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

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| In the Matter of | ) | |
| | ) | |
| L. X. | ) | OAH No. 25-3560-MDE |
| | ) | |

# DECISION

## I. Introduction

Ms. X. applied for Medicaid coverage in July 2025. When the Division of Public Assistance (the "Division") denied Ms. X.'s Medicaid application, she sought fair hearing review. At a hearing held March 12, 2026, the agency reversed itself and conceded that Ms. X. was eligible for Medicaid coverage for the month of July 2025. Conversely, Ms. X. conceded that she was over-income for the month of August 2025 and for subsequent months.

Based upon the parties' on-record concessions, the Division's denial of Ms. X.'s Medicaid application – for the month of July 2025 – is REVERSED. The Division's denial of Ms. X.'s Medicaid application for the months of August 2025 and successive months – is AFFIRMED.

## II. Facts

Ms. X. applied for Medicaid coverage in July 2025.[1] The Division took no timely action on this application. In December 2025, Ms. X. submitted a fair hearing request disputing the delayed processing in her case.[2] A merits hearing was scheduled for early 2026.

In the weeks leading up to the hearing, as is frequently the case, the Division attempted to cure its delay by belatedly processing the case on its merits. By notice issued on February 17, 2026, the Division denied Ms. X.'s application for Medicaid coverage as over-income.[3]

A hearing was convened on this issue on March 10, 2026, and sworn testimony was taken from Ms. X.'s employers regarding her July 2025 income and the precise time she received her wages.

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1 Exhibit 1.

2 It appears MEDICAL CENTER A staff actually completed and dated a fair hearing request form on Ms. X.'s behalf in July 2025 – ***anticipating*** that the Division would fail to timely process it. They were correct. In December 2025, following five months of Division inactivity, Ms. X. actually filed her fair hearing request -- which had been completed on her behalf five months earlier. This office opened a file in her case on December 9, 2025, and formal proceedings followed apace.

3 Exhibit 17.

That testimony is not further described here as it is unnecessary. At a subsequent hearing, convened on March 12, 2026, the Division reversed itself and conceded that Ms. X. was, in fact, eligible for Medicaid coverage for the month of July 2025 – and for that month alone. Specifically, the Division conceded that Ms. X. earned less than $1,400 in income for the month of July 2025. This amount is less than the upper threshold limit for the MAGI Medicaid category which applies to Ms. X.'s household.[4] Therefore, the Division unambiguously conceded that Ms. X. was eligible for Medicaid coverage for the month of July 2025.[5]

Conversely, Ms. X. conceded that she was over-income starting the month of August 2025.[6] On-record at the March 12, 2026 hearing, Ms. X. formally withdrew her request for further fair hearing review of this denial of August 2025 benefits – leaving only July 2025 coverage for resolution.[7]

## III. Discussion

As to July 2025 benefits, Ms. X. appeals the denial of her application for Medicaid coverage. Procedurally, this means that the burden of proof is allocated to her to establish, by a preponderance of the evidence, that the Division's denial is incorrect.[8]

Where parties stipulate to facts, intending to resolve factual issues before a court, the factual stipulation standing alone may sustain that cause of action and eliminate the need for further litigation.[9] That is precisely the case here. Here, the Division concedes that Ms. X.'s July 2025 income fell within the pertinent eligibility limits. The Division's concession is well-taken and forecloses the need for further litigation of the point.

## IV. Conclusion

Accordingly, Ms. X. has sustained her burden to establish that the Division's February 2026 denial of her Medicaid coverage for the month of July 2025 was incorrect. The Division's denial of Ms. X.'s application is REVERSED as to the month of July 2025 – ***only***.

Conversely, Ms. X. has withdrawn her request for fair hearing review of the Division's denial of her Medicaid application for the months of August 2025 and successive months.

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4 Exhibit 18.
5 Division hearing representative testimony (March 12, 2026, at 12:55).
6 Ms. X. hearing testimony (March 12, 2026, at 5:04).
7 2 AAC 64.230(a).
8 7 AAC 49.135.
9 *See e.g. Henash v. Ipalook*, 985 P.2d 442, 449-450 (Alaska 1999) (discussing stipulations and their effect at some length).

Therefore, her motion to withdraw that aspect of her case is GRANTED[10] and the Division's denial as of August 2025 is AFFIRMED.

Dated: March 26, 2026

SIGNED
James Fayette
Administrative Law Judge

[10] 2 AAC 64.230(a).

# 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 9th day of April, 2026.

By: SIGNED
Name: James Fayette
Title: Administrative Law Judge

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