

Exhibit A

DECLARATION OF RONNIE STEWART

My name is Ronnie Maurice Stewart. 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:

1. I am 63 years old and live in Lexington, Kentucky. I am divorced and have two adult children and a grand-daughter who do not live with me.
2. I have a B.A. in social work and psychology from Excelsior College in New York, and did some graduate work in social sciences at West Carolina University.
3. I spent many years in North Carolina working at mental health clinics. I was laid off in 2010 or so. I found out that no one wants to hire you when you are in your fifties. I moved to Kentucky when I got a job in Bowling Green in 2014. When I lost that job, I was homeless for about six months, until I got a job as a medical assistant at the University of Kentucky Hospital. I retired at 62 because I could no longer do heavy work that required me to stand on my feet all day.
4. I receive Social Security retirement benefits of \$863 per month. Last summer, I was approved through a Senior Employment Program to work 15 hours a week at Goodwill Industries. I began that job in late August of 2018. I earn \$8.20 per hour. If I am able to continue working at Goodwill Industries, I will be making about \$528.90 per month. My annual income from this job and Social Security will be \$16,702.80, which is 138% of the federal poverty level for a family of one (\$12,140).
5. I spend approximately \$935 on living expenses each month, including rent, food, cable, and miscellaneous household expenses.
6. I have some medical conditions that need to be monitored and treated. I have diabetes, arthritis, and high blood pressure. Medicaid has allowed me to get treatment for these conditions. Medicaid paid for my cataract surgery, which kept me from going blind, and allowed me to go back to work.

7. I have been on Medicaid since March 2014. I am not very skilled on the computer, but was able to enroll with in-person assistance from a kynector/assister. I have not attempted to enroll online or by phone. I could not afford to purchase insurance on my own before I became eligible for Medicaid.
8. Prior to being on Medicaid, the only medical treatment I was able to get was through a free medical center at the Hope Center, a homeless shelter for men where I lived for a while. As a patient at this clinic, I was able to get my medications for free through the Health Department. But, I was unable to get my eyes fixed (cataract surgery) until I got on Medicaid.
9. I have an online account with benefind that describes my Medicaid coverage. On June 9, 2018, the Medicaid agency sent me a notice (attached) telling me that I will have an optional premium payment of \$8, and that I will not be subject to an 80-hour per month work requirement.
10. Payment of the premium is optional because I have been determined to be medically frail. I will only have access to my *My Rewards* account if I pay the optional premium. This premium amount should go up to \$15 per month because of increased income from my part-time job. I think I will be able to pay the premium as long as I have a job.
11. I have not been told by Medicaid or by my MCO why I have been designated medically frail. I understand that either Medicaid or my MCO could review my medically frail status at any time. If my medical conditions are under control, I could be found to no longer be medically frail.
12. I am worried that if I am no longer considered medically frail, I could be locked out of Medicaid if I don't report any change in my income by the deadline or recertify on time. That could be a problem if my hours at Goodwill Industries vary.
13. Also, if I lose my medically frail status, I would have to comply with the work requirement until I turn 64. Right now, I only have 60 hours of work every month and that would not be sufficient to meet this requirement. If I were unable to work 80 hours a month, I would lose my Medicaid.

14. Even if I keep my medically frail status, if I lose coverage because my income increases or for any other reason and then re-apply, any medical bills I incurred while uninsured will not be covered, as the waiver would eliminate retroactive coverage. I could not afford to pay any medical bills out of pocket.
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 the states to start conditioning Medicaid eligibility on a work requirement, I would have wanted to weigh in with the federal government by submitting comments.
16. I believe that everyone should be entitled to medical insurance. It is important to keep Medicaid for anyone who qualifies for it. The waiver—including its work requirement, premiums, bureaucratic reporting requirements, lack of retroactive coverage, elimination of regular vision and dental coverage and elimination of non-emergency medical transportation—is wrong. I don't know how Medicaid thinks folks will be able to keep up with all these new rules. A lot of people will have trouble navigating this system and will give up and lose coverage.
17. 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 14 day of January, 2019


Ronnie Stewart

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: 110331051

RONNIE M STEWART
1700 JENNIFER RD APT 25
LEXINGTON, KY 40505-3032

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
RONNIE M STEWART	Medicaid	August 01, 2017	July 31, 2018

Kentucky HEALTH Summary		
Name	Benefit Type	Plan type Effective date*
RONNIE M STEWART	State Plan – Optional Premium	July 01, 2018
<p>Your household income is at or below 100% Federal Poverty Level (FPL).</p> <p>Plan Type Information:</p> <ul style="list-style-type: none">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. <p>*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.</p> <p>You will receive information about Alternative Benefit Plan and State Plan benefits from your Managed Care Organization (MCO).</p>		

Kentucky HEALTH Premium Summary	
Premium Effective Date	Premium Amount
July 01, 2018	\$8

The table above shows the monthly household premium. If you choose to pay the premium and 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. Your MCO will bill you the exact amount you need to pay.

Kentucky HEALTH PATH Requirements		
Name	PATH Requirement	Effective Date
RONNIE STEWART	Not Required	July 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 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: 07/16/2018
Case Number: 110331051

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Benefit Type Summary		
Name	Benefit Type	Plan type Effective date*
RONNIE M STEWART	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.

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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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