



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: March 17, 2016
MAHS Docket No.: 15-021217
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

**ORDER OF DISMISSAL PURSUANT TO
WITHDRAWAL OF HEARING REQUEST AT HEARING**

This matter is before the Michigan Administrative Hearing System upon Petitioner's request for hearing made pursuant to MCL 400.9 and MCL 400.37, and Titles 7, 42, and 45 of the Code of Federal Regulations, which govern the administrative hearing and appeal process. After due notice, a three-way telephone hearing was commenced on March 17, 2016, from Detroit, Michigan. The Petitioner was represented by Petitioner [REDACTED]. The Department of Health and Human Services (Department) was represented by [REDACTED], Eligibility Specialist. [REDACTED] served as a translator of [REDACTED].

The hearing was requested to dispute the Department's action taken with respect to the Petitioner's Medical Assistance (MA) program benefits and eligibility for full coverage MA. Shortly after commencement of the hearing, Petitioner testified that he/she now understood the actions taken by the Department and did not wish to proceed with the hearing. The Request for Hearing was withdrawn. The Department agreed to the dismissal of the hearing request.

Pursuant to the withdrawal of the hearing request filed in this matter, the Request for Hearing is, hereby, **DISMISSED**.

IT IS SO ORDERED.

LMF/jaf

Lynn M. Ferris
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

DHHS

[REDACTED]

Petitioner

[REDACTED]