

Self-Service Portal (SSP) Guide for Medicaid

Tips for using Montana's online public benefit portal apply.mt.gov

This resource was created in July 2025 and reflects information available at that time but may not include future changes to application or case management processes. This work is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1.25M with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, Montana DPHHS, or the U.S. Government.

Troubleshooting & Tips

If you encounter issues with your SSP account creation, login, or verification process, you can get help by contacting hhssspapplicationcustomersupport@mt.gov.

Okta account creation instructions can be found online [here](#).

You can find step-by-step instructions for navigating the different functions of the SSP by clicking the “help” button on apply.mt.gov.

If your browser closes or times out in your SSP account, you may have to login again. Return to apply.mt.gov and sign in to your account again. Your progress on an application should be saved.

If you created an online account for Medicaid before DPHHS transitioned to using Okta, you may need to create a new account.

If you are accessing the SSP on your mobile device, scroll to the bottom of the page to click on “Desktop Version” to access the login features.

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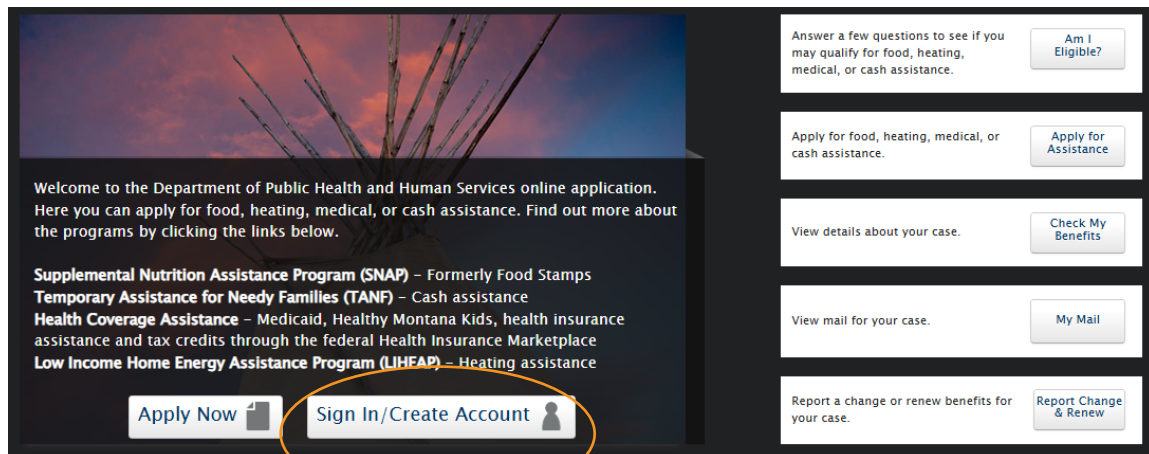
Account Creation

To create an SSP account, you must have an active email address with current access to complete verification.

Montana DPHHS uses a multi-factor authentication system called Okta that manages login information for the SSP.

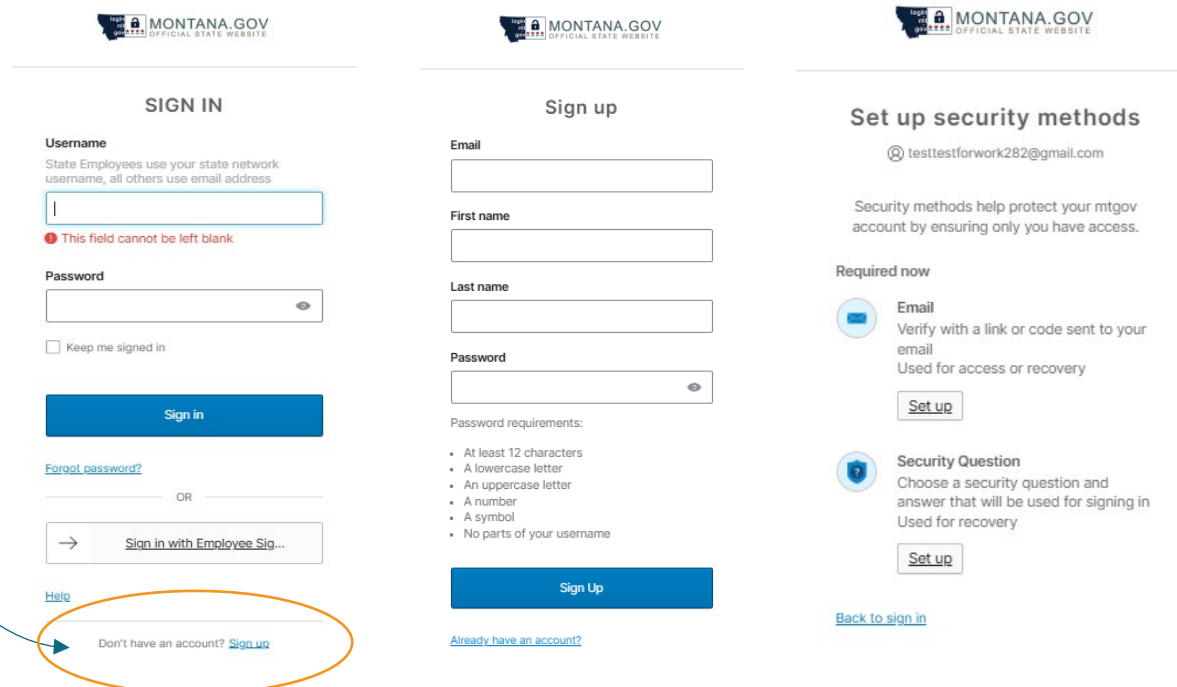
Account creation instructions from DPHHS can be found online [here](#).

Click "Sign In/Create Account".



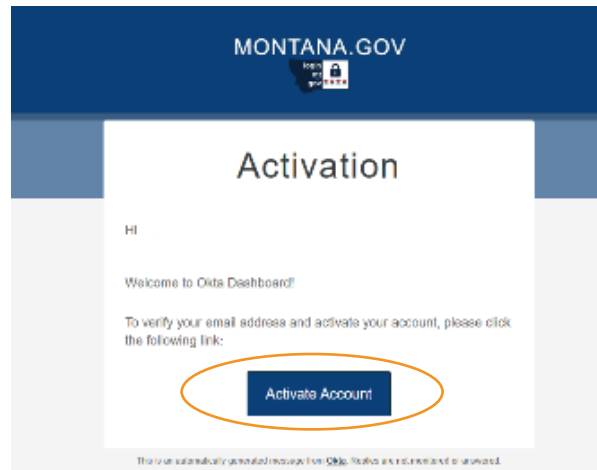
Click "Don't have an account? Sign up".

Enter Name, email address, and password that meets the requirements. **Email addresses can only be used to create one account on the SSP. If you have already used the email address entered, you will have to use a new email address or reset your password on your existing account.**

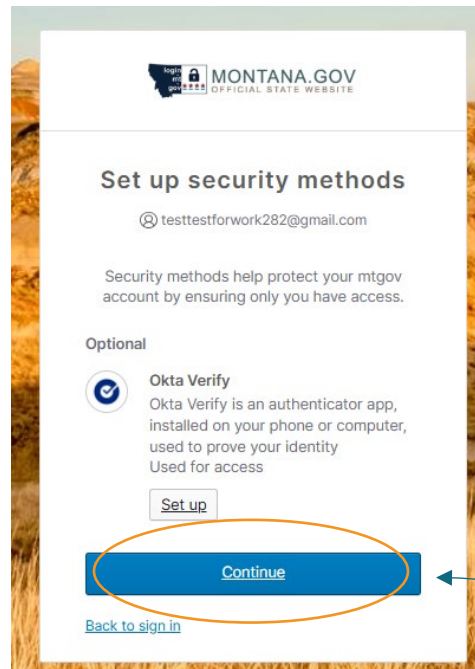
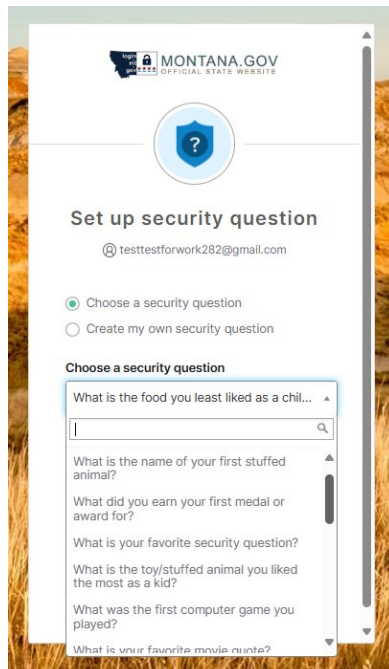


Set up account security by verifying your email and choosing security questions. Both security processes are required to create a new account.

Check your email for a verification link that will confirm your email and activate your Okta account.



After you click on “Activate Account” in your email, a new window will open, and you will select a security question from their drop-down menu or create your own.



A third verification is optional and not needed to create your account. You may select continue.

Once your account is created and you login, you may end up at this screen. Locate the button that says "SNAP, TANF, LIHEAP & Healthcare Coverage Assistance". Click that tile.

The screenshot shows the Okta 'My Apps' interface. On the left is a sidebar with 'My Apps', 'Work', 'Add section', 'Notifications', and 'Add apps'. The main area is titled 'My Apps' and contains a grid of application tiles. A blue arrow points from a callout box to the 'SNAP, TANF, LIHEAP & Healthcare Coverage Assistance' tile. The callout box displays the app's icon, name, and URL: <https://apply.mt.gov> Self-Service.

App Name	Icon
ITSD Child Support Payments	Gear
MDT Plan Holders Lists Service	Montana Department of Transportation
MSL Services	Montana State Library
MDT Citizen Accident/Incident...	Montana Department of Transportation
HHS Capstone	Gear
MDT Interstate Right Of Way...	Montana Department of Transportation
MDT Bridge Structure Mgmt...	Montana Department of Transportation
ITSD Inmate Banking	Gear
HHS Food & Consumer Safety...	Gear
ITSD Voterfile	Gear
OPD AdvLogix Contractor...	AdvOPD
MDT Subcontractor Payment Reporting	Montana Department of Transportation
AGR-MT Plants	Star
MDT Report A Problem	Montana Department of Transportation
ITSD 911 Program Service	Gear
https://apply.mt.gov Self-Service	SNAP, TANF, LIHEAP & Healthcare Coverage Assistance
ITSD PSC EDDI	Gear
HHS Statio	Gear
ITSD DOA Online Payment Portal	Gear
ITSD HIS SHPO	Gear
HHS CCUBS COPA	Gear
MPERA ERIC App (Employer...	MPERA
LIV Brand Liens	Gear
DOR Education Donations	DOR

You will be directed back to the original sign in page, where you will click "Sign In", then click "I Accept" as seen below.

The screenshot shows the 'Confidentiality Agreement' page on Montana.gov. It features a padlock icon with a green checkmark. The text explains that clicking 'I Accept' means accepting confidentiality, acceptable use, and other privacy policies as mandated by the State of Montana. It also notes the user's responsibility for printing and keeping copies of this sensitive information. At the bottom, there are two buttons: 'I Accept' (highlighted with an orange circle) and 'I Do Not Accept'.

Confidentiality Agreement

Confidentiality Agreement

By clicking the "I Accept" button, you accept the confidentiality, acceptable use and other privacy policies as mandated by the State of Montana. Also, note that it is your responsibility for printing and keeping copies of this sensitive information. Click the "I Do Not Accept" button to end this session and log out.

[I Accept](#) [I Do Not Accept](#)

ONLINE SERVICES DPHHS PRIVACY & SECURITY ACCESSIBILITY CONTACT US

MONTANA.GOV
OFFICIAL STATE WEBSITE

Linking Your Case

If you have an existing Medicaid case, you will need to link your case in the SSP to be able to view your case online.

You will need your **Medicaid case number** to link your case in the SSP. This information can be found at the top of mailed notices from DPHHS and is either a six or seven digit number. This is not your member ID number, or the number on your Medicaid or HMK card.

You will only be able to view and link your case if you are the head of the Medicaid household. If you are not, you will have to have the head of household authorize you to view the case online through their own SSP account. If you are no longer in that person's Medicaid household, you should report that change to DPHHS.

[Apply For Assistance](#)

Hello, [redacted] You are logged in.

[Manage My Account](#) [Logout](#)

[My Benefits](#) [My Applications](#) [Report Changes/Renew Benefits](#) [My Mail](#) [Health Coverage Re-enrollment](#)

Case Selection

Here you can see information about cases linked to your apply.mt.gov account. To link a case to your account, click the "Manage My Account" button above.

To upload documentation for a linked case, select the icon under "Upload Documents."

Case Selection

This section shows all of the cases currently linked to your account. Please select a case and press the "Continue" button below to view more information.

No cases have been associated to your account. To make an association, please select the Manage My Account button.

[Manage My Account](#)

Select "Manage My Account" to link your case.

Enter the name, date of birth, social security number for the head of household, and Medicaid case number.

Find My Case

Fill in your First Name, Last Name, Date of Birth, Social Security Number, Case Number and click SEARCH to search for the cases that match your personal information.

* First Name: * Last Name:

* Date of Birth: Social Security * Number:

* Case Number:

[Search](#)

Select the case with the number that corresponds to your household benefits.

Find My Case

Fill in your First Name, Last Name, Date of Birth, Social Security Number, Case Number and click SEARCH to search for the cases that match your personal information.

* First Name: * Last Name:

* Date of Birth: Social Security
* Number:

* Case Number:

Search

Below is the case which we found. To link your account to this case, select the case below and click Link Case.

Selection	Case Number	Head of Household	Benefits	Case Status
<input type="radio"/>	<input type="text"/>	Rikki Kindler	SNAP (Food Assistance) , Health Coverage Assistance	Approved

LINK CASE

Managing Notifications

To manage notifications, including your preference for how you receive mail or notices from DPHHS, click "Manage My Account"

[Apply For Assistance](#)

Hello, You are logged in.

Manage My Account **Logout**

My Benefits **My Applications** **Report Changes/
Renew Benefits** **My Mail** **Health Coverage
Re-enrollment**

We recommend updating notification preferences to receive communications by **US mail and email** to help ensure timely notification of any changes to your case or requests for information. You can register any email to receive notifications, and it does not have to be the email address associated to your SSP account.

Manage My Mail

Please tell us how you would like to receive mail and notifications about your case.

If you would like to receive email notifications when mail is available for your case electronically through Apply.MT.Gov in addition to your regular US Mail, select the "US Mail + Email Notifications" option.

You can also choose to **stop** receiving US Mail by selecting the "Email Notifications Only" option. US Mail will only stop after we verify your email address.

After making a selection, you must click "UPDATE" for it to take effect.

* Case Number:

☐ US Mail

☒ **US Mail + Email Notifications**

☐ Email Notifications Only

Please enter an email address to receive email notifications. We will email you with a verification email when you click, "UPDATE."

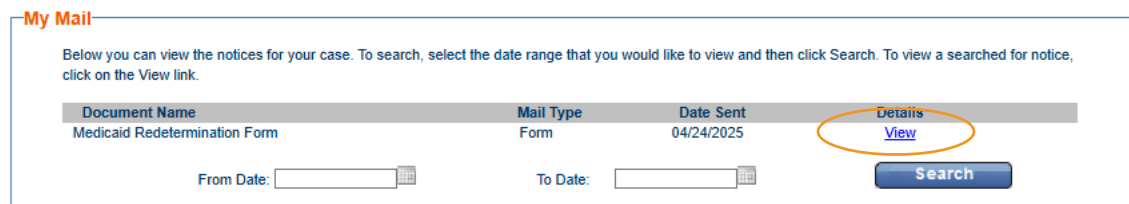
UPDATE

Viewing Mail

Once your case is linked to your account, you can view mail by clicking the blue “My Mail” tab.



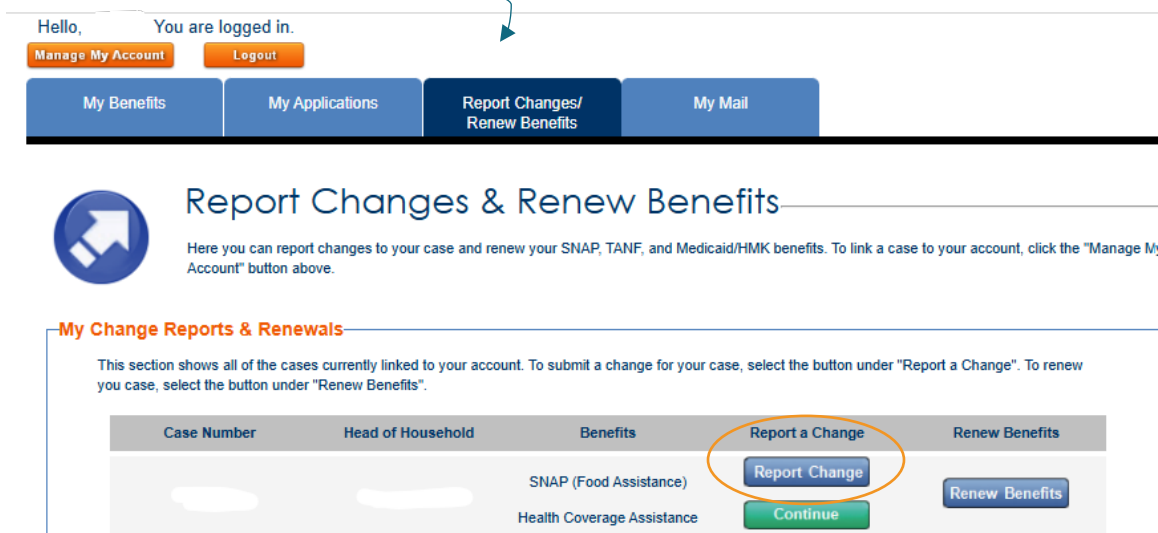
Select a date range to search for any communications sent during that timeframe. The dates must be no more than 60 days apart. Once you select dates, you can view and save PDF files of the mailed communication by clicking on the “View” link next to each item.



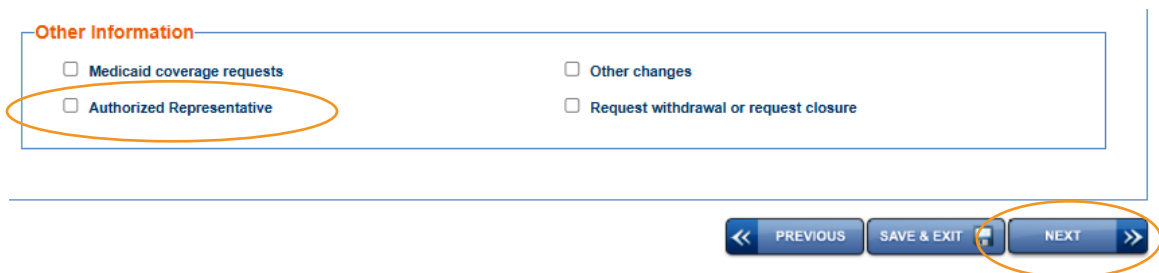
Authorized Representatives

Authorized Representatives are people that you choose to designate to view, act on your behalf, or receive updates about your public benefits case. They may be professionals, family or friends, or personal contacts.

To add or change an authorized representative on your case, click on “Report Changes/Renew Benefits” tab, then click “Report Change”.



Click "Authorized Representative", then "Next".



Other Information

☐ Medicaid coverage requests

☐ Authorized Representative

☐ Other changes

☐ Request withdrawal or request closure

<< PREVIOUS SAVE & EXIT NEXT >>

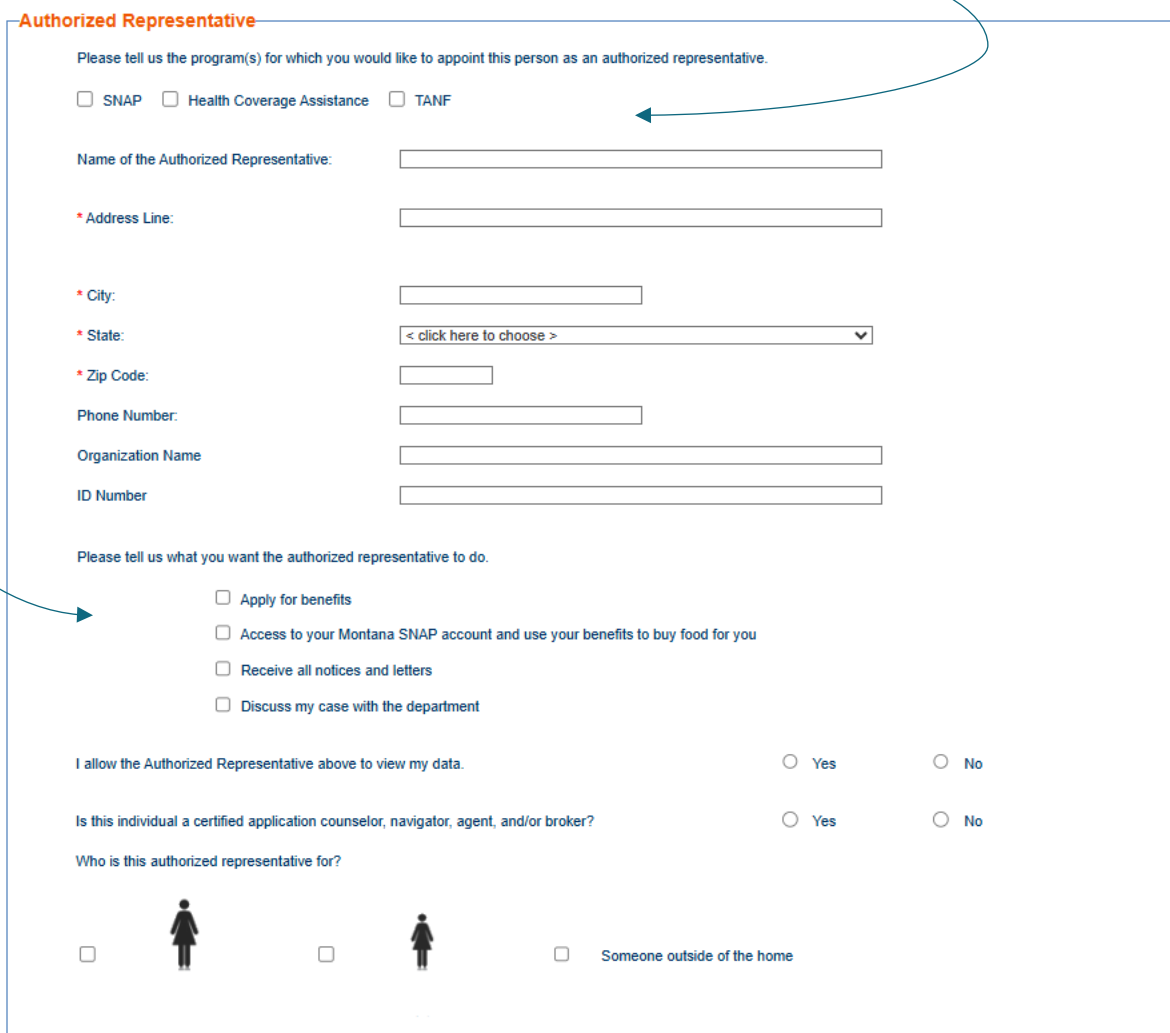
Reporting a Change in Authorized Representative

Authorized Representative What would you like to do?

Is there a new authorized representative in the household? ☒ Add a new authorized representative

<< PREVIOUS SAVE & EXIT NEXT >>

Enter the Authorized Representative's information and include what you'd like them to have access to, including applying for benefits on your behalf and the ability to discuss your case with DPHHS. You can select the information you would like this person to receive based on each benefit program (SNAP, Medicaid, TANF) individually.



Authorized Representative

Please tell us the program(s) for which you would like to appoint this person as an authorized representative.

☐ SNAP ☐ Health Coverage Assistance ☐ TANF

Name of the Authorized Representative:

* Address Line:

* City:

* State:

* Zip Code:

Phone Number:

Organization Name

ID Number

Please tell us what you want the authorized representative to do.

☐ Apply for benefits

☐ Access to your Montana SNAP account and use your benefits to buy food for you



☐ Receive all notices and letters

☐ Discuss my case with the department

I allow the Authorized Representative above to view my data. ☐ Yes ☐ No

Is this individual a certified application counselor, navigator, agent, and/or broker? ☐ Yes ☐ No

Who is this authorized representative for?




☐  ☐  ☐ Someone outside of the home

Ordering Medicaid Cards

To order replacement Medicaid cards, click the “My Benefits” tab, then scroll down to “Request Medicaid Card Replacement” and select the household member you need to order a new card for.

Request Medicaid Card Replacement

Please select the individual for whom you would like to request a replacement Medicaid card. Please Note: You can only request a Medicaid card replacement through this web page (apply.mt.gov) once a month. If you need a replacement card before then, please call the Office of Public Assistance at 1-888-706-1535

☐  ☐  ☐ 


[NEXT >>](#)

The next screen will confirm your mailing address and the reason for needing a replacement. Make appropriate selection and click “Submit”.

Hello, _____ You are logged in.

Request Medicaid Card Replacement

What is the reason for replacing HHM's Medicaid card?



Please select the address to send replacement Medicaid card to:

☒ Mailing Address: _____

- < click here to choose >
- Age
- Destroyed
- Entering Foster Care
- Lost
- Name Change**
- Other
- Stolen

[Submit](#)


My Benefits

To view information about your case, click the “My Benefits” tab. You can view information about your case including who is covered, when your upcoming redetermination date is, and a fast way to view your mail.

My Benefits



Below you will find information about the benefit programs registered on your case. Click on the magnifying glass icon to view more details about the benefit type.

As of Friday, May 2, 2025.

Benefits	Status	Details
Health Coverage Assistance	Approved	

My Mail

Below you can search and view notices that have been sent on your case. Select the date range that you would like to view and then click Search. To view a searched for notice, click on the View link.

From Date:  To Date:  [Search](#)

Updating Contact Information

You can report a change in contact information to DPHHS without logging into the SSP or creating an account.

Follow this [link](#) to report changes in address, phone number, or email address.

Updating your address, phone number, or email address does not change your communication preferences, and DPHHS will still default to sending paper mail unless you indicate otherwise. See the “Managing Notifications” section for more information.

Reporting Changes

DPHHS requires Medicaid and HMK Members to report changes throughout the year, including changes in income, household members, insurance status, pregnancy, residence, disability status, and more. Changes should be reported to DPHHS as soon as you are made aware and ideally within 10 days. A full description of all changes that must be reported can be found in the [DPHHS Medicaid Policy Manual](#).



Report My Changes

Welcome to Report My Changes! As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you will need to mail, fax, or bring proof to your worker within 10 days of when your worker asks for it. Without this proof, your changes cannot be made and your benefits may end.

Reporting Changes

Please check the boxes for all of the changes that you want to report. You may add, change or end.

Based on the benefits you are getting, here are the changes you should report:

Household Information

- | | |
|---|---|
| <input type="checkbox"/> Mailing address, where you live, or your phone number | <input type="checkbox"/> School Enrollment or Student Status |
| <input type="checkbox"/> Someone has moved into your home | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Someone has moved out of your home | <input type="checkbox"/> Healthcare Coverage |
| <input type="checkbox"/> Race, Citizenship, Immigration Status or Military Status | <input type="checkbox"/> Health Conditions (physical, mental, or emotional health condition) |
| <input type="checkbox"/> Someone became pregnant, pregnancy has ended or ability to bear children has changed | <input type="checkbox"/> Other medical coverage (insurance, workers compensation, accidental insurance, etc.) |
| <input type="checkbox"/> Tax filing information | |

Income and Resources

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Resources (cash, checking and savings accounts, vehicles, savings bonds, IRA, etc.) | <input type="checkbox"/> Other income |
| <input type="checkbox"/> Wages and self-employment income | |

Bills and Expenses

- | | |
|---|---|
| <input type="checkbox"/> Rent, mortgage, or utility expenses | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Dependent care, child support, or alimony expenses | <input type="checkbox"/> Medicare Premium |

Other Information

- | | |
|---|--|
| <input type="checkbox"/> Medicaid coverage requests | <input type="checkbox"/> Other changes |
| <input type="checkbox"/> Authorized Representative | <input type="checkbox"/> Request withdrawal or request closure |

Preparing for Renewal

Many Montana Medicaid programs redetermine eligibility once yearly. Renewals are conducted for each covered individual in a household and may have different results for different family members. **Some household members may have a different renewal date than others, depending on what program they are enrolled in and when they became eligible. Be sure to respond if you receive a request to renew benefits for anyone in your household even if it has not been one year since you last completed it.**


Approximately one month before your redetermination is due, you should receive a renewal packet either in the mail or a notification to view electronically. Your redetermination is typically due on the 10th of a month, or one of the days immediately following if the 10th falls on a weekend. Review your packet and gather any information about changes you may have from the previous year including address updates, income changes, household changes, and other household or insurance information.

If you aren't sure when your renewal is or want to prepare, you can view your due date in your SSP by clicking on "My Benefits" and then clicking on the magnifying glass underneath Details.

My Benefits

Below you will find information about the benefit programs registered on your case. Click on the magnifying glass icon to view more details about the benefit type.

As of Thursday, May 8, 2025.

Benefits	Status	Details
Health Coverage Assistance	Approved	

You can see program information for each person on the case, including when their next "Review Date" or redetermination date is. **Individuals may have different renewal dates if they are enrolled in different Medicaid programs, you can confirm those dates here for each person.**



Eligibility Information

Individual:

Type of Assistance:

ACA Adult - Medicaid

Case #:

Next Review Date:

01/31/2026

Issuance Information

Benefit Month:

05/01/2025

Program Name:

Health Coverage Assistance

Coverage Level:

Full

Date Issued:

04/25/2025

Incurrent:

Premium Amount:

Renewing Benefits

Most Medicaid programs require you to update your information at least once yearly to determine if the people in the household are still eligible and renew benefits. Renewals are conducted for each covered individual in a household and may have different results for different family members. **If you do not complete your renewal process by the due date, your benefits will be closed, and you will have to reapply for your household if you believe you are still eligible.**

You can complete your renewal in the following ways:

1. Fill out the renewal packet that is mailed to you and return it to an OPA office or mail it to the address listed on the form.
2. Online through your SSP account if your case is linked.
3. Over the phone by calling the Public Assistance Helpline (PAHL) at 1-888-706-1535.

DPHHS-HCS-272A
(Rev. 03-25)

State of Montana
Department of Public Health and Human Services (DPHHS)



Health Coverage Renewal Form

04/04/2025
Respond by: May 12, 2025
Case number:

Renew Your Benefits - Due May 12, 2025

You are currently receiving health coverage through Medicaid/Healthy Montana Kids. Your benefits will end May 31, 2025 if you do not complete this renewal.

If you are renewing Medicaid for your household, do not complete that process using healthcare.gov, even if you originally applied for Medicaid there. Once you are enrolled in Medicaid, report any changes to your household to the state directly before updating your account on healthcare.gov.

If it is time to renew your benefits and you are using the SSP, log in to your account at apply.mt.gov and click "Renew Benefits". Select the benefits that you are renewing, which can include more than one program.

Benefits to Renew

The following are the benefits that you can renew. Please check the box(es) next to the name of the benefits that you would like to renew. Selecting all benefits at once can save you time.

Benefits

☐ SNAP (Food Assistance)

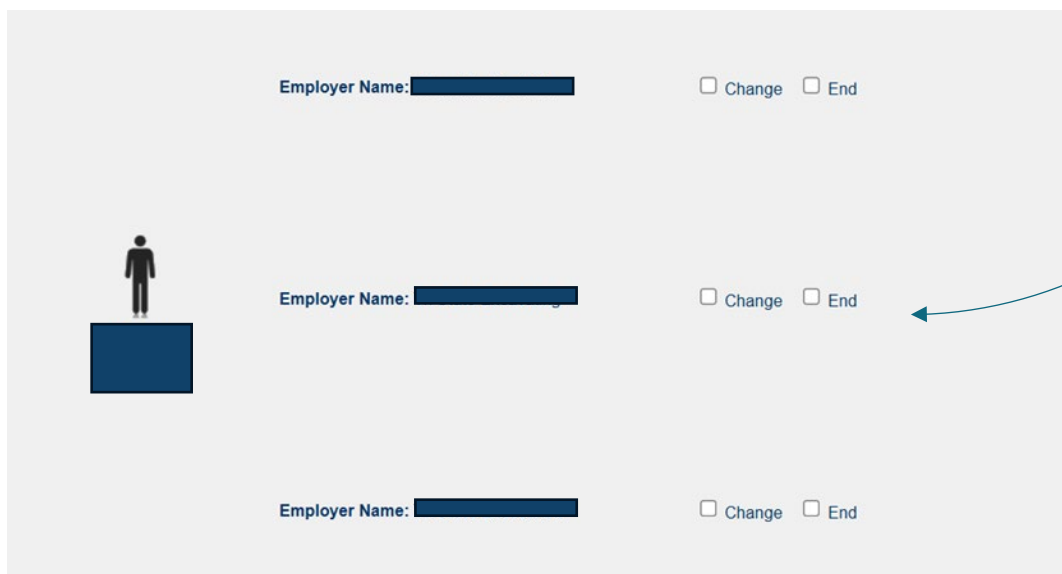
☒ Medical Assistance

Renew Before

05/31/2025

Report any changes to DPHHS that have occurred since you last provided information, including contact information, people in your household, pregnancy status, or whether you would like to appoint an authorized representative to assist with your case.

Sometimes online renewals will show old information that has ended and is updated within the state system, but not in the SSP. You can make changes or end anything that is not updated and indicate when that change occurred.



Employer Name: ☐ Change ☐ End

Employer Name: ☐ Change ☐ End

Employer Name: ☐ Change ☐ End

You will receive a tracking number for your change form and we recommend recording that and downloading or printing a copy of your form for future reference.

Keep Track of Your Form

The tracking number is **28820310**. Be sure to write this number down or print this page for your records.

You can contact your local [County Office](#) to check the status of your form.

Print Your form

If you would like to print or save a copy of your form for your files, please click the View/Print My form button below. If you decide to print or save, please keep in mind that your form has your private, personal information in it.

Advisory- Please read:

The account and form you just created are secure, but if you are using a computer in a Library, Community Center or other public place, please take these additional steps: If you print anything, remember to get the printed copies of your form. If the printer jams or your form fails to print, contact someone at the location for help. And, after you have completed your form(s), shut down the Internet program and if possible ask the staff to restart the computer.



You will need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking:



Upload Documents

If you would like to upload documentation relevant to your form, please click the Upload Documentation below. You will be able to upload both PDF and JPEG files, which will be associated to your form.



Adding or Removing Covered Household Members

To add or remove a household member from your case and to update, first click on the blue tab titled "Report Changes/Renew Benefits" then click the blue "Report Change" button.

Hello, You are logged in.

[Manage My Account](#) [Logout](#)

[My Benefits](#) [My Applications](#) [Report Changes/Renew Benefits](#) [My Mail](#)

Report Changes & Renew Benefits

Here you can report changes to your case and renew your SNAP, TANF, and Medicaid/HMK benefits. To link a case to your account, click the "Manage My Account" button above.

My Change Reports & Renewals

This section shows all of the cases currently linked to your account. To submit a change for your case, select the button under "Report a Change". To renew your case, select the button under "Renew Benefits".

Case Number	Head of Household	Benefits	Report a Change	Renew Benefits
		SNAP (Food Assistance)	Report Change	Renew Benefits
		Health Coverage Assistance	Continue	

Select option for "Someone has moved into home" or "Someone has moved out of home".

Reporting Changes

Please check the boxes for all of the changes that you want to report. You may add, change or end.

Based on the benefits you are getting, here are the changes you should report:

Household Information

<input type="checkbox"/> Mailing address, where you live, or your phone number	<input type="checkbox"/> School Enrollment or Student Status
<input checked="" type="checkbox"/> Someone has moved into your home	<input type="checkbox"/> Marital Status
<input checked="" type="checkbox"/> Someone has moved out of your home	<input type="checkbox"/> Healthcare Coverage
<input type="checkbox"/> Race, Citizenship, Immigration Status or Military Status	<input type="checkbox"/> Health Conditions (physical, mental, or emotional health condition)
<input type="checkbox"/> Someone became pregnant, pregnancy has ended or ability to bear children has changed	<input type="checkbox"/> Other medical coverage (insurance, workers compensation, accidental insurance, etc.)
<input type="checkbox"/> Tax filing information	

If someone moved into your home, enter applicable information as seen below including name, Date of Birth, Social Security Number and citizenship status if they are applying for coverage.

People In Your Home

Someone Moved Into Your Home

You have told us that someone has moved into your home. Please answer the questions below to tell us more about this person.

Personal Information





* First Name:	Middle Name:	* Last Name:	Suffix: click here to choose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Gender:	<input type="radio"/> Male <input type="radio"/> Female		
* Date of Birth:	<input type="text"/> Ex: mm/dd/yyyy		
* What is this person's place of birth?	click here to choose		
What is this person's marital status?	click here to choose		

Verification and Document Upload

To upload documents through your Self-Service Portal, you can click on the green arrow next to your submitted changes, applications or renewals and upload your documents. Try uploading documents that are requested here first, but some files may be too large or may not be uploaded correctly here.

Submitted Change Reports

This section shows changes that you have submitted. To view the information that you submitted, select the icon under "Details." To upload documentation for your case, select the icon under "Upload Documents."

Number	Head of Household	Benefits	Date Submitted	Upload Documents	Details
[REDACTED]	[REDACTED]	Health Coverage Assistance	04/30/2025		
[REDACTED]	[REDACTED]	Health Coverage Assistance SNAP(Food Assistance)	01/24/2025		

Submitted Renewals

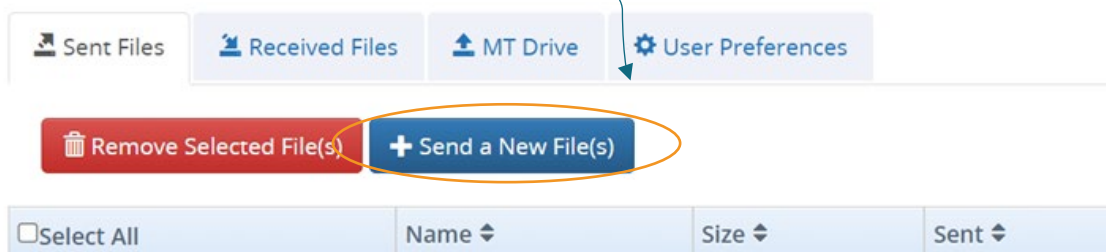
This section shows renewals that you have submitted. To view the information that you submitted, select the icon under "Details." To upload documentation for your case, select the icon under "Upload Documents."

Number	Head of Household	Benefits	Date Submitted	Upload Documents	Details
[REDACTED]	[REDACTED]	Health Coverage Assistance	02/21/2025		

If you are unable to submit documents in your SSP account, you can send them through the state's file transfer system. To upload documents through the Secure File Upload, follow the link included and use your apply.mt.gov login information. [File Transfer Service.](#)



Click on the blue button "Send a New File(s)"



Upload your files on this screen, then click continue.

Select Files To Upload

Drop Files Here
or Click to Upload

Tips and Tricks

- Uploading folders is not supported.
- Each individual file uploaded will be sent separately, to send files as group put them together in a zip file.
- Only 10 files can be uploaded at a time. If more than 10 files need to be uploaded, upload them as a zip file.
- Any file that exceeds 2GB within a zip file may experience virus scanning issues.

Back Continue

Select the top option, for login.mt.gov customer

Please select the appropriate link below:

General

State Employee or login.mt.gov Customer

Input an email address in top left section as follows below. **Secure file transfer requires an email recipient. You can send files to hhshcsdcsu@mt.gov as a general recipient or can send verifications to your [regional OPA office](#) email.** Include message with case number and any notes on documents in bottom right section. If you need to send the documents to a specific person, you can search for them in the blue section. Click send.

Recipients

To: hhshcsdcsu@mt.gov

Enter the email address or use the search below

Find a State Employee Find a State Group

First Name Last Name

Search

File(s)

Eligibility portal snip 3.pdf

Message

Attached for case XXXXXXXX
Complete 202X tax return
Profit Loss Statement for Adult 1
Social Security Card for newborn
Record of Employment for Human 3

Home Back Send

Once documents are submitted, you should see a verification of submission. **We recommend screenshotting this verification because record of it will only remain in this file transfer system for 30 days.**

Requesting Benefit Closure

If you would like to request a household member's benefits to be closed, you'll report a change.

Hello, You are logged in.

[Manage My Account](#) [Logout](#)

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Report Changes & Renew Benefits

Here you can report changes to your case and renew your SNAP, TANF, and Medicaid/HMK benefits. To link a case to your account, click the "Manage My Account" button above.

My Change Reports & Renewals

This section shows all of the cases currently linked to your account. To submit a change for your case, select the button under "Report a Change". To renew your case, select the button under "Renew Benefits".

Case Number	Head of Household	Benefits	Report a Change	Renew Benefits
		SNAP (Food Assistance)	Report Change	Renew Benefits
		Health Coverage Assistance	Continue	

Towards the bottom of all the possible changes, you'll see "Request withdrawal or request closure" and click on that option before selecting next.

Other Information

☐ Medicaid coverage requests

☐ Authorized Representative

☐ Other changes

☒ Request withdrawal or request closure



Select the person(s) you wish to withdraw from Medicaid or close, then select "Next" and "Submit".

Changes in Your Home

Please tell us about the changes in your home.

Request to Withdraw or Request to Close

Please check the box (or boxes) to tell us who would like to request to withdraw or request to close.

☐  ☐ 

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