is ready to eat and medically tailored for a specific disease or condition. This service includes an initial evaluation with a certified nutrition professional (e.g., Registered Dietitian (RD) or a Registered Dietitian Nutritionist (RDN)) to assess and develop a medically appropriate nutrition care plan.	A nutritionally balanced, home delivered meal consisting of a hot, cold, frozen, or shelf-stable meal aimed at promoting improved nutrition for the service recipient.	An assortment of medically tailored or nutritionally appropriate foods provided to a member. It must not contain ultra-processed foods or foods with excessive sugar or salt. The healthy food pack may include an accompanying fluid/drink and/or a supplementary food item to support meeting and Member's nutrition needs if medically appropriate	A voucher offered by a provider for the Member to purchase any variety of fruits and vegetables or plants/seeds that produce fruits and vegetables from a participating food retailer
<b>Eligible Member Criteria</b>	Must meet the clinical risk factor and the social risk factor.	Must meet at least one (1) of the clinical risk factors and the social risk factor.	Must meet at least one (1) of the clinical risk factors and the social risk factor.	Must meet at least one (1) of the clinical risk factors and the social risk factor.

## Overview

Aetna Better Health of Michigan (Aetna) offers In Lieu of Services (ILOS) to all members identified based on clinical risk factors and are at risk for food insecurity. Aetna's Member Screening Tool is a screening survey developed utilizing the Michigan Comprehensive Healthcare Program: In Lieu of Service Policy Guide. The Member Screening Tool is intended to ensure that members interested in receiving ILOS services meet the requirements set forth by the Michigan Department of Health and Human Services (MDHHS). An external entity such as Primary Care Provider or Community Based Organization will complete survey on behalf of members either telephonically or in person and submit to Aetna's utilization management department.

## INSTRUCTIONS: ILOS Member Screening Tool Completion

The following set of questions will help Aetna assess interested members for eligibility to receive one (1) of the four (4) offered ILOS benefits.

After identifying a member is at risk for food insecurity based on other questionnaires, surveys and/or member reports, please complete the following questions.

**Note: This applies to all information on the following pages.**

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- Type/Write a response in the blanks provided below.
  - Once the survey is complete, the form will be sent to the Utilization Management team for review to confirm eligibility criteria are met.
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## ILOS Member Screening Tool

Date: <DD/MM/YYYY>

Member ILOS Screening Tool Completed By: <External Entity Staff First Name, Last Name, Title>

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Member ILOS Screening Tool Completed By: <Member or Member Designee First Name, Last Name>

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Member Name:

Pronoun Preference: <He/Him, She/Her, They>

Member ID:

Member DOB:

Member Physical Address:

Member City/State/Zip:

Country/Region:

PCP Name:

PCP Phone  
Number:

PCP Address:

PCP Fax Number:

Are you able to shop for yourself and prepare healthy meals (**must be “no” to continue**)?

Yes

No

Dietary Restrictions or Preferences (including allergies and cultural/religious exception such as vegetarian, vegan, kosher):

Vegan

Vegetarian

Kosher

Gluten

Enter any other response here:

Do you receive SNAP and /or WIC benefits?

Yes

No

**Clinical Risk Factors (all ILOS services must meet at least one; Medically Tailored Home Delivered Meals require a qualifying diagnosis):**

**Consent:**

By checking this box, you Attest the member agrees that all information is accurate and agrees to submit information to Aetna regarding an ILOS service.

**Medically Tailored Home Delivered Meal (MTM):**

Does the Member have clinical condition/s (nutrition-sensitive condition, including diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), hypertension, human immunodeficiency virus (HIV), cancer with malnutrition, sickle cell disease, renal disease, gestational diabetes or other high-risk perinatal conditions including pregnancy and lead poisoning)?

\*List the specific medical condition (e.g., diabetes, hypertension, heart disease, etc.) – *Qualifying diagnosis required for Medically Tailored Home Delivered Meal per Michigan’s Comprehensive Health Care Program: In Lieu of Services Policy Guide:*

Please list the clinical diagnosis code here:

Date of most recent discharge from an Inpatient unit or Skilled Nursing (within 90 days), if applicable.

Click or tap to enter a date.

**Healthy Home Delivered Meal (HDM):**

Does the Member have a nutrition-sensitive clinical condition including diabetes, CHF, COPD, hypertension, HIV, cancer with malnutrition, malnutrition, sickle cell disease or renal disease (including pregnancy and lead poisoning)?

Please list the clinical diagnosis code here:

Date of most recent discharge from an Inpatient unit or Skilled Nursing (within 90 days, if applicable).

Click or tap to enter a date.

Do you meet any of the following conditions:

- Have you been in Foster Care or are you currently in Foster Care? Yes No
- Child with Elevated Blood Lead Level (EBLL)  Yes  No
- Child who qualifies for Children’s Specialty Health Care Services (CSHCS) Yes No
- Pregnancy or recent pregnancy, birth complications, etc. Yes  No
- Persons with Special Health Care Needs (PSHCN) Yes  No
- Eligible for Medicaid (MIHP) due to a disability Yes No

**Healthy Food Pack (Food Pack):**

Does the Member have a nutrition-sensitive clinical condition including diabetes, CHF, COPD, hypertension, HIV, cancer with malnutrition, malnutrition, sickle cell disease or renal disease. (including pregnancy and lead poisoning)?

Please list the clinical diagnosis code here:

Date of most recent discharge from an Inpatient unit or Skilled Nursing (within 90 days), if applicable.

Click or tap to enter a date.

Do you meet any of the following conditions:

- Have you been in Foster Care or are you currently in Foster Care? Yes No
  - Child with Elevated Blood Lead Level (EBLL)  Yes  No
  - Child who qualifies for Children’s Specialty Health Care Services (CSHCS) Yes No
  - Pregnancy or recent pregnancy, birth complications, etc. Yes No
  - Persons with Special Health Care Needs (PSHCN) Yes No
- Eligible for Medicaid (MIHP) due to a disability Yes No

**Produce Prescription (RX):**

Does the Member have a nutrition-sensitive clinical condition including diabetes, CHF, COPD, hypertension, HIV, cancer with malnutrition, malnutrition, sickle cell disease or renal disease. (including pregnancy and lead poisoning)?

Please list the clinical diagnosis code here:

Date of most recent discharge from an Inpatient unit or Skilled Nursing (within 90 days), if applicable.

Click or tap to enter a date.

Do you meet any of the following conditions:

- Have you been in Foster Care or are you currently in Foster Care? Yes No
  - Child with Elevated Blood Lead Level (EBLL)  Yes  No
  - Child who qualifies for Children’s Specialty Health Care Services (CSHCS) Yes No
  - Pregnancy or recent pregnancy, birth complications, etc. Yes No
  - Persons with Special Health Care Needs (PSHCN) Yes No
- Eligible for Medicaid (MIHP) due to a disability Yes No