

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE

SARAH PALIN, GOVERNOR

P.O. BOX 110640
JUNEAU, ALASKA 99811-0640
PHONE: (907) 465-3347
FAX: (907) 465-5154

November 18, 2008

[REDACTED]

Re: OHA Case #08-FH-500
Program Type: Adult Public Assistance/Medicaid
Agency Case # [REDACTED]

Dear [REDACTED]:

This is in response to your request for my review of your October 21, 2008 fair hearing decision. I received your appeal on October 28, 2008.

At issue is the closure of your Adult Public Assistance (APA) and Medicaid case because of the Social Security Administration's decision that you no longer qualify for Supplemental Security Income (SSI) disability benefits.

In your appeal, you asked that your APA and Medicaid benefits be continued until your Social Security case is resolved. You explained that the problem is related to activities that you cannot do, and that you need help in paying for your medical needs.

The Hearing Authority's decision is a matter of law. The information in the hearing record substantiates that the Social Security Administration stopped your SSI benefits effective May 2008, because of a cessation in your disability.

While you have appealed SSA's decision, state regulations in 7 AAC 40.060 (c) requires the Division to discontinue APA benefits when a person's SSI benefits are terminated. Your eligibility for Medicaid is contingent upon receiving APA or SSI, and as a result of losing these benefits your eligibility for Medicaid also ended.

I am therefore upholding the Hearing Authority's decision that our agency was correct in closing your Adult Public Assistance and Medicaid case effective June 30, 2008 based on the closure of your SSI benefits. If your SSA appeal is successful and your SSI benefits are reinstated, we will re-determine your eligibility for APA and Medicaid.

[REDACTED]
November 18, 2008

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This decision has been reached based upon a review of the hearing record, fair hearing exhibits, the Hearing Authority's decision, and applicable laws and regulations.

If for any reason you are not satisfied with this decision, you may appeal to the Superior Court within 30 days.

Sincerely,

Ellie Fitzjarrald
Director

cc: Patricia Huna-Jines, Hearing Authority
[REDACTED], Program and Policy Development
[REDACTED], Staff Development and Training
[REDACTED], Fair Hearing Representative
Case File

Office of Hearings and Appeals
3601 C Street, Suite 1322
P. O. Box 240249
Anchorage, AK 99524-0249
Ph: (907)-334-2239
Fax: (907)-334-2285

**STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
OFFICE OF HEARINGS AND APPEALS**

In the Matter of)	
)	
██████████,)	OHA Case No. 08-FH-500
)	
Claimant.)	Division Case No. ██████████
_____)	

FAIR HEARING DECISION

STATEMENT OF THE CASE

██████████ (Claimant) was receiving Adult Public Assistance and Medicaid benefits. (Ex. 1) On June 19, 2008, the Division of Public Assistance (Division) informed the Claimant it was terminating these benefits effective June 30, 2008, because his Social Security Supplemental Security Income benefits had been terminated. (Ex. 2.1). The Claimant requested a fair hearing on June 23, 2008. (Ex. 3) This office has jurisdiction pursuant to 7 AAC 49.010.

Pursuant to the Claimant's request, a hearing was held on August 13, 2008. The Claimant attended the hearing telephonically and represented himself. His mother, ██████████, also participated telephonically. ██████████, Public Assistance Analyst with the Division, attended in person and represented the Division.

ISSUE

Was the Division correct to terminate the Claimant's Adult Public Assistance and Medicaid benefits effective June 30, 2008?

FINDINGS OF FACT

1. The Claimant was receiving Adult Public Assistance and its related Medicaid benefits. (Ex. 1) He qualified for these benefits because he was on the federal Social Security Administration for Social Security Supplemental Security Income (SSI) benefits from the federal Social Security Administration. (Ex. 2)

2. On June 18, 2008, the Division processed the Claimant's recertification application for Adult Public Assistance and Medicaid benefits. At that time, it learned the Claimant's SSI benefits had been terminated because he was found to be no longer disabled. (Ex. 2.0-2.3). On June 19, 2008, the Division sent the Claimant notice it was closing his Adult Public Assistance and Medicaid benefits, effective June 30, 2008, because his SSI benefits had been terminated. (Ex. 2.1).

3. The Claimant has appealed the SSI termination on April 23, 2008. (Ex. 2.2).

4. On June 23, 2008, the Claimant requested a fair hearing. (Ex. 3).

5. During the August 13, 2008 hearing, the Claimant's mother testified the SSI office must have misidentified him because it terminated his benefits for no longer being disabled. Claimant's mother said the SSI notice determined the Claimant was capable of taking care of his small child and working out at a gym. The Claimant's mother further testified that Claimant does not have any children and does not work out at a gym.

PRINCIPLES OF LAW

This case involves a termination of benefits. The Division has the burden of proof by a preponderance of the evidence.¹

A person who is eligible to receive Social Security Supplemental Security Income benefits is also eligible to receive Adult Public Assistance benefits from the State of Alaska, if he also satisfies other State of Alaska eligibility criteria. 7 AAC 40.030. A person who is receiving Supplemental Security Income or who has been approved for Adult Public Assistance is automatically eligible for Medicaid benefits. 7 AAC 100.002(b)(1) and (d)(1); 7 AAC 100.410(a) and (b).

If a recipient of both Adult Public Assistance benefits and Supplemental Security Income benefits has his Supplemental Security Income benefits terminated by the Social Security Administration, the State of Alaska is required to terminate his Adult Public Assistance benefits. The Alaska regulation reads:

(c) If an applicant is receiving SSI benefits and is determined by the Social Security Administration to be ineligible, except as provided in (d) and (e)

¹Preponderance of the evidence is defined as follows:

Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not.

of this section, the division will terminate assistance in accordance with 7 AAC 49.060, regardless of whether the applicant files an appeal with the Social Security Administration.

7 AAC 40.060(c).²

ANALYSIS

The facts in this case are not disputed. The Claimant was receiving Adult Public Assistance from the State of Alaska because the Social Security Administration approved him for Supplemental Security Income benefits. He received Medicaid coverage because he was receiving Adult Public Assistance and Supplemental Security Income. The Social Security Administration terminated the Claimant's Supplemental Security Income because it determined he was not disabled. The Claimant appealed the Social Security Administration decision.

As the facts are not in dispute, this case presents a purely legal issue. Was the Division correct to terminate the Claimant's Adult Public Assistance and Medicaid benefits because his Supplemental Security Income benefits had been terminated by the Social Security Administration?

The Alaska regulation pertaining to the domino effect of a Supplemental Security Income benefit termination, 7 AAC 40.060(c), is clear. Termination of Supplemental Security Income benefits requires that State Adult Public Assistance benefits be terminated. Even if the Social Security Administration's decision to terminate Supplemental Security Income benefits is wrong or under appeal with the Social Security Administration, the Division does not have leeway to ignore the termination requirement.

The only exceptions to the termination requirement are if the Supplemental Security Income termination was due to the Claimant's income or his disposal of resources. 7 AAC 40.060(c), (d), and (e).³ Neither of these exceptions are applicable to this case because the Claimant's SSI benefits were terminated because it was determined he was no longer disabled. However, once the Social Security Administration terminated the Claimant's Supplemental Security Income benefits because it determined he was not disabled, the Division, by regulation, was required to and correctly terminated his State Adult Public Assistance.

The Claimant's eligibility for Medicaid coverage required him to be a recipient of either State Adult Public Assistance or Federal Supplemental Security Income benefits. There is no evidence in the record demonstrating his eligibility for Medicaid coverage in any of

² The exceptions to the termination rule contained in 7 AAC 40.060(c) refer to Supplemental Security Income termination due to either excess income or a disposal of resources for less than fair market value. 7 AAC 40.060(d) and (e). Neither of these exceptions are applicable to this case.

³ If the Social Security Administration had terminated the Claimant's Supplemental Security Income benefits because of his income, then the Division could have reviewed the Claimant's case to see if he was eligible for Adult Public Assistance and/or Medicaid under the State Only disability or Working Disabled categories. *See* AS 47.07.020(b)(4); 7 AAC 100.002(d)(1); 7 AAC 100.410(b).

the other eligibility categories: pregnancy, medical institutionalization, home and community based waiver approval, or breast or cervical cancer. 7 AAC 100.002(a)(4), (c)(7), (d)(4), d(7), and (d)(8). As a result, when the Claimant lost both his Supplemental Security Income and his Adult Public Assistance benefits, he also lost his Medicaid coverage.

CONCLUSIONS OF LAW

1. The Division was required by the explicit terms of its regulation, 7 AAC 40.060(c), to terminate the Claimant's Adult Public Assistance benefits when the Social Security Administration terminated his Supplemental Security Income benefits.
2. Because the Claimant's eligibility for Medicaid coverage depended on his being eligible for either Adult Public Assistance or Supplemental Security Income, the Division was correct when it terminated his Medicaid coverage.

DECISION

The Division was correct when it terminated the Claimant's Adult Public Assistance and Medicaid benefits effective June 30, 2008.

APPEAL RIGHTS

If for any reason the Claimant is not satisfied with this Decision, the Claimant has the right to appeal by requesting a review by the Director. To do this, send a written request directly to:

Director of the Division of Public Assistance
Department of Health and Social Services
PO Box 110640
Juneau, AK 99811-0640

An appeal request must be filed within 15 calendar days from the date of receipt of this Decision. Filing an appeal with the Director could result in the reversal of the Hearing Authority's decision.


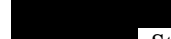
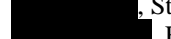

DATED this _____ day of October, 2008.

Patricia Huna-Jines
Hearing Authority

CERTIFICATE OF SERVICE

I certify that on this ____ day of
October 2008, true and correct copies
of the foregoing were sent to:

Claimant– Certified Mail, Return Receipt Requested.

, Director
, Policy & Program Development
, Staff Development & Training
, Fair Hearing Representative

Al Levitre, Law Office Assistant I

