441—177.9(249) Termination conditions. Termination of IHHRC will occur under the following conditions.

177.9(1) *Request.* When the client or the client's legal representative requests termination.

177.9(2) *Care unnecessary.* When the client becomes sufficiently able to remain in the client's own home with services that can be provided by other sources as determined by the department.

177.9(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 department in consultation with the certifying physician.

177.9(4) *Excessive costs.* When the cost of care exceeds the maximum established in subrule 177.9(3).

177.9(5) *Other services utilized.* When the department determines that other services can be utilized to better meet the client's needs.

177.9(6) *Terms of provider agreement not met.* When it has been determined by the department 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.

177.9(7) *Failing to comply with program requirements.* When the recipient is not following the program requirements or cooperating with the program objectives, including but not limited to a failure to provide documentation to program representatives.

177.9(8) *Notice and appeal.* Written notice of termination will be provided pursuant to 441—Chapter 16. The decision may be appealed pursuant to 441—Chapter 2506.

[**ARC 0460D**, IAB 8/5/26, effective 10/1/26]