

Exhibit H

DECLARATION OF DEBRA WITTIG

My name is Debra Wittig. 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 62 years old and live alone in Frankfort, Kentucky. I am a widow and have two grown children. Sometimes my younger adult son stays with me when he is not traveling for work. I have seven grandchildren who live with their parents or are adults themselves.
2. I work 12-14 hours per week as a cashier at Arby's during the busy lunchtime hours. I have worked there for the last five years. Until 1994, I worked full time as a cardiovascular technician (doing EKGs, stress tests, heart monitoring, and pre- and post-operations) and in other health field jobs. I have also worked in a factory (laid off after 3 months) and at other fast food jobs.
3. My income from my job at Arby's is approximately \$541 per month. I also receive Social Security widow's benefits of \$624 per month. My annual income is approximately \$13,988, which is 115% of the federal poverty level for a family of one (\$12,140).
4. I spend about \$1,220 each month on living expenses, including rent, utilities, phone, internet, car insurance, gas, and food.
5. I have some medical conditions that need to be treated/monitored. I have had skin cancer on my back. I used to get migraines for six weeks at a time when I worked in a hospital. I have rheumatoid arthritis, psoriatic arthritis, osteoarthritis, all of which I've had since my twenties. I have to use a cane. I also have degenerative spinal disease, gout, manic depression, anxiety, insomnia and colitis. I have attempted suicide multiple times. In addition to my primary care doctor, I see a rheumatologist and ophthalmologist, and dermatologist. I take Gabapentin, hydrocodone, Trazodone, Furosemide, hydroxychloroquine sulfate, Methotrexate sodium, hydroxyzine Hcl, Enbrel injections, Allegra, and periodically Prednisone. With Medicaid coverage, I can get the treatment and services I need. I also use Medicaid to get annual check-ups. I have had an MRI, colonoscopy, endoscopy, polyps

removed, breast exam and bone scan. The information in my benefind account does not indicate that I am medically frail.

6. I have been enrolled in Medicaid since 2014. I enrolled when I was renewing other benefits. I went to the DCBS office to apply for Medicaid in person, and I go there for recertification. I tried to renew by phone multiple times in the past, but had to put up with long waiting times, frustrating automation, problems receiving return calls, and at least once, was put on hold for 45 minutes. I could not afford to purchase insurance on my own before I became eligible for Medicaid, and I do not get health insurance at work.
7. Prior to being on Medicaid, I often didn't get medical care when I needed it. I lived without health insurance from 1994 to 2014. I had extreme pain from arthritis and gout, and periodically had to go to the emergency room for pain medications to get back on my feet. My career fell apart partly because of my health problems. My physical and mental problems became severe and untreated, and this contributed to my first attempted suicide in 1995 or 1996 and two later attempts after 2008.
8. I have hospital and probably other medical bills from when I had to go to the doctor and the hospital and didn't have Medicaid. I have at least \$36,000 of medical debt. Debt collectors tried to garnish my pay check, but my pay is too low to be garnished. It has been difficult for me to pay off these bills because I have to spend most of my income on living expenses and no longer have any savings.
9. 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 I will have to pay a \$15 premium. (Attached) I received a subsequent notice in light of the June 29 court order. (Attached) I did not pay the July 2018 premium, and got an overdue premium notice, which freaked me out. If I cannot pay the premium, I will be locked out of Medicaid for six months.
10. I will have a My Rewards account under the waiver. I wear glasses, and have to have an annual eye examination because of the medications I take. I just recently had cataract

surgery on both eyes. I need a root canal on one of my teeth. I am concerned about not being able to earn enough money in the My Rewards account to pay for necessary care, which is the only way I would be able to get even routine dental and vision coverage.

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. About 1 ½ years ago, I went to the emergency room because I was having extreme pain and spasms from arthritis and neuropathy. I worry that in the future Medicaid might not think an ER visit like that was a true emergency and will deduct from my My Rewards account.
12. According to my account, I will be required to work 80 hours a month under the waiver. I am concerned that I will not be able to comply with this requirement. I only get 12-14 hours at work each week. The last time I worked more than 20 hours a week, I had to increase my pain medication and sleep a lot. This same concern would affect my ability to do volunteer work or community service.
13. The Kentucky waiver will add new reporting requirements. I worry that I could be locked out of Medicaid if I don't report any change of income by the deadline or recertify on time. If I lose coverage and then reapply, I could end up with uncovered medical bills.
14. Until recently, when I was able to buy a used car, I had to use the bus or Blue Grass Ultra-Transit Service (Medicaid NEMT) to get to the doctor's office or to other medical appointments, for several years. Without NEMT, I would not have been able to access the services that turned my life around. Even though I have a car now, it is a 2003 model and needs to be worked on. If my car breaks down, I could be in a situation again where I might need transportation for medical appointments.
15. 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.

16. 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.
17. Before I had Medicaid, I was incapacitated physically and mentally. I was in so much pain. That period of my life broke me and changed who I am mentally. I was bound to a walker and could not walk up and down stairs. Before I received treatment, I couldn't even hold a needle to do my embroidery. My normal shoe size is a 6 ½. Before treatment, I had to buy size 8 wide shoes because my feet were so swollen. I was often bound to my bed because of arthritis in my joints and spine, swelling and migraines. I could not even roll over in bed. I was losing control of my bladder and had to wear adult diapers. When I could look for a job, I had many physical limitations, which caused many employers to pass over me. I was high risk for insurers and for employers. If Medicaid is no longer available to me, I would be crippled. I would not be able to afford my medications, including a \$6,094 per month arthritis medication, which help me to function, stay out of pain, and live a life closer to normal. Without my medications, I am done.
18. On Medicaid, I've gone from praying that my life would end to having a life again. The health progress I've made since I have been on Medicaid and have been able to get regular care and treatment would quickly reverse if I lost coverage. That would affect my sanity and my health. Without the healthcare access that I have only been able to obtain through Medicaid, I would try to kill myself again. At my age (62), I think it is wrong to hassle me about how many hours I work and threaten to take my Medicaid away if I don't work 80 hours a month. I am lucky I am still alive, and lucky that I am able to work at all. This would be impossible if I did not have health care. I also don't think I should have to go through all these hoops to get Medicaid, such as reporting work hours every month. I would work more if I could. Why should anyone lose something as critical as health care because they can't work 80 hours a month?

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

Dated this 13 day of JAN, 2019


Debra Wittig

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: 110052303

DEBRA J WITTIG
PO BOX 6935
FRANKFORT, KY 40602-6935

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
DEBRA J WITTIG	Medicaid	January 01, 2014	August 31, 2018

Kentucky HEALTH Summary		
Name	Benefit Type	Plan type Effective date*
DEBRA J WITTIG	Alternative Benefit Plan - Premium	July 01, 2018

Your household income is above 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	\$15

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
DEBRA WITTIG	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 1-800-928-4556.

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: 07/09/2018
Case Number: 110052303

DEBRA J WITTIG
PO BOX 6935
FRANKFORT, KY 40602-6935

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
DEBRA J WITTIG	Medicaid	January 01, 2014	August 31, 2018

Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
DEBRA J WITTIG	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.

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 1-800-928-4556.

Report Changes:

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Complaints about your case?
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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
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502-564-7770 ext. 4107
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I want my same benefits continued.
Check: YES ___ NO ___

How do I ask for a Hearing?

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KIP-105.1
07/18

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

Date: 07/14/2018
Case Number: 110052303

DEBRA J WITTIG
PO BOX 6935
FRANKFORT, KY 40602-6935

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- 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.