

Exhibit G

DECLARATION OF LINDA KEITH

My name is Linda R. Keith. 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 63 years old and live alone in Lexington, Kentucky. I am divorced and have one adult daughter.
2. I work an average of 28 hours per week as a cashier at Kroger in Lexington, Kentucky. Before this job, I worked for Cracker Barrel as a cleaner and then as a cashier.
3. My income is approximately \$1,371 per month from my job at Kroger. My annual income is approximately \$16,448, which is 135% of the federal poverty level for a family of one (\$12,140).
4. I spend about \$900 each month on living expenses, like food, rent, phone, internet, car payment, car insurance, and gas.
5. I have some medical conditions that need to be monitored and treated. I have a thyroid condition, kidney stones, a cyst in my kidney, arthritis in my hands, rectal bleeding, and vertigo. I also have a little hearing loss in my left ear and may need a hearing aid in a few years. 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 benefit account does not indicate that I am medically frail.
6. I have been enrolled in Medicaid since 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. My daughter helped me to enroll online through kynect.
7. When I had no health insurance, I often didn't get medical care when I needed it. For example, I went for two years without seeing a doctor. I was unable to get my thyroid medication, so I took herbs, which made my condition worse. I developed a tumor, and I could have lost my thyroid or died. I was falling asleep at the wheel. Once I enrolled in Medicaid, I got my thyroid medication, and my condition improved.

8. I had medical bills from when I absolutely had to go to the doctor and didn't have Medicaid. I had to pay them off by paying \$50 a month for two years, which was really challenging financially.
9. On June 9, 2018, the Medicaid agency sent me a notice that said I will have an \$8 premium and that I will be required to work 80 hours a month (Attached). I received four subsequent notices – on July 27, 2018, August 14, 2018, August 23, 2018 and August 27, 2018 – in light of the June 29 court order (Attached). I understand that with my current income, my premium may be as much as \$15. I think I could pay \$8, but \$15 or higher would be difficult. If I am unable to pay the premium, I will be locked out of Medicaid.
10. I will have a *My Rewards* account under the waiver, for purchasing routine vision and dental care, as well as over-the-counter medications. I wear glasses for near-sightedness and farsightedness and have bifocals. I have cataracts in both eyes and age-related macular degeneration that could lead to blindness. I just had braces taken off of my teeth so I am still visiting with my orthodontist and wearing a retainer. I worry that I will be unable to accumulate enough money in my *My Rewards* account to pay for over-the-counter medications, routine vision care, and routine dental care such as my annual cleaning, exam, and x-rays.
11. 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. I went to the ER in summer of 2017 and was diagnosed with vertigo. I had never experienced vertigo before. The symptoms are scary, I felt very sick, and I could not even stand up. I am concerned that I could have another medical issue like that that might seem like an emergency to me, but Medicaid might not think so. If they take money out of my *My Rewards* account, it would be less likely there would be enough money to cover my routine vision and dental care. I worry that I will be unable to accumulate enough money in my *My Rewards* account to pay for my vision and dental care.

12. According to my account, I will also be required to work 80 hours a month under the waiver. I get off of work at 1:00 a.m. and have trouble sleeping after work. I often only get about 4-6 hours of restless sleep each night before getting up for doctors' appointments and to help take care of my grandchildren. That leaves me exhausted, and sleep is critical for keeping my thyroid condition and vertigo under control. If I have a vertigo episode, I could miss work. In the past, I missed two weeks of work without pay due to vertigo keeping me from being able to get out of bed. I am worried that missing work for vertigo could cause problems for my Medicaid. My second shift hours are very hard on my body. I am considering retiring and am concerned that I would be required to fulfill the 80 hour per month work requirement even if I am retired.
13. I also worry that I could be locked out of Medicaid if I don't report my monthly work hours or any change of income by the deadline, or if I don't recertify on time. Often, my Medicaid notices arrive late in the mail, which makes me very concerned and also makes it hard to recertify by the deadline. 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.
14. 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.
15. My counsel has informed me of the letter that the federal government issued to the state Medicaid directors on January 11, 2018. Had I known about the letter and that it was allowing states to start conditioning my health insurance coverage on work, I would have sent a letter to the federal government opposing that policy.
16. Before I was able to enroll in expanded Medicaid, I went several years without health insurance. Because of that, I went about two years without seeing a doctor, and my thyroid condition deteriorated dangerously. Without my thyroid medication, I am depressed, tired, and do not think clearly, making it difficult for me to work. Due to hospital visits and tests

that I had to have, if I had not had Medicaid for the last four years, I would now either be severely in debt or dead.

17. If Medicaid is no longer available to me, I would be in trouble. I would have to work full time to access my employer's health insurance, but my body cannot take full time work. Additionally, I do not think that I would be able to afford the premiums or out-of-pocket expenses under my employer's insurance plan. I do not think it is right to require people to work for their healthcare coverage. Many people have health conditions that make it very hard or even impossible for them to work, but they still deserve medical treatment.

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

Dated this 7 day of January, 2019



Linda R. Keith

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: 110022435

LINDA R KEITH
1511 VERSAILLES ROAD
APT 308
LEXINGTON, KY 40504

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
LINDA R KEITH	Medicaid	March 01, 2017	September 30, 2018

Kentucky HEALTH Summary		
Name	Benefit Type	Plan type Effective date*
LINDA R KEITH	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
LINDA KEITH	Required	December 01, 2018
<p>Partnering to Advance Training and Health (PATH) Requirement Information:</p> <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 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.

<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: 07/27/2018
Case Number: 110022435

LINDA R KEITH
1511 VERSAILLES ROAD
APT 308
LEXINGTON, KY 40504

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
LINDA R KEITH	Medicaid	March 01, 2017	September 30, 2018

Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
LINDA R KEITH	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.
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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.

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:

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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.

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- 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

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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:
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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.
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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.

KIP-105.1
07/18

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

Date: 08/14/2018
Case Number: 110022435

LINDA R KEITH
1511 VERSAILLES ROAD
APT 308
LEXINGTON, KY 40504

Notice About Your Coverage

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Who was approved for coverage			
Name	Program	Coverage Start Date	Coverage End Date
LINDA R KEITH	Medicaid	March 01, 2017	September 30, 2019

Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
LINDA R KEITH	State Plan - Copay	July 01, 2018

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

Date: 08/23/2018
Case Number: 110022435

LINDA R KEITH
1511 VERSAILLES ROAD
APT 308
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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.

Who had their coverage end		
Name	Program	Effective Date
LINDA R KEITH	Medicaid	October 01, 2018
Reason: You will no longer receive benefits because your total monthly income is more than the gross income limit for your household size. We based our decision on the rules in: 907 KAR 20:020. Income limit: \$1,396.00		

You may check the rules online at <http://www.lrc.state.ky.us/home.htm>
Or view them at your public library reference desk.

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.

KIP-105.1
07/18

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

Date: 08/27/2018
Case Number: 110022435

LINDA R KEITH
1511 VERSAILLES ROAD
APT 308
LEXINGTON, KY 40504

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
LINDA R KEITH	Medicaid	March 01, 2017	September 30, 2019

Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
LINDA R KEITH	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.

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