UNDERSTANDING MEDICAID
MISSOURI

INTRODUCTION TO MISSOURI'S MEDICAID

Missouri Medicaid (MO HealthNet) offers healthcare coverage for eligible Missourians through various eligibility groups designed to meet specific needs.

Families (MHF) - for low-income families with children under 19

Kids (MHK) - for children under 19
- with subcategories for children under the age of 1 and for children aged 1-18

Pregnant Women - provides prenatal, delivery, and postpartum care for up to 60 days post-delivery

Aged, Blind, and Disabled (MHABD) - for individuals in need of long-term care services and supports
- with subcategories for aged, blind, and disabled individuals

Disabled Workers - for disabled individuals who are employed
- Also known as Ticket to Work Health Assurance (TWHA)
- Allows for higher income limites and asset exclusions

SSI Recipients - automatically provided to individuals receiving Supplemental Security Income (SSI)

Medically Needy (MN) - for individuals with high medical expenses who do not qualify for other MO HealthNet categories due to income
- Allows individuals to "spend down" their income

Women's Health Services - provides family planning services to women of childbearing age who do not qualify for full Medicaid benefits

Breast and Cervical Cancer Treatment - for uninsured women under 65 diagnosed with breast or cervical cancer

Emergency Medical Services for Undocumented Immigrants - provides emergency medical services to undocumented immigrants who meet Medicaid eligibility criteria except for citizenship status

Expansion Adults - for adults aged 19-64 who have an income up to 138% of the federal poverty level

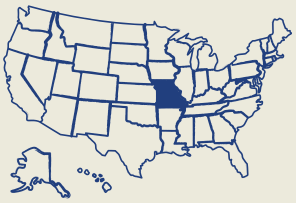
MEDICAID SERVICES

You are eligible for MO HealthNet if you are a Missouri resident in need of healthcare/insurance assistance.

You must also be one of the following:
- Aged 65 or older
- Parent or caretaker with a child under 19
- A child aged birth to 19
- Woman aged 18-55 with no health insurance
- Older adult 19-64 without disabilities
- Pregnant
- Blind or visually impaired
- Woman under 65 with breast or cervical cancer
- Person with disabilities, as defined by the Social Security Administration (SSA)
  - Note: the definition of what qualifies as a disability is different in children and adults.
  - If you currently get Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), you already meet Social Security's disability standards

Income requirements vary depending on what services you are seeking and what plan you are eligible for, find more information at Benefit Program Income Limits.
- *For those with IDD, you must be at or below 85% of the Federal Poverty Guidelines (FPG).*

There are a wide range of different MO HealthNet services available.



- Doctor visits
- Hospital stays
- Prescription drugs
- Dental
  - There are currently comprehensive dental services for children, pregnant women, the blind, and residents of a nursing facility
  - Coverage for adults is limited and includes dental services and care related to trauma of the mouth, jaw, teeth, or other contiguous sites
- Non-medical and emergency transportation (depending on eligibility)
- Mental health services
- And more

Information is current as of August 2024 and is subject to change. For the most up-to-date guidance, please consult your local Medicaid resources.

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HOW TO APPLY FOR MEDICAID

Ways to Apply:

By Phone
Call 855-373-9994

By Mail
Print the application and supplemental form, and submit online here or mail to the Family Support Division

Online Apply at
My DSS

You will need to provided required documents.

Required documents include:

- ☐ Social security numbers
- ☐ Employer and income information
- ☐ Current health incurance information
- ☐ Doctor's statement of disability or SSA disability

You may need to supply additional documentation as requested.

The state has 90 days to determine qualifications.

You will receive a letter in the mail letting you know the decision.

If you are accepted, you will receive a MO HealthNet Identification Card and information explaining your coverage. You will need to follow instructions in the letter to begin coverage.

If you are denied and want to appeal, you can request a benefits hearing.

To maintain eligibility, you must

- Maintain same requirements for initial eligibility.
- Renewal every 12 months, due the month when your coverage first began.

- You will receive a letter in the mail when it is time to renew, or you can find out your date in the FSD Benefit Portal.

If you do not renew by your renewal date, you will lose coverage on the last day of the month.

- If you complete renewal within 90 days of your renewal date, your coverage will be restored.
- If you complete renewal more than 90 days after your renewal date, you will have to re-apply.

DEVELOPMENTAL DISABILITIES SERVICES

A developmental disability is a disability attributable to an intellectual disability, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to brain dysfunction, or any other mental or physical impairment.

A developmental disability

- Occurs prior to the age of 22
- Is likely to continue indefinitely
- Requires some level of habilitative training
- Results in severe impairment in 2 or more major life areas
  - Self-Care
  - Communication
  - Learning
  - Mobility
  - Self-Direction
  - Independent Living/Self-Sufficiency

An intellectual disability must present before the age of 18.

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DEVELOPMENTAL DISABILITIES SERVICES CONTINUED

Eligibility:

- Medical/Psychological/Education records will be requested by utilizing the releases of information included in the application packet.
- Eligibility Staff will review the records and complete assessments and be available to answer questions.

Application:

- Anyone must initiate a referral by contacting your Regional Office and completing an intake interview.
    - Within 1 business day, the office will initiate contact with the individual or the responsible party to send a formal application.
- The formal application must be completed and returned to the appropriate regional office, with any additional requested paperwork, within 2 months.

Following eligibility and depending on your county, you will receive an Information Specialist system or support coordination service.

See https://dmh.mo.gov/dev-disabilities/individual-family-guardian-info for more information on who can provide support.

Create an Individual Support Plan (ISP)

Reviewed at regional office for approval

If the Division does not have enough funds to serve everyone who is approved for services, then a Priority of Need process determines who can begin their services and who must wait.

INTERSECTION OF MEDICAID AND DEVELOPMENTAL DISABILITIES SERVICES

Home and Community-Based Service (HCBS) Waivers

- Provide waivers to Medicaid members who meet specific eligibility criteria for additional services in their homes and communities
- You are only able to receive services from one waiver at the same time

Eligibility:

- Must have an intellectual and/or developmental disability (IDD)
- Must meet level of care typically provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Must meet financial eligibility requirements based on Medicaid guidelines

There is a waitlist for services based on crisis level, number of applicants, and available funds.

These waitlists have no direct time lines and can last from months to years.

There are 4 HCBS Waivers for individuals with IDD:

- **Comprehensive Waiver**
- **Missouri Children's Developmental Disabilities (MOCDD) Waiver**
- **Community Support Waiver**
- **Partnership for Hope Waiver**

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INTERSECTION OF MEDICAID AND DEVELOPMENTAL DISABILITIES SERVICES CONTINUED

Comprehensive Waiver

- To promote community living and integration
- No annual cap at maximum amount of money
- **Services included:**
  - Occupational therapy
  - Transportation
  - Day habilitation
  - Respite
  - Employment services
  - And more

Missouri Children's Developmental Disabilities (MOCDD) Waiver

- Supports children under the age of 18 who have DD and choose home-based care
- For children who have an ongoing waiver service need and use at least 1 waiver service monthly
- If eligibility is determined, the child will be placed on a waitlist - slots are offered on a quarterly basis to children who have the most critical unmet needs
- **Services included:**
  - Respite care
  - Day habilitation
  - Specialized medical equipment & supplies
  - Accessibility modifications
  - And more

Community Support Waiver

- Supports individuals with less intensive supports
- Covers an individual maximum of $40,000 in annual costs
- **Services included:**
  - Employment services
  - Transportation
  - Respite
  - Accessibility modifications
  - Personal assistance services
  - And more

Partnership for Hope Waiver

- Annual total waiver service cost per participant cannot exceed $12,362
- Has a prioritization system based on immediate needs, concerns, and stability
  - Individuals who cannot be served immediately are placed on a waitlist
- **Not available in all Missouri counties**
- **Services included:**
  - Employment services
  - Transportation
  - Respite
  - Accessibility modifications
  - Personal assistance services
  - And more

Targeted Case Management (TCM)

Optional state plan program that provides case managers or support coordinators to assist individuals served by the Division to gain access to needed medical, social, educational and other services.

Must be MO HealthNet eligible under the State Plan and must either reside in a community setting or be in the process of transitioning to a community setting.

Developmental Disabilities Health Home (DDHH)

Helps coordinate care/support, and provides education for eligible individuals

Individuals covered by MO HealthNet are eligible to be served by a DDHH if they have IDD and have or are at risk of developing one of the eligible medical conditions.

- To apply, complete a self-referral form.

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