

Revised February 3, 2012

Employees' Manual
Title 1
Chapter E Appendix

APPEALS AND HEARINGS

APPENDIX



Iowa Department
of Human Services

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Appeal and Request for Hearing, 470-0487 and 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>Appellants may complete either the English or Spanish version of this form electronically at https://dhssecure.dhs.state.ia.us/forms/. The request will be submitted directly to the Appeals Section to be processed.</p> <p>Department staff may complete the English version on line using the template in the public state-approved forms folder on Outlook.</p> <p>Print supplies of the Spanish version of this form from the on-line manual.</p>
Completion	<p>The form is divided into two parts. The person wishing to appeal (the appellant) or someone acting for the appellant completes the top part to initiate the appeal. The worker should assist in completing this part of the form if the appellant wishes. A worker who receives this form from the appellant completes the worker information section.</p> <p>An appeal may be requested without completing this form. Any written appeal is valid. A request for a Food Assistance appeal may be expressed verbally or in writing.</p> <p>If the appellant requests an appeal verbally or in other written form, the worker shall complete the identifying information and attach the appeal request to the form. (The worker information section is not required for appeal requests filed directly with the Appeals Section.)</p>
Distribution	<p>If the form is submitted to the local office, make three copies of the completed form. Distribute them as follows:</p> <ul style="list-style-type: none">◆ Give a copy to the appellant.◆ Keep a copy in the case file.

- ◆ Within 24 hours of receipt, send the original and the *Notice of Decision* to:

DHS Appeals Section, 5th Fl
1305 E Walnut Street
Des Moines, Iowa 50319-0114

Attach a copy of the *Notice of Decision* or other notice of an adverse action that is being appealed. If no copy of the notice is attached, note why. Attach the postmarked envelope if the appeal was mailed to the local office.

Data	Top Section	<p>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> <p>Indicate whether the appellant:</p> <ul style="list-style-type: none">◆ Wants benefits to continue while the appeal is pending.◆ Requests an interpreter for the appeal hearing.◆ Wishes to have a pre-hearing conference to discuss the appeal. (Explain the purpose of a pre-hearing conference.) <p>Explain why the appellant is appealing. The explanation may be as specific as the appellant wishes to make it.</p> <p>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.</p> <p>The form should be signed and dated, if possible.</p> <p>Worker Information Complete the worker's name, number, telephone number, and local office name and the appellant's case number or state identification number.</p>
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Refer to the section of the manual that specifies when assistance continues in determining whether the appellant's assistance or services are continuing or being reinstated pending the outcome of the appeal. If assistance is not being continued or reinstated, check and note the reason why it is not.

Check the box and indicate if the appeal is based on a DDS report, an IFMC level-of-care decision, a FIP limited benefit plan, a Quality Control report, or a DIA investigation. Include the worker office location if the appeal concerns a PROMISE JOBS, Quality Control, or DIA Investigations action.

If you have a special scheduling request in the next three months (such as a compressed work week, vacation plans, or have training scheduled), list it on the line indicated.

Within ten days of the receipt of the appeal, forward a summary of all actions taken. The summary is a review of the facts about the situation and should include:

- ◆ Information on the household composition.
- ◆ The issue being appealed.
- ◆ A detailed explanation of actions taken that led to the appeal.
- ◆ Copies of all supporting documents, including applications, notices, any other applicable forms and narratives.
- ◆ Manual references on the actions taken.

Provide the appellant and appellant's representatives, if any, with copies of all materials submitted to the Appeals Section. Note on the materials sent to the Appeals Section that copies were sent and to whom.

Notify the Appeals Section if other agencies or staff are parties to the appeal.

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

Purpose	Form 470-0492 is used to withdraw an appellant's request for an appeal and a hearing.
Source	<p>Appellants may complete either the English or Spanish version of this form electronically at https://dhssecure.dhs.state.ia.us/forms/. The request will be submitted directly to the Appeals Section to be processed.</p> <p>Department staff may complete the English version on line using the template in the public state-approved forms folder on Outlook. This form may also be printed from the on-line manual or photocopied from the paper sample.</p> <p>Print supplies of the Spanish version of this form from the on-line manual.</p>
Completion	The worker, the Appeals Section, or the appellant may prepare the form whenever an appellant indicates a wish to withdraw. However, it must be signed by the appellant or the appellant's representative.
Distribution	The original goes to the Appeals Section. One copy is retained in the case record. One copy goes to the appellant.
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.

[Worker's Guide to the Appeals Process, RC-0038](#)

Purpose	The RC-0038 is a desk aid that flowcharts the appeals process and lists instruction on viewing the Appeals Inquiry screen. Field staff can use this reference guide to help them become familiar with the appeals process and to determine the status of a specific appeal.
Source	This desk aid can be accessed through the public state-approved forms folder on Outlook.