OVERVIEW

MIChild is a MAGI-related Medicaid Expansion program for children who are under 19 years of age and who are not enrolled in comprehensive health insurance.

Other eligibility criteria for MIChild is the same as Children under 19 (U19) with the exception that MIChild beneficiaries are responsible for making monthly premium payments; see premiums in this item.

Eligibility begins the first day of the month of application. The 3-month retroactive period applies unless the beneficiary was enrolled in other comprehensive medical insurance during that time. Retroactive MIChild coverage is not available prior to January 1, 2016.

INCOME ELIGIBILITY

- Age zero to age one is 196 percent to 212 percent of the federal poverty level (FPL).
- Age one to age 19 is 161 percent to 212 percent of the FPL.

PRESumptive Eligibility

Refer to BEM 136 for presumptive eligibility policy.

PREMIUMS

Families must pay a monthly premium for MIChild coverage. The premium amount is $10.00 per family per month regardless of the number of children in the family. Failure to pay the premium on time may result in termination of MIChild.

MDHHS specialists are not responsible for the collection of premium payments. The specialist will be notified if there is a negative action entered into Bridges for non-payment of premiums.

Premium Exemptions

American Indians and Alaskan Natives are exempt from paying the monthly premium if any family member listed on the application, and living in the home, is an American Indian or Alaskan Native, and is either eligible for services at a tribal health center/urban Indian health center, or has ever received services at a tribal health center/urban Indian health center.
Flint Water Group beneficiaries are exempt from paying a premium. If a MIChild beneficiary (teen) becomes pregnant, the entire group is exempt from premium payments. If a MIChild beneficiary is in hospice, the entire group is exempt from premium payments.

NONFINANCIAL ELIGIBILITY FACTORS

The person must be under age 19. The MA eligibility factors in the following items must be met:

- BEM 220, Residence.
- BEM 221, Identity.
- BEM 223, Social Security Numbers.
- BEM 225, Citizenship/Alien Status.
- BEM 255, Child Support.
- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

FINANCIAL ELIGIBILITY FACTORS

Household Composition

Household composition follows tax rules, refer to BEM 211.

Assets

There is no asset test for MIChild.

Divestment

Policy in BEM 405 applies regarding divestment of income in order to obtain MIChild eligibility.
**Income**

Income eligibility is determined according to MAGI rules. Countable income as determined by MAGI rules cannot exceed 212% of the federal poverty level (FPL).

**ONGOING ELIGIBILITY**

Beneficiaries remain eligible for 12 months of continuous eligibility for MIChild unless the person meets one of the following criteria:

- Reaches age 19.
- Moves out of state.
- Is ineligible due to Institutional Status; see BEM 265.
- Dies.
- Fails to pay the monthly premium.
- Is enrolled in other comprehensive insurance.

**Note:** If eligibility was granted based on incorrect or fraudulent information, continuous eligibility may be interrupted.

BEM 546 gives instruction on how to determine the post-eligibility patient-pay amount if the month being tested is an L/H month and eligibility exists.

**Note:** An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The ex parte review includes consideration of all MA categories; see BAM 115 and 220.

**HEARINGS**

MIChild applicants and beneficiaries are entitled to full hearing rights. Individuals have the right to contest a department decision affecting Medicaid eligibility whenever they believe the decision is incorrect, or when their application is not acted upon with reasonable promptness; see BAM 600, Hearings.

**REFERRALS**

Questions about Premiums

- Beneficiary Helpline: 1-800-642-3195
LEGAL BASE

MA

Social Security Act XXI, 1905(u)(2)(B)
42 CFR 457.320(A)(2) and (3). 1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4