



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON I. BROWN, DPA
ACTING DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED]

Date Mailed: February 16, 2024
MOAHR Docket No.: 23-009143
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

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

This matter is before the Michigan Office of Administrative Hearings and Rules 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 telephone hearing commenced on February 15, 2024. [REDACTED] [REDACTED] mother and Authorized Hearing Representative (AHR), appeared on Petitioner's behalf. The Department of Health and Human Services (Department) was represented by Sara Stellema, Assistance Payments Supervisor.

The hearing was requested to dispute the Department's action taken with respect to Medical Assistance program (MA) benefits. Shortly after commencement of the hearing, the Department confirmed that Petitioner has been approved for full coverage MA with no lapse in coverage. Accordingly, Petitioner's AHR withdrew the hearing request on the record. 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.

CL/dm

Colleen Lack
Administrative Law Judge

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

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

Via-Electronic Mail :

DHHS
Kimberly Kornoelje
Kent County DHHS
MDHHS-Kent-
Hearings@michigan.gov

SchaferM

EQADhearings

BSC3HearingDecisions

MOAHR

Via-First Class Mail :

Petitioner
[REDACTED]
[REDACTED]
[REDACTED]

Authorized Hearing Rep.
[REDACTED]
[REDACTED]
[REDACTED]