

HOW TO: Apply for MO HealthNet

MISSOURI STATE PUBLIC DEFENDER



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DEFENSE SERVICES

MO HealthNet is the Medicaid coverage for Missouri's low income and vulnerable citizens. There are multiple programs which provide access to health care.

MO HealthNet Programs and Eligibility

MO HealthNet Expansion for adults:

- Must be between the ages of 19–64
- Must live in Missouri and be a United States citizen or a qualified non-citizen
- Must make less than the [annual income limit](#) for your household size
- You will not be eligible for disability benefits, MO HealthNet for Families, MO HealthNet for Pregnant Women, or Non-Spend Down MO HealthNet if you are Aged Blind & Disabled
- Must have or have applied for healthcare coverage for any children in the home
- Do not have Medicare coverage

MO HealthNet for Families:

Must be a parent or caretaker of a child under the age of 19 and:

- Must live in Missouri and be a United States Citizen or a qualified non-citizen
- Must have or have applied for a Social Security Number
- Must make less than the [annual income limit](#) for your household size

- Must cooperate with Child Support for medical support

NOTE: The child will also be covered.

MO HealthNet for Seniors:

Must be 65 or older and:

- Must live in Missouri and be a United States Citizen or a qualified non-citizen
- Must already have or have applied for a Social Security Number
- Must make less than the [annual income limit](#)
- Must not own resources, including cash and securities, over the [income limit](#) for your household size. This does not include your home, one vehicle, household goods, or certain other property.

MO HealthNet for Children & Youth:

The child must be 18 or under and:

- Must live in Missouri
- Must have or have applied for a Social Security Number
- Must be a United States citizen or qualified non-citizen. Getting healthcare benefits does not subject qualified non-citizens to [Public Charge Consideration](#)
- Must live in a household that makes less than the annual income limit for your household size



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MO HealthNet for People with Disabilities:

- Must live in Missouri and be a United States citizen or a qualified non-citizen
- Must have or have applied for a Social Security Number
- Must be permanently and totally disabled, meaning you are unable to be gainfully and substantially employed for one or more years due to physical or mental incapacity
- Must have applied for other benefits such as social security
- Must make less than the [annual income limit](#) for your household size. You may still be eligible if your monthly income is too high if your medical costs drops your income within the limit
- Must not own resources including cash and securities over the resource limit for your household size. This does not include your home, one vehicle, household goods, or certain other property
- Must not be a resident of a public institution unless it's a public medical institution

MO HealthNet for Pregnant Women:

Must be a pregnant woman and:

- Must live in Missouri and be a United States citizen or be a qualified non-citizen)
- Must have or have applied for a Social Security Number
- Must make less than the [annual income limit](#) for your household size

Show Me Healthy Babies:

Must be pregnant and apply before you deliver your child and:

- Must live in Missouri
- Must make less than the [annual income limit](#) for your household size
- Must not have any medical insurance or have medical insurance that does not cover full maternity benefits (prenatal, labor and delivery, and postpartum)
- Must not have access to employer-sponsored insurance or affordable private insurance that includes maternity benefit
- Must not be eligible for other MO HealthNet programs

Women Without Health Coverage:

Must be a woman between the ages of 18 and 55 and:

- Must live in Missouri and be a United States citizen or a qualified non-citizen
- Must have or have applied for a Social Security Number
- Must not have medical insurance or access to employer-sponsored insurance that includes family planning
- Must need help with family planning services
- [Must make less than 201% of the Federal Poverty Level for your household size](#)
- Must not be eligible for other MO HealthNet programs

Blind & Visually Impaired:

- Must be 18 or older
- Must live in Missouri and be a United States Citizen or a qualified non-citizen
- Must have or have applied for a Social Security Number



- Must be legally blind (vision less than 5/200)
- Must not have a sighted spouse who can provide support
- Must make less than the [annual income limit](#) for your household size. You may still be eligible if your monthly income is too high but your medical costs drops your income within the limit
- Must not own resources, including cash and securities, over the [resource Limit](#) for your household size. This does not include your home, clothes, furniture, household equipment, jewelry, or any other property used to earn a living.
- Must not publicly ask for donations
- Must not be a resident of a public institution unless it's a public medical institution

Women with Breast & Cervical Cancer:

Be a woman under the age of 65 and:

- Must live in Missouri and be a United States citizen or qualified non-citizen)
- Must have or have applied for a Social Security Number
- Must have a need for treatment for breast or cervical cancer and have a [DHSS Show Me Healthy Women](#) screening and diagnosis
- Must not have medical insurance or have insurance that does not cover breast or cervical cancer treatment

How to Apply

There are four ways to apply for health coverage. Applications are accepted any time through out the year.

1. Through the [Online Portal](#)
2. By Phone: 855-373-9994
3. Download and print or scan application
 - a. [English Application](#)
 - b. [Spanish Application](#)
4. In Person at your local FSD Resource Center.
 - a. Click here to find an [office near you](#).

Information needed to fill out the application

- Social Security Number (or document numbers for any legal immigrants who need insurance)
- Employer and income information for everyone in your family (such as a pay stubs, W-2 form, or wage and tax statements)
- Policy numbers for any current health insurance plan
- Information about any job-related health insurance available to your family

How to Check Medicaid status

Verify active status at following link with your date of birth and social security number and/or DCN case number.

<https://apps.dss.mo.gov/benefitreview/BenefitSummary.aspx>

Supplemental Form

Complete and submit the Supplemental Form with your application if you are:

- Are age 65 or older
- Are blind or disabled
- Receive Social Security

- Live in a medical or nursing facility
- Have Medicare or VA healthcare

[Supplemental Form-English](#)

[Supplemental Form-Spanish](#)

Where to submit your application

- [Online](#)
- By Mail:
Family Support Division
615 E 13th St
Kansas City, MO 64106
- Fax: 573-526-9400

Things to Know

Once application is submitted applicant will receive a letter that lets them know if they are eligible for healthcare coverage. Please reach out if applicant has not been contacted within 45 days of submitting application. If approved, applicant will receive a MO HealthNet Identification Card and information explaining which program they qualify for. The letter will include information on how to use your coverage.

For translation services call 1-855-373-4636
For American Sign Language call 1-800-735-2966

What to do if your application is denied

If applicant is deemed ineligible, check the letter to determine the reason. It could be that you need to submit more documents. Follow up with a representative if you think there was a mistake.

If after the follow up you do not agree with the decision of the Department of Social Services, you can appeal their decision and request a Benefit Hearing.

How To Know If You Are Qualified As A Non-Citizen

- A permanent resident in the United States according to the Immigration and Nationality Act (INA), including Amerasian.
- A refugee admitted under section 207 of the INA.
- If granted asylum under section 208 of the INA.
- If paroled under section 212(d)(5) of the INA for at least one year.
- If deportation is withheld under 243(h) or 241(b)(3) of the INA before April 1, 1997.
- If granted conditional entry under 203(a)(7) before April 1, 1980.
- If a Cuban/Haitian entrant as defined in 501(e) of the Refugee Education Assistance Act of 1980.
- An immigrant, parent, or child of an immigrant who has experienced abuse or extreme cruelty in the U.S. by a spouse, parent, or a family member of the spouse or parent living in the same place as the immigrant at the time of the abuse. There should be a significant connection between the abuse and the need for food stamp benefits, and you must not live in the same home as the abuser.



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Print List

1. "How to: Apply For MO HealthNet" Guide
2. Print Application
[English](#) or [Spanish](#)
3. Supplemental form, if needed.
[English](#) or [Spanish](#)

Full Links/References (in order of appearance)

Page 1

Annual Income for Benefit Program Limit Chart:
<https://mydss.mo.gov/media/pdf/benefit-program-limit-chart>

Eligibility Requirements:
<https://mydss.mo.gov/media/pdf/eligibility-requirements-mo-healthnet-coverage>

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Eligibility Standards for Non-MAGI Programs:
<https://mydss.mo.gov/media/pdf/benefit-program-limit-chart>

Public Charge Ground of Inadmissibility:
<https://www.federalregister.gov/documents/2022/09/09/2022-18867/public-charge-ground-of-inadmissibility>

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Show Me Healthy Women:
<https://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/>

Online Missouri Department of Social Services Portal:
<https://mydssapp.mo.gov/CitizenPortal/application.do>

English application:
<https://dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf>

Spanish Application:

<https://dssmanuals.mo.gov/wp-content/uploads/2020/05/im-1sslsp.pdf>

Department of Social Services Office Locator:

https://dss.mo.gov/dss_map/

Benefit Review Summary:

<https://apps.dss.mo.gov/benefitreview/BenefitSummary.aspx>

Benefit Program Limit Chart:

<https://mydss.mo.gov/media/pdf/benefit-program-limit-chart>

Resource Limit:

<https://dssmanuals.mo.gov/wp-content/uploads/2022/07/mhabd-appendix-j.pdf>

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Supplemental Application – English:

<https://formsportal.dss.mo.gov/content/forms/af/moa/my-dss/family-support-division/mo-healthnet-for-the-aged--blind--and-disabled/IM-1ABDSV3.html>

Supplemental Application – Spanish:

https://dssmanuals.mo.gov/wp-content/uploads/2021/06/IM-1ABDS_Spanish.pdf

Application FSD Upload Portal:

<https://mydssupload.mo.gov/UploadPortal>

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