

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

In the Matter of)
)
 E J)
 _____)

OAH No. 18-0805 MDE
Agency No. 05211135

DECISION

I. Introduction

E J was a recipient of benefits from the Working Disabled Medicaid ME program.¹ Mr. J applied to renew his Working Disabled Medicaid coverage. That renewal was denied because he was no longer employed. The Division of Public Assistance (Division) also checked to see if he might have Medicaid coverage under the Aged, Disabled, Long Term Care, Medicaid program.² Mr. J was found not to be eligible for that program either. As a result, Mr. J’s Medicaid benefits ended. Mr. J requested a hearing on August 1, 2018.³

Mr. J’s hearing was held on September 5, 2018.⁴ He participated telephonically, represented himself and testified on his own behalf. K C was present as support for Mr. J, but did not provide any testimony. Jeff Miller, Public Assistance Analyst with the Division, participated by phone and represented the Division.

Mr. J is no longer working, so he does not qualify for Working Disabled Medicaid ME program. He is also not Aged, Disabled Long Term Care Medicaid eligible because his current income exceeds that program’s income limits. As a result, the Division’s decision terminating his benefits is **AFFIRMED**.

II. Facts

Mr. J is a 69-year-old veteran.⁵ He was receiving benefits from the Working Disabled Medicaid program because he was employed and earned less than \$3163.00 per month.⁶ Mr. J applied to renew those benefits on July 30, 2018. At that time, he was no longer employed. Since he was no longer employed, Division staff explored whether he was eligible for Aged, Disabled, Long Term Care

¹ Exhibit 1.1; Exhibit 1,2.

² Exhibit 2; Exhibit 5

³ Exhibit 4.

⁴ Initially Mr. J had also wanted a hearing on Adult Public Assistance; Mr. J had spoken with Mr. Miller on August 28, 2018; Mr. J confirmed he was only interested in a hearing on the Working Disabled Medicaid ME. He affirmed this on the record through testimony.

⁵ Mr. J’s testimony.

⁶ Exhibit 6.1.

Medicaid coverage.⁷ His monthly income then consisted of \$998.00⁸ from Social Security, \$971.80 for unemployment benefits⁹ and \$133.17 for VA benefits.¹⁰ This totals \$2102.97. The Division then determined that he was not financially eligible for Aged, Disabled, Long Term Care Medicaid coverage due to his income.¹¹

III. Discussion

The issue in this case is whether Mr. J is eligible for Medicaid benefits. To qualify for the Working Disabled Medicaid ME program, Mr. J must, among other things, be employed.¹² Since Mr. J is no longer employed, he no longer qualifies for the Working Disabled Medicaid ME program.

However, Mr. J could potentially qualify for the Aged, Disabled, Long Term Care ME program, if he met the income qualifications.¹³ Mr. J is a one-person household living independently.¹⁴ The monthly income limit for an eligible individual living on his own is \$1393.00.¹⁵ Income is computed by taking the monthly available income, subtracting any applicable deductions, and rounding to the nearest dollar.¹⁶ Mr. J's monthly income is \$998.00¹⁷ from Social Security, \$971.80 for unemployment benefits¹⁸ and \$133.17 for VA benefits.¹⁹ The general income exclusion of \$20.00 was deducted.²⁰ The result is \$2,082.97. There were no other income exclusions that were applicable.²¹ Mr. J's countable monthly income of \$2,082.97 exceeds the monthly income limit of \$1,393 for the Aged, Disabled, Long Term Care Medicaid program.

IV. Conclusion

7 Exhibit 1.
8 Exhibit 3.
9 Exhibit 3.1.
10 Exhibit 3.2.
11 Exhibit. 5.
12 Exhibit 18; 7 AAC 100.426.
13 Exhibit 22.1; 7 AAC 40.310.
14 Exhibit 2.1; Mr. J testimony.
15 Exhibit 6.2.
16 7 AAC 40.350.
17 Exhibit 3.
18 Exhibit 3.1.
19 Exhibit 3.2.
20 Exhibit 2; Exhibit 13.1; 7AAC 40.320 (23).
21 7AAC 40.320.

The Agency's decision to terminate Mr. J's Medicaid coverage is AFFIRMED.

DATED September 11, 2018

By: Signed
Signature
Hanna Sebold
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 25th day of September, 2018.

By: Signed
Signature
Hanna Sebold
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.]

Non-Adoption Options

A. The undersigned, by delegation from of the Commissioner of Health and Social Services and in accordance with AS 44.64.060, declines to adopt this Decision, and instead orders under AS 44.64.060(e)(2) and that the case be returned to the administrative law judge to

take additional evidence about _____;

make additional findings about _____;

conduct the following specific proceedings: _____.

DATED this _____ day of _____, 2018.

By: _____

Name:

Title:

Department of Health and Social Services

B. The undersigned, by delegation from of the Commissioner of Health and Social Services and in accordance with AS 44.64.060 (e)(3), revises the enforcement action, determination of best interest, order, award, remedy, sanction, penalty, or other disposition of the case as set forth below, and adopts the proposed decision as revised:

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 _____ day of _____, 2018.

By: _____

Name:

Title:

Department of Health and Social Services

C. The undersigned, by delegation from of the Commissioner of Health and Social Services and in accordance with AS 44.64.060(e)(4), rejects, modifies or amends one or more factual findings as follows, based on the specific evidence in the record described below:

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 _____ day of _____, 2018.

By: _____

Name:

Title:

Department of Health and Social Services

D. The undersigned, by delegation from of the Commissioner of Health and Social Services and in accordance with AS 44.64.060(e)(5), rejects, modifies or amends the interpretation or application of a statute or regulation in the decision as follows and for these reasons:

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 _____ day of _____, 2018.

By: _____

Name:

Title:

Department of Health and Social Services