



# Spend Down

Helping you qualify for Missouri Medicaid

## What is Spend Down?

If your income is above the limit to qualify for Missouri Medicaid (MO HealthNet), you may still be able to get MO HealthNet coverage if you agree to pay, or “spend down,” a certain amount each month. Once you spend this amount, you will have MO HealthNet coverage for the month. If you do not spend this amount in a month, you will not have MO HealthNet coverage that month.

## Who is eligible?

If your income is above the limit to qualify for MO HealthNet and you are age 65 or older, disabled, **or** blind, you may qualify for help through the Spend Down Program. Once you apply for MO HealthNet, our team will check to see what type of coverage you qualify for and will notify you directly.

## How do I pay Spend Down?

When you're approved for spend down, you will get an invoice in the mail. It will show the amount you need to pay for the month. There are 3 ways you can meet your spend down:

ONLINE	Visit <a href="https://mymohealthportal.com">mymohealthportal.com</a> to create your account. You will need an email address and your 10-digit DCN or social security number. Once you have your account created, you can sign in to pay your spend down online.
MAIL	To get coverage, send the bottom of the invoice that lists the month you want to pay for along with your payment and case number. If you do not have the correct invoice, write which month and case number on the check or money order (DO NOT SEND CASH). Only include the invoice for the month you want to pay for. Send a check/money order to: MHD Premium Collections Unit, P.O. Box 808001, Kansas City, MO 64180
AUTO WITHDRAWAL	You can have your payment taken directly out of your bank account on the 10th of each month. It will give you coverage for the next month. To sign up, submit an automatic withdrawal form: <a href="https://tinyurl.com/SpendDown-AW">tinyurl.com/SpendDown-AW</a> . Please allow 30 days for the automatic withdrawal to process. If you choose this option, you can submit medical bills you paid towards your spend down.
SUBMIT MEDICAL BILLS	You can use your medical bills to meet your spend down amount. To submit your medical bills, include your case number and send copies of your bills by mail, fax, or email to: <ul style="list-style-type: none"><li>• <b>MAIL:</b> Spend Down Unit, 16798 Oak Hill Drive, Suite 600, Houston, MO 65483</li><li>• <b>FAX:</b> 855-600-3754</li><li>• <b>EMAIL:</b> <a href="mailto:sesd@ip.sp.mo.gov">sesd@ip.sp.mo.gov</a></li></ul>



## What services qualify for spend down?

You can submit bills for services you or your spouse get from a medical provider, even if you have not paid for them yet. They must be bills you are responsible for paying and include services such as:

- Prescriptions
- Eye care services or eyeglasses
- Chiropractic services
- Hospital and emergency services
- Labs and tests
- Dental care
- Mental health services and counseling
- Doctor prescribed oxygen, nebulizer, hearing aids, prosthetic devices, wheelchair, crutches, or walker
- Certain home medical services such as personal care or adult day care

## Questions?

If you have questions about Spend Down, call **855-600-4412**. You can also review our frequently asked questions by visiting: [mydss.mo.gov/mhd/spend-down-faqs](https://mydss.mo.gov/mhd/spend-down-faqs)

## Discrimination & Civil Rights

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call **(866) 632-9992**. Submit your completed form or letter to USDA by:

1. mail: Food and Nutrition Service, USDA | 1320 Braddock Place, Room 334 | Alexandria, VA 22314; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. phone: **(833) 620-1071**; or
4. email: [FNCSIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov)

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at **(800) 221-5689**, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by state); found online at: SNAP hotline.

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form online through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at **1-800-368-1019**, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

The Missouri Department of Social Services is an equal opportunity provider.

## Hearings Information

If the Family Support Division changes or stops your benefits and you think the change is wrong, you can ask for a hearing. To do this, contact us by phone or in person.

- Visit: [dss.mo.gov/fsd/know-your-rights](https://dss.mo.gov/fsd/know-your-rights) or [dss.mo.gov/dls/hearings](https://dss.mo.gov/dls/hearings)
- Call: **855-FSD-INFO** (855-373-4636)

