

**331.395 Financial eligibility requirements.**

1. A person must comply with all of the following financial eligibility requirements to be eligible for services under the regional service system:

a. The person must have an income equal to or less than one hundred fifty percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services, to be eligible for regional service system public funding. It is the intent of the general assembly to consider increasing this income eligibility provision to two hundred percent of the federal poverty level.

b. A person who is eligible for federally funded services and other support must apply for such services and support.

c. The person must be in compliance with resource limitations identified in rule adopted by the state commission. The limitation shall be derived from the federal supplemental security income program resource limitations. A person with resources above the federal supplemental security income program resource limitations may be eligible subject to limitations adopted in rule by the state commission pursuant to a recommendation made by the department. If a person does not qualify for federally funded services and other support but meets income, resource, and functional eligibility requirements for regional services, the following types of resources shall be disregarded:

(1) A retirement account that is in the accumulation stage.

(2) A burial, medical savings, or assistive technology account.

2. a. A region or a service provider contracting with the region shall not apply a copayment, sliding fee scale, or other cost-sharing requirement for a particular service to a person with an income equal to or less than one hundred fifty percent of the federal poverty level.

b. Notwithstanding [subsection 1](#), paragraph “a”, a person with an income above one hundred fifty percent of the federal poverty level may be eligible for services subject to a copayment, sliding fee scale, or other cost-sharing requirement approved by the department.

c. A provider under the regional service system of a service that is not funded by the medical assistance program under [chapter 249A](#) may waive the copayment or other cost-sharing arrangement if the provider is not reimbursed for the cost with public funds.

[2012 Acts, ch 1120, §13, 18, 19; 2013 Acts, ch 90, §90](#)

Referred to in [§331.393](#), [§331.396](#)