

441—177.4(249) Eligibility.**177.4(1) Eligible individual.**

- a. The individual shall be eligible for supplemental security income in every respect except for income.
 - b. The physician's certification shall include a statement of the specific health care services and that the services can be provided in the individual's own home. The certification shall be given on a form prescribed by the department or on a similar plan of care form presently used by public health agencies.
 - c. The individual shall live in the individual's own home.
 - d. The client shall require and be receiving qualified health care services. Qualified health care services are health care services supervised by a registered nurse and approved by a physician.

177.4(2) Relationship to other programs. In-home health-related care shall be provided only when other programs cannot meet the client's need. There shall be no duplication of services.

177.4(3) Maximum costs. The maximum cost of service shall be \$480.55. The provider shall accept the payment made and shall make no additional charges to the recipient or others.

177.4(4) Service plan. A complete service plan shall be prepared which includes the services needed, the plan for providing these services, and the health care plan defined in rule 441—177.6(249). The service plan shall be developed following consultation between the client's service worker and case manager to avoid all duplication of services. Consultation shall include current services provided to the client, payer sources, level of service needs, and service history.

177.4(5) Certification procedure. The approval of the case plan by the service area manager or designee shall constitute certification and approval for payment.

177.4(6) Temporary absence from home. The client will remain eligible and payment will be made for services for a period not to exceed 15 days in any calendar month when the client is absent from the home for a temporary period. Payment will not be authorized for over 15 days for any continuous absence whether or not the absence extends into a succeeding month or months.

177.4(7) Income for adults. 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:

- a. The amount of the basic supplemental security income standard for an individual or a couple, as applicable.
- b. When income is earned, \$65.00 plus one-half of any remaining income.
- c. 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.
- d. The amount of the established medical needs of the ineligible spouse which are not otherwise met.
- e. 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.
- f. Rescinded, effective 7/1/84.

177.4(8) Income for children.

a. 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.

b. 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.
- c. Rescinded, effective 7/1/84.

177.4(9) Payment. The client or the person legally designated to handle the client's finances shall be the sole payee for payments made under the program and shall be responsible for making payment to the provider except when the client payee becomes incapacitated or dies while receiving service.

a. The department shall have the authority to issue one payment to a provider on behalf of a client payee who becomes incapacitated or dies while receiving service.

b. When continuation of an incapacitated client payee in the program is appropriate, the department shall assist the client and the client's family to legally designate a person to handle the client's finances. Guardians, conservators, protective or representative payees, or persons holding power of attorney are considered to be legally designated.

c. Payment for the program shall be approved effective as of the date of application or the date all eligibility requirements are met and qualified health care services are provided, whichever is later, notwithstanding 42 U.S.C. 1382(c)(7).

177.4(10) Application. Application for in-home health-related care shall be made on a form prescribed by 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.
- 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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