



Health Home extra benefit request

Fax completed forms to the Health Home Enrollment queue at 1-844-556-6125.

Member name: _____
 Date of birth: _____ Amerigroup Iowa, Inc. ID: _____
 Street address: _____
 City: _____ ZIP: _____
 Health Home provider: _____ Care coordinator: _____
 Email: _____ Phone: _____

Complete the information below for the extra benefit(s) you are requesting for the member.

Additional respite care services

Who is eligible? Members who are not on a waiver are eligible.

What is the benefit? Regular caregivers or personal care attendants of eligible members receive:

- 10 in-home hours of respite care services per year
- Two out-of-home days of respite care services per year

Iowa Medicaid Enterprise (IME)/Amerigroup-contracted respite provider: _____

Provider tax ID or NPI: _____

Hourly Number of hours requested: _____

Day Number of days requested: _____

Help getting ready for the High School Equivalency Test (HiSET)

Who is eligible? Any Amerigroup member who has not completed high school and is in foster care, is a subsidized adoption or is under guardianship care.

What is the benefit? Benefits include the cost of a prep course and a voucher to take the HiSET for free, upon completing the prep course.

Name of Iowa Department of Human Services (DHS) worker or adoption worker: _____

Phone: _____ Email: _____

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

Post-discharge stabilization kit

Who is eligible? Amerigroup members who stayed in a hospital for more than seven days and have been recently discharged with approval from a case manager.

What is the benefit? A kit that includes items like: educational materials, reminder tools, support devices for medication and treatment plan adherence, and solutions for linking telemonitoring to recovery plans.

Hospital: _____

Admit date: _____

Discharge date: _____

Home-delivered meals

Who is eligible? Amerigroup members who have been recently discharged from the hospital and are deemed eligible by a case manager.

What is the benefit? Home-delivered meals for the individual and up to three family members delivered to the home for up to five days (two meals per day).

Hospital: _____ Discharge date: _____

Date meal delivery service to begin: _____

Date meal delivery service to end: _____

Additional family members to receive meals: _____

Total meals requested: _____

(Example: The member plus two children for five days = six meals per day for five days = 30 meals)

Chosen service provider: GA Foods (www.GAFoods.com)

Mom's Meals (www.MomsMeals.com)

I have completed the attached form for the vendor (GA Foods or Mom's Meals) and submitted it via the instructions on the form: Yes Date submitted to vendor: _____

For internal staff use only

Reviewed by: _____

Additional notes: _____