

**BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS ON REFERRAL  
BY THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES**

In the Matter of )  
 )  
 S C )  
\_\_\_\_\_ )

OAH No. 15-1113-CAM

**DECISION**

**I. Introduction**

S C receives medical assistance through the Chronic and Acute Medical Assistance (CAMA) program. The Division of Health Care Services (Division) declined payment for his out-patient medical and physical therapy treatment for a shoulder injury because they were not covered services under the CAMA program. Mr. C requested a hearing.

Mr. C's hearing was held on September 25, 2015. Mr. C represented himself. Angela Ybarra, a Medical Assistance Administrator with the Division, represented the Division and testified on its behalf. The record was held open until October 2, 2015 for both parties to submit additional evidence.

Medical and physical therapy treatments for a shoulder injury are not directly related to treatment for a chronic mental health condition, which is the underlying medical condition which qualified Mr. C for CAMA coverage. They are therefore not covered services under the CAMA program. The Division's decision to deny payment is AFFIRMED.

**II. Facts**

The following facts were established by a preponderance of the evidence.

Mr. C's shoulder was injured in November 2014, when he was cutting wood.<sup>1</sup> He applied for Adult Public Assistance and Medicaid on February 17, 2015. That application is on hold pending action by the Social Security Administration on his Social Security Supplemental Security Income application.<sup>2</sup> He is not a regular Medicaid recipient. Subsequently, Mr. C was approved for CAMA benefits due to chronic mental illness. The Division issued Mr. C medical coupons, from March through August 2015, which read:

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<sup>1</sup> Mr. C's testimony.

<sup>2</sup> Ex. F.

AUTHORIZATION LIMITED TO PHYSICIAN SERVICES, PRIOR-AUTHORIZED OUTPATIENT HOSPITAL RADIATION AND CHEMOTHERAPY, 3 PRESCRIPTIONS PER MONTH, AND LIMITED MEDICAL SUPPLIES.

Those coupons each contain an eligibility code “21” indicating that Mr. C is a CAMA recipient, and not a regular Medicaid recipient.<sup>3</sup>

After Mr. C was approved for CAMA benefits and issued his coupons, he saw several medical providers and several physical therapists for treatment for his shoulder, using those coupons. Those medical providers and physical therapists billed the CAMA program for those services. The CAMA program denied payment for those bills. The providers then billed Mr. C, who requested this hearing.<sup>4</sup>

### III. Discussion

CAMA is a state program which provides some payment for medical bills incurred by people who have certain medical conditions. Chronic mental health issues are one of those conditions. Shoulder injuries are not.<sup>5</sup> CAMA is not regular Medicaid: it will only pay for services if they “are directly related to the medical condition that makes the recipient eligible.”<sup>6</sup> CAMA will not pay for expenses that are “not directly related to the treatment of a [qualifying] medical condition.”<sup>7</sup>

It is undisputed that Mr. C’s bills are for treatment for his shoulder injury. They are not for treatment of his mental health conditions. The CAMA program’s underlying regulations are clear that coverage will only be provided for services that are “directly related” to the underlying qualifying condition, his mental health conditions.

Mr. C made the argument that his treatment was authorized by the Division because his medical care coupons were accepted by multiple care providers. Both Mr. C and the Division provided copies of the coupons issued to him. A review of the coupons show that they all contain eligibility code “21” which advises providers that Mr. C’s coverage was for CAMA only. As a result, the providers were on notice of Mr. C’s limited coverage. The Division is therefore not responsible for payment for the subject medical bills, because they are not covered by the CAMA program.

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<sup>3</sup> Ex. E.

<sup>4</sup> Exs. C, D; Mr. C’s testimony.

<sup>5</sup> AS 47.08.150(c)(1(C)); 7 AAC 48.525(b).

<sup>6</sup> 7 AAC 48.550(c).

<sup>7</sup> 7 AAC 48.555(7).

**IV. Conclusion**

The Division’s decision to deny payment for Mr. C’s treatment for his shoulder injury is AFFIRMED.

DATED this 5<sup>th</sup> day of October, 2015.

*Signed* \_\_\_\_\_  
Lawrence A. Pederson  
Administrative Law Judge

**Adoption**

The undersigned, by delegation from of the Commissioner of Health and Social Services, adopts this Decision, under the authority of AS 44.64.060(e)(1), as the final administrative determination in this matter.

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 21<sup>st</sup> day of October, 2015.

By: *Signed* \_\_\_\_\_  
Name: Lawrence A. Pederson  
Title/Agency: Admin. Law Judge, OAH

[This document has been modified to conform to the technical standards for publication.]