

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

In the Matter of)	
)	
S S)	OAH No. 17-0617-APA
)	Agency No.

DECISION

I. Introduction

S S was a recipient of the Adult Public Assistance and Medicaid programs. The Division of Public Assistance (Division) closed his APA and Medicaid case. Mr. S requested a hearing to contest that decision.

A hearing was held on June 28, 2017. Mr. S appeared in person and represented himself, with the assistance of his sister, W D, and a Spanish interpreter. Fair Hearing Representative Jeff Miller appeared telephonically and represented the Division. At the close of the hearing, the record was left open for one week for Mr. S to file additional materials, and then another week for the Division to file its response. Mr. S did not file any additional materials by July 5, 2017, so the record is now closed. Because the evidence shows that Mr. S is over the income limit for APA, the Division’s decision is upheld.

II. Facts

Mr. S was a recipient of the APA and Medicaid programs.¹ On April 6, 2017, the Division received notice that Mr. S was receiving \$1,630 per month in Social Security disability benefits.² On April 7, 2017, the Division mailed Mr. S a notice advising him that the agency had closed his APA and Medicaid case because his monthly countable income was over the APA program limit of \$1,366 for his household.³ On April 30, 2017, Mr. S requested a fair hearing.⁴

Mr. S lives in an assisted living home. Mr. S confirmed he receives Social Security benefits, but he testified that he only receives approximately \$1,007. The difference between the monthly gross benefits paid to Mr. S and the net amount he receives is due to deductions for child support payments for Mr. S’s three minor children.⁵

¹ 7 AAC 100.410(b) (“An individual who is eligible for and receiving APA is eligible for Medicaid under 7 AAC 100.002(d)(1) and this subsection.”).

² Ex. 2-2.2.

³ Ex. 3.

⁴ Ex. 4.

⁵ S Testimony; D Testimony.

III. Discussion

The Division closed Mr. S's APA and Medicaid case because he was over the program income limits for APA and Medicaid. Under the APA program regulations, countable income is determined by adding together the recipient's total (gross) income, and then subtracting any applicable deductions.⁶

Mr. S lives in an assisted living home, putting him in the HIE household type. In 2017, the program limit for his household is \$1,366.⁷ The program allows a \$20.00 deduction from unearned income.⁸ Mr. S does not qualify for any additional exclusions or deductions under the APA regulations. That means Mr. S's total countable monthly income is \$1,610. This figure exceeds the APA's 2017 program limit of \$1,366 for Mr. S's household type.

If a recipient's income, after applicable deductions, exceeds the maximum income level based on household size, then the recipient is not eligible for Adult Public Assistance.⁹ There is no hardship exception. Nor is there a deduction for child support payments. To the contrary, the Department of Health and Social Services' Adult Public Assistance Manual specifically provides that child support payments are included in a recipient's countable income.¹⁰ Accordingly, the Division was correct to terminate Mr. S's APA and Medicaid benefits based on his 2017 monthly income.

IV. Conclusion

The Division's decision to close Mr. S's Adult Public Assistance and Medicaid case is AFFIRMED.

DATED: July 7, 2017.

By: Signed
David J. Mayberry
Administrative Law Judge

⁶ 7 AAC 40.230, 7 AAC 40.310(a), 7 AAC 40.320(a), and 7 AAC 40.350.

⁷ Ex. 16.1.

⁸ 7 AAC 40.320(a)(23).

⁹ 7 AAC 40.230 ("an applicant's total monthly income, after permissible exclusions, may not exceed the amounts specified in 7 AAC 40.310," as annually adjusted under 7 AAC 40.310(c)).

¹⁰ Adult Public Assistance Manual, § 443.1 ("Items for which amounts may be withheld [from the recipient] but considered received include, but are not limited to: . . . Child support payments.").

Adoption

The undersigned, by delegation from 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 21st day of July, 2017.

By: Signed
Signature
David J. Mayberry
Name
Administrative Law Judge
Title

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