

MAN 3480: Administration of the Medicaid Program

Appendix F: FORMS Table of Contents

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
		Overview			
OSAH	1	Hearing Request		02/03	Screen Print
DMA	1	PeachCare for Kids Flyer (English)			ACS
DMA	6	LOC Approval/NH			GHP
DMA	6A	Physician's Recommendation for Pediatric Care (legal size)	6Ai	11/04	Screen Print
DMA	12	PeachCare for Kids Application (English)			ACS
DMA	21	PeachCare for Kids Handbook			ACS
Adoptions	28	Adoption Assistance & Medicaid Review Form	28i	06/05	Screen Print
DMA	41	PeachCare for Kids Handbook (Spanish)			ACS
DMA	59	Authorization for NH Facility Reimbursement/Vendor Payment			GHP
DHR	71	Medicaid Disability Determination Inquiry		04/05	Screen Print
DHR	75	Loving Care (Health, Nutrition & Safety Tips)			
DHR	94	Medicaid Application		12/03	SO
DHR	94 Sp	Medicaid Application (Spanish)		12/03	SO
DHR	95	Contact Letter and Information/Verification Checklist for Family Medicaid		01/07	SO
DHR	95 Sp	Contact Letter and Information/Verification Checklist for Family Medicaid (Spanish)		01/07	SO
DHR	106	Insurance Clearance		04/04	SO
DHR	107	SSI Status Change		04/04	SO
DHR	118	Request for a Hearing		04/04	Screen Print
DHR	118 Sp	Request for a Hearing-(Spanish)		04/04	Screen Print
DHR	122	Foster Care Referral Form			Forms OL

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	123	Interagency/Interoffice Update and Follow-Up			Forms OL
DMA	124	Application for Health Insurance Premium Payments	124i	04/04	Screen Print
DMA	125	PeachCare for Kids Application (Spanish)			ACS
DHR	129	Recipient Notice for Spousal Impoverishment		04/06	Screen Print
DHR	130	TANF and Family Medicaid Child and medical Support Letter		09/04	SO
DHR	136	County Request for Final Appeal		07/04	Screen Print
DHR	138	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE		03/04	SO
DHR	139	Contribution Statement		5/05	SO
DHR	139SP	Contribution Statement (Spanish)		5/05	SO
DHR	171	Parent to Child Deeming Worksheet		04/04	Screen Print
DHR	172	ABD MAO Individual/Couple/Spouse to Spouse Deeming	172i	10/05	Screen Print
DHR	173	Verification Checklist	173i	12/07	Screen Print
DHR	188	Social Data Report	188i	04/04	SO
DHR	214	Medicaid Notification Form		11/07	SO
DHR	214SP	Medicaid Notification Form (Spanish)		11/07	SO
DHR	216	Declaration of Citizenship		11/07	SO
DHR	216 SP	Declaration of Citizenship (Spanish)		11/07	SO
DHR	217	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16		02/07	SO
DHR	217SP	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16 (SP)		02/07	SO
DHR	218	Citizenship/Identity Verification Checklist		02/08	Screen Print
DHR	219	Affidavit of Facts Concerning Citizenship	219i	02/07	Screen Print
DHR	219 Sp	Affidavit of Facts Concerning Citizenship (Spanish)	219i	10/06	Screen Print
DHR	222	Medicaid Review Form		02/08	SO
DHR	222 Sp	Medicaid Review Form (Spanish)		07/06	SO
DHR	223	Medicaid and IV-E Application for Foster Care	223i	12/04	Screen Print
DHR	224	Removal Home Income and Asset Checklist	224i	12/04	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	225	IV-E Eligibility Documentation Sheet	225i	02/08	Screen Print
DHR	226	Medicaid and IV-E Redetermination Form	226i	07/05	Screen Print
DHR	227	Notification of Change in Foster Care or Adoption Assistance	227i	02/08	Screen Print
DHR	238	Medically Needy Budget Sheet		04/04	SO
DFCS	245	SMEU Request Form		01/04	Screen Print
DHR	256	Interview Guide for TANF/FS/Medicaid			SO
DMA	285	Third Party Liability	285i		ACS
DHR	297	Application for TANF, Food Stamps or Medical Assistance		10/06	SO
DHR	297 Sp	Application for TANF, Food Stamps or Medical Assistance (Spanish)		10/06	SO
DHR	297A	Rights and Responsibilities		05/07	SO
DHR	297A (Sp)	Rights and Responsibilities (Spanish)		05/07	SO
DHR	297M	Medicaid Addendum to Form 297		11/07	SO
DHR	297M	Medicaid Addendum to Form 297 (SP)		11/07	SO
DMA	315	Official Notice of Georgia Medicaid Estate Recovery Program		08/06	Screen Print
DMA	327	Estate Recovery Notification Form		02/06	Screen Print
DMA	400	Medically Needy First Day Liability Authorization for Reimbursement		04/93	Hard Copy Only
Adoptions	403	Adoption Assistance Benefits Memorandum		06/05	Screen Print
DMA	526	Physician's Statement for EMA		12/05	Screen Print
DHR	700	Application for Medicaid & Medicare Savings fro Qualified Beneficiaries		11/07	SO
DHR	700 Sp	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		07/06	SO
DHR	701	Q-Track Brochure		04/07	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DMA	704	TEFRA/Katie Beckett Cost Effectiveness Form		04/05	Screen Print
DMA	705	TEFRA/Katie Beckett LOC Determination Routing Form			Screen Print
DMA	706	TEFRA/Katie Beckett Care Plan	706i	04/05	Screen Print
DHR	809	Verification of Earned Income		04/07	SO
DMA	938	Understanding Medicaid (Spanish)			ACS
DMA	939	Understanding Medicaid			ACS
DHR	942	IME Verification Form	942i	07/04	Screen Print
DHR	943	Notification of Deduction of Medical Expense		07/04	Screen Print
DHR	950	Facility Action Request		07/04	SO
DHR	957	Resource Clearance		04/04	SO
DHR	958	Nursing Facility Information Request		10/05	SO
DHR	962	Certification of Medicaid Eligibility	962i	07/03	SO
DHR	963	Medicaid Notification Form	963i	01/07	SO
DHR	968	MN PL Budget Sheet		09/04	Screen Print
DHR	969	Living Arrangement Determination – LA/ISM Guide		10/06	Screen Print
DHR	970	VA Communication Form		10/06	SO
DHR	981	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid		02/08	SO
DHR	985	Burial Designation Form		04/07	SO
DHR	986	MAO Cemetery Lot Verification		04/04	Screen Print
DHR	987	Designation of Cemetery Lot		04/04	Screen Print
DHR	991	MAO Property Search Record		07/05	SO
DHR	992	MAO Control Sheet		04/04	Screen Print
MHDDAD	1008	MRWP Communicator			Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
Social Security	1610-U2	Public Assistance Agency Information Request		02/82	SSA
DMA	3327	Health Check Brochure - English			ACS
DMA	3328	Health Check Brochure - Spanish			ACS
DMA	3329	Health Check Brochure - Braille			ACS
DHR	5459	Authorization for Release of Information	04/03	Admin Manual	SO
DHR	5459Sp	Authorization for Release of Information	04/03	Admin Manual	SO
DHR	5460	<u>Notice of Privacy Practices (English)</u>		06/05	SO
DHR	5460 Sp	<u>Notice of Privacy Practices (Spanish)</u>		06/05	SO
Sec of State	AEVN-95	Agency Preaddressed Postage Paid Envelopes for Voter Registration			Sec State
Sec of State	AFT95	Agency Daily Transmittal Forms			Sec State
Sec of State	DS96	Declaration Statement – Voter Registration			Sec State
Sec of State	VRA-95	Mail Voter Registration Application			Sec State
INS	G-845-S	INS SAVE Document Verification			DHS
Social Security	SS-5	Application for a Social Security Card			SSA
Social Security	SSA-1020B	Application for Help with Medicare Prescription Drug Plan Costs			SSA
Social Security	SSA-1020B SP	Application for Help with Medicare Prescription Drug Plan Costs (Spanish)			SSA
DHR		<u>ABD CAR Reduction Request</u>		01/07	Screen Print
DHR		<u>AFDC Budget Sheet</u>		10/03	Screen Print
DHR		<u>Annuity Issuer Notification</u>		07/07	Screen Print
MHDDAD		Application for Mental Retardation or Developmental Disabilities Services		05/03	N/A
DHR		<u>Burial Exclusion form</u>		01/07	Screen Print
DHR		<u>Burial Contract Verification</u>		04/07	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
Aging		<u>CCSP Level of Care and Placement Instrument</u>			N/A
Aging		<u>Community Care Communicator</u>	<u>CCCi</u>		N/A
DHR		<u>Providing Verification of Citizenship for Medicaid</u>		10/06	Screen Print
DHR		<u>Providing Verification of Citizenship for Medicaid (SP)</u>		10/06	Screen Print
DHR		<u>Foster Care Worker Card</u>		04/04	Screen Print
DHR		<u>ICAMA Member Contact List</u>			N/A
DHR		<u>ICAMA Non-Member Contact List</u>			
DCH		<u>IME Pricing Document</u>		09/04	N/A
DCH		<u>IME Query Form</u>		07/04	Screen Print
DHR		<u>IV-E Budget Sheet</u>		10/03	Screen Print
MHDDAD		<u>Level of Care Agreement</u>			N/A
DHR		<u>Medically Needy Option Statement</u>		04/04	Screen Print
DCH		<u>Non-Emergency Transportation Broker Sheet</u>		04/07	Screen Print
DCH		<u>Non-Emergency Transportation Broker Sheet (Spanish)</u>		04/07	Screen Print
DCH		<u>Notice of Review of Annuity</u>		07/05	Screen Print
DHR		<u>Notice of Review on Promissory Note, Loan or Property Agreement.</u>		10/05	Screen Print
DHR		<u>Notice of Termination of Medicaid Benefits Due to Contract(s)</u>		07/05	Screen Print
CMS		<u>(Medicare) Part D Complaint Checklist</u>			Screen Print
DHR		<u>Notification of Eligibility-EMA</u>		04/06	Screen Print
DHR		<u>Notification of Eligibility-EMA (Sp)</u>		04/06	Screen Print
DHR		<u>PeachCare for Kids Referral Letter</u>		07/05	Screen Print
DHR		<u>QIT Approved Format Deviation Form</u>		09/04	Screen Print
DCH		<u>QIT Approved Template 1</u>		07/04	Screen Print

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DCH		OIT Approved Template 2		07/04	Screen Print
DCH		OIT Approved Template 3		07/04	Screen Print
DCH		OIT Certification		06/04	Screen Print
DCH		OIT Checklist		01/06	Screen Print
DCH		OIT Frequently Asked Questions and Worksheet	OIT FAQ Instructions	04/05	
DHR		OIT Review Letter		07/05	Screen Print
DCH		OIT Trustee Guide (2004)		04/05	Screen Print
DHR		Record of Life Insurance Policies		01/07	Screen Print
DHR		SSI Continuing Medicaid Determination Notice		07/05	Screen Print
DCH		Special Needs Trust Routing Form		07/05	Screen Print
DHR		TEFRA/Katie Beckett Cover Letter		10/06	Screen Print
DHR		TEFRA/Katie Beckett Cover Letter (Sp)		4/05	Screen Print
DHR		TEFRA/Katie Beckett Worksheet			Screen Print
DHR		Undue Hardship Waiver Application		02/08	Screen Print
DHR		Undue Hardship Waiver Letter		02/07	Screen Print

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