

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
DHS	71	<u>Medicaid Disability Determination Inquiry</u>		02/11	Screen Print
DHS	75	Loving Care (Health, Nutrition & Safety Tips)			
DHS	94	<u>Medicaid Application</u>		11/10	SO
DHS	94 Sp	<u>Medicaid Application (Spanish)</u>		11/10	SO
DHS	95	<u>Contact Letter and Information/Verification Checklist for Family Medicaid</u>		01/07	SO
DHS	95 Sp	<u>Contact Letter and Information/Verification Checklist for Family Medicaid (Spanish)</u>		01/07	SO
DHS	106	<u>Insurance Clearance</u>		04/04	SO
DHS	107	<u>SSI Status Change</u>		02/10	SO
DHS	118	<u>Request for a Hearing</u>		02/10	Screen Print
DHS	118 Sp	<u>Request for a Hearing-(Spanish)</u>		02/10	Screen Print
DHS	122	Foster Care Referral Form			Forms OL

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	123	Interagency/Interoffice Update and Follow-Up			Forms OL
DMA	124	Application for Health Insurance Premium Payments	124i	03/09	Screen Print
DMA	125	PeachCare for Kids Application (Spanish)			ACS
DHS	129	Recipient Notice for Spousal Impoverishment		02/10	Screen Print
DHS	130	TANF and Family Medicaid Child and medical Support Letter		03/09	SO
DHS	130SP	TANF and Family Medicaid Child and Medical Support Letter (Spanish)		09/04	SO
DHS	136	County Request for Final Appeal		02/10	Screen Print
DHS	138	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE		12/08	SO
DHS	138SP	Notice of Requirement to Cooperate and Right to Claim Good Cause for Refusal to Cooperate with CSE (Spanish)		12/08	SO
DHS	139	Contribution Statement		02/10	SO
DHS	139SP	Contribution Statement (Spanish)		02/10	SO
DHS	171	Parent to Child Deeming Worksheet		04/04	Screen Print
DHS	172	ABD MAO Individual/Couple/Spouse to Spouse Deeming	172i	10/05	Screen Print
DHS	173	Verification Checklist	173i	06/10	Screen Print
DHS	173	Verification Checklist (Spanish)		11/09	Screen Print
DHS	185	Affidavit of Paternity		09/09	SO
DHS	188	Social Data Report	188i	04/04	SO
DHS	214	Medicaid Notification Form		11/07	SO
DHS	214SP	Medicaid Notification Form (Spanish)		11/07	SO
DHS	216	Declaration of Citizenship		11/07	SO
DHS	216 SP	Declaration of Citizenship (Spanish)		11/07	SO
DHS	217	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16		02/07	SO
DHS	217SP	Affidavit to Establish Identity for Medicaid Applicant/Recipients < 16 (SP)		02/07	SO
DHS	218	Citizenship/Identity Verification Checklist		11/09	Screen Print
DHS	218SP	Citizenship/Identity Verification Checklist (Spanish)		11/09	Screen Print
DHS	219	Affidavit of Facts Concerning Citizenship	219i	02/07	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	219 Sp	Affidavit of Facts Concerning Citizenship (Spanish)	219i	10/06	Screen Print
DHS	222	Medicaid Review Form		07/10	SO
DHS	222 Sp	Medicaid Review Form (Spanish)		06/09	SO
DHS	223	Medicaid and IV-E Application for Foster Care	223i	12/04	Screen Print
DHS	224	Removal Home Income and Asset Checklist	224i	12/04	Screen Print
DHS	225	IV-E Eligibility Documentation Sheet	225i	02/08	Screen Print
DHS	226	Medicaid and IV-E Redetermination Form	226i	07/05	Screen Print
DHS	227	Notification of Change in Foster Care or Adoption Assistance	227i	02/08	Screen Print
DHS	238	Medically Needy Budget Sheet		04/04	SO
DHS	239	TANF/Medicaid Budget Sheet		11/09	SO
DFCS	245	SMEU Request Form		02/10	Screen Print
DHS	256	Interview Guide for TANF/FS/Medicaid			SO
DMA	285	Third Party Liability	285i		ACS
DHS	297	Application for TANF, Food Stamps or Medical Assistance		10/10	SO
DHS	297 Sp	Application for TANF, Food Stamps or Medical Assistance (Spanish)		10/10	SO
DHS	297	Application for TANF, Food Stamps or Medical Assistance (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHS	297A	Rights and Responsibilities		05/10	SO
DHS	297A (Sp)	Rights and Responsibilities (Spanish)		05/10	SO
DHS	297A	Rights and Responsibilities (Arabic, Chinese, Farsi, Hmong, Italian, Portuguese, Russian, or Vietnamese)			Hard Copy Only
DHS	297M	Medicaid Addendum to Form 297		11/09	SO
DHS	297M	Medicaid Addendum to Form 297 (SP)		11/09	SO

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DMA	315	Official Notice of Georgia Medicaid Estate Recovery Program		11/10	Screen Print
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
DHS	700	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		02/11	SO
DHS	700 Sp	Application for Medicaid & Medicare Savings for Qualified Beneficiaries		11/09	SO
DHS	701	Q-Track Brochure		05/10	SO
DMA	704	TEFRA/Katie Beckett Cost Effectiveness Form		04/05	Screen Print
DMA	705	TEFRA/Katie Beckett LOC Determination Routing Form		02/11	Screen Print
DMA	706	TEFRA/Katie Beckett Care Plan	706i	04/05	Screen Print
DHS	713	Interagency Interoffice referral/ Follow Up		11/10	SO
DHS	809	Verification of Earned Income		03/08	SO
DHS	809SP	Verification of Earned Income (Spanish)		03/08	
DMA	938	Understanding Medicaid (Spanish)			ACS
DMA	939	Understanding Medicaid			ACS
DHS	942	IME Verification Form	942i	08/08	Screen Print
DHS	943	Notification of Deduction of Medical Expense		07/04	Screen Print
DHS	950	Facility Action Request		07/04	SO
DHS	957	Resource Clearance		04/04	SO
DHS	958	Nursing Facility Information Request		10/05	SO
DHS	962	Certification of Medicaid Eligibility	962i	07/03	SO
DHS	963	Medicaid Notification Form	963i	01/07	SO
DHS	968	MN PL Budget Sheet		09/04	Screen Print

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
DHS	969	Living Arrangement Determination – LA/ISM Guide		10/06	Screen Print
DHS	970	VA Communication Form		10/06	SO
DHS	981	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid		11/08	SO
DHS	981SP	Contact Letter and Information/Verification Checklist for Aged, Blind and Disabled Medicaid (Spanish)		11/08	SO
DHS	985	Burial Exclusion and Designation Form		02/10	SO
DHS	986	MAO Cemetery Lot Verification		04/04	Screen Print
DHS	987	Designation of Cemetery Lot		04/04	Screen Print
DHS	991	MAO Property Search Record		07/05	SO
DHS	992	MAO Control Sheet		04/04	Screen Print
MHDDAD	1008	NOW/COMP MR/DD Communicator		01/09	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
DHS	5459	Authorization for Release of Information	04/03	Admin Manual	SO
DHS	5459Sp	Authorization for Release of Information	04/03	Admin Manual	SO
DHS	5460	Notice of Privacy Practices (English)		11/09	SO
DHS	5460 Sp	Notice of Privacy Practices (Spanish)		11/09	SO
DHS	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

Form Owner	Form Number	Form Name	Instructions	Revision Date	Order Info
Sec of State	AFT-07	Agency Daily Transmittal Forms			Sec State
Sec of State	DS-2007	Declaration Statement – Voter Registration			Sec State
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
DHS		ABD CAR Reduction Request		01/07	Screen Print
DHS		Absent Parent Information Form		11/09	Screen Print
DHS		AFDC Budget Sheet		10/03	Screen Print
DHS		Annuity Issuer Notification		07/07	Screen Print
MHDDAD		Application for Mental Retardation or Developmental Disabilities Services		05/03	N/A
DHS		Burial Contract Verification		05/09	Screen Print
Aging		CCSP Level of Care and Placement Instrument			N/A
Aging		Community Care Communicator	CCCi		N/A
DHS		Providing Verification of Citizenship for Medicaid		05/08	Screen Print
DHS		Providing Verification of Citizenship for Medicaid (SP)		05/08	Screen Print
DHS		Foster Care Worker Card		04/04	Screen Print
DHS		Georgia Medicaid for Workers with Disabilities Fact Sheet		08/08	Screen Print
DHS		ICAMA Member Contact List			N/A
DHS		ICAMA Non-Member Contact List			
DCH		IME Pricing Document		08/10	N/A
DCH		IME Query Form		02/10	Screen Print

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DHS		IV-E Budget Sheet		10/03	Screen Print
DHS		Letter of Non-Cooperation with OCSS		12/08	Screen Print
MHDDAD		Level of Care Agreement			N/A
DHS		Medicaid Review Response Form			Screen Print
DHS		Medically Needy Option Statement		02/10	Screen Print
DHS		Medicare Buy-In Problem Template		02/11	Screen Print
DHS		Medicare Savings Programs Request for Information		02/10	Screen Print
DHS		Members to Be Removed from Q-Track Exparte Lists		02/11	Screen Print
DHS		Members to Be Removed from RSM Exparte Lists		02/11	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
DHS		Notice of Review on Promissory Note, Loan or Property Agreement.		10/05	Screen Print
DHS		Notice of Termination of Medicaid Benefits Due to Contract(s)		07/05	Screen Print
CMS		(Medicare) Part D Complaint Checklist			Screen Print
DHS		Notification of Eligibility-EMA		04/06	Screen Print
DHS		Notification of Eligibility-EMA (Sp)		04/06	Screen Print
DHS		PeachCare for Kids Referral Letter		07/05	Screen Print
DHS		PeachCare for Kids Report Back Form		04/08	Screen Print
DCH		PeachCare Special Request Form			Screen Print
DHS		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
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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	
DHS		OIT Review Letter		07/05	Screen Print
DCH		OIT Trustee Guide		02/10	Screen Print
DHS		Quarterly Report Form		08/08	Screen Print
DHS		Record of Life Insurance Policies		01/07	Screen Print
DHS		SSI Continuing Medicaid Determination Notice		07/05	Screen Print
DHS		SXC Prescription Update Template		02/10	Screen Print
DCH		Special Needs Trust Routing Form		11/09	Screen Print
DHS		TEFRA/Katie Beckett Cover Letter		10/06	Screen Print
DHS		TEFRA/Katie Beckett Cover Letter (Sp)		4/05	Screen Print
DHS		TEFRA/Katie Beckett Worksheet			Screen Print
DHS		Undue Hardship Waiver Application		02/08	Screen Print
DHS		Undue Hardship Waiver Letter		02/07	Screen Print
DHS		Women's Health Medicaid Physician's Statement of Treatment		11/09	Screen Print
DHS		Women's Health Medicaid Review Form		11/09	Screen print

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