

Exhibit M

DECLARATION OF ROBIN RITTER

My name is Robin Ritter. 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 54 years old and live with my husband, one 13-year-old daughter, and one 18-year-old grandson in Waddy, Kentucky. I also have four adult children.
2. I am unemployed. I previously worked doing data entry for state government for 13 years. My husband, Stephen, is also unemployed due to disability because of complications from recent knee surgery. He last worked in May of 2017 as a mechanic at Bluegrass Farm and Lawn in Shelbyville, Kentucky.
3. I have no income. My husband receives \$1,715 per month from Social Security because he is disabled. Our household income is \$1,715 per month. Our annual household income is approximately \$20,580, which is 82% of the federal poverty level for a family of four (\$25,100).
4. Our monthly household expenses are approximately \$1,400 for mortgage, electricity, water, cell phone, auto and life insurance, TV, and car fuel. We also receive SNAP to cover food expenses. We recently had problems with our electrical breaker, which resulted in unexpected expenses.
5. I have some medical conditions that need to be monitored and treated. I have had seizures since I was a child. I also have irritable bowel syndrome, high blood pressure and cholesterol, migraines, and back problems. I take a muscle relaxer, an anti-inflammatory, and steroids for my back problems, as well as medications for irritable bowel syndrome, allergies, breathing problems related to allergies, blood pressure, cholesterol, seizures, and chronic fever blisters. I go to physical therapy once per week, see a neurologist as needed, and a gynecologist once per year. I have also seen a dermatologist multiple times to remove cancerous spots. In recent years, I have used my Medicaid to have bowel hernia surgery and to have tests done, including an EEG, MRI, CAT scan, chest x-ray, and EKG. With

Medicaid coverage, I can get the treatment 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 since March 2014. I went to the Farm Bureau to apply for Medicaid, and I go to the local Cabinet for Health and Family Services office in Shelbyville for recertification. I have tried to renew my Medicaid coverage over the phone, but it is a nightmare. I have had to wait on hold for 4-5 hours, I have been hung up on, and I have not received call backs after entering my phone number. I do not understand the computer, so I haven't tried to renew over the internet.
7. Prior to being on Medicaid, I had health insurance more than a decade ago through my husband's employer. Even with health insurance, I had medical bills from when I had to go to the doctor and the hospital. The deductible on the health insurance provided by my husband's employer was so large, we couldn't pay it. The hospital bill and other medical bills were sent to a collection agency, we received phone calls, and the collection agency tried to garnish our wages. Because of this medical debt, we filed for bankruptcy 10-12 years ago.
8. Not long after we accumulated this medical debt, my husband's employer stopped providing medical insurance as a benefit. He and I got coverage through Medicaid about four years ago. In the eight or so years between losing health insurance and getting coverage through Medicaid, when either of us had health problems, we just didn't go to the doctor.
9. On June 9, 2018, the Medicaid agency sent us a notice telling me that I will have to pay an \$8 premium and that I will be required to work 80 hours per month. (Attached) I was not able to pay my premium for July 2018. I also received a Notice of Future PATH Requirements dated July 1, 2018. I received a subsequent notice dated October 11, 2018, in light of the June 29 court order. (Attached) If I continue to be unable to pay the premium, I will have to pay copayments, will have money taken out of my *My Rewards* account, and will not have access to the account for six months.

10. I will rely on the funds in my *My Rewards* account under the waiver to get routine vision and dental care, as well as over-the-counter medications. I wear bifocals and have implants in both eyes to treat astigmatism. Medicaid has been covering the vision care that I need. I'm concerned that I won't have enough money in my *My Rewards* account to pay for the vision care that I need.
11. I am also concerned that if I have to go to the emergency room, I will lose \$20 from my *My Rewards* account. This amount would go up with each emergency room visit. Earlier this year, I went to the ER for a migraine. Also, in August, I took my grandson to the ER for a seizure, and while there, due to stress, I also had a seizure and was tended to by medical staff. I worry that in the future Medicaid might not think an ER visit like that was a true emergency and will deduct from my *My Rewards* account. That would make it more unlikely that I will be able to pay for my routine vision and dental care.
12. According to my account, I will be required to work 80 hours a month under the waiver. I have permanent custody of my 13-year old daughter (who is the biological daughter of my cousin), and she is facing a number of neurological and physical challenges, including silent seizures and learning disabilities. I am not complaining: I love my daughter and would do anything for her and the reality is that ensuring that she gets the services she needs at school and within the healthcare system takes a lot of doing.
13. I also care for my husband, who can only drive when he is not taking his pain medications. He is preparing to have shoulder surgery on January 7th to repair a shredded tendon and will not be able to drive at all for three months following that surgery. He also suffers from neuropathy—he has no feeling in his feet, legs, hands, and arms—which makes getting to and from anywhere take longer than it otherwise would. He uses a lift chair to get up and down and requires assistance getting in and out of a car.
14. I understand that I may qualify for an exemption from the work requirement because I am the primary caregiver to two people in my household. However, state officials have not been able to confirm whether I will get an exemption or not. When I called the Medicaid office in

Frankfort to find out whether I qualified for an exemption, they directed me to contact my local Medicaid office. When I contacted my local Medicaid office, the worker there informed me that I would not qualify for an exemption as the primary caregiver of my daughter because the exemption did not apply to school-age children, only children younger than six. And, the worker told me that I would need to provide documentation showing that my husband's disability required me to be his caregiver. The worker was not able to tell me what kind of documentation I would need to provide.

15. I am concerned that if I do not receive an exemption I will not be able to comply with the 80-hour requirement because of my caretaking responsibilities and my seizures and back problems. I had a seizure in August 2018, so I was not permitted to drive for 90 days after that. I have ongoing headaches and get light-headed and dizzy for a week or so following a seizure. I sleep all the time and have difficulty finding the right words when I am talking. I think that the financial stress has increased my tendency for seizures. Due to my back problems, I walk sideways and am not very stable. These challenges make me concerned that I would not be able to work or volunteer for 80 hours every month. Also, it would also be difficult to afford additional fuel to drive to do unpaid work or service.
16. I worry that I could be locked out of Medicaid if I don't report any change of income by the deadline or recertify on time. My husband and I briefly lost coverage in 2015 due to a paperwork issue. We also were dis-enrolled temporarily in 2016 because of a system issue. If I lose coverage and then reapply, I could end up with uncovered medical bills because there will be no retroactive coverage under the waiver.
17. 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.
18. 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.

19. When my husband and I temporarily lost Medicaid coverage in 2016, we went to the Mercy Clinic in Shelbyville. While the Mercy clinic provided basic medical services and some prescriptions, they did not provide x-rays or many of the other services that I needed.
20. Medicaid has allowed me to get medical care. Without Medicaid, I would not have any health insurance. I could not see a doctor; I could not afford it. Without Medicaid, I could not get the medications that basically keep me alive – blood pressure, cholesterol, and seizure medications. If Medicaid is no longer available to me, I would die or be left disabled. I would have to live in a nursing home. I depend on it. It could be a matter of life and death for me.

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

Dated this 8 day of January, 2019



Robin Ritter

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: 110351822

STEPHEN B RITTER
2350 HICKORY RIDGE RD
WADDY, KY 40076-6080

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
STEPHEN B RITTER	Medicaid	December 01, 2016	November 30, 2018
ROBIN L RITTER	Medicaid	December 01, 2016	November 30, 2018

Kentucky HEALTH Summary		
Name	Benefit Type	Plan type Effective date*
STEPHEN B RITTER	State Plan – Optional Premium	July 01, 2018
ROBIN L RITTER	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
STEPHEN RITTER	Not Required	July 01, 2018
ROBIN RITTER	Required	October 01, 2018

Partnering to Advance Training and Health (PATH) Requirement Information:

- **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 502-584-1254.

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>
--	--

EDB-103
04/18

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

Date: 07/01/2018
Case Number: 110351822

STEPHEN B RITTER
2350 HICKORY RIDGE RD
WADDY, KY 40076-6080

Notice of Future PATH Requirements

The members below are part of Kentucky HEALTH and may have a Partnering to Advance Training and Health (PATH) 80 hour monthly requirement **beginning October 01, 2018**. PATH is the community engagement part of Kentucky HEALTH.

- ROBIN L RITTER

If you have a PATH requirement, you must complete your PATH monthly hours to use your medical benefits. 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.

If any of the following conditions apply to the members listed above, they may not have a PATH requirement:

Full-time students	Exempt as long as they are enrolled in full-time education.
Primary caregivers	Exempt as long as a dependent child under 19 remains in the home. Households with a dependent child can choose one adult in the household as a primary caregiver to receive this exemption.
Pregnant women	Exempt during their pregnancy and 60 days after the pregnancy ends.
Medically frail	Exempt as long as their managed care organization (MCO) can verify that they meet the definition of medically frail. You may be determined medically frail if you are homeless, have a serious medical problem (including substance use disorder), or have a disability that significantly impacts your ability to do one or more activities of daily living.
Former foster youth	Exempt until they turn 26.
Children	Exempt until they turn 19.
No longer a part of Kentucky HEALTH	Exempt until they re-enroll in Kentucky HEALTH.

If you think you qualify for one of these exemptions, call us at 1-855-306-8959.

You may register for PATH activities or report your PATH hours by:

- Log into <https://citizenconnect.ky.gov>; or
- Visiting your local Kentucky Career Center office at: 31 Mt Rushmore Ct
Shelbyville, KY 40065

Some examples of PATH activities that qualify are:

<ul style="list-style-type: none">• Job Search• Education• GED Class• GED Exam• Employment	<ul style="list-style-type: none">• Self-Employment• Training• Community Service• Caregiving• Substance Use Disorder Treatment
--	--

If you have any questions, please go to <https://citizenconnect.ky.gov> or call 1-855-459-6328.

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.