

641—76.2(135) Client eligibility criteria. The certification process to determine eligibility for direct health care under the program shall include the following requirements:

76.2(1) Age.

- a. Maternal health program—no age restrictions.
- b. Child health program—birth through 21 years of age.
- c. CYSHCN program—birth through 21 years of age.

76.2(2) Income.

a. Income guidelines will be the same as those established for the state's Title XXI program. Guidelines are published annually by DHHS. Department income guidelines will be adjusted following any change in DHHS guidelines.

b. Income information will be provided by the individual.

c. Proof of Title XIX, Title XXI (hawki), or WIC eligibility will automatically serve in lieu of an application.

d. All income of family members as defined by DHHS poverty guidelines will be used in calculating the individual's gross income for purposes of determining initial and continued eligibility.

e. Income will be calculated as follows:

(1) Annual income will be estimated based on the individual's income for the past three months unless the individual's income will be changing or has changed, or

(2) In the case of self-employed families the past year's income tax return (adjusted gross income) will be used in estimating annual income unless a change has occurred,

(3) Terminated income will not be considered.

f. Individuals will be screened for eligibility for Title XIX, Title XXI (hawki), and WIC. If an individual's income falls within the eligibility guidelines for Title XIX, Title XXI (hawki), or WIC, the individual may be referred to the department or other enrollment source to apply for coverage. Children, youth and pregnant women will be considered for Title XIX presumptive eligibility.

g. An individual whose income is above the poverty level established by Title XXI and below 302 percent of the federal poverty guidelines will qualify for services on a sliding fee scale, as determined by the local agency's cost for the service. The department provides annual guidelines based on poverty levels established annually by DHHS. An individual whose income is at or above 302 percent will qualify for services at full fee.

h. Eligibility determinations must be performed at least once annually. Should the individual's circumstances change in a manner that affects third-party coverage or Title XIX/Title XXI eligibility, eligibility determinations will be completed more frequently.

76.2(3) Residency. Individuals must be currently residing in Iowa.

76.2(4) Pregnancy. An individual applying for the prenatal program shall have verification of pregnancy by an independent health provider, the maternal health contract agency, a family planning (Title X) agency, or a positive home pregnancy test.

76.2(5) Children and youth with special health care needs. An individual applying for CHSC services will be determined to have a special health care need as defined by the federal MCHB. Care/service coordination, family support or other non-clinic services are provided at no charge to the family. Clinic services are provided without charge to families with adjusted gross incomes below 185 percent of the federal poverty guidelines. Families above this threshold are responsible for payment according to a sliding fee scale based on tax exemptions, adjusted gross income, and extenuating circumstances.

[ARC 9171C, IAB 4/30/25, effective 7/1/25]