

Behavioral Health Services Eligibility Form

Behavioral Health Services funding is intended to support at-risk populations, including but not limited to children, youth, young adults, individuals with disabilities, pregnant and parenting women, older adults, and people with limited access to financial resources.

Iowa residents who meet the requirements below are eligible to receive behavioral health services from the enrolled provider(s) of their choice.

Reimbursement for behavioral health services is subject to the financial eligibility and resource requirements for Iowa residents in [Iowa Administrative Code \(IAC\) 441-301.1](#).

Part 1. Income at or below 200% of the Federal poverty guidelines as published by the [U.S. Department of Health and Human Services](#)

To determine financial eligibility individuals must provide documentation of income as listed below. *Income requirements apply only to the individual for adults, or to the household for children. Please indicate which form of financial documentation is being provided:*

- ☐ Pay stub, wages verification, or SSI benefits statement
 ☐ Federal income tax filing
- ☐ Iowa Workforce Development “white sheet”
 ☐ Other form of documentation
- ☐ No Income

Any documentation used to demonstrate income must be provided prior to initiating behavioral health services. This form and a copy of the documentation must be maintained in the individual’s service file. A copy of the completed form, including the determination of eligibility and appeal rights, must be provided to the individual receiving services or their guardian.

Part 2. Resource limits are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi person household. *Household is defined as a group of individuals who impact the applicant or recipient’s family size or household income. This typically consists of the applicant plus their spouse and any dependents who are required to file tax returns. The marketplace generally considers your household to be you, your spouse if you’re married, and your tax dependents.*

Resource	Value
Houses (do not include the primary residence; include second homes or investment property)	Click or tap here to enter text.
Automobiles (one vehicle is exempt; only include additional autos but deduct the amount of loans on the vehicles)	Click or tap here to enter text.
Cash on hand	Click or tap here to enter text.
Checking accounts	Click or tap here to enter text.
Savings accounts	Click or tap here to enter text.
Certificates of deposit	Click or tap here to enter text.
Trust funds	Click or tap here to enter text.
Stocks and bonds	Click or tap here to enter text.
Life insurance cash surrender value (only include if value greater than \$1500 per insured)	Click or tap here to enter text.

Based on the income and resource information provided, the individual meets financial eligibility for services (Yes or No).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Identifying Information: You may have someone help you complete this section.

Client Name (First & Last): Click or tap here to enter text.

Client Address (Place of Residence): Click or tap here to enter text.

Client County of Residence (Must be a Resident in the State of Iowa): Click or tap here to enter text.

Provider Information: Provider receiving the application.

Provider Name: Click or tap here to enter text.

Provider Address: Click or tap here to enter text.

Attestation:

By signing this document, I attest that the financial information provided is accurate and demonstrates my eligibility.

Client Signature	Date
Witness Signature	Date

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? Appeals must be done in writing. The appeals form for the behavioral health and disability services system can be found at <https://hhs.iowa.gov/appeals>. 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, 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.