## DEPARTMENT POLICY

### MA Only

The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA).The Medicaid program comprise several sub-programs or categories. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled.

Medicaid eligibility for children under 19, parents or caretakers of children, pregnant or recently pregnant women, former foster children, MOMS, MIChild, Flint Water Group and Healthy Michigan Plan is based on Modified Adjusted Gross Income (MAGI) methodology.

## GROUP 1 AND GROUP 2

In general, the terms Group 1 and Group 2 relate to financial eligibility factors. For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for nonmedical needs such as food and shelter. Medical expenses are not used when determining eligibility for MAGI-related and SSI-related Group 1 categories.

For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for Group 2 categories. Group 2 categories are considered a limited benefit because a deductible is possible.

## BEM 110 THROUGH 174

BEM 110 through 174 describe all of the MA categories and the eligibility factors for each category. BEM 110 through 148 describe the MAGI-related and Group 2 categories.

BEM 150 is for SSI recipients and certain former SSI recipients. BEM 155 through 174 describe SSI-related categories. EXHIBIT I - LIST OF ALL SSI-Related MA CATEGORIES.

**Note:** Certain non-Medicaid medical programs are described in various BEM 600 series items. Some of these programs are administered by MDHHS local offices and some are administered by MDHHS/Medical Services Administration (MSA).

## MONTHLY DETERMINATIONS

Medicaid eligibility is determined on a calendar month basis. Unless policy specifies otherwise, circumstances that existed, or are expected to exist, during the calendar month being tested are used to determine eligibility for that month.

When determining eligibility for a future month, assume circumstances as of the processing date will continue unchanged unless you have information that indicates otherwise.

### Children Under 19

Do not shorten a beneficiary's 12-month eligibility period.

Once eligible, children Under 19 years of age will remain eligible until the next redetermination unless any of the following occurs:

- Reaches age 19-aged out
- Moves out of state
- Death
- Requests closure
- Eligibility was based on erroneous information

A member may be added to an existing case even though the redetermination date is less than 12 months in the future.

Note: If a child on CHIP (MIChild) becomes eligible for and transfers to a Medicaid program, they must remain on Medicaid for the duration of the 12-month period.

Exceptions: Continuous Eligibility does not apply to the following;

Children in TMA

Children in Presumptive Eligibility

Children in a Group 2 Medically needy category (spend-down)

## CHOICE OF CATEGORY

Persons may qualify under more than one MA category. Federal law gives them the right to the most beneficial category. The most beneficial category is the one that results in eligibility, the least amount of excess income or the lowest cost share.

**Note:** Persons may receive both Medicare Savings Program benefits (BEM 165) and coverage under another MA category; see **Medicare Savings Program** in this item.

However, clients are not expected to know such things as:

- Ineligibility for a cash grant does not mean MA coverage must end.
- The LIF category is usually the most beneficial category for families because families who become ineligible for LIF may qualify for TMA or Special N/Support.
- The most beneficial category may change when a client's circumstances change.

Therefore, you must consider all the MA category options in order for the client's right of choice to be meaningful.

### Medicare Savings Program

A person entitled to Medicare Part A, Hospital Insurance, may be eligible for a Medicare Savings Program described in BEM 165. The person may be eligible for just a Medicare Savings Program or a Medicare Savings Program in addition to regular MA benefits.

See BEM 165 about when to do an eligibility determination for Medicare Savings Programs.

## APPLICATION/ RENEWAL FORMS

The DCH-1426, Application for Health Coverage & Help Paying Costs, is used for all Medicaid categories.

- The DHS-4574, Medicaid Application (Patient of Nursing Facility), is completed by LTC patients. This application is used to determine MA eligibility for the LTC patient only.

- The MDHHS-1010, Redetermination is a Bridges generated form that is sent at the time of an annual renewal.
- The DHS-1004, Health Care Coverage Supplemental Questionnaire, is used to gather additional information when an applicant is not found eligible for any MAGI-related eligibility group or indicates a disability on the DCH-1426.

To apply online see the Michigan Department of Health and Human Services (MDHHS) website/Online Services/MI Bridges Apply for Assistance & Manage Your Account.

**MAGI-Related Medicaid**

The following categories are considered MAGI related groups.

- Pregnant Women (PW, MOMS).
- Infants and Children under age 19 (LIF, Newborn, HK1, OHK HKE, MIChild).
- Parents and caretaker relatives (PCR, LIF).
- Adult Group age 19-64 (HMP).
- Former Foster Care Children (FCTM).
- Flint Water Group (FWG).
- Plan First.

**Non-MAGI Medicaid**

**Full Coverage**

- Transitional Medicaid Assistance (TMA).
- Special N Support (SNS).
- Refugee Medical Assistance (RMA).

**Non-MAGI Medicaid**

**Limited Coverage**

- Group 2 Pregnant Women (G2P).
- Group 2 Under 21 (G2U).

- Group 2 Caretaker Relative (G2C, G2S).

## SSI-RELATED MA PRIORITY

1. BEM 150 addresses MA for SSI recipients and persons appealing an SSI disability termination. The other SSI-related categories must be considered in the following order: BEM 154, Special Disabled Children
2. Special categories:
   - BEM 157, Early Widow(er)s.
   - BEM 158, Disabled Adult Children (DAC)
3. BEM 155, 503 Individuals.
4. BEM 170, 171, or 172 Home Care or Children's Waiver, SED Waiver. BEM 163, AD-Care.
5. BEM 164, Extended-Care and BEM 165, Medicare Savings Programs (QMB, SLMB).
6. BEM 166, Group 2 Aged, Blind and Disabled and BEM 165, Medicare Savings Programs (QMB, SLMB).
7. BEM 169, Qualified Disabled Working Individuals.
8. BEM 165, Additional Low-Income Medicare Beneficiaries (ALMB).
9. BEM 174, Freedom to Work.

The determinations for Medicare Savings Programs and Extended-Care or Group 2 are separate; see BEM 165.

**Note:** BEM 173, Breast and Cervical Cancer Prevention and Treatment Program, is not listed because MDHHS local office does not determine eligibility for this program. BCCPTP eligibility is determined by MDHHS/MSA.

## FIP AND SSI TERMINATIONS

Most terminations of cash assistance or SSI benefits must include an evaluation of MA eligibility. See BEM 110, Low Income Family (LIF) for cash assistance terminations and BEM 150 for SSI terminations.

## MA-ONLY TERMINATIONS

**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 review includes consideration of all MA categories; see BAM 115 and 220.

Consider eligibility under all other MA-only categories before terminating benefits under a specific category. In addition, when Group 1 eligibility does not exist but all eligibility factors except income are met for a Group 2 category, activate deductible status; see BEM 545.

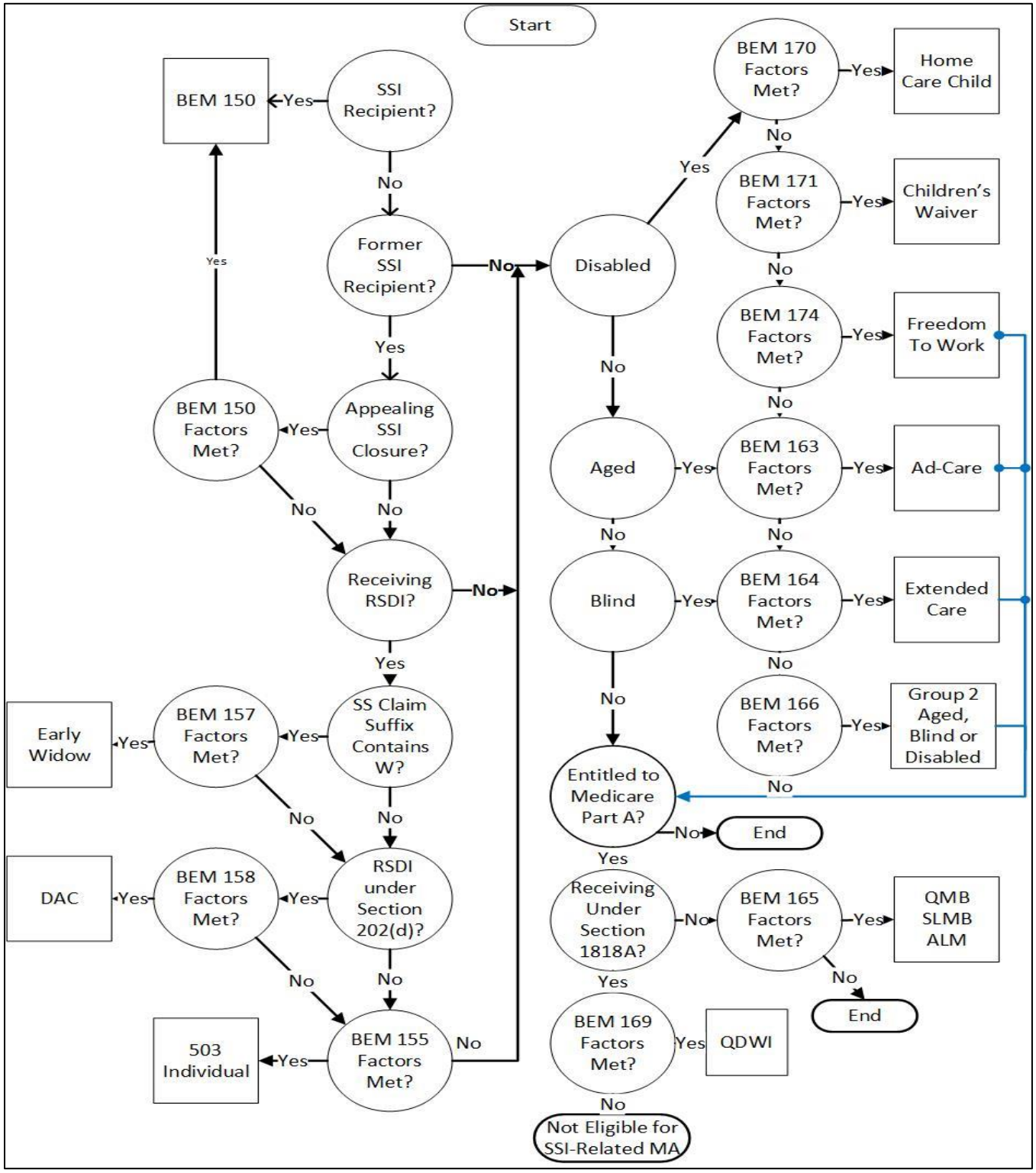
***Exception:*** Close the case when benefits are terminating:

- For Medicare Savings Programs-only (BEM 165).
- For QDWIs (BEM 169).

### MA-Only Lock-Out

To address beneficiary fraud and consistent with federal law, the Michigan Department of Health and Human Services (MDHHS) will pursue restrictions on Medicaid eligibility for individuals who are convicted of certain crimes related to the Medicaid program. Specifically, MDHHS may limit, restrict or suspend, for a period not exceeding one year, the Medicaid eligibility of any beneficiary who is convicted of an offense related to false statements or representations in connection with the Medicaid program, as described §1128B of the Social Security Act.

## EXHIBIT I - SSI-RELATED MA CATEGORIES




## LEGAL BASE

**MA**

Social Security Act, Sections 1128, 1902, and 1905
42 CFR Part 435

MCL 400.106

The Affordable Care Act of 2010 is the collective term for the Patient Protection and affordable Care Act (Pub. L. 111-148) and the Health Care and Education Reconciliation Act (Pub. L. 111-152).