Medicaid Tip Sheet For Nursing Homes

Does resident receive Medicaid?

Unknown

No

Call 1-800-392-1261

Choose: Option 4

Yes

Give Resident/Family Member: IM-1MA Application

Send completed form(s) via mail, email, or fax

To your designated Family Support Office

Complete DA-124

Email to COMRU@health.mo.gov

Or Mail to: DHSS, SLCR/COMRU

              P.O. Box 570

              Jefferson City, MO 65102

Complete DA-124

Email to COMRU@health.mo.gov

Or Mail to: DHSS, SLCR/COMRU

              P.O. Box 570

              Jefferson City, MO 65102

Complete FNIS

(Facility Notification to FSD Information Sheet)

Send completed form(s) via mail, email, or fax

To your designated Family Support Office

Complete FNIS

(Facility Notification to FSD Information Sheet)

Send completed form(s) via mail, email, or fax

To your designated Family Support Office

Yes

Have we notified you that we've received FNIS within 10 days?

NO

Contact your designated Family Support Office

Thank You!
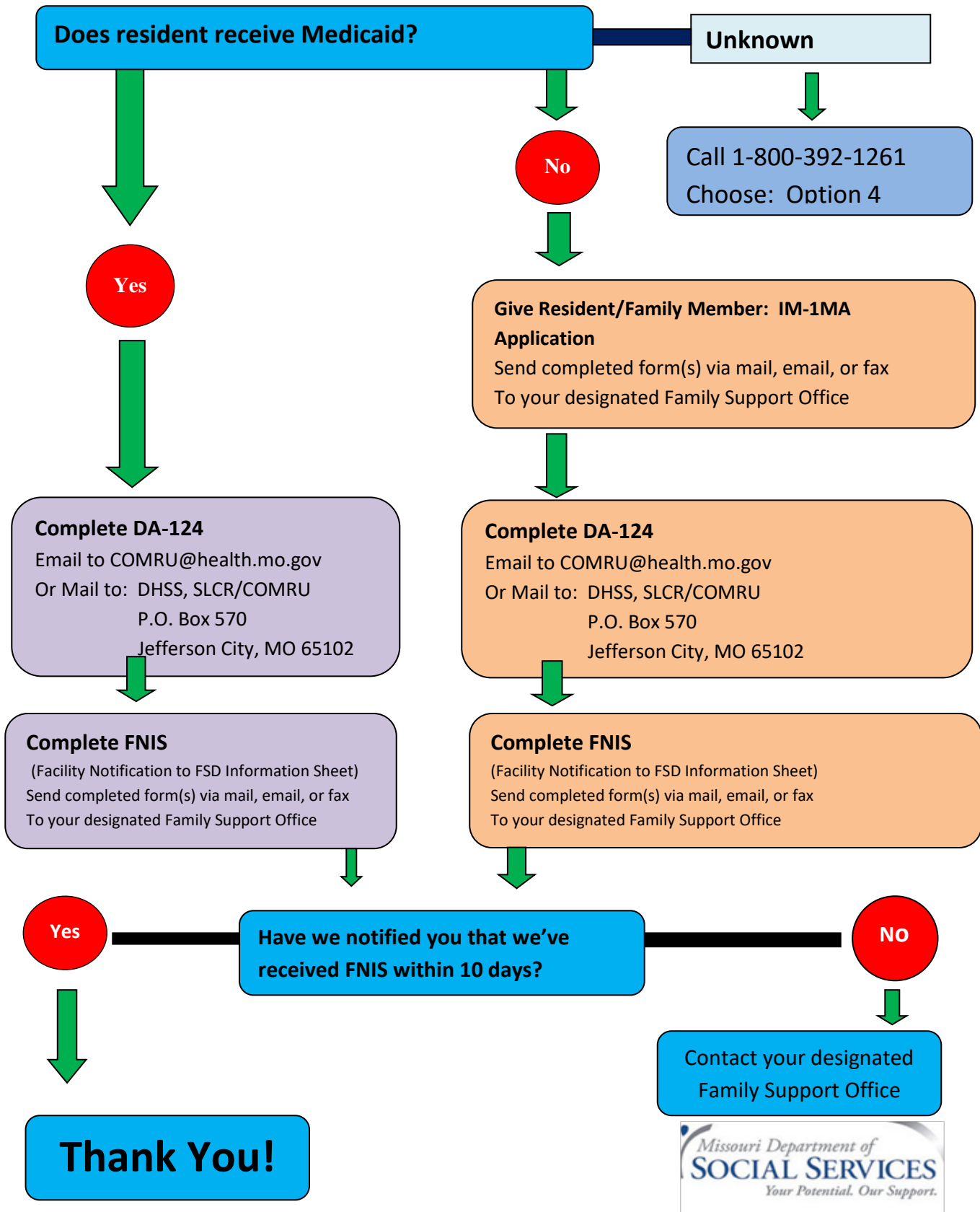
Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

Please wait 6 – 8 weeks for approval or rejection. Corrections and Level 2 screening add 4-6 weeks.