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

SHELLY EDGERTON DIRECTOR



Date Mailed: November 18, 2016 MAHS Docket No.: Agency No.: Petitioner: Respondent:

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

ORDER OF DISMISSAL PURSUANT TO WITHDRAWAL OF HEARING REQUEST AT HEARING

Upon the request for a hearing by the Michigan Department of Health and Human Services (MDHHS), this matter is before the undersigned administrative law judge pursuant to MCL 400.9, and in accordance with Titles 7, 42 and 45 of the Code of Federal Regulation (CFR), particularly 7 CFR 273.16 and 45 CFR 235.110; and with Mich Admin Code, R 400.3130 and 400.3178. After due notice, a telephone hearing was held on _______, from Detroit, Michigan. The Michigan Department of Health and Human Services (MDHHS) was represented by _______ regulation agent with the Office of Inspector General. Respondent did not appear.

On **Mathematica**, MDHHS requested a hearing to establish Respondent received an overissuance of FAP benefits due to an intentional program violation (IPV). MDHHS testimony indicated Respondent signed documentation admitting an IPV resulted in an overissuance of benefits. MDHHS further testified that a hearing was no longer needed as a result of Respondent's signed admissions. Based on the withdrawal of the hearing request, the MDHHS hearing request is **DISMISSED**.

IT IS SO ORDERED.

CG/hw

Christin Dordoch

Christian Gardocki 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

Page 3 of 3 16-010058 <u>CG</u>

DHHS

Petitioner

Respondent



