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441—177.4(249) Eligibility and application.

177.4(1) *Eligibility*. To be eligible for in-home health-related care:

- a. The individual must be eligible for supplemental security income in every respect except for income.
- b. A physician must certify in accordance with rule 441—177.6(249) that the individual requires either skilled services or personal care services and that those services can be provided in the individual's own home. The certification shall be provided using Form 470-0673.
- c. The individual shall live in the individual's own home. Notwithstanding the foregoing, an individual will remain eligible for a period not to exceed 15 days in any calendar month when the client is temporarily absent from the client's home.
- d. The individual shall obtain a physical examination report annually and shall be under the supervision of a physician.
- e. The required skilled services or personal care services must not be available under any other state or federal program.
- f. The countable income of the individual and spouse living in the home shall be limited to \$480.55 per month if one needs care or \$961.10 if both need care, after the following disregards from gross income:
- (1) The amount of the basic supplemental security income standard for an individual or a couple, as applicable.
 - (2) When income is earned, \$65.00 plus one-half of any remaining income.
- (3) The amount of the supplemental security income standard for a dependent plus any established unmet medical needs, for each dependent living in the home. Any income of the dependent shall be applied to the dependent's needs before making this disregard.
- (4) The amount of the established medical needs of the ineligible spouse which are not otherwise met.
- (5) The amount of the established medical needs of the applicant or recipient which are not otherwise met and would not be met if the individual were eligible for the medical assistance program.
 - g. Income for children.
- (1) All income received by the parents in the home shall be deemed to the child with the following disregards:
- 1. The amount of the basic supplemental security income standard for an individual when there is one parent in the home or for a couple when there are two parents in the home.
- 2. The amount of the basic supplemental security income standard for a dependent for each ineligible child in the home.
 - 3. The amount of the unmet medical needs of the parents and ineligible dependents.
- 4. When all income is earned, an additional basic supplemental security income standard for an individual in a one-parent home or for a couple in a two-parent home.
- 5. When the income is both earned and unearned, \$65.00 plus one-half of the remainder of the earned income.
- (2) The countable income of the child shall be limited to \$480.55 per month after the following disregards from gross income:
 - 1. The amount of the basic supplemental security income standard for an individual.
- 2. The amount of the established medical needs of the child which are not otherwise met and would not be met if the child were eligible for the medical assistance program.
 - 3. One-third of the child support payments received from an absent parent.
- **177.4(2)** Application. Application for in-home health-related care shall be made on Form 470-5170 or 470-5170(S) and submitted to the department. An eligibility determination shall be completed within 30 days from the date of the application, unless one or more of the following conditions exist:
 - a. An application has been filed and is pending for federal supplemental security income benefits.
- b. The application is pending because the department has not received information, which is beyond the control of the client or the department.

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c. The application is pending due to the disability determination process performed through the department.

d. The application is pending because the provider agreement has not been completed and completion is beyond control of the client. When the provider agreement cannot be completed due to the client's failure to locate a provider, applications shall not be held pending beyond 60 days from the date of application.

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