

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 239B.4(6), the Department of Human Services proposes to amend Chapter 7, “Appeals and Hearings,” Chapter 40, “Application for Aid,” and Chapter 41, “Granting Assistance,” Iowa Administrative Code.

These amendments implement policies that allow the Department to establish a new ineligibility period for participants who access Family Investment Program (FIP) benefits with an electronic access card at a prohibited location when:

- (1) The appeal is timely filed within the notice period of the notice of decision establishing the beginning date of the ineligibility period,
- (2) Assistance is continued pending the final decision of the appeal, and
- (3) The Department’s action is affirmed.

Assistance issued pending the final decision of the appeal is not subject to recovery.

This change will standardize how the ineligibility period for participants who access FIP benefits at a prohibited location is applied to participant households.

These amendments also change the name of Form 470-0462 to “Financial Support Application.”

Finally, these amendments remove the requirement that every person in the eligible group apply for and accept health or medical insurance when it is available at no cost or when the cost is paid by a third party. Medicaid removed the requirement that members cooperate with the Health Insurance Premium Payment program (HIPP). The FIP rule was implemented to match Medicaid’s requirement that participants cooperate with HIPP. Since this is no longer a requirement for Medicaid, the Department is removing the requirement.

Any interested person may make written comments on the proposed amendments on or before April 8, 2014. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 239B.4.

The following amendments are proposed.

ITEM 1. Adopt the following **new** subrule 7.9(6):

7.9(6) *Recovery of assistance when a new ineligibility period is established for the use of an electronic access card at a prohibited location.* Assistance issued pending the final decision of the appeal is not subject to recovery when a new ineligibility period is established for the use of an electronic access card at a prohibited location. A new ineligibility period pursuant to 441—subrule 41.25(11) shall be established when the department is affirmed in a timely appeal of the establishment of an ineligibility period for the use of an electronic access card at a prohibited location. All of the following conditions shall exist:

- a. The appeal is filed within the timely notice period of the notice of decision establishing the beginning date of the ineligibility period.
- b. Assistance is continued pending the final decision of the appeal.
- c. The department’s action is affirmed.

ITEM 2. Amend rule 441—40.22(239B), introductory paragraph, as follows:

441—40.22(239B) Application. The application for the family investment program shall be submitted on the ~~Health and~~ Financial Support Application, Form 470-0462 or Form 470-0466 ~~(Spanish)~~ 0462(S). The application shall be signed by the applicant, the applicant’s authorized representative or, when the applicant is incompetent or incapacitated, someone acting responsibly on the applicant’s behalf. When both parents, or a parent and a stepparent, are in the home and eligibility is determined on a family or household basis, one parent or stepparent may sign the application and attest to the information for the assistance unit.

ITEM 3. Amend rule 441—40.23(239B), introductory paragraph, as follows:

441—40.23(239B) Date of application. The date of application is the date an identifiable ~~Health and~~ Financial Support Application, Form 470-0462 or Form 470-0466 ~~(Spanish)~~ 0462(S), is received by the department. When an application is delivered to a closed office, it will be considered received on the first day that is not a weekend or state holiday following the day that the office was last open.

ITEM 4. Amend paragraph **40.27(3)“b”** as follows:

b. When the client has completed Form 470-0462 or Form 470-0466 ~~(Spanish)~~ 0462(S), ~~Health and~~ Financial Support Application, for another purpose, this form may be used as the review document.

ITEM 5. Amend paragraph **41.23(5)“b”** as follows:

b. *Attestation of status.* As a condition of eligibility, an attestation of citizenship or alien status shall be made for all applicants and recipients on Form 470-0462 or 470-0462(S), ~~Health and~~ Financial Support Application, or Form 470-2549, Statement of Citizenship Status. Form 470-2881, 470-2881(S), 470-2881(M), or 470-2881(MS), Review/Recertification Eligibility Document, may be used to attest to the citizenship of dependent children who enter a recipient household. Failure to sign a form attesting to citizenship when required to do so creates ineligibility for the entire eligible group. The attestation may be signed by:

- (1) The applicant;
- (2) Someone acting responsibly on the applicant’s or recipient’s behalf if the applicant or recipient is incompetent or incapacitated; or
- (3) Any adult member of the assistance unit, when eligibility is determined on a family or household basis.

ITEM 6. Adopt the following **new** paragraph **41.25(11)“e”**:

e. A new period of ineligibility shall be established when:

- (1) A recipient timely appeals the notice of decision establishing the ineligibility period,
- (2) Assistance is continued pending the final decision of the appeal, and
- (3) The department’s action is affirmed.

Assistance issued pending the final decision of an appeal is not subject to recovery pursuant to 441—subrule 7.9(6).

ITEM 7. Rescind paragraph **41.27(1)“j.”**

ITEM 8. Amend subparagraph **41.30(3)“e”(1)** as follows:

(1) Families with adults as defined in subrule 41.30(1) who have or are close to having received 60 months of FIP assistance may request a hardship exemption. Requests for the hardship exemption shall be made on Form 470-3826, Request for FIP Beyond 60 Months. In addition, families that have received FIP for 60 months shall complete Form 470-0462 or Form 470-0466 ~~(Spanish)~~ 0462(S), ~~Health and~~ Financial Support Application, as described at rule 441—40.22(239B) as a condition for regaining FIP eligibility. Failure to provide the required application within ten days from the date of the department’s request shall result in denial of the hardship request.