Iowa Department of Human Services

Disability Determination Checklist EM 8-C 93-95 Submitting Medical Evidence to DDS

Form 470-2472, Disability Transmittal	
	Keep a copy for your case file.
	Upload a copy to Disability Determinations Services (DDS) in WISE.
	MEPD applicants, check "MEPD-SGA not considered in the first step of disability determination."
470	-2465, Disability Report for Adults, or 470-3912, Disability Report for Children
	Form must be <u>complete</u> before sending to DDS. If needed, help the applicant complete the form. The applicant may use: "Don't know," "None," or "Doesn't apply."
	Each medical source: The complete name, address, telephone number, and fax number.
	May use approximate date of service for the date entered in the Last Seen section.
	Check to see that the correct person has signed the release on the signature page.
	Signature for mental health information release, only an applicant who is 18 years or older or the applicant's legal representative may sign that section.
	For substance abuse information, only the applicant can sign here regardless of age.
Sen	d any available information via WISE to DDS with the report, including:
	Vocational rehabilitation reports. Evidence of work activity for adults.
	Information from Social Security. School information about a child's disability.
	Medical reports the applicant/family possesses.
	Deceased persons: A death certificate or medical records from last illness. If there is not a family member to give a death certificate copy, ask the DHS, SPIRS Help Desk how DHS can pay for a copy.
	m 470-4459, Authorization to Disclose Information to the Iowa Department of Human vices
	Include form 470-4459 completed and signed by the applicant or their representative. You can:
	 Copy the form for each source of information and complete the name and address of each source of information in the "Additional information" box before sending the forms to DDS, or
	Send the applicants one original 470-4459 for each source.
	One form 470-4459 will be used for all school records for child's disability-related information.
	One form 470-4459 will cover all medical sources under the University of Iowa Hospitals and Clinics.
	Give a copy of the completed and signed form 470-4459 to the applicant or their representative.
RC-0	Include a copy of legal guardianship papers for legally incompetent claimant or foster children/wards of the state.

Helpful Tips

Continuing Disability Review (CDR) (Cases when a medical review is due. EM 8-C 97-98)		
	Send the <i>Disability Transmittal</i> with the review file to DDS the month that the review is due. The disability review may be aligned with the Medicaid eligibility review.	
	Include a copy of the entire previous disability file. Note: If the Department relied on a previous Social Security Administration (SSA) disability determination, the prior file may not be available. Explain on the <i>Disability Transmittal</i> that DHS relied upon an SSA decision and the file is not available.	
	Include the previous Explanation of Disability issued by DDSB.	
	Include a new Disability Report for Adults (18 and older) or Disability Report for Children (under 18).	
	Include new signed authorizations for release of information.	
New Condition or Worsened Condition Since Last Determination Denied (EM 8-C 74-77, 81-82)		
The person has been denied or canceled as not disabled during a DDS review. The person states they have a worsened condition or a new condition, and requests a new disability determination. The worker should determine:		
	Has the person been to the doctor since the last denial?	
	Does the person have a new condition or has the previous condition worsened?	
	Has there been any hospitalization since the last denial?	
	Has there been any change in medications?	
If any of the above applies, then send a referral with a new <i>Disability Report</i> to DDS via WISE for a new decision. Complete a new transmittal, state there had been a previous denial, and that the condition has changed since last decision. If none of the above applies, do not initiate a new disability determination.		
Med	licaid Applicant States SSI Application Filed (EM 8-B 9-10)	
When more than 60 days have passed since the person filed for SSI, determine the status of the person's SSI eligibility determination by sending 470-0363, <i>Certification of Eligibility of SSI Applicant</i> .		
Also use this form when the Medicaid applicant has an urgent need for Medicaid coverage.		
Concurrent Medicaid and Social Security Disability Determination (EM 8-B 12-14)		
When the SSA disability determination is pending or when the applicant intends to file for SSDI or SSI benefits within 10 days:		
	Pend the Medicaid application.	
	Complete 470-2631, Notice of Pending Medicaid Application.	
	Send a copy to both the SSA and DDS.	
	Follow tracking procedures per EM 8-B 13-14.	