

# **Exhibit P**

### DECLARATION OF RODNEY LEE

My name is Rodney Lee. 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 50 years old and live in Lexington, Kentucky. I am single and have no children. I am homeless.
2. I work 20 hours per week for the Lexington-Fayette County Urban Government greeting people and giving information in Lexington, Kentucky. Before this job, I did construction work through a temp service. I also worked moving furniture for Lexington Rescue Mission on an as-needed basis, about once every other week. I volunteer at the New Life Day Center shelter.
3. My income is approximately \$867 per month from my job with the city. My annual income is approximately \$10,400, which is 86% of the federal poverty level for a family of one (\$12,140).
4. I spend about \$430 each month on living expenses, like food, clothes, toiletries, medical expenses, a credit card payment, and a motel room occasionally when the weather is bad.
5. I am healthy, but need to wear glasses for farsightedness. I have used my Medicaid recently for cold medication, antibiotics, vaccinations for Hepatitis A and the flu, and routine dental care. With Medicaid coverage, I can get the treatment and services I need. The information in my benefit account does not indicate that I am medically frail.
6. I have been enrolled in Medicaid since January 2014. Prior to this, I had no health insurance for several years. I could not afford to purchase insurance on my own before I became eligible for Medicaid. A staff person at the New Life Day Center helped me enroll in Medicaid through kynect. I am able to get to the Day Center by foot or by bus.
7. Prior to being on Medicaid, I would self-diagnose and buy medications at the store based on what I thought I needed without going to the doctor. I did not get check-ups.

8. On June 13, 2018, and June 26, 2018, the Medicaid agency sent me notices that say I will have a \$1 premium and that I will be required to work 80 hours a month (Attached). I received a subsequent notice, dated December 21, 2018, that reflects the June 29 court order (Attached). If unable to pay the premium, I will have to pay copayments, will have money taken out of my *My Rewards* account, and will not be able to access the account for six months. If I have to pay copays, the copays could add up to a lot of money that may be more difficult for me to pay.
9. I will have a *My Rewards* account under Kentucky's 1115 waiver, for me to use to purchase routine vision and dental care and over-the-counter medications. I wear glasses for farsightedness. I worry that I will be unable to accumulate enough money in my *My Rewards* account to pay for my eye care, and for routine dental care such as my annual cleaning, exam, and x-rays.
10. If I have to go to the emergency room, and Medicaid doesn't think it was an emergency, they will deduct \$20 from my *My Rewards* account. This amount would go up with each emergency room visit. I went to the ER in May 2017 for a sinus infection and was diagnosed with walking pneumonia. It was a weekend and the ER was the closest place that I could get care. Both sinus infections and pneumonia are sometimes serious conditions. I am concerned that I could have another medical issue like that that might seem urgent to me, but Medicaid might not think so. If they do take funds out of my *My Rewards* account, that would make it even more difficult for me to accumulate enough *My Rewards* to cover my routine vision and dental care.
11. I will also be required to work 80 hours a month under the waiver. Currently, I have a job that meets that requirement, but the Kentucky waiver will include reporting requirements. I do not have internet access or a car. I worry that I could be locked out of Medicaid if I have trouble reporting my monthly work hours or if I do not recertify on time.



12. I previously lost coverage briefly in 2016 and for a period of six months beginning in November 2017 because of not providing verification documents by the due date. If I lose coverage and then reapply, I could end up with uncovered medical bills because the waiver will eliminate retroactive coverage.
13. 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.
14. If Medicaid is no longer available to me, it would be hard for me to afford healthcare on my own. I know that going to the doctor is expensive without Medicaid, especially the ER. Medicaid makes it easier for me to keep myself as healthy as I need to be. Without Medicaid, I would stop going to the dentist and I would only get shots if I knew they were free. I would go back to self-diagnosing and buying medications by guessing which ones I need.
15. 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 10 day of January, 2019

  
\_\_\_\_\_

Rodney A. Lee

EDB-101  
07/18

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

Date: 06/13/2018  
Case Number: 110057874

RODNEY A LEE  
224 N MARTIN LUTHER KING BLVD  
LEXINGTON, KY 40507-2133

**My Rewards Account**

Please see below for details on My Rewards Account for the members in your household:

<b>My Rewards Account</b>			
<b>Name</b>	<b>My Rewards Account</b>	<b>Suspension Reason</b>	<b>Effective Date</b>
RODNEY A LEE	Active	N/A	June 01, 2018
<b>Information:</b>			
<ul style="list-style-type: none"> <li>• If you have an Active My Rewards Account, you are in the Premium plan or you are pregnant. If you are in the premium plan, you must continue paying premiums as billed by your Managed Care Organization (MCO) to earn and use My Rewards dollars. You may earn My Rewards dollars through your Managed Care Organization (MCO) or by completing opportunities in Citizen Connect at <a href="http://mykentucky.ky.gov">mykentucky.ky.gov</a>.</li> <li>• If you have an Inactive or Suspended My Rewards Account, you may not earn or use My Rewards dollars.                         <ul style="list-style-type: none"> <li>o If you are enrolled in Kentucky HEALTH, you may activate your My Rewards Account by making premium payments. If your account has been suspended, you must clear your penalty. After the account is activated, you may get credit for any My Rewards activities completed up to 60 days before the effective date.</li> <li>o If you are not enrolled in Kentucky HEALTH, you may not earn or use My Rewards dollars. If you return to Kentucky HEALTH, your account may be reactivated.</li> </ul> </li> </ul>			

If you have questions, please visit [myrewards.ky.gov](http://myrewards.ky.gov) or call us at 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](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.
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- 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.

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  - We can help you appeal.

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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:

\_\_\_\_\_

\_\_\_\_\_

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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.
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**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.

KIP-105.1  
07/18COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Community Based ServicesDate: 06/13/2018  
Case Number: 110057874RODNEY A LEE  
224 N MARTIN LUTHER KING BLVD  
LEXINGTON, KY 40507-2133Notice 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
RODNEY A LEE	Medicaid	June 01, 2018	May 31, 2019

Kentucky HEALTH Summary		
Name	Benefit Type	Plan type Effective date*
RODNEY A LEE	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	\$1

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
RODNEY LEE	Required	December 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).

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Check: YES \_\_\_ NO \_\_\_

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**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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KIP-105.1  
07/18COMMONWEALTH OF KENTUCKY  
Cabinet for Health and Family Services  
Department for Community Based ServicesDate: 06/26/2018  
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**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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KIP-105.1  
07/18

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

Date: 12/21/2018  
Case Number: 110057874

RODNEY A LEE  
224 N MARTIN LUTHER KING BLVD  
LEXINGTON, KY 40507-2133

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
RODNEY A LEE	Medicaid	June 01, 2018	May 31, 2019

Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
RODNEY A LEE	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.

\*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).**

**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](http://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.

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 keep 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.

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