BEM 130	1 of 3	MICHILD	BPB 2024-001 1-1-2024
			1-1-2024
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. Children who get enrolled in comprehensive health insurance during their 12 continuous month eligibility period, cannot be closed until redetermination, with limited exceptions.		
	(U19) with the	v criteria for MIChis the same as Chexception that MIChild beneficiarie nthly premium payments; see premium payments; see premium	s are responsible
	month retroact enrolled in oth	ns the first day of the month of appl tive period applies unless the benef er comprehensive medical insuranc ive MIChild coverage is not availab	ficiary was ce during that
INCOME ELIGIBILITY			
	-	to age one is 196 percent to 212 pe overty level (FPL).	ercent of the
	Age one te	o age 19 is 161 percent to 212 per	cent of the FPL.
PRESUMPTIVE ELIGIBILITY			
	Refer to BEM 136 for presumptive eligibility policy.		
PREMIUMS			
	Beginning January 1, 2024 MIChild beneficiaries are no longer required to pay premiums.		
NONFINANCIAL ELIGIBILITY FACTORS			
	The person must be under age 19. The MA eligibility factors in the following items must be met:		
	• BEM 221,	Residence. Identity. Social Security Numbers.	

BEM 130	2 of 3	MICHILD	BPB 2024-001 1-1-2024
FINANCIAL ELIGIBILITY FACTORS	 BEM 255 BEM 257 Status. 	5, Citizenship/Alien Status. 5, Child Support. 7, Third Party Resource Liability.EM 20 9, Pursuit of Benefits.	65, Institutional
Household Composition			
Assets	Household co	emposition follows tax rules, refer to B	EM 211.
	There is no as	sset test for MIChild.	
Divestment	Policy in BEM to obtain MIC	1 405 applies regarding divestment of hild eligibility.	income in order
Income			
		ility is determined according to MAGI termined by MAGI rules cannot excee ty level (FPL).	
ONGOING ELIGIBILITY			
		remain eligible for 12 months of continues of continues the person meets one of the following the fo	
		ut of state. De due to Institutional Status; see BEN	И 265.
	•	bility was granted based on incorrect on on incorrect on the second second second second second second second s	
		es instruction on how to determine the mount if the month being tested is an ts.	

BEM 130	$2 \circ t 2$	MICHILD	BPB 2024-001	
	3 of 3		1-1-2024	
	Medicaid clo unless the ch Medicaid. Wi 90 days befo closure. The	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				
	rights. Individ affecting Med incorrect, or	applicants and beneficiaries are entitled to full hearing dividuals have the right to contest a department decision Medicaid eligibility whenever they believe the decision is , or when their application is not acted upon with ole promptness; see BAM 600, Hearings.		
LEGAL BASE				
	MA			
	42 CFR 457.	ity Act XXI, 1905(u)(2)(B) 320(A)(2) and (3). 1902(a)(10)(A)(ii)(X 229 and 435.4	(IV)	