

TITLE XIII
SERVICE ADMINISTRATION
CHAPTER 130
GENERAL PROVISIONS
[Prior to 7/1/83, Social Services[770] Ch 130]
[Prior to 2/11/87, Human Services[498]]

441—130.1(234) Definitions.

“*Family*” includes the following members:

1. Legal spouses (including common law) who reside in the same household.
2. Natural, adoptive, or step mother or father, and children who reside in the same household.
3. An individual or a child who lives alone or who resides with a person, or persons, not legally responsible for the child’s support.

This rule is intended to implement Iowa Code section 234.6.

441—130.2(234) Application.

130.2(1) Application for social services shall be made at any county office of the department of human services on forms available at the county office.

Application for services shall be made on Form 470-0615, Application for All Social Services.

130.2(2) The application may be filed by the applicant, the applicant’s authorized representative, or where the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.

130.2(3) The date of application is the date a signed application form is received in the county office.

130.2(4) The application shall be approved or denied within 30 days from the date of application and the applicant notified of the decision. The decision shall be mailed or given to the applicant on the date the determination is made except that for services ordered by the court, the court order provided by the court and the case permanency plan provided by the department shall serve as notification. When individual case management services are being provided under 441—Chapter 24 for persons with an intellectual disability, a developmental disability, or chronic mental illness, the application shall be approved or denied no later than the date that the department service manager, who is part of the interdisciplinary team, signs the individual program plan.

130.2(5) Eligibility shall be redetermined in the same manner as an application at least every 6 months for family-centered services. For all other services, eligibility shall be redetermined in the same manner as an application at least every 12 months.

This rule is intended to implement Iowa Code section 234.6.

[ARC 6502C, IAB 9/7/22, effective 11/1/22]

441—130.3(234) Eligibility.

130.3(1) Eligibility factors for services available through the department are individual need for a service and family income except when services are provided without regard to income or when services are directed in a court order.

a. Individual need is established when the service to be provided is directed at and will facilitate an individual in reaching or maintaining one of the goals and objectives in 130.7(1). Except when the court establishes need, the department shall do so in accordance with individual service chapters. The department shall determine the number of units to be provided.

b. The block grant service to be provided shall be contained in the pre-expenditure report and listed for the specific district and county. Service available through the department and funded by resources other than the social service block grant is identified in rules for that specific service.

c. Service shall be provided only when funds are available for service delivery.

d. Persons are financially eligible for services when they are in one of the following categories:

(1) Income maintenance status. They are recipients of the family investment program, or those whose income was taken into account in determining the needs of family investment program recipients, or recipients of supplemental security income or state supplementary assistance, or those in the 300 percent group as defined in 441—subrule 75.1(7).

(2) Income eligible status. The monthly gross income is based on family size. Family size income levels are found at aspe.hhs.gov/poverty-guidelines.

e. Certain services are provided without regard to income which means family income is not considered in determining eligibility. The services provided without regard to income are information and referral, child protective assessment, child abuse treatment, child abuse prevention services, including protective child care services, family-centered services, dependent adult abuse evaluation, dependent adult abuse treatment, dependent adult abuse prevention services, and purchased adoption services to individuals and families referred by the department.

f. In certain cases the department will provide services directed in a court order.

130.3(2) To be eligible for services the person must be living in the state of Iowa. Living in the state shall include those persons living in Iowa for a temporary period, other than for the purpose of vacation.

130.3(3) In determining gross income, all income received by an individual from sources identified by the U.S. Census Bureau in computing median income is considered and includes money wages or salary, net income from nonfarm self-employment, net income from farm self-employment, social security, dividends, interest, income from estates or trusts, net rental income and royalties, public assistance or welfare payments, pensions and annuities, unemployment compensation, worker's compensation, alimony, child support; and veterans pensions. Excluded from the computation of monthly gross income are the following:

a. Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian claims commission or the court of claims.

b. Payments made pursuant to the Alaska Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act.

c. Money received from the sale of property, unless the person was engaged in the business of selling such property.

d. Withdrawals of bank deposits.

e. Money borrowed.

f. Tax refunds.

g. Gifts.

h. Lump sum inheritances or insurance payments or settlements.

i. Capital gains.

j. The value of the coupon allotment under the Food Stamp Act of 1964, as amended, in excess of the amount paid for the coupons.

k. The value of USDA donated foods.

l. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act, as amended.

m. Earnings of a child 14 years of age or under.

n. Loans and grants obtained and used under conditions that preclude their use for current living expenses.

o. Any grant or loan to any undergraduate student for educational purposes made or insured under the Higher Education Act.

p. Home produce utilized for household consumption.

q. Earnings received by any youth under Title III, Part C—Youth Employment Demonstration Program of the Comprehensive Employment and Training Act of 1973.

r. Stipends received by persons for participating in the foster grandparent program.

s. The first \$65 plus 50 percent of the remainder of income earned in a sheltered workshop or work activity setting.

t. Payments from the low-income home energy assistance program.

u. In determining eligibility for purchase of local services, one-third of the income of a disabled survivor who is a recipient of child's insurance benefits under the federal old-age, survivors, and disability insurance program established under Title II of the federal Social Security Act.

v. In determining eligibility for purchase of local services, one-third of the income of a person who receives social security permanent disability benefits.

- w. Agent Orange settlement payments.
- x. and y. Reserved.
- z. Moneys received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income-Related Work Expense (IRWE) program.

130.3(4) Reserved.

130.3(5) Temporary absence. The composition of the family group does not change when one, or more, of the group members is temporarily absent from the household.

“*Temporary absence*” means:

- a. A medical absence anticipated to be less than three months.
- b. An absence for the purpose of education or employment.
- c. When a family member is absent and intends to return home within three months.

This rule is intended to implement Iowa Code section 234.6.

[ARC 6502C, IAB 9/7/22, effective 11/1/22]

441—130.4(234) Fees.

130.4(1) The department may set fees to be charged to clients for services received. The fees will be charged to those clients eligible under rule 441—130.3(234), but not those receiving services without regard to income due to a protective service situation. Nothing in these rules shall preclude a client from voluntarily contributing toward the costs of service.

130.4(2) The provider shall collect fees from clients. The provider shall maintain records of fees collected, and such records shall be available for audit by the department or its representative. When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. Reasonable effort to collect means an original billing and two follow-up notices of nonpayment.

This rule is intended to implement Iowa Code section 234.6.

[ARC 6502C, IAB 9/7/22, effective 11/1/22]

441—130.5(234) Adverse service actions.

130.5(1) *Denial.* Services shall be denied when it is determined by the department that:

- a. The client is not in need of service, or
- b. The client is not financially eligible, or
- c. The service to be provided is not in the Social Services Block Grant Pre-Expenditure Report, or
- d. There is another community resource available to provide the service or a similar service free of charge to the client that will meet the client’s needs, or
- e. In cases other than protective service investigation, the client, parent, or representative refuses to sign the application form, or
- f. The service for which the client is eligible is currently not available; a list of these services will be posted in each local office, or
- g. Funding is not available to provide the service. A list of services not available due to lack of funding shall be posted in each local office.

130.5(2) *Termination.* A particular service may be terminated when the department determines that:

- a. The specific need to attain the goals and objectives to which the service was directed has been achieved, or
- b. After repeated assessment, it is evident that the family or individual is unable to achieve or maintain the goals set forth in the individual client service plan, or
- c. After repeated efforts, it is evident that the family or individual is unwilling to accept further service, or
- d. The client’s income or resources exceed the financial guidelines, or the client no longer meets other eligibility criteria established by the department for the service, or
- e. The service is no longer offered or available from the department, or
- f. No payment or partial payment of client fees has been received within 30 days following the issuance of the last billing, or
- g. Another community resource is available to provide the service or a similar service free of charge to the client that will meet the client’s needs, or

h. The client refuses to allow documentation of eligibility as to need, income, and resources, or
i. Funding is not available to provide the service. A list of services not available due to lack of funding shall be posted in each local office.

j. The fee for case management services has not been paid within 30 days of the date on the second invoice sent by the department case management unit to the client. The second invoice shall be sent 30 days after the date of the first invoice if full payment of the fee has not been received.

130.5(3) Reduction. A particular service may be reduced when the department determines that:

a. Continued provision of service at its current level is not necessary. The department shall determine the level to which the service may be reduced without jeopardizing the client's continued progress toward achieving or maintaining the goal. The client shall be notified of the decision.

b. Another community resource is available to provide the same or similar service to the client at no financial cost to the client, that will meet the client's needs.

c. Funding is not available to continue the service at the current level. The client shall be reassessed to determine the level of service to be provided.

130.5(4) Reserved.

130.5(5) Pending changes. Workers shall endeavor to make clients aware of pending changes in services to be provided by social services block grant from one program year to the next, particularly for those services that will no longer be available. This requirement also applies to time-limited services.

130.5(6) Inability of eligible cases to pay fees. After billing or notification of termination and when the client reports in writing the inability to pay the fee due to the existence of one or more of the conditions set forth in the paragraphs below, and the worker assesses and verifies the condition, service shall be continued without fee until the condition no longer exists and the client is able to participate in the current fee for service. The worker shall assess all inability to pay cases to determine whether any case can be charged a reduced fee. The reduced fee shall then be charged until full participation in fees is possible.

a. Extensive medical bills for which there is neither payment through the medical assistance program, Title XVIII of the Social Security Act, nor other insurance coverage.

b. Shelter costs in excess of 30 percent of the household income.

c. Utility costs not including the cost of a telephone, in excess of 15 percent of the household income.

d. Reserved.

e. Additional expenses for food resulting from diets prescribed by a physician.

This rule is intended to implement Iowa Code section 234.6.

441—130.6(234) Social casework. For each active service case, when service is provided directly, purchased, or by a combination of methods, a department social worker shall:

130.6(1) Determine eligibility.

130.6(2) Ensure that there is a department case plan for each individual or family based on assessment of strengths and needs. Furnish appropriate sections of the initial plan and of all updated department case plans to the provider agency when services are purchased for an individual. When individual case management services are being provided under 441—Chapter 24 for persons with an intellectual disability, a developmental disability, or chronic mental illness, the individual case management services provider shall distribute the case plans.

130.6(3) Refer the client to other workers or agencies through proper channels, and coordinate all workers involved in the case.

When individual case management services are being provided under 441—Chapter 24 for persons with an intellectual disability, a developmental disability, or chronic mental illness, the individual case management services provider shall be responsible for making referrals and coordinating workers as specified in the individual program plan.

130.6(4) Enter information to the service reporting system.

130.6(5) Monitor the case to ensure that eligibility continues, services are received, plans are adjusted as needed, services reporting system reporting is correct, and the case is canceled when appropriate, according to these rules.

130.6(6) Ensure that services are unavailable elsewhere without cost to the client.

This rule is intended to implement Iowa Code section 234.6.

[ARC 6502C, IAB 9/7/22, effective 11/1/22]

441—130.7(234) Case plan. The department worker shall develop a case plan with or on behalf of persons approved to receive services. However, a case plan is not required (1) for child or adult protective assessment, (2) for foster care cases in which the department does not have custody, guardianship or a voluntary placement agreement, or (3) when child care is the only service. A case plan shall be developed with or on behalf of every other person approved to receive services unless the person has a case manager as specified in 441—Chapter 24. When department services are provided before an individual program plan in compliance with 441—Chapter 24 is approved, a department case plan must be developed according to the requirements of this rule.

When individual case management services are being provided under 441—Chapter 24 for persons with an intellectual disability, a developmental disability, or chronic mental illness, the rules in 441—Chapter 24 on time limits, plan format and on who develops the plan shall apply for adults and for children whose services are not under court jurisdiction. The department worker shall determine eligibility for those services provided by the department; however, a separate department case plan need not be developed. If the individual program plan does not include sufficient information to meet department service requirements or the requirements in this chapter, the person providing department social casework shall complete either a case plan or addendum and coordinate distribution to the persons who receive the individual program plan with the case manager.

The case plan shall become part of the client's case record. The client shall participate in the development of this plan to the extent possible. The case plan shall be consistent with other service or program plans. A copy of the case plan shall be provided to the client or, when indicated, to the parent or representative of the client. For adult services, the case plan shall be recorded using Form 470-0583, Individual Client Case Plan. For children's services, the case plan shall be known as the case permanency plan and shall be prepared using Form 470-3453, Family Case Plan.

130.7(1) Services shall be directed toward the social services block grant goals of:

- a. Achieving or maintaining self-support to prevent, reduce or eliminate dependency.
- b. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
- c. Preventing or remedying neglect, abuse or exploitation of children or adults unable to protect their own interest, or preserving, rehabilitating or reuniting families.
- d. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- e. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

130.7(2) The recorded case plan shall contain, but not be limited to, the following:

- a. The goal and objective to which the plan is directed, stated in a clear manner indicating the specific services required to achieve or maintain the goals to meet the needs of the particular client.
- b. Activities of clients, workers, and others involved in the plan related to specific services. These shall be measurable and have time frames for completion.
- c. A summary of all pertinent information relating to the client and the client's situation relative to need, and containing, but not limited to, the following:

- (1) Emotional behavior.
- (2) Social aspects.
- (3) Historical perspective.
- (4) Reasons for success or lack of success.

(5) Safety-related information indicating whether a child has behaved in a manner that threatened the safety of another person, has committed a violent act causing bodily injury to another person, or

has been a victim or perpetrator of sexual abuse. The safety-related information shall be withheld only if ordered by the court or the department or the agency developing the service plan determines that providing the information would be detrimental to the child or to the family with whom the child is living.

(6) An assessment of whether continued breastfeeding by a child's mother is in the best interest of the child, and a plan to support the mother's breastfeeding efforts, if appropriate.

d. Information on case entries that will substantiate the client's eligibility for service.

e. A target date for reevaluation of the case plan based on assessment of need, which shall not exceed six months.

f. A review of financial eligibility in accordance with 130.2(5).

g. The reason for termination or reduction of any or all services.

130.7(3) The case plan shall be developed and filed in the case record as follows:

a. In child welfare cases, the case plan shall be developed in partnership with the child, the family, and the caregiver.

(1) The recommendations from the child protective services assessment and the safety plan developed with the family shall be considered an initial case plan.

(2) A case plan that meets the requirements of Iowa Code section 232.2 shall be filed within 60 days from the date the child enters foster care or the date the department opens a child welfare service case, whichever occurs first.

b. For all other cases, the case plan shall be developed before services begin unless there is an unanticipated provision of service for the protection and well-being of a client. In that case, the case plan shall be filed within 45 days from the date that services begin.

130.7(4) The reevaluation of the case plan shall include all components listed under 130.7(2) and shall be filed at least every six months, or more often when there are significant changes, when required by the court, or when required according to the rules of the service.

130.7(5) The case plan may be amended between evaluation periods. Participants in the plan shall receive a copy of the amendment.

This rule is intended to implement Iowa Code section 234.6.

[ARC 6502C, IAB 9/7/22, effective 11/1/22]

441—130.8 Reserved.

441—130.9(234) Entitlement. There is no automatic right to ongoing service in any service category from one fiscal year to the next.

This rule is intended to implement Iowa Code section 234.6.

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¹ Two ARCs

² Effective date of 130.3(3) “ab” delayed 70 days by the Administrative Rules Review Committee at its meeting held November 10, 2003; at its meeting held March 8, 2004, the Committee delayed the effective date until adjournment of the 2004 Session of the General Assembly.