

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Proposing rule making related to state supplementary assistance and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 50, “Application for Assistance,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code sections 249.4 and 249A.4.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 249.4 and 249A.4.

*Purpose and Summary*

Chapter 50 was reviewed as part of the Department’s five-year rules review. Chapter 50 sets out the application process for the State Supplementary Assistance program. This rules review resulted in the following proposed technical amendments. Definitions are added to provide clarity to the program. Form numbers are added and form names are removed to provide consistency across programs. Outdated references are removed.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

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

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on October 25, 2022. Comments should be directed to:

Nancy Freudenberg  
Department of Human Services  
Hoover State Office Building, Fifth Floor  
1305 East Walnut Street  
Des Moines, Iowa 50319-0114  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental

subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend rule 441—50.1(249) as follows:

**441—50.1(249) Definitions.**

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

*“Applicant”* means a person who is requesting state supplementary assistance on the person's own behalf or a person for whom state supplementary assistance is requested.

*“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.

*“Client”* means a person who has been determined eligible and is a current or former recipient of state supplementary assistance.

*“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)~~ 441—Chapter 75.

*“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). The payment shall be made in accordance with standards established by the department in rule 441—52.1(249).

*“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~~ in rule 441—52.1(249).

*“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. The payment shall be made in accordance with standards established by the department in rule 441—52.1(249).

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

ITEM 2. Amend rule 441—50.2(249) as follows:

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

**50.2(1)** and **50.2(2)** No change.

**50.2(3)** Any person applying for payment for residential care, a dependent person allowance, ~~payment for a protective living arrangement, or in-home health-related care~~ shall make application ~~at a local office of~~ with 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)~~ Form 470-5170 or 470-5170(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 person~~ 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 an authorized representative, as defined in rule 441—76.1(249). If the applicant is unable to act on the applicant's own behalf, a responsible person may act on the applicant's behalf pursuant to rule 441—76.9(249A).

~~*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. c.* 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.~~

ITEM 3. Amend rule 441—50.3(249) as follows:

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

**50.3(1) to 50.3(3)** No change.

**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.~~

ITEM 4. Amend rule 441—50.4(249) as follows:

**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~~ the client shall complete and return Form 470-5482, 470-5482(S), 470-5482(M), or 470-5482(MS).

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

This rule is intended to implement Iowa Code section 249.4.

ITEM 5. Amend rule 441—50.5(249) as follows:

**441—50.5(249) Application under conditional benefits.** When the applicant or client is seeking state supplementary assistance (SSA) under the conditional benefit policy of the supplemental security income (SSI) program in accordance with 20 CFR 416.1242 as amended to March 15, 2022, the applicant or client shall be required to do the following:

**50.5(1)** ~~Sign~~ Complete and return 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~~ Complete and return 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. as follows:

*a.* For personal property, ~~being sold Form 470-2908 shall be completed no more often than every~~ 30 days during the conditional benefits period.

*b.* 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~~ applicant or client shall complete 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.