



retirement consists of \$914 per month.<sup>5</sup> Mr. and Mrs. U's monthly household income totaled \$1,859 at the time of his renewal application.

The Division reviewed Mr. U's renewal application. It determined that Mr. U was entitled to a \$20 deduction from the monthly household income. The result, after applying that deduction, was \$1,839. The Division then denied Mr. U's application because his monthly household income exceeded the income limit for a his two-person household of \$1,673 per month.<sup>6</sup>

### III. Discussion

The issue in this case is whether Mr. U is eligible for Medicaid benefits. Mr. U is 72 years old. Due to his age, the categories of Medicaid that he is potentially eligible for in turn require that he meet the eligibility requirements for Adult Public Assistance.<sup>7</sup> These include the requirement that an applicant must be age 65 or older and his income, along with that of his wife, must be within the program's income limits.<sup>8</sup> Mr. U is over 65. His wife, however, is not. The applicable monthly income limit for a two-person household, where one person (Mr. U) is eligible and one person (Mrs. U) is not, is \$1,673.<sup>9</sup>

Mr. and Mrs. U have a total of \$1,859 in monthly Social Security income. Social Security income is classified as unearned income.<sup>10</sup> Because both Mr. and Mrs. U's income is totally unearned income, there is only one deduction allowed them in arriving at their income for eligibility purposes. That is a general deduction of \$20.<sup>11</sup> When that deduction is applied, the U's monthly countable income is \$1,839. Mr. U's countable monthly income of \$1,839 exceeds the monthly income limit of \$1,673 for Medicaid.

//

//

---

<sup>5</sup> Exs. 3 – 3.1.

<sup>6</sup> The Division initially denied Mr. U's renewal application on June 14, 2018 with a follow-up denial notice on June 29, 2018. Exs. 7, 9. It withdrew that denial. *See* OAH Case No. 18-0685-APA. The Division then issued a subsequent denial notice on July 13, 2018. Ex. 30. The July 13, 2018 denial notice was then appealed, resulting in this case. Ex. 31.

<sup>7</sup> 7 AAC 100.002(b) and (d); 7 AAC 100.400(a).

<sup>8</sup> 7 AAC 100.400(a)(3), (a)(10), (a)(11), and (a)(16) –(a)(19). The corresponding Adult Public Assistance regulations are located at 7 AAC 40.120, 230 – 240, 300 – 350.

<sup>9</sup> *Adult Public Assistance Manual Addendum 7* (Ex. 10.1).

<sup>10</sup> 7 AAC 400.300(a)(3).

<sup>11</sup> 7 AAC 40.320(a)(23).

**IV. Conclusion**

The Agency’s decision to deny renewal of Mr. U’s Medicaid coverage is AFFIRMED.

DATED September 25, 2018

By: Signed  
Signature  
Lawrence A. Pederson  
Name  
Administrative Law Judge  
Title

[This document has been modified to conform to the technical standards for publication. Names may have been changed to protect privacy.]

**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 11<sup>th</sup> day of October, 2018.

By: Signed  
Signature  
Kathryn A. Swiderski  
Name  
Administrative Law Judge  
Title

[This document has been modified to conform to the technical standards for publication. Names may have been changed to protect privacy.]