

MAN 3480: Administration of the Medicaid Program

Appendix F: FORMS Table of Contents

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
		<u>Overview</u>			
OSAH	1	<u>Hearing Request</u>		02/03	Screen Print
DMA	1	PeachCare for Kids Flyer (English)			ACS
DMA	6	LOC Approval/NH			GHP
DMA	6A	<u>Physician's Recommendation for Pediatric Care (legal size)</u>	<u>6Ai</u>	11/04	Screen Print
DMA	12	PeachCare for Kids Application (English)			ACS
DMA	21	PeachCare for Kids Handbook			ACS
DMA	41	PeachCare for Kids Handbook (Spanish)			ACS
DMA	59	Authorization for NH Facility Reimbursement/Vendor Payment			GHP
DHR	71	<u>Medicaid Disability Determination Inquiry</u>		04/05	Screen Print
DHR	75	Loving Care (Health, Nutrition & Safety Tips)			
DHR	94	<u>Medicaid Application</u>		11/08	SO
DHR	94 Sp	<u>Medicaid Application (Spanish)</u>		11/08	SO
DHR	95	<u>Contact Letter and Information/Verification Checklist for Family Medicaid</u>		01/07	SO
DHR	95 Sp	<u>Contact Letter and Information/Verification Checklist for Family Medicaid (Spanish)</u>		01/07	SO
DHR	106	<u>Insurance Clearance</u>		04/04	SO
DHR	107	<u>SSI Status Change</u>		04/04	SO
DHR	118	<u>Request for a Hearing</u>		04/04	Screen Print
DHR	118 Sp	<u>Request for a Hearing-(Spanish)</u>		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	130SP	TANF and Family Medicaid Child and Medical Support Letter (Spanish)		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		12/08	SO
DHR	138SP	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE (Spanish)		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	173	Verification Checklist (Spanish)		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	218SP	Citizenship/Identity Verification Checklist (Spanish)		02/08	Screen Print
DHR	219	Affidavit of Facts Concerning Citizenship	219i	02/07	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	219 Sp	Affidavit of Facts Concerning Citizenship (Spanish)	219i	10/06	Screen Print
DHR	222	Medicaid Review Form		11/08	SO
DHR	222 Sp	Medicaid Review Form (Spanish)		11/08	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
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	297	Application f or TANF, Food Stamps or Medical Assistance (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHR	297A	Rights and Responsibilities		12/08	SO
DHR	297A (Sp)	Rights and Responsibilities (Spanish)		12/08	SO
DHR	297A	Rights and Responsibilities (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHR	297M	Medicaid Addendum to Form 297		05/08	SO
DHR	297M	Medicaid Addendum to Form 297 (SP)		05/08	SO
DMA	315	Official Notice of Georgia Medicaid Estate Recovery Program		08/06	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DMA	327	Estate Recovery Notification Form		11/08	Screen Print
DMA	400	Medically Needy First Day Liability Authorization for Reimbursement		04/93	Hard Copy Only
Adoptions	403	Adoption Assistance Benefits Memorandum		07/08	Screen Print
DMA	526	Physician's Statement for EMA		12/05	Screen Print
DHR	700	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		02/09	SO
DHR	700 Sp	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		02/09	SO
DHR	701	Q-Track Brochure		04/08	SO
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		03/08	SO
DHR	809SP	Verification of Earned Income (Spanish)		03/08	
DMA	938	Understanding Medicaid (Spanish)			ACS
DMA	939	Understanding Medicaid			ACS
DHR	942	IME Verification Form	942i	08/08	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

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR	981	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid		11/08	SO
DHR	981SP	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid (Spanish)		11/08	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
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	Notice of Privacy Practices (English)		10/08	SO
DHR	5460 Sp	Notice of Privacy Practices (Spanish)		06/05	SO
DHR	5460	Notice of Privacy Practices (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
Sec of State	AENV-03WP	Agency Preaddressed Postage Paid Envelopes for Voter Registration			Sec State
Sec of State	AFT-07	Agency Daily Transmittal Forms			Sec State
Sec of State	DS-2007	Declaration Statement – Voter Registration			Sec State

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
Sec of State	VRA-07	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		ABD CAR Reduction Request		01/07	Screen Print
DHR		AFDC Budget Sheet		10/03	Screen Print
DHR		Annuity Issuer Notification		07/07	Screen Print
MHDDAD		Application for Mental Retardation or Developmental Disabilities Services		05/03	N/A
DHR		Burial Exclusion form		01/07	Screen Print
DHR		Burial Contract Verification		04/07	Screen Print
Aging		CCSP Level of Care and Placement Instrument			N/A
Aging		Community Care Communicator	CCCi		N/A
DHR		Providing Verification of Citizenship for Medicaid		05/08	Screen Print
DHR		Providing Verification of Citizenship for Medicaid (SP)		05/08	Screen Print
DHR		Foster Care Worker Card		04/04	Screen Print
DHR		Georgia Medicaid for Workers with Disabilities Fact Sheet		08/08	Screen Print
DHR		ICAMA Member Contact List			N/A
DHR		ICAMA Non-Member Contact List			
DCH		IME Pricing Document		09/04	N/A
DCH		IME Query Form		07/04	Screen Print
DHR		IV-E Budget Sheet		10/03	Screen Print
DHR		Letter of Non-Cooperation with OCSS		12/08	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
MHDDAD		Level of Care Agreement			N/A
DHR		Medically Needy Option Statement		04/04	Screen Print
DCH		Non-Emergency Transportation Broker Sheet		04/07	Screen Print
DCH		Non-Emergency Transportation Broker Sheet (Spanish)		04/07	Screen Print
DCH		Notice of Review of Annuity		07/05	Screen Print
DHR		Notice of Review on Promissory Note, Loan or Property Agreement.		10/05	Screen Print
DHR		Notice of Termination of Medicaid Benefits Due to Contract(s)		07/05	Screen Print
CMS		(Medicare) Part D Complaint Checklist			Screen Print
DHR		Notification of Eligibility-EMA		04/06	Screen Print
DHR		Notification of Eligibility-EMA (Sp)		04/06	Screen Print
DHR		PeachCare for Kids Referral Letter		07/05	Screen Print
DHR		PeachCare for Kids Report Back Form		04/08	Screen Print
DHR		QIT Approved Format Deviation Form		09/04	Screen Print
DCH		QIT Approved Template 1		07/04	Screen Print
DCH		QIT Approved Template 2		08/08	Screen Print
DCH		QIT Approved Template 3		07/04	Screen Print
DCH		QIT Certification		06/04	Screen Print
DCH		QIT Checklist		01/06	Screen Print
DCH		QIT Frequently Asked Questions and Worksheet	QIT FAQ Instructions	04/05	
DHR		QIT Review Letter		07/05	Screen Print
DCH		QIT Trustee Guide (2004)		04/05	Screen Print
DHR		Quarterly Report Form		08/08	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHR		<u>Record of Life Insurance Policies</u>		01/07	Screen Print
DHR		<u>SSI Continuing Medicaid Determination Notice</u>		07/05	Screen Print
DCH		<u>Special Needs Trust Routing Form</u>		07/05	Screen Print
DHR		<u>TEFRA/Katie Beckett Cover Letter</u>		10/06	Screen Print
DHR		<u>TEFRA/Katie Beckett Cover Letter (Sp)</u>		4/05	Screen Print
DHR		<u>TEFRA/Katie Beckett Worksheet</u>			Screen Print
DHR		<u>Undue Hardship Waiver Application</u>		02/08	Screen Print
DHR		<u>Undue Hardship Waiver Letter</u>		02/07	Screen Print

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