

Exhibit J

DECLARATION OF ALTHEA HUMBER

My name is Althea G. Humber. I am competent and making this declaration on my own behalf. If called as a witness, I would testify consistent with the following:

1. I am 56 years old and live in Lexington, Kentucky. I am a widow and have three adult children.
2. I am currently unemployed. I most recently worked doing housekeeping and laundry for Home 2 Suites and Home Wood Suites, but left because of illness. Prior to that, I worked as a custodian at Kentucky Utilities.
3. I currently do not have any income. One of my adult children, Monique, receives Social Security Disability income because she is autistic and has PTSD. She receives \$770 per month, but lives with her father. I claim Monique on my taxes. For Medicaid eligibility purposes, my annual household income is \$9,240, which is 76% of the federal poverty level for a family of two (\$12,140), but that money is for Monique.
4. I spend about \$272 each month on living expenses, like food, clothing, electric, and bus fare. However, my roommate often pays my half of the electric bill, which is usually \$85-140. My half of the rent is \$225, but my roommate pays it for me now that I don't have a job. I also pay a \$27.50/month cell phone bill.
5. I have some medical conditions that need to be monitored and treated. I have chronic anemia and osteoarthritis. I take an albuterol inhaler, ibuprofen, and a multivitamin. I need to see a specialist for my arthritis. With Medicaid coverage, I can get these treatments and services I need. I also use Medicaid to get annual check-ups. The information in my benefind account does not indicate that I am medically frail.
6. I have been enrolled in Medicaid on and off since 2014. Prior to this, I had no health insurance for about 20 years. I could not afford to purchase insurance on my own before I became eligible for Medicaid. I first enrolled at the health department. Since then, I have renewed my Medicaid with help from a Community Action application assister who comes

to the New Life Day Center shelter twice monthly. The Day Center is only half a mile from my apartment.

7. Prior to being on Medicaid, I often didn't get medical care when I needed it. There were times when I had to go to the doctor. In 2012, I received a blood transfusion for anemia and spent 2.5 days in the hospital. I owe more than \$10,000 in medical bills, which I pay on when I can. I paid at least \$90 on it this year.
8. On June 9, 2018, the Medicaid agency sent me a notice that said I will have an \$8 premium and that I will be required to work 80 hours a month (Attached). I did not pay the July 2018 premium bill, so I wasn't sure that my Medicaid was active and avoided using my coverage until I found out in September that the premium billing had been stopped on June 29. I received a subsequent notice on October 11, 2018, in light of the June 29 court order (Attached). \$8 is a lot when you don't have any income. If I am unable to pay the premium, I will have to pay co-payments instead, my *My Rewards* account will be suspended, and funds will be deducted from my *My Rewards* account.
9. I will need access to the *My Rewards* account to pay for my vision and dental care. I need a dental filling and to have a fragmented rotten tooth extracted. I worry that I will not be able to earn enough in my *My Rewards* account to pay for these services, as well as for my over-the-counter medications.
10. I am also concerned that if I have to go to the emergency room, and Medicaid says it wasn't an emergency, they will deduct \$20 from my *My Rewards* account. This amount would go up with each emergency room visit. I had a mild heart attack about 20 years ago, so when I had really high blood pressure in August 2017, I went to the ER, afraid that it could be another heart attack coming on. In April 2018, I went to the ER and was diagnosed with pneumonia. They prescribed me a decongestant, an inhaler, and an antibiotic, and told me to return to have my lungs checked. The pneumonia prevented me from being able to work for several weeks. I am concerned that I could have another medical issue that might seem like an emergency to me, but Medicaid might say is not an emergency. If they take money out of

my *My Rewards* account, it would be even more unlikely that there would be enough money to cover the dental care that I need.

11. Under the waiver, I will also be required to work 80 hours a month in order to keep my Medicaid coverage. This year, I have had and applied for several jobs, but have had trouble finding and keeping a job. I am concerned that I will not be able to comply with this requirement. I do not have internet access. I walk or rely on the bus or the New Life Day Center van for transportation. Therefore, it would be difficult to get to many volunteer or community service opportunities.
12. I worry that I could be locked out of Medicaid if I don't report my work hours monthly or any change of income by the deadline, or if I don't recertify on time. I do not have internet access or a car, which will make it more difficult to comply with the reporting requirements. Also, my Medicaid notices often arrive late in the mail, so I'm not able to respond on time and my recertification is delayed. Under the waiver, if I lose coverage and then reapply, I could end up with uncovered medical bills because there will be no retroactive coverage.
13. I am making this declaration on my own behalf in support of my effort – and my effort as a class representative on behalf of others who need Medicaid – to stop the Kentucky 1115 Medicaid waiver from taking effect.
14. My counsel has informed me of the letter that the federal government issued to the state Medicaid directors on January 11, 2018. Had I known about the letter and that it was allowing states to start conditioning my health insurance coverage on work, I would have sent a letter to the federal government opposing that policy.
15. Before I was able to enroll in expanded Medicaid, I went about 20 years without health insurance. Medicaid eases my mind. When I first got it, I started crying and jumped up and down. I immediately got a check-up and started paying closer attention to my health. I can take care of myself without the stress of high bills. I am able to maintain my health, with reassurance that I can get care when I need it.

If Medicaid is no longer available to me, I hope that I would be able to get insurance through a job, but I have not been able to keep a job since April of 2018. This waiver would make it harder for people to get needed care. I already feel that Medicaid should be made easier to access because people who need it already have a hard time navigating the system and turning in information in the right place to get enrolled. People that work hard all their lives, such as me, have paid into the system and should be able to get something back when we need it. The 1115 waiver would make it harder for people like me to keep our health coverage and be able to take care of ourselves properly.

I declare under penalty of perjury that the above information is true and correct.

Dated this 7 day of January, 2019

A handwritten signature in blue ink, appearing to read "Althea G. Humber", written over a horizontal line.

Althea G. Humber

KIP-105.1
07/18

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

Date: 06/09/2018
Case Number: 110526271

ALTHEA G HUMBER
326 CORRAL ST
LEXINGTON, KY 40508-1902

Notice About Your Coverage

Based on the information you provided, please see below for your household coverage and requirement(s):

Who was approved for coverage			
Name	Program	Coverage Start Date	Coverage End Date
ALTHEA G HUMBER	Medicaid	December 01, 2016	November 30, 2018

Kentucky HEALTH Summary		
Name	Benefit Type	Plan type Effective date*
ALTHEA G HUMBER	Alternative Benefit Plan - Premium	July 01, 2018

Your household income is at or below 100% Federal Poverty Level (FPL).

Plan Type Information:

- Members in the Premium Plan must pay premiums to receive Medicaid.
- Members in the Copay Plan do not pay premiums, but will pay copays at the doctor, hospital, pharmacy, etc.
- Members in the No Cost Share Plan do not pay premiums or copays.
- Members in the Optional Premium Plan do not have premiums or copays but may choose to be in the Premium Plan to get access to the My Rewards Account. See the Kentucky HEALTH Information page for more information.

*If a member has an end date to the Benefit Type in the table above, the Benefit Type will not apply beyond that date. If there is no end date, your Benefit Type is ongoing until you are told so otherwise.

You will receive information about Alternative Benefit Plan and State Plan benefits from your Managed Care Organization (MCO).

Kentucky HEALTH Premium Summary	
Premium Effective Date	Premium Amount
July 01, 2018	\$8

The table above shows the monthly household premium. If you chose more than one Managed Care Organization (MCO) for the members in your household, you will pay this premium amount for each different Managed Care Organization (MCO) you chose. Children under age 19 and pregnant women will not have a premium. Members with Benefit Type as State Plan - Optional Premium may choose to pay the premium to get access to the My Rewards Account. Your MCO will bill you the exact amount you need to pay.

Kentucky HEALTH PATH Requirements		
Name	PATH Requirement	Effective Date
ALTHEA HUMBER	Required	December 01, 2018
Partnering to Advance Training and Health (PATH) Requirement Information: <ul style="list-style-type: none"> • Required: Most Kentucky HEALTH members are required to complete 80 hours of PATH-approved activities per month - around 20 hours a week. If you are working at least 30 hours per week, or exempt or meeting employment and training requirements for the SNAP/KTAP programs, you are already meeting your required hours for PATH. • Not Required: Some Kentucky HEALTH members will not have PATH requirements. For example, children, pregnant women, full-time students, people who have serious medical problems, people who are homeless, and people who are the main caregiver for a child under 19, do not have PATH requirements. If any of these exemptions apply to you, call us at 1-855-306-8959. 		

If your household's circumstances have changed or you have questions, call us at 1-855-459-6328 or 1-855-306-8959. You may also report changes by logging in to the Self-Service Portal at <https://benefind.ky.gov/> or you may visit a Department for Community Based Services (DCBS) Office. To find a DCBS office near you go to https://prdweb.chfs.ky.gov/Office_Phone/index.aspx.

If you want legal help, you may get free legal help from your local legal aid office at 859-233-4556.

Report Changes:

Any changes in your situation should be reported within 10 days if you receive State Supplementation or 30 days for Medicaid. To report changes, visit benefind.ky.gov, call DCBS at 1-855-306-8959 or write the changes on lines below and take this form to a DCBS office or mail this form to DCBS at P.O. Box 2104, Frankfort, KY 40602.

I want to report the following changes:

These changes are for the months of:

You Have the Right:

- To quick action whenever you report a change
- To get a notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your cases with DCBS.
- To receive fair treatment.

Complaints about your case?
Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

All Applications for assistance are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

You may have rights under section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as an intellectual disability, trouble with learning, drug or alcohol addiction, depression, moving around, hearing or seeing, you may call DCBS at 1-855-306-8959.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you appeal.

Call DCBS for other kinds of help.
If you think you have been discriminated against because of your race, color, religion, sex, national origin or disability, you may file a complaint.

- Office of Human Resource management EEO Compliance Branch
275 E Main St, 5C-D Frankfort, KY 40621
502-564-7770 ext. 4107
- U.S. Dept. of Health & Human services Office of Civil Rights
Atlanta Federal Center, Suite 16T70
61 Forsyth ST, SW Atlanta, GA 30303-8909
404-562-7886 or (TDD) 404-562-7884

Follow These Rules:

- Use the medical card only for the member listed on that card.
- Do NOT let someone else use your medical card.
- Do NOT give false information or hide information to get medical coverage.
- If you have other insurance, you need to use that insurance first.

If you break these rules, you may be prosecuted for fraud.

Hearing Deadlines:

Do you disagree with something we have told you we are going to do? If so, you may ask for a hearing within 30 days from the date of this notice.

Do you disagree with something we have done to your benefits? If so, you may ask for a hearing within 30 days from the date of this notice.

Want to continue your benefits?

Ask for hearing within 10 days from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision. You may have to pay back these benefits if the decision is not in your favor.

I want my same benefits continued.
Check: YES ___ NO ___

How do I ask for a Hearing?

- From your personal page at benefind.ky.gov; Or
- Call your DCBS at 1-855-306-8959; Or
- Fill in the lines below and return it to DCBS; Or

Return to:
Families and Children Administrative Hearing Branch
Division of Administrative Hearings
105 Sea Hero Rd, Suite 2
Frankfort, KY 40601

I want a hearing because:

My Signature _____ Date _____

What will happen at the hearing?

- You may tell your side of the story or bring a friend, relative, or lawyer to speak for you.
- You may bring witnesses and papers to help tell your story.
- The hearing officer will decide what the State will do after hearing both sides of the story.
- You will be told what to do if you disagree with the hearing officer's decision.

EPSDT Helps Keep Your Children Healthy:

For children under the age 21 with a medical card, health check-ups through EPSDT may find and treat hidden health problems. If a problem is found, the person doing the check-up may help find a doctor or clinic for treatment. Any medically needed service may be considered for coverage by the Medicaid program. Contact your primary care provider or local health department to ask for a check-up.

If you are enrolled in Kentucky HEALTH, you may earn My Rewards dollars for taking your child under the age of 19 for a checkup or other preventative services.

Kentucky HEALTH Information

For more information about Kentucky HEALTH, please visit www.KentuckyHEALTH.ky.gov. To manage your benefits, check your My Rewards Account balance, or report PATH hours, login to <https://citizenconnect.ky.gov> or call 1-855-459-6328.

<p><u>Premium Payment/Cost Sharing:</u> If you have a Premium or Optional Premium benefit type, you will pay a monthly fee to each household Managed Care Organization (MCO). The premium amount will be from \$1 to \$15 based on your household income. Premiums must be paid to each MCO every month. You may pay less if you choose the same MCO for all the adults in your household.</p> <p>If you have a Copay benefit type, you will pay a fee for each medical service you get. You will pay your medical provider when you get the service.</p> <p><u>My Rewards Account</u> If you have a Premium or Optional Premium benefit type, you may have a My Rewards Account. You may get credit for any My Rewards activities completed up to 60 days before the start date.</p> <p>Go to www.KentuckyHEALTH.ky.gov to learn more about ways to earn and spend My Rewards dollars. You may not earn My Rewards dollars during a suspension. Manage your My Rewards Account by logging in to https://citizenconnect.ky.gov.</p> <p><u>Partnering to Advance Training and Health (PATH) Requirement:</u> If you have a PATH requirement, you must report 80 hours of PATH activities per month. You can report hours, find opportunities in your area, and learn more about PATH, by logging into https://citizenconnect.ky.gov.</p> <p>If you are receiving SNAP/KTAP benefits, the SNAP/KTAP work rules apply instead of PATH. You are not required to do extra activities for PATH.</p>	<p><u>Choosing and Changing MCOs:</u> If you would like to learn more about an MCO, please call their customer service line. They can tell you about their benefits and give you a list of their providers.</p> <p>You may change MCOs before you make your first premium payment. After that, you cannot change your MCO until open enrollment unless you have good cause.</p> <p>If you have the State Plan - No Cost Share benefit type, you may be able to change MCOs within 90 days of your MCO start date. After 90 days, you may only change MCOs at open enrollment unless you have good cause.</p> <p><u>Reporting Changes and Good Cause Reasons:</u> You must report changes to your situation. You must do this to stay enrolled in Kentucky HEALTH. Report changes in income, job, and household size as soon as possible, but within 30 days of the change to avoid a Kentucky HEALTH penalty period.</p> <p>You may have a good reason you did not report a change within 30 days. Such as, if you have been in the hospital or had a death in your family, you may avoid the penalty for not reporting your change.</p> <p>You may report your changes or good cause reason at https://benefind.ky.gov/. You may also contact the Department for Community Based Services office.</p> <p><u>Penalties for not meeting requirements:</u> If you do not meet the requirements that apply to your benefit type, you will get a warning notice. It will have information about how to avoid a possible penalty. If you still do not meet the requirement, there may be a penalty. You will get a notice that you are in a penalty period and how you can end it.</p>
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KIP-105.1
07/18

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services

Date: 10/11/2018
Case Number: 110526271

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Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
ALTHEA G HUMBER	State Plan - Copay	July 01, 2018

Plan Type Information:

- Members in the Copay Plan do not pay premiums, but will pay copays at the doctor, hospital, pharmacy, etc.
- Members in the No Cost Share Plan do not pay premiums or copays.

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Partnering to Advance Training and Health (PATH) Information:

You may opt in to participate in Partnering to Advance Training and Health (PATH) by:

- Logging on to CitizenConnect.ky.gov to take free online courses about health skills, life skills, and work skills.
- Visiting a career center near you, where a career coach can help you find training, education, and job opportunities in your area.

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- Office of Human Resource management EEO Compliance Branch
275 E Main St, 5C-D Frankfort, KY 40621
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Ask for hearing within 10 days from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision. You may have to pay back these benefits if the decision is not in your favor.

I want my same benefits continued.
Check: YES ___ NO ___

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Return to:
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