

**441—177.11 (249) Termination.** Termination of in-home health related care shall occur under the following conditions.

**177.11(1) Request.** Upon the request of the client or legal representative.

**177.11(2) Care unnecessary.** When the client becomes sufficiently self-sustaining to remain in the client's own home with services that can be provided by existing community agencies as determined by the service worker.

**177.11(3) Additional care necessary.** When the physical or mental condition of the client requires more care than can be provided in the client's own home as determined by the service worker.

**177.11(4) Excessive costs.** When the cost of care exceeds the maximum established in 177.4(3).

**177.11(5) Other services utilized.** When the service worker determines that other services can be utilized to better meet the client's needs.

**177.11(6) Terms of provider agreement not met.** When it has been determined by the service worker that the terms of the provider agreement have not been met by the client or the provider, the state supplementary assistance payment may be terminated.

[ARC 7549B, IAB 2/11/09, effective 4/1/09]