

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

In the Matter of	)	
	)	
T. D.	)	OAH No. 24-0373-MDE
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**DECISION**

**I. Introduction**

T. D. applied for Adult Public Assistance (APA) and related Medicaid benefits on April 18, 2024. On May 6, 2024 the Division of Public Assistance (Division) denied her application because her monthly household income was greater than the income limit allowed for by APA/Medicaid program. Ms. D. requested a hearing on May 30, 2024.

Ms. D.'s hearing was held on July 1, 2024. Ms. D. participated telephonically and testified on her own behalf. Jeff Miller, Public Assistance Analyst with the Division, also participated telephonically. He represented the Division and testified on its behalf.

Ms. D. receives payments from the Social Security Administration (SSA) in the amount of \$1,528.70.<sup>1</sup> Ms. D.'s Husband, K. E., also receives SSA payments in the amount of \$1,455.70.<sup>2</sup> Because SSA benefits are classified as unearned income, the combination of Ms. D. and her husband's Social Security income caused Ms. D. to exceed the Adult Public Assistance related Medicaid program's income limit for her two-person household. As a result, the denial of Ms. D.'s benefits application is AFFIRMED.

**II. Facts**

Ms. D. is 59 years old. She lives with her 62-year old Husband.<sup>3</sup> Ms. D. has Rheumatoid Arthritis, Fibromyalgia, and Crohn's disease.<sup>4</sup> Ms. D. was determined disabled by the SSA and started receiving benefits in October of 2020.<sup>5</sup> Ms. D.'s sole income is her \$1528.70 monthly SSA benefit.<sup>6</sup> Her husband, Mr. E., was also determined disabled by the SSA and started receiving benefits in December of 2020. His sole income is his \$1455.70 monthly SSA benefit.<sup>7</sup>

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<sup>1</sup> Ex. 3.  
<sup>2</sup> Ex. 3.1  
<sup>3</sup> Ex. 2.2  
<sup>4</sup> Testimony of Ms. D.  
<sup>5</sup> Ex. 3.  
<sup>6</sup> Ex. 3.  
<sup>7</sup> Ex 3.1.

In April of 2024 Ms. D. applied for Adult Public Assistance and related Medicaid benefits. At the time of her application Ms. D.'s combined monthly household income was \$2984.40.

The Division reviewed Ms. D.'s application. It determined that Ms. D. was entitled to a \$20 deduction from the monthly household income, and that net the income should be rounded down. The result, after applying that deduction and rounding down, was \$2964. The Division then denied Ms. D.'s application because her monthly household income exceeded the income limit for a her two-person household of \$1,943 per month.<sup>8</sup>

### **III. Discussion**

The issue in this case is whether Ms. D. is eligible for Medicaid benefits.<sup>9</sup> Ms. D. is 59 years old and disabled. Due to her age and disability, the categories of Medicaid that she is potentially eligible for in turn require that she meet the eligibility requirements for Adult Public Assistance.<sup>10</sup> These include the requirement that an applicant be disabled as determined by social security, and her income, along with that of her husband, must be within the program's income limits.<sup>11</sup> Ms. D. and Mr. E. were both determined disabled by Social Security. The applicable monthly income limit for a two-person household, where both adults are eligible is \$1,943.<sup>12</sup>

Ms. D. and Mr. E. have a total of \$2,984.40 in monthly Social Security income. Social Security income is classified as unearned income.<sup>13</sup> Because both Ms. D. and Mr. E.'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>14</sup> When that deduction is applied, Ms. D.'s monthly countable income is \$2964.

At the hearing Ms. D. did not dispute the Division's calculation of her income. Instead, Ms. D. relayed her extremely challenging financial and medical circumstances. While Ms. D. certainly is in a difficult situation, that is not a factor that can be considered in determining her eligibility. In determining Medicaid eligibility, the Division must adhere to a comprehensive set of program rules and regulations. It cannot authorize coverage for persons or groups that the

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<sup>8</sup> Ex. 4.

<sup>9</sup> Ms. D. initially applied for APA and APA related Medicaid. Prior to the hearing, and at the hearing, Ms. D. confirmed she was only challenging the denial of Medicaid benefits.

<sup>10</sup> 7 AAC 100.002(b) and (d); 7 AAC 100.400(a).

<sup>11</sup> 7 AAC 100.400(a).

<sup>12</sup> Ex. 5.1.

<sup>13</sup> 7 AAC 40.300(a)(3).

<sup>14</sup> 7 AAC 40.320(a)(23).

program does not specifically contemplate.<sup>15</sup> As Ms. D.'s countable income for her household exceeds the eligibility limit of \$1,943, she is not eligible for Medicaid.

#### **IV. Conclusion**

The Agency's decision to deny Ms. D.'s application for APA related Medicaid coverage is AFFIRMED.

Dated: July 10, 2024

By: Signed  
Signature  
Eric M. Salinger  
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.]

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<sup>15</sup> *In Re N.E.*, OAH No. 18-0457-MDE (Commissioner of Health and Soc. Serv 2018)(Available at <https://aws.state.ak.us/OAH/Decision/Display?rec=6336>).

## Adoption

The undersigned, by delegation from the Commissioner of Health, 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 25 day of July, 2024.

By: Signed  
Signature  
Eric M. Salinger  
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.]