



**Date Mailed:** June 23, 2025

**Docket No.:** 25-015505

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

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هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

**Date Mailed:** June 23, 2025

**Docket No.:** 25-015505

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on May 28, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Kevin Sawdon, Hearing Facilitator. Department Exhibit 1, pp. 1-38 was received and admitted.

### **ISSUE**

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility?

### **FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On February [REDACTED] 2025, Petitioner submitted redetermination paperwork including check stubs.
2. On March [REDACTED] 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that [REDACTED] were eligible for MICHild Medicaid from April 1, 2025, and ongoing.
3. On April 21, 2025, Petitioner requested hearing disputing the closure of MA.
4. On April [REDACTED] 2025, a Benefit Notice was sent to Petitioner informing her that [REDACTED] MICHild Medicaid was closed on April 30, 2025, and he was approved for MA-G2U effective May 1, 2025. [REDACTED] MICHild closed effective May 1, 2025.
5. Petitioner household has \$[REDACTED] in employment income per month based on the check stubs submitted by Petitioner.

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## **CONCLUSIONS OF LAW**

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Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

### **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. 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. BEM 130

### **Timely Hearing Request**

#### **All Programs**

A timely hearing request is a request received by the department within 10 days of the date the notice of case action was issued. When the 10th calendar day is a Saturday, Sunday, holiday, or other non-workday, the request is timely if received by the following workday. While waiting for the hearing decision, recipients must continue to receive the assistance authorized prior to the notice of negative action when the request was filed timely. Upon receipt of a timely hearing request, reinstate program benefits to the former level for a hearing request filed because of a negative action. For MA ONLY the department must maintain benefits if a beneficiary requests a hearing before the effective date of the action. For example, if a beneficiary is provided notice their Medicaid eligibility will be terminated effective 01/01/19, the beneficiary has until 12/31/18 to file a request and maintain their benefit. BAM 600

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\_\_\_\_\_  
In this case, Petitioner did not dispute the employment income attributed to her household. The Department found that Petitioner's household had \$[REDACTED] in employment income. The income limit for a household of 3 for MI Child Medicaid is \$[REDACTED]. Therefore, Petitioner's household is over the income limit for MI Child and the closure of [REDACTED] MA was proper and correct and consistent with Department policy. BEM 130  
\_\_\_\_\_

Petitioner was told at the prehearing that her MA benefits would be reinstated pending the hearing and she questioned why that did not happen. Mr. Sawdon testified that the case could not be reinstated because the certification period had ended. Petitioner requested a hearing on April 21, 2025. Petitioner was first notified that MI Child MA would be closing on April 30, 2025, with a Benefit Notice that was sent on that same day. Petitioner requested a hearing within 10 days of the Notice of Case Action and prior to the effective date of action so her MA benefits should have been reinstated pending the hearing. BAM 600 However, the closure of MA effective May 1, 2025, is upheld and therefore, MA should not be reinstated.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it closed [REDACTED] MI Child MA case due to excess income.

Accordingly, the Department's decision is **AFFIRMED**.



\_\_\_\_\_  
**AARON MCCLINTIC**  
**ADMINISTRATIVE LAW JUDGE**

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

**Respondent**

MACOMB COUNTY DHHS STERLING  
HTS DIST 36

41227 MOUND RD STE A  
STERLING HTS, MI 48314

**MDHHS-MACOMB-36-  
HEARINGS@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED]

Michigan Office of Administrative Hearings and Rules  
P.O. Box 30639  
Lansing, MI 48909



**Date Mailed:** June 23, 2025  
**Docket No.:** 25-015505  
**Case No.:** 103106959  
**Petitioner:** MELISSA WARNICK

MACOMB COUNTY DHHS STERLING HTS  
DIST 36  
41227 MOUND RD STE A  
STERLING HTS, MI 48314

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**Date Mailed:** June 23, 2025  
**Docket No.:** 25-015505  
**Case No.:** 103106959  
**Petitioner:** MELISSA WARNICK

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### **HEARING DECISION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a hearing was held via telephone conference on May 28, 2025. Petitioner appeared and was unrepresented. The Michigan Department of Health and Human Services (MDHHS or Department) was represented by Kevin Sawdon, Hearing Facilitator. Department Exhibit 1, pp. 1-38 was received and admitted.

### **ISSUE**

Did the Department properly determine Petitioner's Medical Assistance (MA) eligibility?

### **FINDINGS OF FACT**

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On February 28, 2025, Petitioner submitted redetermination paperwork including check stubs.
2. On March 28, 2025, a Health Care Coverage Determination Notice was sent to Petitioner informing her that Seth Warnick and Presley Warnick were eligible for MIChild Medicaid from April 1, 2025, and ongoing.
3. On April 21, 2025, Petitioner requested hearing disputing the closure of MA.
4. On April 30, 2025, a Benefit Notice was sent to Petitioner informing her that Seth Warnick's MIChild Medicaid was closed on April 30, 2025, and he was approved for MA-G2U effective May 1, 2025. Presley Warnick's MIChild closed effective May 1, 2025.
5. Petitioner household has \$5,531.76 in employment income per month based on the check stubs submitted by Petitioner.



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## **CONCLUSIONS OF LAW**

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Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

### **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. 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. BEM 130

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In this case, Petitioner did not dispute the employment income attributed to her household. The Department found that Petitioner's household had \$5,531.76 in employment income. The income limit for a household of 3 for MI Child Medicaid is \$4,708.19. Therefore, Petitioner's household is over the income limit for MI Child and the closure of Presley Warnick MA was proper and correct and consistent with Department policy. BEM 130

Petitioner was told at the prehearing that her MA benefits would be reinstated pending the hearing and she questioned why that did not happen. Mr. Sawdon testified that the case could not be reinstated because the certification period had ended. Petitioner requested a hearing on April 21, 2025. Petitioner was first notified that MI Child MA would be closing on April 30, 2025, with a Benefit Notice that was sent on that same day. Petitioner requested a hearing within 10 days of the Notice of Case Action and prior to the effective date of action so her MA benefits should have been reinstated pending the hearing. BAM 600 However, the closure of MA effective May 1, 2025, is upheld and therefore, MA should not be reinstated.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department acted in accordance with Department policy when it closed Presley Warnick's MI Child MA case due to excess income.

Accordingly, the Department's decision is **AFFIRMED**.



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**AARON MCCLINTIC**  
**ADMINISTRATIVE LAW JUDGE**

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

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**Via First Class Mail:**

**Petitioner**

MELISSA WARNICK

11736 CASCADE CIR

REMEO, MI 48065