

633C.1 Definitions.

For purposes of this chapter, unless the context otherwise requires:

1. “*Available monthly income*” means in reference to a medical assistance income trust beneficiary, any income received directly by the beneficiary, not from the trust, that counts as income in determining eligibility for medical assistance and any amounts paid to or otherwise made available to the beneficiary by the trustee pursuant to section 633C.3, subsection 1, paragraph “b”, or section 633C.3, subsection 2, paragraph “b”.

2. “*Beneficiary*” means the original beneficiary of a medical assistance special needs trust or medical assistance income trust, whose assets funded the trust.

3. “*Institutionalized individual*” means an individual receiving nursing facility services, a level of care in any institution equivalent to nursing facility services, or home and community-based services under the medical assistance home and community-based services waiver program.

4. “*Maximum monthly medical assistance payment rate for services in an intermediate care facility for persons with an intellectual disability*” means the allowable rate established by the department of human services and as published in the Iowa administrative bulletin.

5. “*Medical assistance*” means medical assistance as defined in section 249A.2.

6. “*Medical assistance income trust*” means a trust or similar legal instrument or device that meets the criteria of 42 U.S.C. § 1396p(d)(4)(B)(i)-(ii).

7. “*Medical assistance special needs trust*” means a trust or similar legal instrument or device that meets the criteria of 42 U.S.C. § 1396p(d)(4)(A) or (C).

8. “*Special needs of the beneficiary attributable to the beneficiary’s disability*” means only those needs that would not exist but for the beneficiary’s disability, not including ordinary needs, such as ordinary support and maintenance, education, and entertainment, that would exist regardless of disability.

9. “*Statewide average charge for state mental health institute care*” means the statewide average charge for such care as calculated by the department of human services and as published in the Iowa administrative bulletin.

10. “*Statewide average charge for nursing facility services*” means the statewide average charge for such care, excluding charges by Medicare-certified, skilled nursing facilities, as calculated by the department of human services and as published in the Iowa administrative bulletin.

11. “*Statewide average charge to private-pay patients for psychiatric medical institutions for children care*” means the statewide average charge for such care as calculated by the department of human services and as published in the Iowa administrative bulletin.

12. “*Total monthly income*” means in reference to a medical assistance income trust beneficiary, income received directly by the beneficiary, not from the trust, that counts as income in determining eligibility for medical assistance, income of the beneficiary received by the trust that would otherwise count as income in determining the beneficiary’s eligibility for medical assistance, and income or earnings of the trust received by the trust.

94 Acts, ch 1120, §3

C95, §633.707

96 Acts, ch 1129, §106; 2004 Acts, ch 1086, §99; 2004 Acts, ch 1166, §1; 2005 Acts, ch 38, §52, 53, 55

CS2005, §633C.1

2012 Acts, ch 1019, §139

Referred to in §249A.12