

TITLE V  
STATE SUPPLEMENTARY ASSISTANCE  
CHAPTER 50  
APPLICATION FOR ASSISTANCE  
[Prior to 7/1/83, Social Services[770] Ch 50]  
[Prior to 2/11/87, Human Services[498]]

**441—50.1(249) Definitions.**

“*Aged*” shall mean a person 65 years of age or older.

“*Blind*” shall mean a person with central visual acuity of 20/200 or less in the better eye with use of corrective lens or visual field restriction to 20 degrees or less.

“*Disabled*” shall mean that a person is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of not less than 12 months or can be expected to result in death. Exception: For the supplement for Medicare and Medicaid eligibles, being engaged in substantial gainful activity shall not preclude a determination of disability. A child under the age of 18 is disabled if the child suffers from any medically determinable physical or mental impairment of comparable severity. For purposes of state-administered payments, the department shall determine disability according to rule 441—75.20(249A).

“*Payment for a dependent relative*” shall mean payment to a recipient on behalf of a dependent relative as defined in Iowa Code section 249.3(3).

“*Payment for a protective living arrangement*” shall mean payment to a recipient living in a family life home. The payment shall be made in accordance with standards established by the department by rule in 441—Chapter 52.

“*Payment for residential care*” shall mean payment to a recipient living in a residential care facility who is determined to be in need of care and payment is made on a per diem basis.

This rule is intended to implement Iowa Code section 249.3 as amended by 2004 Iowa Acts, House File 2134, section 4.

**441—50.2(249) Application procedures.**

**50.2(1)** In order to be eligible for state supplementary assistance, an aged, blind, or disabled person with need for a living arrangement as defined in Iowa Code section 249.3 shall be receiving supplemental security income benefits or shall meet all eligibility requirements for the benefits other than income, but have less income than the standards for the living arrangements as set forth in 441—Chapter 52 and 441—Chapter 177.

*a.* Payments for mandatory supplementation, blind allowance, dependent relative allowance, and the family life home program shall be federally administered. Income excluded in determining eligibility for or the amount of a supplemental security income benefit shall be excluded in determining eligibility for or the amount of the state payment.

*b.* Payments for in-home, health-related care and residential care shall be state administered. Income excluded in determining eligibility for or the amount of a supplemental security income benefit, except the \$20 exclusion of any income, shall be excluded in determining eligibility for or the amount of the state payment.

*c.* Payments for supplements for Medicare and Medicaid eligibles shall be state-administered. Income excluded in determining eligibility for the person’s Medicaid coverage group shall be excluded in determining eligibility for the state payment.

**50.2(2)** Any person applying for payment for a protective living arrangement or payment for a dependent relative shall make application for supplemental security income at the Social Security Administration district office. The county office of the department of human services shall certify to the Social Security Administration as to the nature of the living arrangement or the status of the dependent.

**50.2(3)** Any person applying for payment for residential care shall make application at a local office of the department of human services or at the residential care facility where the person resides. Any person applying for a dependent person allowance or for payment for a protective living arrangement or

in-home, health-related care shall make application at a local office of the department. An application may also be filed in any disproportionate share hospital, federally qualified health center or other facility in which outstationing activities are provided.

The application shall be made on the Health Services Application, Form 470-2927 or 470-2927(S), or the Health and Financial Support Application, Form 470-0462 or 470-0462(S). The application shall be signed by the applicant or the authorized representative. Someone acting responsibly for an incapacitated, incompetent, or deceased person may sign the application on the person's behalf.

*a.* Each individual wishing to do so shall have the opportunity to apply for assistance without delay.

*b.* An applicant may be assisted by other individuals in the application process; the client may be accompanied by the individuals in contact with the department, and when so accompanied, may also be represented by them. When the applicant has a guardian, the guardian shall participate in the application process.

*c.* The applicant shall immediately be given an application form to complete. When the applicant requests that the forms be mailed, the department shall send the necessary forms in the next outgoing mail.

*d.* The decision with respect to eligibility shall be based primarily on information furnished by the applicant. The department shall notify the applicant in writing of additional information or verification that is required to establish eligibility for assistance. Failure of the applicant to supply the information or refusal to authorize the department to secure the information from other sources shall serve as a basis for denial of assistance.

**50.2(4)** An application for Medicaid from a person who meets the requirements of rule 441—51.6(249) shall be considered as an application for the supplement for Medicare and Medicaid eligibles.

This rule is intended to implement Iowa Code section 249.4 as amended by 2004 Iowa Acts, House File 2134, section 5.

[ARC 0544C, IAB 1/9/13, effective 3/1/13]

#### **441—50.3(249) Approval of application and effective date of eligibility.**

**50.3(1)** Payment for a federally administered payment category when the applicant is not an SSI recipient shall be effective the month following the month that an application is filed or, if later, the month following the month that all eligibility criteria are met, pursuant to 42 U.S.C. 1382(c)(7).

Payment for a federally administered payment category when the applicant is an SSI recipient shall be effective as of the first day of the month in which an application is filed or the first day of the month in which all eligibility criteria are met, whichever is later, notwithstanding 42 U.S.C. 1382(c)(7).

**50.3(2)** Payment for residential care shall be effective as of the date that eligibility first exists, notwithstanding 42 U.S.C. 1382(c)(7), but in no case shall the effective date be earlier than 30 days prior to the date of application.

**50.3(3)** The application for residential care shall be approved or denied within five working days after the Social Security Administration approves supplemental security income benefits. When supplemental security income benefits will not be received, the application shall be approved or denied within five working days from the date of establishment of all eligibility factors.

**50.3(4)** Payment for the supplement for Medicare and Medicaid eligibles shall be effective retroactive to October 1, 2003, or to the first month when all eligibility requirements are met, whichever is later.

This rule is intended to implement Iowa Code section 249.4 as amended by 2004 Iowa Acts, House File 2134, section 5.

#### **441—50.4(249) Reviews.**

**50.4(1)** Any eligibility factor shall be reviewed whenever a change in circumstances occurs.

**50.4(2)** All eligibility factors shall be reviewed at least annually.

**50.4(3)** For purposes of an annual review to be performed by the department, Form 470-3118 or 470-3118(S), Medicaid Review, shall be completed.

**50.4(4)** Rescinded IAB 10/31/01, effective 1/1/02.

This rule is intended to implement Iowa Code section 249.4.

**441—50.5(249) Application under conditional benefits.** When the client is seeking state supplementary assistance (SSA) under the conditional benefit policy of the supplemental security income (SSI) program, the client shall be required to do the following:

**50.5(1)** Sign Form 470-2909, Agreement to Sell Excess Property, in order to be eligible.

**50.5(2)** Describe the efforts that are made to sell the property on Form 470-2908, Description of Efforts to Sell Property, as requested by the department. The department shall request that the form be completed no more often than specified. For personal property being sold Form 470-2908 shall be completed no more often than every 30 days during the conditional benefits period. For real property being sold Form 470-2908 shall be completed beginning 35 days after conditional benefits are granted and no more often than every 60 days thereafter for nine months. If eligibility continues and the real property is not sold, the form shall be completed no more often than every 90 days.

**50.5(3)** Sign an agreement to repay the state supplementary assistance granted during the conditional period using Form 470-2835, State Supplementary Assistance Agreement to Repay Conditional Benefits. The amount of repayment is limited to the lesser of:

*a.* The amount by which the revised value of resources (resources counted at the beginning of the conditional period plus the net value of resources sold) minus both the resource limit and the amount that SSI recovers for conditional benefits.

*b.* The amount of state supplementary assistance actually paid in the conditional period, minus the amount that SSI recovers for conditional benefits.

This rule is intended to implement Iowa Code sections 249.3, 249.4 and 249A.4.

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