

MO HealthNet (Missouri Medicaid) Nursing Home Coverage

Are you worried about the cost of a nursing home? MO HealthNet may be able to help you cover the cost of any MO HealthNet-Certified nursing home or facility.

Who is eligible for help?

To qualify for this program, you must meet certain income requirements and be:

- Age 65 or older
- Blind or permanently and totally disabled
- A U.S. citizen (or qualified non-citizen) with a Social Security Number (or proof you have applied for one)
- A resident of Missouri with no plans to move

There are set limits for the resources and income you can have to qualify for help through this program. To review these limits, visit buff.ly/3wmCdRf.

How do I apply?

To apply for coverage, you will first need to complete an application and submit it to the Regional Family Support Division Nursing Home Office for your county. You can get an application by:

- **Going to myDSS.mo.gov**
- **Visiting** your local Family Support Division Resource Center to pick up an application
- **Calling 855-FSD-INFO (855-373-4636)** and asking for an application to be mailed to you

When you apply, you will also be asked to provide information about:

- Your monthly income (money you and/or your spouse earn through work or other benefits like Social Security, pension, or veteran benefits)



What happens after I apply?

You will know if your application was approved within 45-90 days. If your application is approved, it's important to keep in mind all of your monthly income will go to the nursing home, except for:

- A set amount for personal needs
- A set amount to help the needs of a spouse still at home
- Money you pay towards medical insurance policies (like Medicare)

To file a complaint of discrimination contact:

U.S. Department of Health and Human Services

Office for Civil Rights

601 East 12th Street, Room 353

Kansas City, MO 64106

www.hhs.gov/civil-rights/filing-a-complaint
(800) 368-1019 (Voice); (800) 537-7697 (TDD)

Or

Office of Civil Rights

P.O. Box 1527

Jefferson City, MO 65102-1527

(800) 776-8014

If you are approved for help:

You must complete a review each year

The Family Support Division will need updated information once a year to make sure you still qualify for help. You will get the review form by mail. You must complete and return this form to continue receiving your benefits.

You must report changes

Any change to your contact information or changes in circumstances, such as a change in income or a new member of your household, must be reported to the Family Support Division within 10 days. Failure to report a change or providing false information may result in a loss of benefits and/or criminal prosecution.

If you are not approved for help:

You have a right to a hearing

If you feel you were not approved for benefits unfairly, you can request a hearing within 90 days of the decision. You can make a hearing request by calling, visiting, or writing to a Family Support Division office. Once we have received your request we will mail you further information and details about your hearing.