

CHAPTER 51  
ELIGIBILITY

[Prior to 7/1/83, Social Services[770] Ch 51]  
[Prior to 2/11/87, Human Services[498]]

Chapter rescission date pursuant to Iowa Code section 17A.7: 8/1/30

**441—51.1(249) Definitions.**

*“Administrative overpayment”* means assistance incorrectly paid to or for the client because of continuing assistance during the appeal process.

*“Agency error”* means assistance incorrectly paid to or for the client because of action attributed to the department as the result of one or more of the following circumstances:

1. Misfiling or loss of forms or documents.
2. Errors in typing or copying.
3. Computer input errors.
4. Mathematical errors.
5. Failure to determine eligibility correctly or to certify assistance in the correct amount when all essential information was available to the local office.
6. Failure to make prompt revisions in payment following changes in policies requiring the changes as of a specific date.

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

*“Client error”* means assistance incorrectly paid to or for the client because the client or client’s representative failed to disclose information or gave false or misleading statements, oral or written, regarding the client’s income, resources, or other eligibility and benefit factors. It also means assistance incorrectly paid to or for the client because of failure by the client or client’s representative to timely report changes as described in 441—Chapter 76.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.2(249) Application for other benefits.** An applicant or any other person whose needs are included in determining the state supplementary assistance payment must have applied for or be receiving all other benefits, including supplemental security income or the family investment program, for which the person may be eligible. The person must cooperate in the eligibility procedures while making application for the other benefits. Failure to cooperate shall result in ineligibility for state supplementary assistance.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.3(249) Supplementation.** Any supplemental payment made on behalf of the recipient from any source other than a nonfederal governmental entity will be considered as income, and the payment will be used to reduce the state supplementary assistance payment.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.4(249) Eligibility for residential care.**

**51.4(1) Licensed facility.** Payment for residential care can only be made when the facility in which the applicant or recipient is residing is currently licensed by the department of inspections, appeals, and licensing pursuant to laws governing health care facilities.

**51.4(2) Physician’s statement.** Payment for residential care must be made only when there is on file an order written by a physician certifying that the applicant or recipient being admitted requires residential care but does not require nursing services. The certification will be updated whenever a change in the recipient’s physical condition warrants reevaluation, but no less than every 12 months.

**51.4(3) Income eligibility.** The resident is income eligible when the income according to 441—paragraph 52.1(3)“a” is less than 31 times the maximum per diem rate. Partners in a marriage who both enter the same room of the residential care facility in the same month will be income eligible for the

initial month when their combined income according to 441—paragraph 52.1(3)“a” is less than twice the amount of allowed income for one person (31 times the maximum per diem rate).

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.5(249) Dependent relatives.**

**51.5(1) *Income.*** Income of a dependent relative must be less than the amount established by the department based on assistance standards as provided in rule 441—52.1(249). When the dependent’s income is from earnings, an exemption of \$65 will be allowed to cover work expense.

**51.5(2) *Resources.*** The resource limitation for a recipient and a dependent child or parent is \$2,000. The resource limitation for a recipient and a dependent spouse is \$3,000. The resource limitation for a recipient, spouse, and dependent child or parent is \$3,000.

**51.5(3) *Living in the home.*** A dependent relative is eligible until the dependent relative is out of the recipient’s home for a full calendar month starting at 12:01 a.m. on the first day of the month until 12 midnight on the last day of the same month.

**51.5(4) *Dependency.*** A dependent relative may be the recipient’s ineligible spouse, parent, child, or adult child who is financially dependent upon the recipient. A relative will not be considered to be financially dependent upon the recipient when the relative is living with a spouse who is not the recipient.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.6(249) Residence.** A recipient of state supplementary assistance must be living in the state of Iowa.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.7(249) Eligibility for supplement for Medicare and Medicaid eligibles.** The following eligibility requirements are specific to the supplement for Medicare and Medicaid eligibles:

**51.7(1) *Medicaid eligibility.*** The recipient must be eligible for and receiving full medical assistance benefits under Iowa Code chapter 249A without regard to eligibility based on receipt of state supplementary assistance under this rule, and without being required to meet a spend down or pay a premium to be eligible for medical assistance benefits.

**51.7(2) *SSI eligibility.*** The recipient must meet all eligibility requirements for supplemental security income benefits other than limits on substantial gainful activity and income.

**51.7(3) *Not otherwise eligible.*** The recipient must not be eligible for benefits under another state supplementary assistance group.

**51.7(4) *Medicare eligibility.*** The recipient must be currently eligible for Medicare Part B.

**51.7(5) *Living arrangement.*** A recipient may live in one of the following:

- a. The person’s own home.
- b. The home of another person.
- c. A group living arrangement.
- d. A medical facility.

**51.7(6) *Income.*** Income of a recipient must be within the income limit for the person’s Medicaid eligibility group, but must exceed 120 percent of the federal poverty level.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.8(249) Income from providing room and board.** In determining income from furnishing room and board or providing family-life home care, the amount established by the department based on assistance standards as provided in rule 441—52.1(249) will be deducted to cover the cost, and the remaining amount will be treated as earned income.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.9(249) Furnishing of social security number.**

**51.9(1)** As a condition of eligibility, applicants or recipients of state supplementary assistance must furnish their social security account numbers or proof of application for the numbers if they have not been issued or are not known and provide their numbers upon receipt.

**51.9(2)** Assistance will not be denied, delayed, or discontinued pending the issuance or verification of the numbers when the applicants or recipients are cooperating in providing information necessary for issuance of their social security numbers.

[ARC 9305C, IAB 5/28/25, effective 8/1/25]

**441—51.10(249) Recovery.**

**51.10(1)** *Amount subject to recovery.* The department will recover from a client all state supplementary assistance funds incorrectly expended to or on behalf of the client, or when conditional benefits have been granted.

*a.* The department will seek to recover the state supplementary assistance granted during the period of time that conditional benefits were correctly granted the client under the policies of the supplemental security income program.

*b.* The incorrect expenditures may result from client or agency error, or administrative overpayment.

**51.10(2)** *Notification.* All clients will be promptly notified when it is determined that assistance was incorrectly expended. Notification will include for whom assistance was paid; the time period during which assistance was incorrectly paid; the amount of assistance subject to recovery, when known; and the reason for the incorrect expenditure.

**51.10(3)** *Source of recovery.* Recovery will be made from the client or from parents of children under the age of 21 when the parents completed the application and had responsibility for reporting changes. Recovery must come from income, resources, the estate, income tax refunds, and lottery winnings of the client.

**51.10(4)** *Repayment.* The repayment of incorrectly expended state supplementary assistance funds will be made to the department.

**51.10(5)** *Appeals.* The client has the right to appeal the amount of funds subject to recovery under the provisions of 441—Chapter 7.

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These rules are intended to implement Iowa Code sections 249.3 and 249.4.

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