

Appeals and Hearings Appendix

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Appeal and Request for Hearing, 470-0487 or 470-0487(S)

Purpose	Form 470-0487 is used to initiate the appeal process and to supply information needed to proceed with an appeal.
Source	<p>Department staff may complete the English version of this form using the template in:</p> <ul style="list-style-type: none">▪ SharePoint under Employee Manual/Forms, or▪ The Worker Information System Exchange (WISE). <p>Appellants may also complete this form electronically at https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest. The request will be submitted directly to the Appeals Section to be processed.</p> <p>Print the Spanish version of this form from:</p> <ul style="list-style-type: none">▪ The on-line manual, or▪ SharePoint under Employee Manual/Forms.
Completion	<p>The person wishing to appeal (the appellant) or someone acting for the appellant completes the form to initiate the appeal. The worker should assist in completing this form if the appellant wishes.</p> <p>An appeal may be requested without completing this form. Any written appeal is valid. An appeal request for Food Assistance, Medicaid, Child Care Assistance, Family Planning Program or the Family Investment Program may be expressed verbally or in writing.</p> <p>If the appellant requests an appeal verbally, the worker shall document the request on this form and forward to the DHS, Appeals mailbox. If an appeal request is filed in another written form, the worker shall forward the form and the written appeal request to the DHS, Appeals mailbox.</p>
Distribution	<p>Forward a copy of the appeal request to the DHS Appeals Section within 24 hours of receipt.</p> <p>If the form is submitted to the local office, give a copy to the appellant and keep a copy in the case file.</p>
Data	<p>Top Section Complete all the information, including phone number, if applicable. Check the programs under appeal.</p> <p>A person requesting an attribution appeal may also request an administrative hearing. An administrative hearing is a review of the record only and does not include an appearance by the worker or client.</p>

Indicate whether the appellant:

- Wants benefits to continue while the appeal is pending.
- Requests an interpreter for the appeal hearing.
- Requests special accommodations as the appellant is blind or hard of hearing.
- Wishes to have an informal conference to discuss the appeal. (Explain the purpose of an informal conference.)

Explain why the appellant is appealing. The explanation may be as specific as the appellant wishes to make it.

List any other persons whom the appellant wishes to have notified of the time and place of the hearing, with their addresses. This may include an attorney or representative.

The form should be signed and dated, if possible.

Authorized Representative for Managed Care Appeals, 470-5526 or 470-5526(S)

Purpose	<p>Form 470-5526 is used to appoint an individual, organization or provider to act on the appellant's behalf during the state fair hearing process for managed care appeals.</p> <p>Legal documentation such as a court order establishing legal guardianship or a power of attorney can be submitted instead to designate a representative.</p>
Source	<p>The appellant, individual, organization or provider may print the form from the DHS website at https://dhs.iowa.gov/sites/default/files/470-5526.pdf</p>
Completion	<p>The Medicaid member, or their parent if the member is under the age of 18, completes and signs the Appellant Information section of the form.</p> <p>The individual, organization or provider acting on the appellant's behalf completes and signs the Appellant Representative Information section.</p>
Distribution	<p>The form shall be submitted to the managed care organization, dental carrier or the DHS Appeals Section. Addresses for each entity are provided on the form.</p>
Data	<p>The form contains:</p> <ul style="list-style-type: none">▪ The appellant's name and address.▪ A brief description of what is being appealed.▪ The appellant's signature.▪ The date the form was signed by the appellant.▪ The authorized representative's name and address.▪ The authorized representative's relationship.▪ The authorized representative's signature.▪ The date the form was signed by the authorized representative.

Dismissal Request, 470-5597 or 470-5597(S)

Purpose	<p>Form 470-5597 is used to request dismissal of an appeal when the issue being appealed has been resolved. An appellant or their representative cannot ask for an appeal to be dismissed. This can only be done by the Department's representative.</p> <p>An appellant or their representative can ask to have an appeal withdrawn on form 470-0492, <i>Request for Withdrawal of Appeal</i>.</p>
Source	<p>Department staff may complete the English version of this form using the template in:</p> <ul style="list-style-type: none">▪ SharePoint under Employee Manual/Forms, or▪ The Worker Information System Exchange (WISE). <p>Print the Spanish version of this form from:</p> <ul style="list-style-type: none">▪ The on-line manual, or▪ SharePoint under Employee Manual/Forms.
Completion	<p>Complete the form and provide documentation showing the issue being appealed has been resolved.</p>
Distribution	<p>If the appeal has been assigned an appeal number, upload a copy of the form into the appeal record in the Appeals Information System (AIS) and use the send email feature to notify other DHS parties and the administrative law judge of the request.</p> <p>If no appeal number has been assigned, forward a copy of the form to the DHS, Appeals mailbox. The Appeals Section will upload a copy of the <i>Dismissal Request</i>, once the appeal record has been established in AIS.</p> <p>One copy is retained in the case record. One copy goes to the appellant.</p>
Data	<p>The form contains:</p> <ul style="list-style-type: none">▪ The appellant's name and address.▪ The appeal number.▪ The requestor's name, address, and contact information.▪ The requestor's signature.▪ The date the form was signed.

Request for Withdrawal of Appeal, 470-0492 or 470-0492(S)

Purpose	<p>Form 470-0492 is used to withdraw an appellant's request for an appeal and hearing. Department staff cannot ask for an appeal to be withdrawn. This can only be done by the appellant or their representative.</p> <p>Department staff can ask to have an appeal dismissed on form 470-5597, <i>Dismissal Request</i>.</p>
Source	<p>Department staff may complete the English version of this form using the template in:</p> <ul style="list-style-type: none">▪ SharePoint under Employee Manual/Forms, or▪ The Worker Information System Exchange (WISE). <p>Appellants may complete this form electronically at https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/WithdrawalRequest. The request will be submitted directly to the Appeals Section to be processed.</p> <p>Print the Spanish version of this form from:</p> <ul style="list-style-type: none">▪ The on-line manual, or▪ SharePoint under Employee Manual/Forms.
Completion	<p>The worker, the Appeals Section or the appellant may prepare the form whenever an appellant indicates a wish to withdraw.</p>
Distribution	<p>If the appeal has been assigned an appeal number, upload a copy of the form into the appeal record in the Appeals Information System (AIS) and use the send email feature to notify other DHS parties and the administrative law judge of the request.</p> <p>If no appeal number has been assigned, forward a copy of the form to the DHS, Appeals mailbox. The Appeals Section will upload a copy of the withdraw request, once the appeal record has been established in AIS.</p> <p>One copy is retained in the case record. One copy goes to the appellant.</p>
Data	<p>The form contains:</p> <ul style="list-style-type: none">▪ The appellant's name and address.▪ The appeal number.▪ The program being appealed.▪ The date of the appeal.▪ The appellant's comments, if any.▪ The appellant's signature.▪ The date the form was signed.