

**441—51.4(249) Eligibility for residential care.**

**51.4(1)** *Licensed facility.* Payment for residential care can only be made when the facility in which the applicant or recipient is residing is currently licensed by the department of inspections, appeals, and licensing pursuant to laws governing health care facilities.

**51.4(2)** *Physician's statement.* Payment for residential care must be made only when there is on file an order written by a physician certifying that the applicant or recipient being admitted requires residential care but does not require nursing services. The certification will be updated whenever a change in the recipient's physical condition warrants reevaluation, but no less than every 12 months.

**51.4(3)** *Income eligibility.* The resident is income eligible when the income according to 441—paragraph 52.1(3) "a" is less than 31 times the maximum per diem rate. Partners in a marriage who both enter the same room of the residential care facility in the same month will be income eligible for the initial month when their combined income according to 441—paragraph 52.1(3) "a" is less than twice the amount of allowed income for one person (31 times the maximum per diem rate).

[ARC 9305C, IAB 5/28/25, effective 8/1/25]