

Exhibit C

SUPPLEMENTAL DECLARATION OF SHAWNA McCOMAS

My name is Shawna Nicole McComas. 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 a plaintiff in this case and am filing this declaration to update the declaration I filed in this case on March 31, 2018.
2. I am 36 years old, and I live in Lexington, Kentucky with my husband Jeremiah and our four children, who are 17, 14, 10 and 5 years old. We are all currently enrolled in the Kentucky Medicaid program.
3. I am not pregnant.
4. I work as a housekeeper at the University of Kentucky hospital. I now work forty hours a week and get paid \$15.25 per hour. I also sometimes work overtime, on average about 12 hours per week at \$22.88 per hour, but the amount of overtime that I work varies from week to week. With overtime, my monthly gross wages are about \$3,833 per month. Our current annual income is approximately \$45,997, which is 136% of the federal poverty level for a family of six (\$33,740).
5. I grew up in Northern Kentucky. In the past, I worked at a factory for five years, and then worked at Grant County Foods, where I packed produce. I moved to Lexington in 2013 because my husband was in jail. I lived off and on at the Salvation Army for 3-4 years while he was in jail. I had trouble working because I could only work first shift and had no one to watch my kids. Our children were in foster care for eleven months, since I was basically homeless. They were returned to us in July 2017. I am trying to make as much money as I can to keep my family together.
6. My husband, Jeremiah, was in jail for 3 ½ years. He has a felony conviction, which makes it hard for him to find work. He worked as a baker at a restaurant in Lexington for one week in September 2017, but has been unemployed since then. Jeremiah suffers from post-traumatic stress disorder, which makes it difficult for him to keep a job.

7. We spend about \$1,405 a month on living expenses, including rent, utilities, food, clothing, phone, bus fare and household expenses.
8. I have a lot of medical problems. These include chronic hip pain, congenital hip dysplasia, osteoarthritis in my hips, chronic back pain, arthritis, sciatica, and a bunion on my right foot due to my hip problems. I am in pain all the time. The hip pain makes it hard to get dressed. According to my benefit account, I am not medically frail.
9. With Medicaid coverage, I can get the treatment and services I need. I get medical care from my primary care doctor and specialists, including an orthopedist, an orthopedic surgeon, and a podiatrist. My orthopedic surgeon recommended hip replacement and bone reconstruction surgery over two years ago, but I did not have the surgery because I could not afford to miss three to nine months of work. I recently saw my primary care doctor, who advises me that I should not wait very much longer to have the surgery done because my hips have already shifted more. I take a number of prescription drugs, including meloxicam, gabapentin, and baclofen and get steroid injections in my hip and lower back. The medications help with the pain but don't get rid of it.
10. Several years ago, a kyelector at Salvation Army helped me enroll the first time. I was cut off when I left the Salvation Army and did not get the notice about the need to recertify. For a short time, I had a subsidized health plan, but got cut off when I couldn't pay the premium. Most recently, I was enrolled in Medicaid in August 2017 with the help of an in-person assister. I have not tried to apply for Medicaid online. I would have to go to the library to use the computer or call the call center. I cannot afford health insurance through my job, which would cost \$190 per week just for myself.
11. During the time when I was not on Medicaid, I wasn't able to go to the doctor, could not get my medications and could not get my hydrocortisone injections. One of my prescriptions is over \$200. I was in pain all the time at work, but I just had to work through the pain. I also got penalized when I filed my taxes because I was uninsured.

12. I have an online account with benefind that describes my Medicaid coverage. On June 9, 2018, the Medicaid agency sent a notice telling us that my husband and I are both subject to an 80 hours a month work requirement and will have to pay an \$8 premium (Attached). We received two subsequent notices in light of the June 29 court order (Attached).
13. Based on the first notice, if Kentucky HEALTH goes into effect, we will have to pay a Medicaid premium of \$8 each month. This will probably increase to \$15 a month because I recently got a raise at work. It will be difficult to pay this every month. I had trouble paying a premium before. If we don't pay the premium, we could be locked-out of Medicaid for six months.
14. I will have a *My Rewards* account under the waiver, to be used to purchase routine vision and dental care, as well as over-the-counter medications. I have a lot of dental problems, including gum disease, gingivitis, and pain and sensitivity near my teeth. I have had four or five teeth removed. I also wear prescription glasses as I am near-sighted and have astigmatism in my left eye. Any funds I can earn in the My Rewards account will probably not be enough to cover these vision and dental needs.
15. I am also concerned that if I have to go to the emergency room, and Medicaid doesn't consider it an emergency, they will deduct \$20 from my *My Rewards* account. This amount would go up with each emergency room visit. Twice, I have had to go to the emergency room for urinary tract infections that came on me quickly. This is an incident that Medicaid likely would consider a non-emergency, for which I would be charged.
16. If the waiver goes into effect, I will be required to work 80 hours a month to keep my Medicaid coverage. While I usually work more than 80 hours a month, I'm concerned about having to report my hours, which vary every month. I might have to go to the library or the Medicaid office to do this, which will be difficult with my schedule.

17. I also 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. If I lose coverage and then reapply, I could end up with uncovered medical bills.
18. I do not have a car. I take the bus to work and to get to doctors' appointments. It takes an hour and a half to get to the doctor's office at the Lexington Clinic. Under the waiver, non-emergency medical transportation will not be covered, which could be a problem for me at some point.
19. I am concerned that if I get cut off from Medicaid and then reapply, I could incur medical debt during the period when I would be uninsured. For example, if I had a sudden urinary tract infection during this time and ended up in the emergency room, that would leave me with a large unpaid medical bill. Because I work for the University of Kentucky Hospital, my wages could be garnished to pay this debt if I went to the ER there.
20. 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.
21. Medicaid benefits me tremendously. Without it, I would be in trouble, as I would not be able to go to the doctor, could not get my medications, and could not get my injections. All of these things help to keep my pain down, which helps me to work. I don't have extra money to pay for these things on my own.
22. 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



Shawna McComas

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: 110336971

SHAWNA MCCOMAS
1053 WINBURN DR APT 23
LEXINGTON, KY 40511-1413

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 |
| JEREMIAH MCCOMAS | Medicaid | February 01, 2018 | August 31, 2018 |
| PEYTON E MCCOMAS | Medicaid | November 01, 2017 | August 31, 2018 |
| AUSTIN C MCCOMAS | Medicaid | November 01, 2017 | August 31, 2018 |
| SKYLAR E LEE | Medicaid | November 01, 2017 | August 31, 2018 |
| JASMINE N LEE | Medicaid | November 01, 2017 | August 31, 2018 |
| SHAWNA MCCOMAS | Medicaid | September 01, 2017 | August 31, 2018 |

| Kentucky HEALTH Summary | | |
|---|------------------------------------|----------------------------------|
| Name | Benefit Type | Plan type Effective date* |
| SKYLAR E LEE | State Plan – No Cost Share | July 01, 2018 |
| JEREMIAH MCCOMAS | State Plan– Premium | July 01, 2018 |
| AUSTIN C MCCOMAS | State Plan – No Cost Share | July 01, 2018 |
| JASMINE N LEE | State Plan – No Cost Share | July 01, 2018 |
| PEYTON E MCCOMAS | State Plan – No Cost Share | July 01, 2018 |
| SHAWNA MCCOMAS | 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 |
| SHAWNA MCCOMAS | Required | December 01, 2018 |
| JEREMIAH MCCOMAS | Required | December 01, 2018 |
| PEYTON MCCOMAS | Not Required | July 01, 2018 |
| AUSTIN MCCOMAS | Not Required | July 01, 2018 |
| SKYLAR LEE | Not Required | July 01, 2018 |
| JASMINE LEE | Not Required | July 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 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.

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| <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: 06/30/2018
Case Number: 110336971

SHAWNA MCCOMAS
1053 WINBURN DR APT 23
LEXINGTON, KY 40511-1413

Notice About Your Coverage

Based on the information you provided, please see below for your household coverage:

| Who was approved for coverage | | | |
|--------------------------------------|----------------|----------------------------|--------------------------|
| Name | Program | Coverage Start Date | Coverage End Date |
| SHAWNA MCCOMAS | Medicaid | September 01, 2017 | August 31, 2018 |
| JEREMIAH MCCOMAS | Medicaid | February 01, 2018 | August 31, 2018 |
| PEYTON E MCCOMAS | Medicaid | November 01, 2017 | August 31, 2018 |
| AUSTIN C MCCOMAS | Medicaid | November 01, 2017 | August 31, 2018 |
| SKYLAR E LEE | Medicaid | November 01, 2017 | August 31, 2018 |
| JASMINE N LEE | Medicaid | November 01, 2017 | August 31, 2018 |

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 ___

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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.

KIP-105.1
07/18

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

Date: 07/14/2018
Case Number: 110336971

SHAWNA MCCOMAS
1053 WINBURN DR APT 23
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| Benefit Type Summary | | |
|-----------------------------|----------------------------------|----------------------------------|
| Name | Benefit Type | Plan type Effective date* |
| SHAWNA MCCOMAS | Alternative Benefit Plan - Copay | July 01, 2018 |
| PEYTON E MCCOMAS | State Plan - No Cost Share | July 01, 2018 |
| SKYLAR E LEE | State Plan - No Cost Share | July 01, 2018 |
| AUSTIN C MCCOMAS | State Plan - No Cost Share | July 01, 2018 |
| JEREMIAH MCCOMAS | State Plan - Copay | July 01, 2018 |
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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 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.

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Hearing Deadlines:

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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.

KIP-105.1
07/18

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

Date: 07/24/2018
Case Number: 110336971

SHAWNA MCCOMAS
1053 WINBURN DR APT 23
LEXINGTON, KY 40511-1413

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 |
| SHAWNA MCCOMAS | Medicaid | September 01, 2017 | August 31, 2019 |
| JASMINE N LEE | Medicaid | November 01, 2017 | August 31, 2019 |
| JEREMIAH MCCOMAS | Medicaid | February 01, 2018 | August 31, 2019 |
| PEYTON E MCCOMAS | Medicaid | November 01, 2017 | August 31, 2019 |
| AUSTIN C MCCOMAS | Medicaid | November 01, 2017 | August 31, 2019 |
| SKYLAR E LEE | Medicaid | November 01, 2017 | August 31, 2019 |

| Benefit Type Summary | | |
|-----------------------------|----------------------------|----------------------------------|
| Name | Benefit Type | Plan type Effective date* |
| JASMINE N LEE | State Plan - No Cost Share | July 01, 2018 |
| JEREMIAH MCCOMAS | State Plan - Copay | July 01, 2018 |
| AUSTIN C MCCOMAS | State Plan - No Cost Share | July 01, 2018 |
| SKYLAR E LEE | State Plan - No Cost Share | July 01, 2018 |
| SHAWNA MCCOMAS | State Plan - Copay | July 01, 2018 |
| PEYTON E MCCOMAS | State Plan - No Cost Share | 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 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.

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.

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- 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:

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KIP-105.1
07/18

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

Date: 11/03/2018
Case Number: 110336971

SHAWNA MCCOMAS
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| SKYLAR E LEE | Medicaid | November 01, 2017 | August 31, 2019 |
| JEREMIAH MCCOMAS | Medicaid | September 01, 2018 | August 31, 2019 |
| AUSTIN C MCCOMAS | Medicaid | December 01, 2018 | August 31, 2019 |
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