

# **Exhibit L**

### DECLARATION OF DIIKA:NEHI SEGOVIA

My name is Diika:nehi Segovia. 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 21 years old and live in Lexington, Fayette County, Kentucky. I share an apartment with an unrelated house mate.
2. Until fall 2018, I was enrolled as a full-time student at the University of Kentucky. I am not enrolled now because I am having trouble getting funding.
3. I was not formerly in the foster care system.
4. I work 30 hours a week as a barista at Third Street Stuff and Coffee in Lexington. Before this job, I worked 10-15 hours a week as social media manager and studio assistant for a local artist at Felt Wicked Art. Prior to that, I worked as a cashier at a local grocery store.
5. My income is approximately \$867 per month from my barista job. My annual income is approximately \$10,400, which is 86% of the federal poverty level for a family of one (\$12,140).
6. I spend about \$555 each month on living expenses, including rent, utilities, cell phone and food.
7. I have some medical conditions that need to be monitored and treated. I have epilepsy, borderline personality disorder, C-PTSD and major depressive disorder. I also have chronic pain in my ribs, back, jaw and hip. In addition, I have dyslexia, which includes auditory processing disorders. With Medicaid coverage, I can get the treatment and services I need. I see a therapist, chiropractor and psychiatrist regularly. I take medications including Effexor as a mood stabilizer and anti-convulsant, Prozosin for C-PTSD, and Neoproxin for chronic pain. I plan to use Medicaid to get an annual check-up, and dental exam and cleaning. The information in my benefit account does not indicate that I am medically frail.
8. I have been enrolled in Medicaid since April 2017. My employer does not offer health insurance. I could not afford to purchase insurance on my own before I enrolled in Medicaid,

so I went without insurance. I enrolled in Medicaid with the help of a certified application counselor. I was unable to enroll online myself. Benefind rejected my login and was confusing. With Passport (my MCO), there is a lot of playing phone tag, getting transferred to different departments and receiving contradictory information.

9. Prior to being on Medicaid, I often didn't get medical care when I needed it. I enrolled in Medicaid so that I could see a therapist. Now, I finally am getting to work on years of trauma and unnecessary coping behaviors. With my chiropractor, I am also able to begin to alleviate my body pain.
10. . On June 9, 2018, the Medicaid agency sent me a notice telling me that I will have to pay a \$4 premium but will not have work requirements (Attached). I understand that the premium may go up to \$8 per month, based on my current income. In stable times, I will be able to afford the premium. Depending on whether I am able to go back to school, this will affect my work hours, income and ability to pay the premium. If I do not pay the premium, I will have to pay copays instead. But I would not be able to afford copays for the services and prescriptions that I need on a regular basis.
11. Since I am now 21 years old as of September 2018, I will lose access to dental and vision benefits, except through my *My Rewards* account. I worry that I will be unable to accumulate enough money in my *My Rewards* account to pay for those services.
12. I am also concerned that if I have to go to the emergency room for a reason that Medicaid does not consider an emergency, they will deduct \$20 from my *My Rewards* account. This amount would go up with each emergency room visit. There may be times that I feel I have to go to the emergency room and Medicaid later decides it wasn't an emergency.
13. Because I am no longer enrolled in school, I am afraid that I would also be required to work 80 hours a month under the waiver. If I am not able to meet this requirement, I would be terminated from Medicaid. Although I usually work 30 hours per week, there are days when body pain and mental illness prevent me from working or being active. These same issues might keep me from doing volunteer work or community service to fulfill my hours.

14. I'm also concerned about being locked out of Medicaid for not meeting the reporting requirements. My work hours vary somewhat, so it may be difficult to report every change of income on time. I also worry about being able to recertify by the deadline. In 2018, I missed a recertification due to my renewal notice arriving late in the mail. My psychiatrist alerted me that I had lost coverage. I had to postpone a psychiatrist visit and refilling my medications until I was able to reenroll in Medicaid. It was scary and frustrating to not have coverage and I was panicked until I got it reinstated. My psychiatrist had not realized that I didn't have coverage until I had already had several visits. I was worried that I was going to have to pay for those visits. If I lose coverage again and then reapply, I will have to pay for any care that I received in the interim because there will not be any retroactive coverage under the waiver.
15. 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.
16. Since I don't have access to health insurance through my job or as a dependent, Medicaid is the only way I can get healthcare without having to pay thousands of dollars in premiums, copays, deductibles, etc. If Medicaid were no longer available, I would have to stop all the progress I've made on bettering my body and mind. In a medical emergency, I would have to choose between not seeking medical help or paying all expenses out of pocket, and I don't have the money to do that. Medicaid is helping me get healthy. I need to be healthy to be able to work.
17. I don't like the value of my health being measured by the labor I'm able to do. Humans deserve and have rights to healthy minds and bodies. Being healthy is a human right regardless of access to money or to a job. Why hate poor people? Medicaid has allowed me to access medications for free, which would otherwise cost hundreds of dollars, which I could not afford. Before Medicaid, I was self-medicating through drugs, subject to and ruled

by mental illness. I had no control or hope. I didn't have access to resources that would help—therapy, medications, security, rehab if I needed in-patient care. Because of therapy and medication via Medicaid, I am finally out of a depression cycle that lasted for seven years. I am finally productive, putting energy into what I love in my life. Having access to healthcare through Medicaid has drastically decreased my risk of homelessness, addiction, and suicide, especially as a queer, indigenous person. With Medicaid I feel safe because I have the security of knowing that if I need medical care, I can get it.

18. I have agreed to be named as a plaintiff and to participate in this lawsuit as a class action representative. I am doing this not just because I need Medicaid, but because I want to help other individuals and families who are in danger of losing Medicaid if this waiver is not stopped.

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

Dated this 9 day of January, 2019

A handwritten signature in blue ink, appearing to read "Diika:néhi Segovia", written over a horizontal line.

Diika:néhi Segovia

KIP-105.1  
07/18COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Community Based ServicesDate: 06/09/2018  
Case Number: 111880865DIIKA N SEGOVIA  
172 ROSEMONT GDN  
APT B  
LEXINGTON, KY 40503-1931Notice About Your Coverage

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

<b>Who was approved for coverage</b>			
<b>Name</b>	<b>Program</b>	<b>Coverage Start Date</b>	<b>Coverage End Date</b>
DIIKA N SEGOVIA	Medicaid	April 01, 2018	March 31, 2019

<b>Kentucky HEALTH Summary</b>		
<b>Name</b>	<b>Benefit Type</b>	<b>Plan type Effective date*</b>
DIIKA N SEGOVIA	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).**

<b>Kentucky HEALTH Premium Summary</b>	
<b>Premium Effective Date</b>	<b>Premium Amount</b>
July 01, 2018	\$4

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
DIIKA SEGOVIA	Not Required	July 01, 2018
<b>Partnering to Advance Training and Health (PATH) Requirement Information:</b> <ul style="list-style-type: none"> <li>• <b>Required:</b> 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.</li> <li>• <b>Not Required:</b> 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.</li> </ul>		

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](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](http://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](http://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](http://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><b><u>Premium Payment/Cost Sharing:</u></b> If you have a <b>Premium</b> or <b>Optional Premium</b> 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 <b>Copay</b> 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><b><u>My Rewards Account</u></b> If you have a <b>Premium</b> or <b>Optional Premium</b> 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 <a href="http://www.KentuckyHEALTH.ky.gov">www.KentuckyHEALTH.ky.gov</a> 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 <a href="https://citizenconnect.ky.gov">https://citizenconnect.ky.gov</a>.</p> <p><b><u>Partnering to Advance Training and Health (PATH) Requirement:</u></b> 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 <a href="https://citizenconnect.ky.gov">https://citizenconnect.ky.gov</a>.</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><b><u>Choosing and Changing MCOs:</u></b> 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 <b>State Plan - No Cost Share</b> 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><b><u>Reporting Changes and Good Cause Reasons:</u></b> 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 <a href="https://benefind.ky.gov/">https://benefind.ky.gov/</a>. You may also contact the Department for Community Based Services office.</p> <p><b><u>Penalties for not meeting requirements:</u></b> 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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