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

In the Matter of	)	
	)	OAH No. 12-0489-MDE
K C	)	Agency No.
_____	)	

DECISION

I. Introduction

K C appealed the termination of his Medicaid benefits. A hearing was held on November 26, 2012.[1] Jeff Miller represented the Division of Public Assistance (division). Mr. C appeared by telephone and represented himself.

The division filed a "Petition to Deny Fair Hearing Request" based on its assertion that it had mailed a notice on September 3, 2011, and Mr. C's appeal was more than 30 days past that date.[2] An order was issued on November 19, 2012, denying that petition. Mr. C had asserted he did not receive the September 3, 2011 notice, and the division failed to meet its burden of proving that he had received it.

Because the petition to dismiss the hearing was denied, a hearing was held on whether the division correctly placed Mr. C on Family Medicaid and then included him on Transitional Medicaid after the Family Medicaid ended. Based on the evidence presented, the division's determination is upheld.

II. Facts

Mr. C applied for Medicaid, Food Stamps, Temporary Assistance, and Adult Public Assistance for himself, his wife, two sons, and two daughters on July 22, 2011.[3] Mr. C's application for Adult Public Assistance and Medicaid was denied because his income level was too high.[4] However, that same application for Medicaid coverage was approved for family coverage for Mr. C, and the rest of his family except for one son.[5]

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[1] A hearing was originally scheduled in October. Mr. C did not appear for that hearing, but he subsequently established good cause for not being available, and a new hearing date was set.

[2] A request for a hearing must be made with 30 days of receipt of the notice that is being contested. 7 AAC 49.040.

[3] Exhibit A – A2.

[4] Exhibit 16.1.

[5] Exhibit 13. His other son is apparently receiving Medicaid coverage through a separate program.

Shortly thereafter, Mrs. C obtained a job, and the family income increased. Because of this, the Family Medicaid was converted to Transitional Medicaid.[6] It is the notice of this change that Mr. C may not have received. In September of 2012, Mr. C was sent a notice informing him that his family was in the last month of transitional Medicaid, and that he would not receive any further benefits after September.[7] Mr. C appealed.

Mr. C had been receiving Medicaid benefits, with his own individual case file, for many years when he lived in other states.[8] He was eligible for Medicaid based on his disability. When he applied in Alaska, he only intended to apply for Medicaid for himself. He told the case worker that his Medicaid file had always been separate from his family's file. The case worker helping him apply stated that he should apply as head of household and include the other family members on the application. He was also told to apply for additional benefits.

III. Discussion

Mr. C does not contest the income amounts attributed to him or his family, or the applicable income eligibility levels for the individual or Family Medicaid programs. His concern is that he intended to have individual Medicaid and did not realize he had been placed on a family plan. Had he been aware that he had been placed on his family's plan, he says he would have appealed immediately.

Mr. C might have qualified for his own Medicaid if he had qualified for Adult Public Assistance. His total income, however, exceeded the income limits for the Adult Public Assistance program in Alaska.[9] While Medicaid is a federal program, the requirements are not identical in each state, so the fact that he qualified for benefits in Arizona and Michigan does not establish that he was also eligible in Alaska. Although denied as an individual, Mr. C was eligible for Medicaid as part of his household's Family Medicaid. He was notified of this by the division.[10]

Mr. C states that if he had realized he was placed on Family Medicaid he would have appealed that decision. Granting eligibility is not an adverse action, and thus there would be

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6 Exhibit 6. Transitional Medicaid is available for up to 12 months when a household becomes ineligible for Family Medicaid because of an increase in income. 7 AAC 100.200.

7 Exhibit 3.

8 The factual findings in this paragraph are based on Mr. C's uncontested testimony.

9 Exhibit 16.1.

10 Exhibit 13.

no basis for an appeal under 7 AAC 49.020.[11] In addition, Mr. C was a mandatory member of the household for purposes of determining the family's eligibility.[12] While he wasn't required to use Medicaid benefits, he did have to be included in the eligibility determination for the Family Medicaid file.

Mr. C can and has appealed the decision to terminate Family Medicaid and place the family on Transitional Medicaid.[13] The notice of this modification states that the change was made because the family's income exceeded the income limit for their family size.[14] Mr. C does not dispute that the family's income did exceed the income limit, and does not otherwise argue that this decision was incorrect under the applicable regulations. Accordingly, the division's decision to convert the household from Family Medicaid to Transitional Medicaid, which has a coverage time limit of 12 months, should be upheld.

IV. Conclusion

While Mr. C was not aware that he had been included in the family plan, the applicable regulations required that he be included. Thus, he was properly found eligible for Family Medicaid. The division then correctly converted Mr. C's household from Family Medicaid to Transitional Medicaid based on the household's income, and correctly terminated that benefit after twelve months of benefits. The division's determination is upheld.

Dated this 13th day of December, 2012.

Signed
Jeffrey A. Friedman
Administrative Law Judge

[11] This regulation permits an appeal for denials, delays in taking action, or decisions to terminate or modify benefits, but does not permit an appeal from an action that provides a benefit.
[12] 7 AAC 100.104(a)(3).
[13] 7 AAC 49.020(3) (right to appeal modification of benefits).
[14] Exhibit 6.

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 27th day of December, 2012.

By: *Signed*
Name: Christopher M. Kennedy
Title: Administrative Law Judge

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