

**United Healthcare Plan of the River Valley, Inc.**  
**Long Term Care Services Member Handbook**

**Rehabilitative Therapy** (including physical, occupational and speech therapy) – This type of care is given after **serious illness or injury to restore function**. Covered therapy includes physical, occupational and speech. These are covered when medically necessary. Prior authorization is required and limitations may apply.

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services** (under 21 years old) Covered services include: • Well-child visits. • Developmental screening. • Vision testing. • Behavioral screening. • Immunizations. • Hearing testing. For more information on EPSDT, refer to the EPSDT section of this member handbook.

**Home Health Services** – Services in the home include visits by aides, private duty nursing, physical/occupational/speech therapy, skilled nursing, social workers and home infusion. Prior authorization is required and limitations may apply.

Home Health Aide Unskilled – Medical services that provide direct personal care. • AIDS/HIV. • Elderly. • Health and Disability. • Intellectual Disability.

**United Healthcare Plan of the River Valley, Inc. Member Handbook**  
**– Medicaid, *hawk-i*, Iowa Health & Wellness**

**Rehabilitative Therapy** (including physical, occupational and speech therapy) – This type of care is given after serious illness or injury to restore function. Covered therapy includes physical, occupational and speech. These are covered when medically necessary. Prior authorization is required and limitations may apply.

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services** (under 21 years old) Note: This benefit is not available to hawk-i members Covered services include: • Well-child visits. • Developmental screening. • Vision testing. • Behavioral screening. • Immunizations. • Hearing testing. For more information on EPSDT, refer to the EPSDT section of this member handbook.

**Home Health** - Home Health Services in the home include visits by aides, private duty nursing, physical/occupational/speech therapy, skilled nursing, social workers and home infusion. Prior authorization is required and limitations may apply.

**Amerigroup Iowa, Inc. Member Handbook – Medicaid, Iowa Health & Wellness, *hawk-i*.  
(HCBS Waiver services are covered in a separate part of the handbook – separate from review  
of Medicaid, *hawk-i* services & Iowa Health & Wellness)**

Speech Therapy

Medicaid – SPEECH THERAPY\* As medically necessary Limits: The speech therapy cap for outpatient services is \$1,920 Limits:

Iowa Health & Wellness 60 visits per year

*hawk-i* As medically necessary

Occupational Therapy

Medicaid – Limits: the occupational therapy cap for outpatient services is \$1,920

Iowa Health & Wellness – Limits: 60 visits per year Not covered: • Occupational therapy supplies • Inpatient occupational therapy in the absence of a separate medical condition requiring hospitalization

*hawk-i* As medically necessary

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Medicaid – Covered Limits

Iowa Health & Wellness – Oral and vision services are covered only for children ages 19-20

*hawk-i* – **not covered**

Home Health Care

Medicaid – Limits: • Skilled nursing care – five visits per week • Home health aide – 28 hours per week • Occupational, physical and speech therapy – limited to physician-approved visits within rules for restorative maintenance or trial therapy Limits

Iowa Health & Wellness – Non-covered services include: • Private duty nursing • Personal care

*hawk-i* – As medically necessary

### Nursing Services

Medicaid – Limits: • Intermittent home health services, and private duty nursing for members 20 and younger when medically necessary • Up to 16 hours per day

Iowa Health & Wellness – Not covered

*hawk-i* – As medically necessary

**AmeriHealth Caritas Iowa, Inc.**

***(One handbook covers – Medicaid, hawk-I, Iowa Health & Wellness and Family Planning Waiver)***

Speech therapy

Medicaid – Limitations may apply. Contact Member Services for more information.

Iowa Health & Wellness – Limitations may apply. Contact Member Services for more information.

*hawk-i* – Covered service

Occupational therapy

Medicaid - limitations may apply. Contact Member Services for more information.

Iowa Health & Wellness - limitations may apply. Contact Member Services for more information.

*hawk-i* – **not** covered service

***Upon calling AmeriHealth Caritas– the member services staff person I spoke to said 12 visits are covered, and then physician request is required, prior authorization and medical necessity review. (Explained pages 40 – 42 of member handbook)***

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Medicaid – Covered Service

Iowa Health & Wellness – not covered

*hawk-i* – not covered

Nursing Services/ Home Health -

Medicaid – Private duty nursing and personal care services are covered as a benefit under EPSDT as provided through a home health agency.

Iowa Health & Wellness Plan – Limitations may apply. Private duty nursing and personal care are not covered.

*hawk-i* – Includes skilled nursing facility services.

**Medicaid Fee For Services Reminder** - Amerigroup notes that • School-based services provided by the Areas Education Agencies (AEAs) or Local Education Agencies – This could include the following school-based services provided by AEAs to children with disabilities: — Speech — Occupational or — Physical therapy To contact AEAs to find out more about the services offered, call 712-335-3588 or visit their website at [www.iowaaea.org](http://www.iowaaea.org). \*Member cost-sharing may apply.

**United Healthcare Plan of the River Valley, Inc. Member Handbook (Medicaid/Iowa Health & Wellness/*hawk-i*)**

<http://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/IA-Health-Link-Handbook-EN.pdf>

**United Healthcare Plan of the River Valley, Inc. Member Handbook Long Term Care Services**

<http://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/IA-LTSS-Handbook-EN.pdf>

**Amerigroup Iowa, Inc. Member Handbook**

[https://www.myamerigroup.com/ia/iaia\\_caid\\_memberhandbook\\_eng.pdf](https://www.myamerigroup.com/ia/iaia_caid_memberhandbook_eng.pdf)

**AmeriHealth Caritas Iowa, Inc. Member Handbook:**

<http://www.amerihealthcaritasia.com/pdf/member/eng/member-handbook.pdf>