

**Notice of Decision: Medical Assistance or State Supplementary Assistance**

Case No.	Date
Program	County

Action: ☐ Approval ☐ Review  
☐ Transfer ☐ Redetermination  
☐ Denial ☐ Cancellation

Facility Name

Worker Name

Worker Phone #

**ACTION TAKEN**

- ☐ Your application for Medical Institution or State Supplementary Assistance has been approved effective \_\_\_\_\_. You are required to contribute \_\_\_\_\_ toward the cost of your care beginning \_\_\_\_\_. You are required to contribute \_\_\_\_\_ per month thereafter.
- ☐ You have been approved for Medical Assistance effective \_\_\_\_\_.
- ☐ Your application has been denied.
- ☐ As a result of your transfer from one facility to another you are required to pay \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ to \_\_\_\_\_. The monthly amount thereafter is \_\_\_\_\_.
- ☐ A review or redetermination of your circumstances indicates that you continue to be eligible for assistance. Effective \_\_\_\_\_, you are required to contribute \_\_\_\_\_ per month.
- ☐ Your Medical Institution or State Supplementary Assistance has been canceled effective \_\_\_\_\_.
- ☐ Your Medical Assistance has been canceled effective \_\_\_\_\_.

This action was based on policy in the Department Employees' Manual at:

**If you do not agree with this decision, see page 2 of this form for your rights.**

Comments by worker:

**PAYMENT COMPUTATION**

Deductions and Divisions of Income for Spouse and Dependent, Unmet Medical Needs, and Home Maintenance Allowance, if applicable:

Income From	Amount		
_____	\$ _____	_____	\$ _____
_____	+ _____	_____	_____
_____	+ _____	_____	_____
Total Income	\$ _____	Personal Allowance	\$ _____
Less Divisions	- \$ _____	Total Divisions	\$ _____
Client Participation	= \$ _____		

## **You Have the Right to Appeal**

### **What is an appeal?**

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. 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 7].

### **How do I appeal?**

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at [https://secureapp.dhs.state.ia.us/dhs\\_titan\\_public/appeals/appealrequest](https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest); **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

### **How long do I have to appeal?**

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

### **Can I continue to get benefits when my appeal is pending?**

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

### **How will I know if I get a hearing?**

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

### **Can I have someone else help me in the hearing?**

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS 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. If you live in Polk County, call 243-1193.

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

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to: Iowa Department of Human Services, Hoover Building, 5<sup>th</sup> Floor – Bureau of Policy Coordination, 1305 E. Walnut, Des Moines IA 50319-0114 or via email [inclusion@hhs.iowa.gov](mailto:inclusion@hhs.iowa.gov)