

Exhibit F

SUPPLEMENTAL DECLARATION OF SHEILA PENNEY

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

2. I am 54 years old and live alone in Louisville. I am single and have a 29 year old son who also lives in Louisville.

3. I graduated from Doss High School in Louisville. I attended college at the University of Kentucky, JCTCS (community college) and the University of Louisville. I majored in psychology but did not finish my degree.

4. Since March 2016, I have not been able to work due to depression and anxiety. I am hesitant to go back to work, as some work situations cause me anxiety. I might be able to work part-time, but have not been able to find this kind of job. Previously, I have worked as a package handler, boat reservations manager, and as a kynector/assister for Medicaid enrollment. I have also worked as a crisis counselor at a domestic violence shelter and as a case manager in the Jefferson County Drug Court.

5. I do not have any regular income right now. I make about \$100 a month selling things on Facebook that my mother buys at thrift stores. On an annual basis, this amounts to about \$1,200, which is about 10% of the federal poverty level for a family of one (\$12,140).

6. My monthly household expenses are approximately \$1050 per month, including rent, utilities, food, phone and internet. I rely on my mother and ex-boyfriend to help me pay my bills.

7. I have some medical conditions that need to be treated/monitored. I have had depression and anxiety for 30 years. With Medicaid coverage, I can get the treatment and services I need. Before I became eligible for Medicaid, I had to piecemeal together treatment for my depression and anxiety by going to a family health clinic where I could pay on a sliding scale. Sometimes, I could get drugs through a free pharmaceutical plan. I was not able to pay for therapy and other treatment that might have helped me.

8. I also have sleep apnea and allergies. Recently, through Medicaid, I was able to have surgery (insertion of a hypoglossal nerve stimulator) to deal with my sleep apnea. I think this will help me a lot, but am currently dealing with an infection in one of the incisions, so am not yet able to use the stimulator.

9. I have been enrolled in Medicaid since 2015. Before that, there were times when I was uninsured. For awhile, I had health insurance through my employer. I was able to enroll in Kentucky's Medicaid program online and by phone.

10. I have an on-line account with benefind that describes my Medicaid coverage. On June 9, 2018, the Medicaid agency sent me a notice telling me that I am subject to an 80 hours a month work requirement and that will have to pay a \$1 premium. (Attached)

11. If Kentucky HEALTH goes into effect, I will have to pay a \$1.00 premium every month. It will be hard for me to pay this premium, especially right now when I am unemployed and have to get help to pay my bills. I would try to pay the premium, but it might mean that I will not be able to pay other bills or will have to get help to pay it. I am very concerned that I would have to start paying co-payments if I can't pay the premium. These co-payments are likely to add up to more than the premium.

12. I will have a *My Rewards* account under the waiver. I have to wear glasses. I also have a broken tooth that I can't afford to get fixed. I am worried that I won't be able to earn enough money in my *My Rewards* account to pay for my vision and dental care, which won't otherwise be covered. And, if I cannot pay my monthly premium, I will lose access to the account, meaning I won't be able to get any vision or dental care.

13. I am also concerned that 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. In the past, I have had to go to the emergency room when I was having mental health problems.

14. According to my account, I will also be required to work 80 hours a month under the waiver. This will be difficult for me, as the depression and anxiety has kept me from being able to work, and makes working in a stressful environment impossible. These same limitations would also make it difficult for me to do volunteer work. If I can't meet the work requirement and lose Medicaid, I would lose my mental health coverage and my mental health would deteriorate. That would make it much harder, maybe impossible, for me to work.

15. I am also worried that if I find a job that has different hours every week, I might lose Medicaid because I might not be able to keep up with reporting each change in my income by the deadline or recertify on time.

16. If I lose coverage and then reapply, I worry that I could end up with lots of medical bills that won't be covered. I know that some people have to sign up for Medicaid because they have recently incurred unexpected medical expenses. Without retroactive

coverage, even if they get on Medicaid, these bills would not be covered and they will end up with medical debts they can't pay.

17. 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 a work requirement, I would have wanted to weigh in with the federal government. I did file comments when the waiver was first proposed, opposing many aspects of the waiver, including the work requirement.

18. It is important that we continue Medicaid as a program that was designed to give people adequate health care. It is a mistake to turn a program that has given healthcare to so many under the ACA, some for the first time ever, into a program with restrictions. The work requirement, premiums, reporting requirements and other conditions will be difficult for some people to comply with because of their health problems, lack of transportation or lack of education. While there are some exceptions to all these new rules, I worry about who will decide who to exclude. Knowing you have health care relieves a lot of worries. You know you can go to the doctor when you need to. You also need to be feeling well and be healthy to keep working. We should focus on that, not on punishing people who aren't able to work 80 hours a month. Preventive care is also a lot less expensive and health outcomes have improved under the ACA. We shouldn't change a program that is working so well. I wish we had universal health care, with no conditions, and no politics. Health care should not be something for which you have to qualify.

19. 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.

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

Dated this 15th day of September, 2018

Sheila Marlene Penney
Sheila Marlene Penney

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: 110923021

SHEILA M PENNEY
510 W SAING CATHERINE STREET
UNITE A
LUOISVILLE, KY 40203

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
SHEILA M PENNEY	Medicaid	May 01, 2015	April 30, 2019

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

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

If you want legal help, you may get free legal help from your local legal aid office at 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>
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KIP-105.1
07/18

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

Date: 07/11/2018
Case Number: 110923021

SHEILA M PENNEY
510 W SAING CATHERINE STREET
UNITE A
LUOISVILLE, KY 40203

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Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
SHEILA M PENNEY	Alternative Benefit Plan - Copay	July 01, 2018

Plan Type Information:

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

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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.

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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
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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
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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.

EDB-103
04/18

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

Date: 07/01/2018
Case Number: 110923021

SHEILA M PENNEY
510 W SAING CATHERINE STREET
UNITE A
LUOISVILLE, KY 40203

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.

- SHEILA M PENNEY

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: Power of Work: 332 West Broadway Ste 1000 Louisville, KY 40202

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

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