OSAH FORM 1--MEDICAID

(REPLACES DFCS FORM 166)

Mail Hearing Packet to: DHR Legal Services, 2 Peachtree Street, NW, Room 29-210, Atlanta, GA 30303-3142

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY	CASE CODE	DOCKET NUMBER	COUNTY	JUDGE
	DFCS				

Use ONLY For MEDICAID PROGRAM (DFCS, not DCH Referrals)

Check One: ☐ Denial of Application ☐ Case Closure ☐ Reduction in Benefits ☐ Disputed Determination of Benefits ☐ Agency Inaction ☐ Failure to act within reasonable time for benefit change ☐ Denial of expedited services ☐ Denial of opportunity to apply for benefits ☐ Other: If so specify

CLAIMANT'S COUNTY OF RESIDENCE: **DATE NOTICE OF ADVERSE ACTION ISSUED:**

DATE OF REQUEST FOR HEARING:

REGULATION(S) APPLIED: ☐ **ESS Manual Volume 2, Chapter(s):** **Section(s):**

DATE DFCS RECEIVED CLAIMANT'S REQUEST FOR HEARING: ☐ **Oral on:** ☐ **Written on:**

DFCS CASE NUMBER: **BENEFIT CONTINUED PENDING APPEAL:** ☐ **YES** ☐ **NO**

FAMILY MEDICAID REFERRALS: SELECT ONLY ONE TYPE OF CASE

☐	4MOCS (Child Support 3 of 6 months: § 3280)	☐	LIMFE1 (Financial Eligibility/Resources: CH 2300	☐	LIM (Low Income Medicaid: § 2162)
☐	AAM1 (IV- Adoption: § 2817)	☐	LIMFE2 (Financial Eligibility/Income: CH 2400	☐	TMA (Trans Medical Assistance: § 2166)
☐	CWFC (Welfare Foster: § 2890)	☐	LIMOM (Ongoing Mgt: CH 2700)	☐	LNH (LIM Nursing Home: § 2172)
☐	EMA (Emergency Medical: § 2054)	☐	NEWBORN (Newborn Medicaid: § 2174)	☐	FMRETRO (FM Retroactive Medicaid: § 2053)
☐	FOST (IV-E Foster Care: § 2815)	☐	PEM (Presumptive Eligibility: § 2067)	☐	FMA (Application: § 2050 & § 2065)
☐	LIMB (Budgeting: CH 2650)	☐	PWCMN (Pregnancy: § 2180 & § 2184)	☐	FMAU (FM Assistance Unit: CH 2600)
☐	LIMBE (Basic Eligibility: CH 2200)	☐	RSM (Right from the Start: § 2180 & § 2182)	☐	OTHER, specify:
☐	FMN (Family Med Needy: § 2196)	☐	SAAM (State Adoption Assistance: § 2895)		

AGED, BLIND OR DISABLED (ABD) REFERRALS: SELECT ONLY ONE TYPE OF CASE

☐	ABDB (ABD Eligibility Budget: CH 2500)	☐	FSSIDC (Former SSI Disabled Child: § 2116)	☐	ICWP (Independent Care Waiver § 2139)
☐	ABDBE (ABD Basic Eligibility: CH 2200)	☐	Hospice (Hospice Medicaid: § 2135)	☐	QDWI (Qualified Disabled Working Ind:§ 2147)
☐	ABDCM (ABD Case Mgt.: CH 2700)	☐	Hospital (Hospital Medicaid: § 2137)	☐	QI1 (Qualifying Individuals 1: § 2145)
☐	ABDFR (ABD Fin Responsibility: CH 2500)	☐	KATIE (Deeming Waiver: § 2133)	☐	QI2 (Qualifying Individuals 2: § 2146)
☐	ABDI (ABD Income: CH 2400)	☐	Laurens (Head Injury Waiver: § 2933)	☐	QMB (Qualified Medicare Beneficiaries: § 2143)
☐	ABDL (ABD Liability/Cost: CH 2550 & 2575)	☐	MRWP (Mental Retardation Waiver: § 2132)	☐	SLMB (Special Low Income Medicaid Ben: § 2144)
☐	ABDR (ABD Resources: CH 2300)	☐	NH (Nursing Home: § 2141)	☐	SSI (SSI MEDICAID: § 2111)
☐	ABDRET (ABD Retroactive Medicaid: § 2053)	☐	PICKLE (PL 94-566: § 2113)	☐	WIDO1 (Widows & Widowers: § 2117)
☐	ABDA (ABD Application § 2050 & § 2060)	☐	PROTEC (PROTEC: § 2123)	☐	WIDO2 (Widows & Widowers: § 2119)
☐	AMN (Adult Medically Needy: § 2150)	☐	MODEL (Model Waiver Program: § 2140)	☐	WIDO3 (Widows & Widowers: § 2121)
☐	AMNNH (AMN Nursing Home: § 2151)	☐	CCSP (Community Care Services: § 2131)	☐	OTHER, specify:
☐	DAC (Disabled Adult Child: § 2115)	☐	BCCP (Breast & Cervical Cancer: § 2198)		

CLAIMANT

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	AMBULATORY? ☐YES ☐NO
ATTORNEY NAME	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
PERSONAL REPRESENTATIVE (PARALEGALS MAY ACT IN THIS CAPACITY)	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	RELATIONSHIP TO CLAIMANT	EMAIL

LOCAL DFCS OFFICE

NAME OF OFFICE	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	CASEWORKER'S NAME PAGER	CASEWORKER'S DIRECT TELEPHONE NUMBER EMAIL
INDICATE DOCUMENTS ATTACHED:	SUPERVISOR'S NAME PAGER	SUPERVISOR'S DIRECT TELEPHONE NUMBER EMAIL