

Application for Disability Services (Non-Medicaid)

Disability Services: Disability Access Point

Complete the application for Long Term Services and Supports (LTSS) Disability Services (Non-Medicaid), if the following criteria are met:

Part A: Needs-based Eligibility

- An individual must be a resident of Iowa, or, if the individual is a minor, the custodial parent must be a resident of Iowa.
- An individual must have a disability and reside in or be at risk of residing in institutional settings due to the individual's disability.

Part B: Applicant Information

Applicant Name:	Source of Income:	Monthly Income:
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Street Address:	City:	State:	Zip code:
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Family Member Name (if applicable)	Relationship

Signature of Applicant, Recipient, or Legal Guardian	Date
DAP Navigator Signature	Date Received

Part C: Functional Assessment

A functional assessment must be completed within 60 days of application for services to support the need to access non-Medicaid disability services. The results must support the type and frequency of services and be captured in a service plan prior to services being approved and utilized.

You Have the Right to Appeal

What is an appeal? An appeal is asking for a reconsideration because you do not like a decision that was made relating to an eligibility determination or denial of behavioral health or disability services. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 223 for Disability Services or Chapter 303 for Behavioral Health].

How do I appeal? You can appeal in writing. There are multiple ways to file an appeal. Choose the one that works for you:

Email: appeals@hhs.iowa.gov

FAX: (515) 564-4044

Mail: Iowa Department of Health and Human Services, Appeals Bureau,
321 E 12th Street, Des Moines, Iowa 50319

We will let you know in writing that we received your appeal.

How long do I have to appeal? You have 120 calendar days to file an appeal from the date of the eligibility determination or denial of services.

How will I know if my appeal was accepted? If the appeal request is granted, you will be given a chance to submit a written statement and documentation to support your case. You will have 14 calendar days from the date of the acknowledgment letter to provide this information. Then, you should receive a written Proposed Decision from HHS within 30 calendar days that explains the decision and next steps that may be available to you. You will get a letter telling you if your appeal is denied.

Can I have someone else help me? You or someone else, such as a friend or relative, can tell why you disagree with the HHS's decision. You may also have a lawyer help you, but HHS will not pay for one. Your county HHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa HHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa HHS, Hoover Building, 5th Floor – Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email FDHS@hhs.iowa.gov.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state

or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

This institution is an equal opportunity provider.

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