

**441—25.20(331) Consumer financial eligibility and payment responsibility.** The county management plan shall identify basic financial eligibility standards for disability services consistent with this rule. The county may choose to assign responsibility for copayment to the consumer consistent with this rule. Nothing in this rule shall preclude a consumer from voluntarily paying a greater copayment than is provided in the county management plan.

**25.20(1) General requirements.** The basic financial eligibility standards identified in this rule are the minimum standards allowable. A county management plan may establish less restrictive financial standards, but shall not establish standards that are more restrictive.

*a.* The county management plan shall provide that a consumer who is eligible under all other eligibility standards of the county management plan shall be eligible for county disability services paid with public funding if the consumer meets the basic financial eligibility standards set forth in this rule.

*b.* The county management plan shall require no copayments by consumers, whether collected by the county or a provider, except as defined in this rule.

*c.* The county management plan may establish a policy to allow exceptions to the basic or extended financial eligibility standards on a case-by-case basis to benefit an individual consumer.

*d.* The income and resource standards in this rule shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program, including general assistance guidelines adopted by the county board of supervisors.

*e.* Nothing in this rule shall be construed as relieving any consumer of financial obligations incurred pursuant to a Social Security Administration interim assistance agreement.

**25.20(2) Basic eligibility standards.** Except as otherwise provided in these rules, an applicant shall be financially eligible for county funding when the applicant meets the following standards:

*a.* If the applicant is eligible for federally funded or state-funded services or supports, the applicant has applied for and accepted those services and supports.

*b.* The applicant's household has:

(1) Income that is equal to or less than 150 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; and

(2) Resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multiperson household.

**25.20(3) Resource standards.** Basic financial eligibility standards shall include the following provisions for determining financial eligibility:

*a.* The countable value of all countable resources, both liquid and nonliquid, shall be included in the eligibility determination except as exempted in this subrule.

*b.* A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.

*c.* The following resources shall be exempt:

(1) The homestead, including equity in a family home or farm that is used as the consumer household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.

(2) One automobile used for transportation.

(3) Tools of an actively pursued trade.

(4) General household furnishings and personal items.

(5) Burial spaces.

(6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.

(7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

*d.* Additional exemptions. If a person does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

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

- (2) A medical savings account.
- (3) An assistive technology account.

**25.20(4) Basic copayment standards.** Any copayments or other client participation required by any federal, state, county, or municipal program in which the consumer participates shall be required. Such copayments include, but are not limited to:

- a. Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- b. Client participation for an intermediate care facility or an intermediate care facility for persons with mental retardation.
- c. A portion of rent in conjunction with a rental assistance program consistent with guidelines of the United States Department of Housing and Urban Development.
- d. A copayment, deductible, or spenddown required by the Medicare or Medicaid programs or any other third-party insurance coverage.
- e. The financial liability for institutional services paid by counties as provided in Iowa Code sections 222.31 and 230.15.
- f. The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

**25.20(5) Copayment for services provided by a facility participating in the state supplementary assistance program.** A county may require a copayment for a disability service provided to a consumer by a licensed residential care facility that participates in the state supplementary assistance program as follows:

- a. A consumer who is approved for state supplementary assistance and pays client participation as determined through the state supplementary assistance program shall be considered eligible for disability services with no additional copayment.
- b. A consumer who is ineligible for state supplementary assistance due to income or resources may be eligible for financial assistance under the county management plan through determination and payment of client participation as follows.

(1) Client participation in the service payment shall be determined by allowing the following deductions from available income and resources:

- 1. Any income earned by the consumer in a supported employment, sheltered workshop, day habilitation, or adult day care program.
- 2. A personal allowance equivalent to the personal allowance provided under the state supplementary assistance program.
- 3. Room and board payment made by the consumer to the facility at the state supplementary assistance rate.
- 4. Payment for any medical expenses for which the consumer is financially responsible.

(2) Any income remaining after deduction of the expenses allowed in subparagraph (1) and any resources in excess of \$2,000 shall be considered the required client participation toward the service in the facility. For any consumer whose client participation does not equal 100 percent of the service cost, the county shall participate in payment to the facility up to that level.

**25.20(6) Extended eligibility and copayment standards.** Each county management plan shall indicate if additional, less restrictive financial eligibility standards will be applied. The county management plan may permit a person with an income above 150 percent of the federal poverty level or resources above the basic resource limits to be eligible for public funding provided that the plan meets the requirements in this subrule. To apply less restrictive financial eligibility standards, the county management plan shall include:

- a. Policies relating to any income or resource limits that are different from the basic income and resource standards.
- b. Policies relating to any resource exemptions that are different from the basic financial eligibility standards.
- c. Policies relating to any other factors included in determination of financial eligibility and calculation of client participation.

- d.* Policies defining procedures for calculation and collection of client participation.
- e.* Policies providing for a copayment or other cost-sharing arrangement determined on a sliding fee scale based on household income and resources. Any sliding fee scale used for copayments shall be graduated and shall be based on the federal poverty guidelines. Policies shall address updates to the sliding fee scale.
- f.* Policies regarding any county payment of third-party insurance copayment.
- g.* Policies relating to exception provisions for financial eligibility determination and client participation calculation.
- h.* Policies relating to informing consumers of the client participation required.