

From: [John Fouts](#)
To: [Bickers, Erin L \(CHFS DMS\)](#)
Subject: Re: I'm approved for the HCBS Medicaid Waiver -- But I cannot find any information that I need to know.....
Date: Thursday, November 30, 2023 10:48:43 AM

1/31/1979

On Thu, Nov 30, 2023, 8:08 AM Bickers, Erin L (CHFS DMS) <erin.bickers@ky.gov> wrote:

Good morning Mr. Fouts,

Can you please provide your date of birth?


Erin Bickers


Erin Bickers | Federal Program Specialist


Commonwealth of Kentucky

Cabinet for Health and Family Services


Department for Medicaid Services

 Cell (502)-892-8366

 Office (502) 564-8888

 (502) 564-6917

 erin.bickers@ky.gov

 275 East Main St 6 W-A, Frankfort, KY 40621

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From: John Fouts <fouts.john@gmail.com>
Sent: Wednesday, November 29, 2023 5:20 PM
To: CHFS DMS Webmaster <CHFS_DMS_Webmaster@ky.gov>
Subject: I'm approved for the HCBS Medicaid Waiver -- But I cannot find any information that I need to know.....

Will my current medications still be covered?

I have a weekly infusion that involves home health that I need medically....will that still be covered? The only change is that Humana Healthy Horizons will no longer be my MCO....will a new authorization be necessary even though it is still through Medicaid?

I've contacted DCBS....they don't know anything about benefits for traditional Medicaid....

I've contacted CHFS Ombudsman....they don't know anything about benefits for traditional Medicaid....

I've contacted the Medicaid Waiver Help Desk...and have not heard back....

I NEED TO KNOW this information. Who has it?

I've tried to call the Pharmacy number on the back of the traditional Medicaid card....the number is literally ALWAYS busy...I cannot get through to anyone....

Can you please help me get to the right place????

John

P. 502.956.0052.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: FW: I think I am eligible for the ESAP program - but DCBS doesn't know how to set me up for it -- can you help? 1655294CW
Date: Wednesday, November 29, 2023 10:39:12 AM
Attachments: [image001.png](#)

I'm confused because DCBS said the MRT level at DCBS being disabled is the only requirement...that SSA disability determination is not required...Frankly, I find it ridiculous that my doctors, for years, have deemed me as disabled....living in this body...I KNOW I am disabled....I paid into the system for years...and have not been able to collect a penny despite DESPERATE NEED....from SSA....it is completely and utterly ridiculous.....anyway....so DCBS is wrong about the ESAP requirements is what you are saying?

On Wed, Nov 29, 2023 at 10:06 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:
Good Morning,

Thank you for contacting the Cabinet for Health and Family Services' Office of the Ombudsman. I have been asked to respond on behalf of the cabinet. The Office of the Ombudsman is an impartial liaison between the public and the Cabinet for Health and Family Services. The Office of the Ombudsman takes complaints and enters them into the Complaint Tracking System and we review Public Assistance Cases for accuracy. This office does not have access to take applications, make case changes, or process cases.

The ESAP program requires all members in the home to either be age 60 or older/ or disabled, with no earned income. Jack has been determined disabled by SSA. However, you have been determined incapacitated for the purposes of the KTAP program, this is not the same criteria used to determine disability for the Social Security Administration or Medicaid. You would need to meet that criteria of disability before you would meet the ESAP criteria.

If you feel we can be of any further assistance, please reply to this e-mail, or call 1-800-372-2973, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time, with the exception of state observed holidays.

Thank you again for contacting our office and please stay safe.

Have a wonderful day,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: John Fouts <fouts.john@gmail.com>
Sent: Monday, November 27, 2023 3:04 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: I think I am eligible for the ESAP program - but DCBS doesn't know how to set me up for it -- can you help?

I am under 65....I am disabled by MRT standards at DCBS. One of the last few workers I spoke to at DCBS told me I was eligible but she didn't know how to sign me up for it.

Can you help me with this please?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: Help with technical issues?
Date: Wednesday, November 29, 2023 10:34:42 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

I have talked to 8 different areas and no one will help - they all say it is someone else's responsibility - so I don't know what to do...I have spent about 12 hours on the phone...I can't keep trying and getting nowhere....thanks for getting back to me....

On Wed, Nov 29, 2023 at 9:50 AM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

I apologize for the delayed response. I have been working to catch up on my emails from the holiday.

I am not able to assist with any of the technical issues on KYNECT. I do not work with their system at all. I do have their contact information- 855-459-6328. This may be the number you have already called.

The system I use is specifically for the waiver side of things.



Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B

Frankfort, Kentucky 40621
(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>
Sent: Monday, November 27, 2023 11:29 AM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: Help with technical issues?

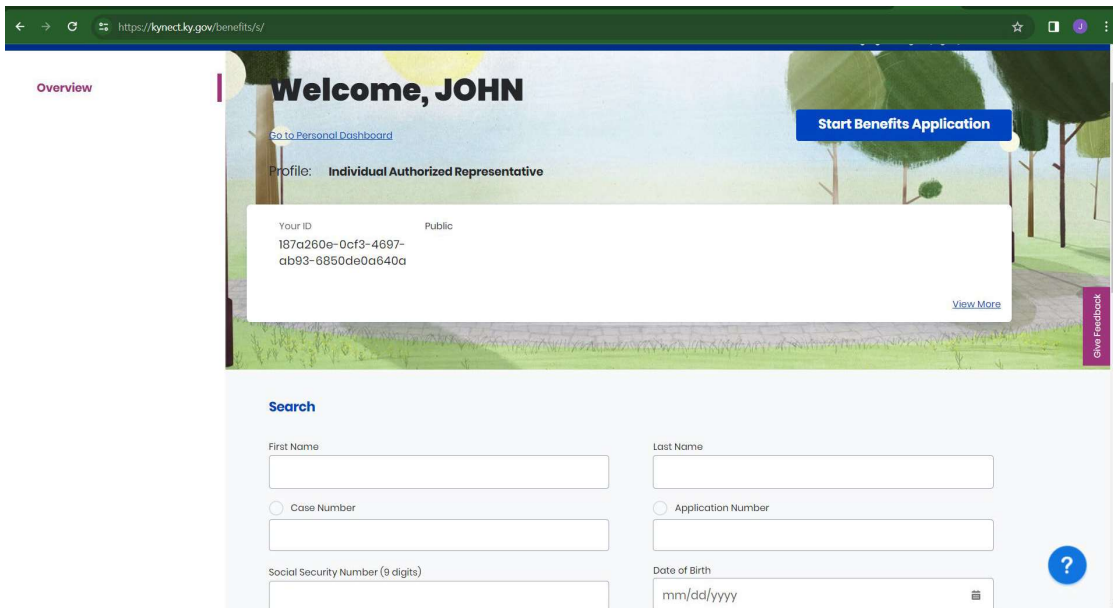
Hi Maddison.

I hope you had a great Thanksgiving weekend and meal, and that you got to have some 'me' time for yourself.

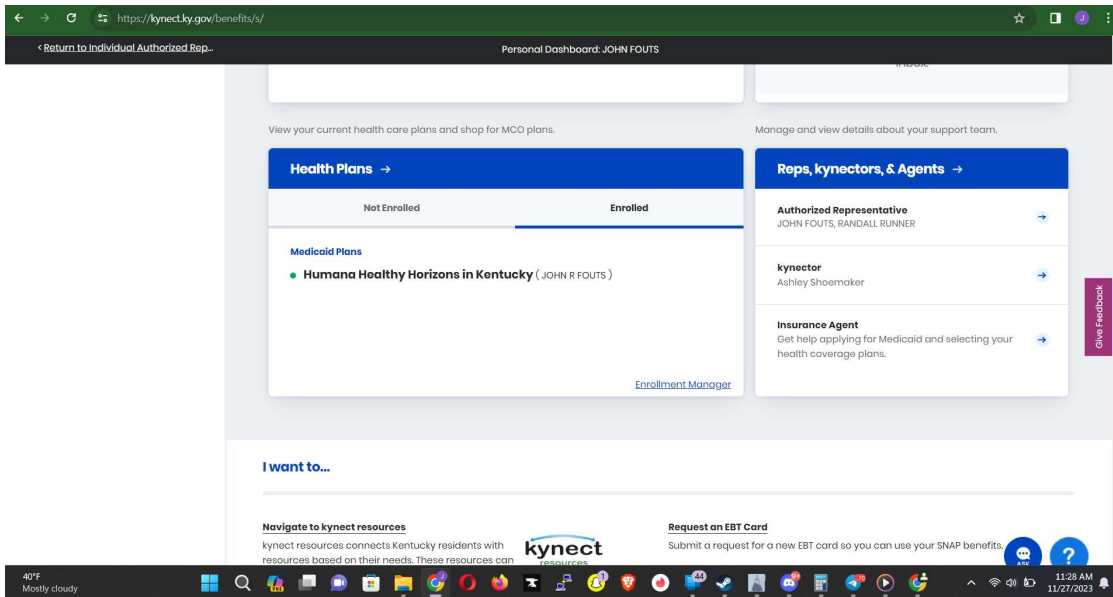
I need some help...I have spent MANY HOURS on the phone trying to get this resolved and now it is more messed up than ever...

Jackie/Jacquelyn (aka Jack as legal name) Fouts is my child. After Jackie transitioned from DCBS to SSI/SSA...and got a new case number...I have been unable to see Jackie's information. A rep had me go through several steps (with the help desk)...and that resulted in this....now when I log into kynect....I see the message below.... I contacted DCBS and they had me contact Benefind (they would not give me a direct phone number to reach Benefind...I also asked the Benefind people but they told me they do not give out their phone number)...they told me I needed to call DCBS and speak to a supervisor...they said the issue is that in the system is that self service authorization (or something like that) was no longer checked in the online system. They said I am listed as an authorized representative, but that the box just needs to be checked [that is what benefind said]....when I talked to the DCBS rep.....she said she can see where the box is not checked....but DCBS does not have access to change the selection....I waited patiently while she checked with her supervisor....the supervisor told her the same thing....that the box could not be checked by DCBS.....they then told me I needed to contact KOG....but I have no idea how, or who to contact, or what I need to ask them at this point.....in my own portal....the Medicaid Waiver Dashboard for both me....and for Jackie....has disappeared...I need to have that restored.... See screenshots below....

When logged in as authorized rep for my child:



Under my own profile.....it looks like below...you can see that there is no waiver information.....and lots of other information is also missing.....



Please, can you help with this?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: I think I am eligible for the ESAP program - but DCBS doesn't know how to set me up for it -- can you help?
Date: Monday, November 27, 2023 3:04:27 PM

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Help with technical issues?
Date: Monday, November 27, 2023 11:29:07 AM
Attachments: [image.png](#)
[image.png](#)

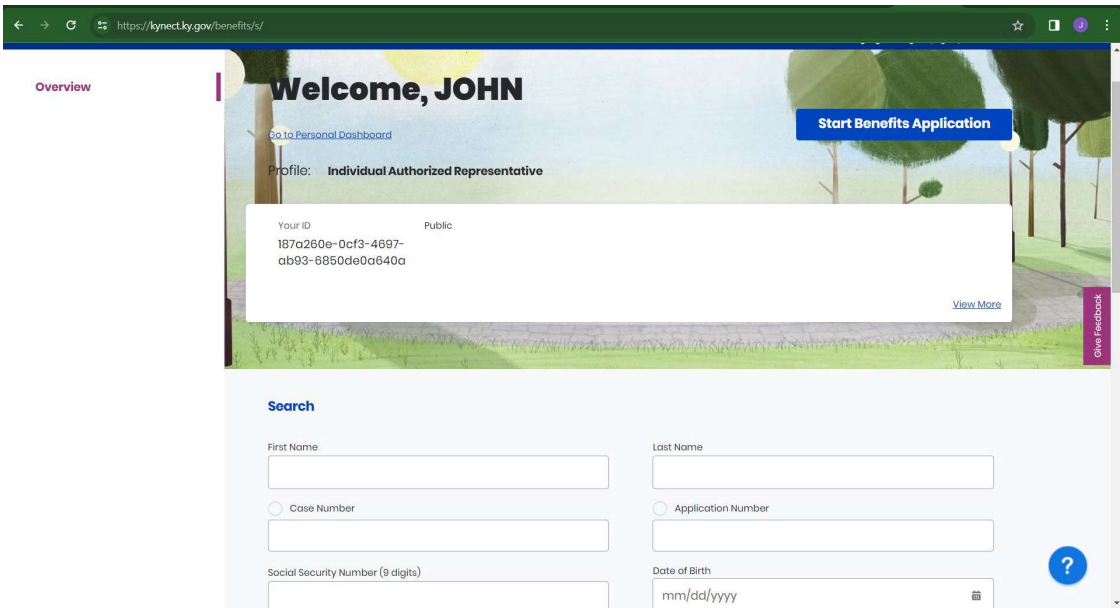
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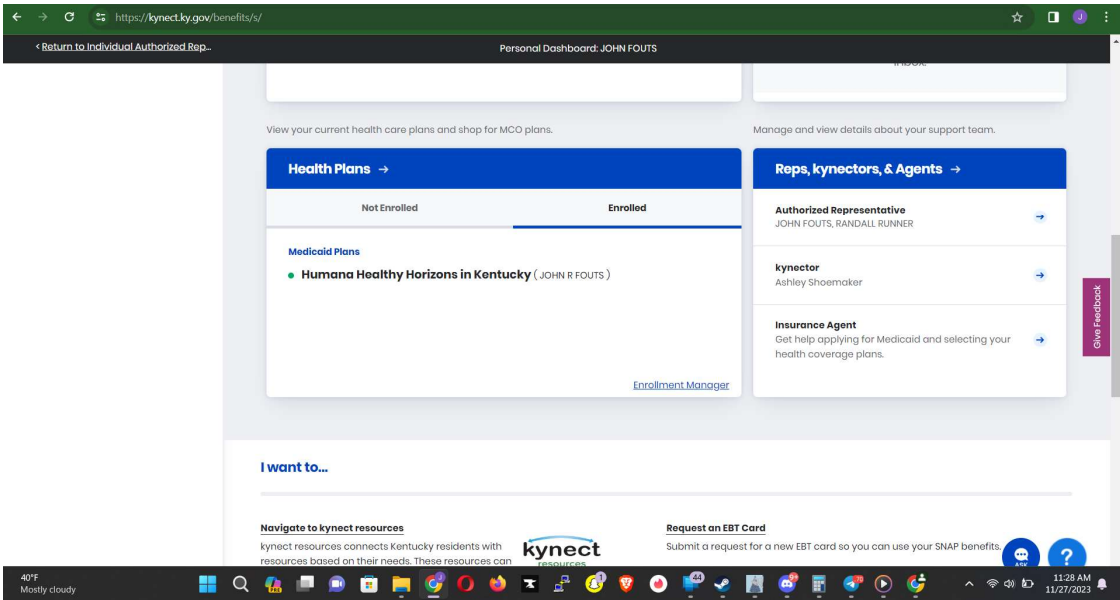
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"Shining" in Service,

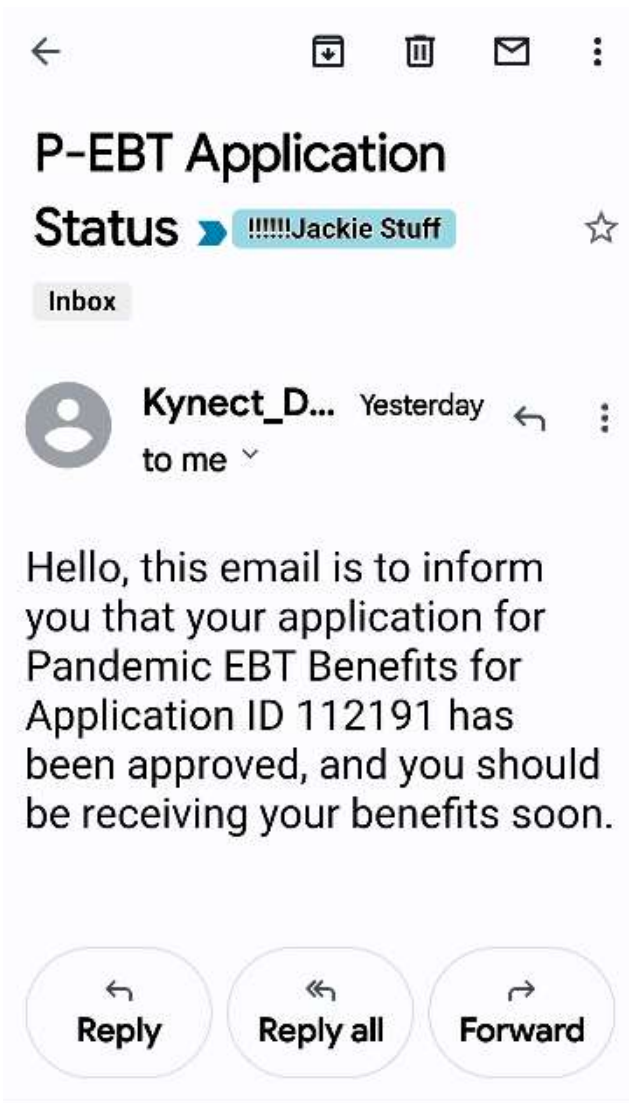
John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW
Date: Tuesday, November 14, 2023 8:17:41 AM
Attachments: [image001.png](#)
[image.png](#)

Well, Jackie goes to school at The Phoenix School of Discovery in Jefferson County as indicated on the P-EBT application I filled out.

I got notice yesterday, that Jackie's P-EBT benefits are approved...I just don't know how much for....



I checked yesterday though, when Nelly from CHFS called me, and she said nothing had been loaded to the P-EBT card yet. She said they have until the 15th to get loaded to the card.

Also with regard to the Medicaid question....you seem to be not understanding my

question...you reported what I already told you...please see my previous email again....

Jackie was approved for SSI in November of 2023.....SSA retro-activated SSI back to May.....then KyNect/DCBS sent me a notice that medicaid was discontinued as of 4/30/2023 retroactively.....and I had not received any letter stating that SSI medicaid would be active at all until 10/1/2023. The letter I have from SSI says Jackie's medicaid coverage begins 10/1/2023....so that then leaves a gap between 5/1/2023 and 10/1/2023....then there is the whole thing where the MCO Jackie is with was removed by DCBS and not reassigned by SSI...

John

On Tue, Nov 14, 2023 at 7:16 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

John,

As of today, Jackie's Student ID number does not reflect any PEBT benefits. To be eligible the child must receive free/reduced lunches based on income standards, or be enrolled in a school that is participating in the Community Eligibility Provision program. The following schools are participants:

Bernheim Middle Elementary	Lebanon Junction Zoneton Middle
Brooks Elementary	Maryville Elementary
Bullitt Lick Middle	Nichols Elementary
Cedar Grove Elementary	Overdale Elementary
Crossroads Elementary	Roby Elementary
Freedom Elementary Elementary	Shepherdsville

If Jackie is enrolled in any of the above schools, we have been advised for parents to continue to contact the PEBT Customer Service line at

833-501-5297 as they would be able to further review. It has been brought to our attention that they were not fully answering questions, however this has been addressed and resolved.

When reviewing the SSIR Medicaid, it has actually been active since 5/1/2023 under case number 113242894. Prior to his SSIR Medicaid becoming active, Jackie was receiving Medicaid under case number 112868494. That coverage was for 7/1/2022- 4/30/2023.

I have attached the discontinuance notice for Jackie under your case number and then also the approval notice under Jackie's case number.

Thank you,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, November 9, 2023 1:29 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW

So if Jackie's SSIR Medicaid became effective 10/1/2023 -- why did DCBS go back to April 30, 2023 and say Jackie was not eligible after 4/30/2023?

Jackie was found disabled as of 5/1/2023...is that why? If so...what about the time period of coverage between 5/1/2023 and 10/1/2023?

Thank you for the case number -- that would have been helpful to know from DCBS, Medicaid Member Services, or SSA!

Jackie's state ID number is 2120684754

Thank you for the information on contacting someone about the waiver.

Jackie's student ID is

On Thu, Nov 9, 2023 at 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| John,

For assistance with your Waiver, I recommend contacting Community Alternatives at 844-784-5614. They would have the access to view all of the detailed information concerning the waiver, as our office has very limited access to this information.

As for the PEBT information, I would need Jackie's student ID number and not the Medicaid ID number. The student ID number can be found on Infinite Campus or by contacting the school. This is the number that is used to access the PEBT benefits.

When reviewing Jackie's Medicaid, I found that the SSIR Medicaid became effective 10/1/2023. Jackie no longer has Medicaid coverage under your case due to her receiving SSI. Once an individual becomes eligible for SSI and SSIR Medicaid, a new case is generated in their name. This case number is 113242894. You may be able to contact Kynect Technical Support to inquire if this case can be added to your portal access. They can be reached at 844-407-8398.

Thank you,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: John Fouts <fouts.john@gmail.com>
Sent: Wednesday, November 8, 2023 4:17 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW

The Medicaid assessment was done about 7 to 10 days ago.... I received a letter today....page 1 of 1.... that says the provider needs to fill out the KHAT and select application type on page 3 and complete page 11 money management. It says unless they receive the info in 14 days from the date of the letter the request for the waiver will be denied....there is no page 3 or page 11 on a document that is 1 of 1 pages.....can you help?

Also - the medicaid ID number for my child is 1004124686 (child's name is Jack A. Fouts) but Jackie is transgender and uses she/her pronouns and goes by Jaquelyn or Jackie (legal name still Jack A. Fouts though).

Also - Jackie got approved for SSI by SSA.....BUT....when that happened, I got a letter from Medicaid stating that Jackie was made retro-inactive for medicaid and Humana MCO back to April 30, 2023. I received a letter with the same medicaid number with

Jackie's new card for Medicaid I guess through SSI. When I look in KYNECT, it says Jackie is denied Medicaid. I need the MCO to be retroactivated back to May 1st through SSI through the DCBS and KYNECT system. It is my understanding that this needs to occur in a state owned system called KMMIS.....I obviously have no access to this....after spending roughly six hours on the phone...I am not able to continue trying to get it fixed. Can you please help?

Also - I am disabled - and I need help getting all of these things straightened out. I need to be able to rest throughout the day and I cannot continuously be on the phone nor can I make trips to the local offices for hours. I have requested help formally regarding the ADA multiple times....ALL REQUESTS TO THE STATE HAVE BEEN TOTALLY IGNORED FOR THIS HELP. Can you see what is going on with that too?

Thank you.

John

On Wed, Nov 8, 2023 at 2:47 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

John,

Your waiver case is pended for Level Of Care determination. This means that you need to find a Case Management Agency who can complete an assessment. If you need help with finding a Case Management Agency, you will need to contacting Community Alternatives at 844-784-5614.

If you have the student's ID number, I can contact the PEBT Department and request that they call you to discuss.

Thank you,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: John Fouts <fouts.john@gmail.com>

Sent: Wednesday, November 8, 2023 10:38 AM

To: CHFS Listens <CHFS.Listens@ky.gov>

Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW

I have tried that number several times and am not able to reach anyone. Who would be the appropriate group to contact in the event of continued one-way only communication?

Also, can you please tell me the status of my medicaid waiver application??

On Wed, Nov 8, 2023, 10:26 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good morning John,

Thank you for contacting the Cabinet for Health and Family Services' Office of the Ombudsman. My name is Sara and I have been asked to respond on behalf of the cabinet. The Office of the Ombudsman is an impartial liaison between the public and the Cabinet for Health and Family Services. The Office of the Ombudsman takes complaints and reviews public assistance cases for accuracy. All complaints/reviews are logged into our system for tracking purposes. This office does not have access to take applications, make case changes, or process cases.

To inquire on the application status, you will need to contact the P-EBT Help Desk at 833-501-5297, as our office does not have access to those applications.

If you feel we can be of any further assistance, please reply to this e-mail, or call 1-800-372-2973, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time, with the exception of state observed holidays.

Thank you,

CHFS Listens Team

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From: John Fouts fouts.john@gmail.com

Sent: Friday, November 3, 2023 3:58 PM

To: CHFS Listens CHFS.Listens@ky.gov

Subject: Fwd: P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up

I need help with this -- I have tried to fax....tried to email...fax was successful.....left message on phone....never returned any kind of communication. Please help me get an update on this as I applied on Sep. 21 and today is November 3rd....or let me know if I need to file a formal complaint or grievance.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

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Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW
Date: Thursday, November 9, 2023 1:28:55 PM
Attachments: [image001.png](#)

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Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW

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Also, can you please tell me the status of my medicaid waiver application??

On Wed, Nov 8, 2023, 10:26 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good morning John,

Thank you for contacting the Cabinet for Health and Family Services' Office of the Ombudsman. My name is Sara and I have been asked to respond on behalf of the cabinet. The Office of the Ombudsman is an impartial liaison between the public and the Cabinet for Health and Family Services. The Office of the Ombudsman takes complaints and reviews public assistance cases for accuracy. All complaints/reviews are logged into our system for tracking purposes. This office does not have access to take applications, make case changes, or process cases.

To inquire on the application status, you will need to contact the P-EBT Help Desk at 833-501-5297, as our office does not have access to those applications.

If you feel we can be of any further assistance, please reply to this

e-mail, or call 1-800-372-2973, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time, with the exception of state observed holidays.

Thank you,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov

CONFIDENTIALITY NOTICE:

This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact me immediately by reply email and destroy all copies of the original message.

From: John Fouts fouts.john@gmail.com

Sent: Friday, November 3, 2023 3:58 PM

To: CHFS Listens CHFS.Listens@ky.gov

Subject: Fwd: P-EBT Application Number and Status - Jackie Fouts
-- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -

- Follow-Up

I need help with this -- I have tried to fax....tried to email...fax was successful.....left message on phone....never returned any kind of communication. Please help me get an update on this as I applied on Sep. 21 and today is November 3rd....or let me know if I need to file a formal complaint or grievance.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW
Date: Wednesday, November 8, 2023 4:16:53 PM
Attachments: [image001.png](#)

The Medicaid assessment was done about 7 to 10 days ago.... I received a letter today....page 1 of 1.... that says the provider needs to fill out the KHAT and select application type on page 3 and complete page 11 money management. It says unless they receive the info in 14 days from the date of the letter the request for the waiver will be denied....there is no page 3 or page 11 on a document that is 1 of 1 pages.....can you help?

Also - the medicaid ID number for my child is 1004124686 (child's name is Jack A. Fouts) but Jackie is transgender and uses she/her pronouns and goes by Jaquelyn or Jackie (legal name still Jack A. Fouts though).

Also - Jackie got approved for SSI by SSA.....BUT....when that happened, I got a letter from Medicaid stating that Jackie was made retro-inactive for medicaid and Humana MCO back to April 30, 2023. I received a letter with the same medicaid number with Jackie's new card for Medicaid I guess through SSI. When I look in KYNECT, it says Jackie is denied Medicaid. I need the MCO to be retroactivated back to May 1st through SSI through the DCBS and KYNECT system. It is my understanding that this needs to occur in a state owned system called KMMIS.....I obviously have no access to this....after spending roughly six hours on the phone...I am not able to continue trying to get it fixed. Can you please help?

Also - I am disabled - and I need help getting all of these things straightened out. I need to be able to rest throughout the day and I cannot continuously be on the phone nor can I make trips to the local offices for hours. I have requested help formally regarding the ADA multiple times....ALL REQUESTS TO THE STATE HAVE BEEN TOTALLY IGNORED FOR THIS HELP. Can you see what is going on with that too?

Thank you.

John

On Wed, Nov 8, 2023 at 2:47 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

John,

Your waiver case is pended for Level Of Care determination. This means that you need to find a Case Management Agency who can complete an assessment. If you need help with finding a Case Management Agency, you will need to contacting Community Alternatives at 844-784-5614.

If you have the student's ID number, I can contact the PEBT Department and request that they call you to discuss.

Thank you,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: John Fouts <fouts.john@gmail.com>

Sent: Wednesday, November 8, 2023 10:38 AM

To: CHFS Listens <CHFS.Listens@ky.gov>

Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW

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Also, can you please tell me the status of my medicaid waiver application??

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Good morning John,

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From: John Fouts fouts.john@gmail.com

Sent: Friday, November 3, 2023 3:58 PM

To: CHFS Listens CHFS.Listens@ky.gov

Subject: Fwd: P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up

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John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: : P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up/1652810SW
Date: Wednesday, November 8, 2023 10:38:21 AM
Attachments: [image001.png](#)
[image001.png](#)

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Also, can you please tell me the status of my medicaid waiver application??

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Thank you,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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John

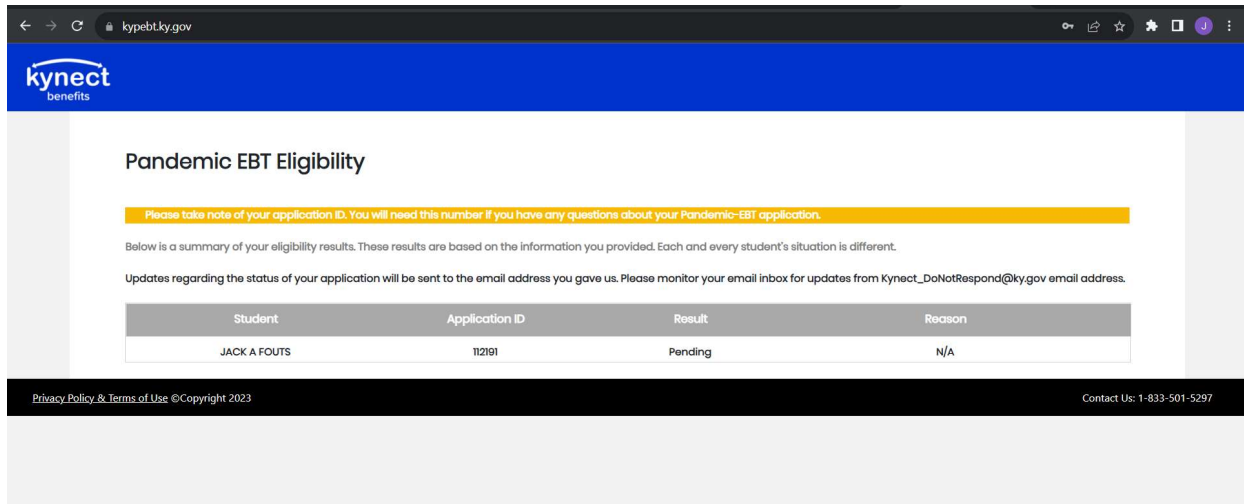
From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Fwd: P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21 -- I need help getting a response please -- 2023-11-03 -- Follow-Up
Date: Friday, November 3, 2023 3:58:24 PM
Attachments: [image.png](#)

I need help with this -- I have tried to fax....tried to email...fax was successful....left message on phone....never returned any kind of communication. Please help me get an update on this as I applied on Sep. 21 and today is November 3rd....or let me know if I need to file a formal complaint or grievance.

John

----- Forwarded message -----

From: **John Fouts** <fouts.john@gmail.com>
Date: Thu, Sep 21, 2023 at 11:51 AM
Subject: P-EBT Application Number and Status - Jackie Fouts -- 2023-09-21
To: John Fouts <Fouts.John@gmail.com>



The screenshot shows a web browser window with the URL kypebt.ky.gov. The page header features the "kynect benefits" logo. The main heading is "Pandemic EBT Eligibility". A yellow banner states: "Please take note of your application ID. You will need this number if you have any questions about your Pandemic-EBT application." Below this, a summary of eligibility results is provided, noting that results are based on the information provided and that updates will be sent to the email address on file. A table displays the results for one student:

Student	Application ID	Result	Reason
JACK A FOUTS	112191	Pending	N/A

At the bottom of the page, there is a footer with "Privacy Policy & Terms of Use © Copyright 2023" on the left and "Contact Us: 1-833-501-5297" on the right.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: What does Review On Waiver Dashboard mean for status of both my waiver and my child's waiver applications?
Date: Tuesday, October 17, 2023 4:50:13 PM

Looks like there is nothing we need to do on our end. How long does it take to go over the waivers on your end? Can you confirm that you see this the same way on your side?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Have a new letter from Dr. Mahajan for my child Jack Fouts (goes by Jackie) -- 2023-10-06 -- Can you please add to Jackie's application?
Date: Friday, October 6, 2023 1:33:21 PM
Attachments: [2023-10-06-Jackie-Fouts-Jack-Fouts-Letter-From-Dr-Mahajan-For-Medicaid-Waiver-Application.pdf](#)

Thank you.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: The doctor for Jackie sent this over and said this stuff should be sufficient for your needs for the medicaid waiver app requirement for Jackie - can you please let me know if this will be what is needed?
Date: Wednesday, September 20, 2023 5:39:58 PM
Attachments: [fax1538469586.pdf](#)
[Cabinet of Family Services Form .TIF](#)

Can you please upload these to the waiver dashboard for me for Jackie?

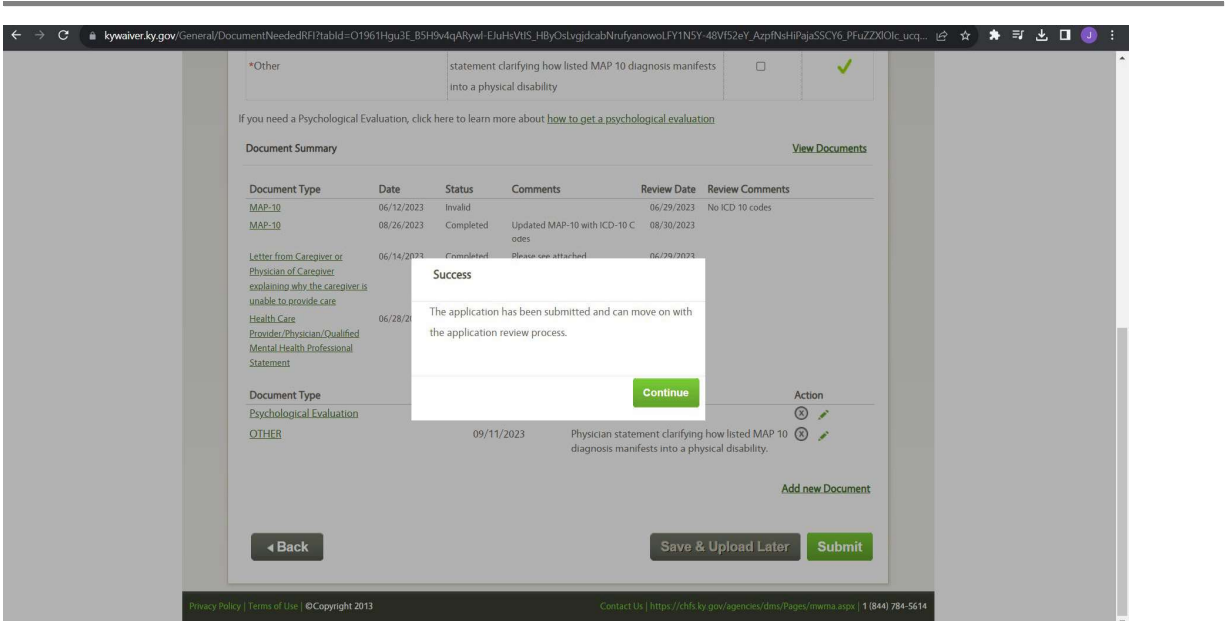
--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: I was able to click submit -- again -- today -- 2023-09-20 -- 10:09 a.m. EST -- See screenshot -- Can you verify it actually submitted? It said the same thing last time...
Date: Wednesday, September 20, 2023 10:10:03 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image.png](#)
[image005.png](#)
[image003.png](#)
[image004.png](#)
[image002.png](#)



John

On Wed, Sep 20, 2023 at 8:56 AM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

My co-worker and our tech team have looked at the application. You will need to try to click submit again.

If that does not work, please call tech support at 844-784-5614 option 1.

Maddison Cline
Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services



275 E. Main Street 6W-B

Frankfort, Kentucky 40621
(502) 564-7540 x 2091



From: John Fouts <fouts.john@gmail.com>
Sent: Monday, September 18, 2023 9:28 AM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: Re: More problems with the waiver application system - I submitted what was needed for my waiver application - but it still says action required - please help

I already submitted - it is still in that state...I cannot submit again because it has already been submitted - it is the same issue as before....

On Mon, Sep 18, 2023 at 9:22 AM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Please try to click the submit button. If that does not work please let me know.



Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B

Frankfort, Kentucky 40621
(502) 564-7540 x 2091

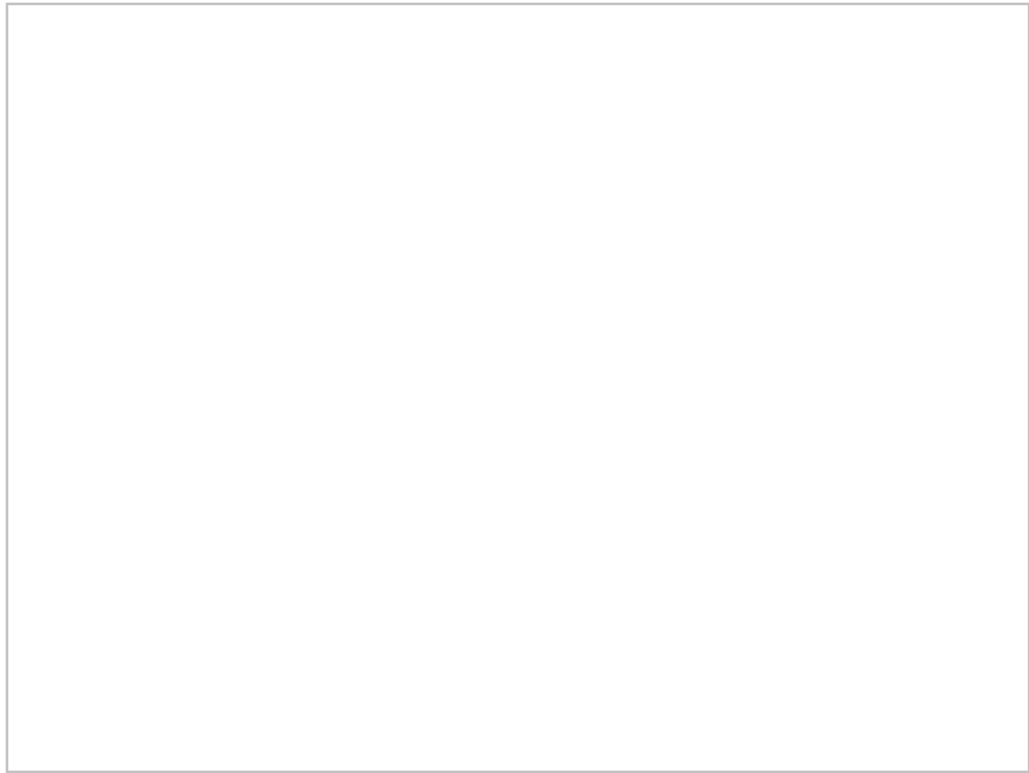


From: John Fouts <fouts.john@gmail.com>
Sent: Saturday, September 16, 2023 3:39 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: More problems with the waiver application system - I submitted what was needed for my waiver application - but it still says action required - please help

Maddison,

It appears the system is stuck again....

I got a message that said this...



I submitted the information last week....it still says action required, however....can you please help?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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Date: Monday, September 18, 2023 9:28:21 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image006.png](#)
[image003.png](#)
[image002.png](#)
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[image004.png](#)

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Please try to click the submit button. If that does not work please let me know.



Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B

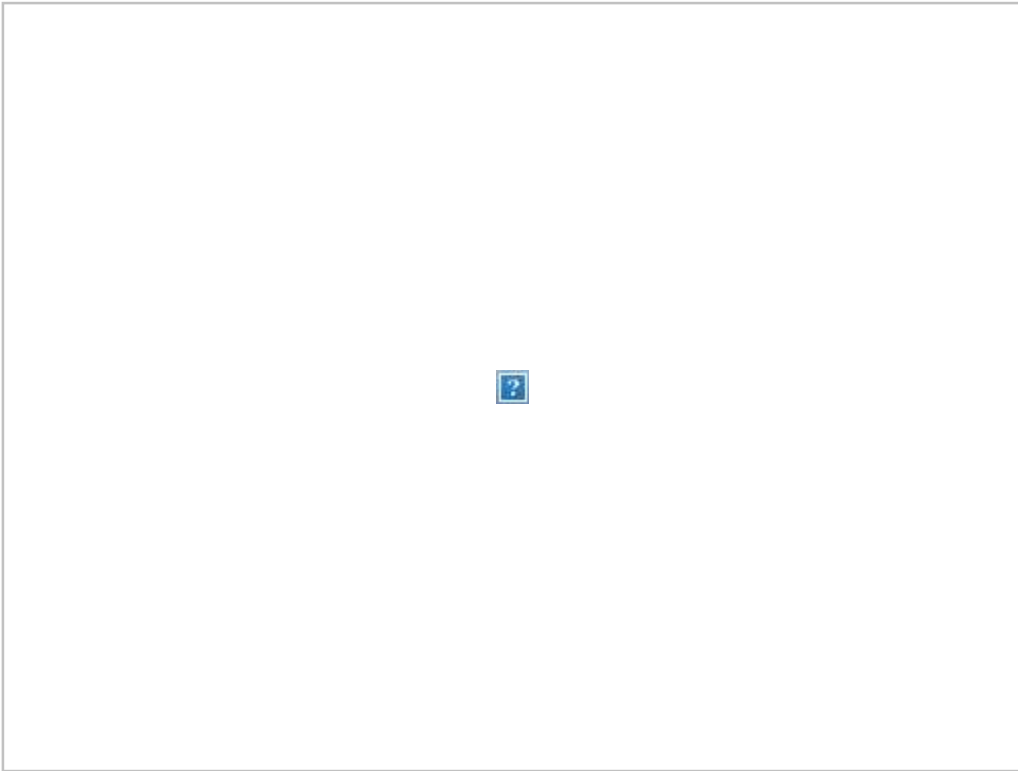
Frankfort, Kentucky 40621
(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>
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To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
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From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: More problems with the waiver application system - I submitted what was needed for my waiver application - but it still says action required - please help
Date: Saturday, September 16, 2023 3:38:33 PM
Attachments: [image.png](#)

Maddison,

It appears the system is stuck again....

I got a message that said this...

Dear JOHN R FOUTS

Application Number: 216524831

We cannot continue with your application until you give the information listed below.

Documentation required:

Verification Needed	Document Types Accepted	Comments
<ul style="list-style-type: none">Other		Please provide a Physician/Advanced Practitioner's statement clarifying how listed MAP 10 diagnosis manifests into a physical disability
<ul style="list-style-type: none">Doctor's Evaluation or Psychological Evaluation Verification	Psychological Evaluation, Adaptive Behavior Assessment	Please provide a Physician/Advanced Practitioner's statement clarifying how listed MAP 10 diagnosis manifests into a physical disability

You or the person who helped you with the application can put the documents in kynect benefits. You may also mail them directly to the Division of Community Alternatives at:

I submitted the information last week....it still says action required, however....can you please help?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: What is the deadline for stuff needed for the waiver for me, and for Jackie? I'm having trouble getting a letter from Jackie's doctor because they want to know specifically what is needed.
Date: Monday, September 11, 2023 12:19:38 PM

Please let me know on the timeline.

Thank you.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Question on Documentation Needed - 2023-09-06 -- Medicaid Waiver
Date: Wednesday, September 6, 2023 4:52:35 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image004.png](#)
[image002.png](#)
[image005.png](#)
[image007.png](#)
[image003.png](#)
[image006.png](#)

Maddison,

I don't understand what is needed by this statement:

"Please provide a Physician/Advanced Practitioner's statement clarifying how listed MAP 10 diagnosis manifests into a physical disability"

Can you provide some kind of example?? Or what form this is normally placed on??

John

On Fri, Sep 1, 2023 at 9:38 AM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Tech Support was able to fix the issue.

Your application is in the queue to be reviewed.



Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B

Frankfort, Kentucky 40621
(502) 564-7540 x 2091

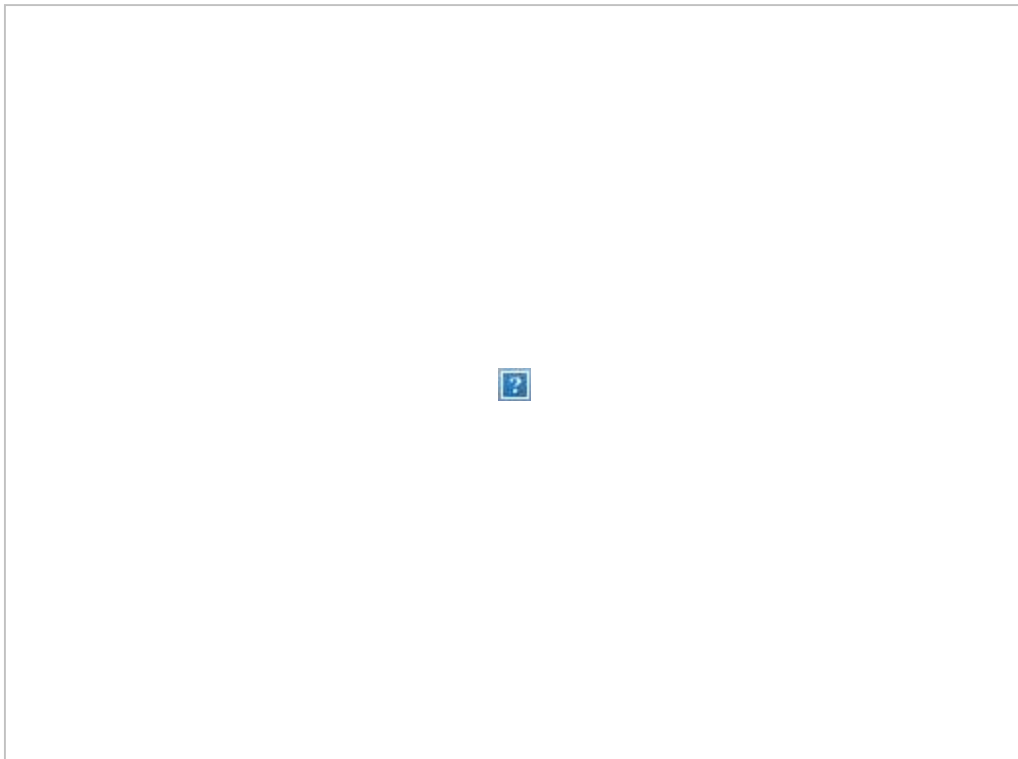
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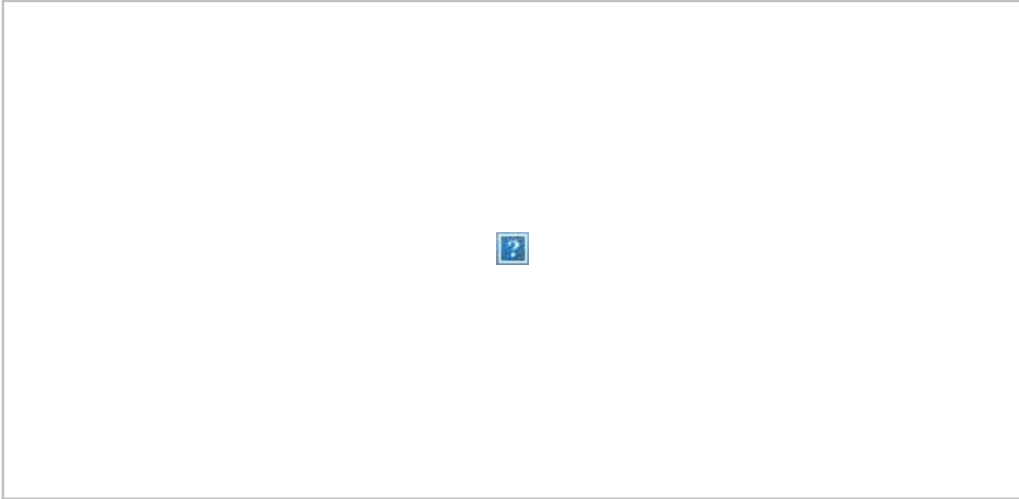


From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, August 29, 2023 10:58 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: John Fouts Medicaid Waiver Application

Maddison,

Thanks for the call today. I was able to get the Submit button to reappear....and it says it was submitted...but it still says action required....can you help?





????

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS DCBS CMS Claims Phone Relay](#); [Vascassenno, Teresa \(LRC\)](#); [Higdon, Jimmy \(State Sen.\) \(LRC\)](#)
Subject: Re: Claim appeal never even responded to by CHFS
Date: Tuesday, September 5, 2023 9:31:45 AM

Yes, please have the claim reviewed.

What you stated below, is exactly my point....

Overpayments of SNAP benefits are established based on Federal and State regulations. The agency cannot pick and choose if they are/are not going to request a repayment of benefits. If an individual has received too many benefits based on regulations and policy, the state must establish a claim to recoup those overpaid benefits.

Federal law says you MUST NOT DISCRIMINATE against me (i.e. not consider medical expenses) because I am under an elderly age, but you are doing so.... So when you state overpayment is based on federal and state regulations....you are right...but you are violating federal regulations....and discriminating against a disabled person (you are discriminating based on age and on disability) by not considering ANY medical expenses.

Please confirm with a confirmation number, or in writing, that the claim will be reviewed ... this time ... without the discrimination against me based on age and disability...so without violating federal law...

John

On Tue, Sep 5, 2023 at 9:26 AM CHFS DCBS CMS Claims Phone Relay
<CHFSCMS@ky.gov> wrote:

We have reviewed all of the information that you have submitted and it appears that you have filed a disability discrimination complaint to the USDA. There is nothing that was ever received by our agency regarding a request for a fair hearing in the establishment of this overpayment. I will be happy to have the established claim reviewed but we have nothing to do with the complaint you filed with the USDA and cannot provide you any status updates on that request.

Overpayments of SNAP benefits are established based on Federal and State regulations. The agency cannot pick and choose if they are/are not going to request a repayment of

benefits. If an individual has received too many benefits based on regulations and policy, the state must establish a claim to recoup those overpaid benefits.

Claims Management Section

Program Integrity Branch, DFS

chfscms@ky.gov

502-564-3440

*

How to make payments:

For online payments: <https://kynect.ky.gov>

If you are unable to make online payments, please make check/money order out to Kentucky State Treasurer and write your **CLAIM NUMBER(S) on any payments and send to the following address:**

Claims Management Section

275 E Main St, 3E-I

Frankfort, KY 40621

Confidentiality Notice: This e-mail message, including any attachment, is for the sole use of the intended recipient(s) and may contain confidential data. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please contact the sender, by e-mail, and destroy all copies of the original message.

From: John Fouts <fouts.john@gmail.com>

Sent: Saturday, September 2, 2023 11:29 PM

To: CHFS DCBS CMS Claims Phone Relay <CHFSCMS@ky.gov>

Subject: Re: Claim appeal never even responded to by CHFS

****CAUTION** PDF attachments may contain links to malicious sites. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**

This is what was sent to you, and to the USDA on March 1st, 2023.... regarding this issue...it

may take me some time to dig out the files I have placed in a storage unit that has the official certified mail number on it...or maybe the post office can look up that number for me...I attached the document I sent back in March on the 1st.

I will re-iterate again here, that it is against federal law for you to discriminate against me due to age or disability -- just because I am under 62 does not mean that my medical expenses are allowed to not be considered -- I still have disabilities -- so ignoring my medical expenses because I am non-elderly is age AND disability discrimination and against federal law. In the letter I sent back in March, I cited the part of the Code of Federal Regulations that states this EXPLICITLY. It is not okay to violate federal law.

John

On Fri, Sep 1, 2023 at 2:49 PM CHFS DCBS CMS Claims Phone Relay
<CHFSCMS@ky.gov> wrote:

The claims records do not show the agency as receiving a request for a fair hearing regarding the establishment of your claim. I have reviewed the hearings module and completed a name search and do not show any hearings in their system either. if you will provide the documentation that you have regarding your request for a fair hearing, we will be happy to review that information.

Claims Management Section

Program Integrity Branch, DFS

chfscms@ky.gov

502-564-3440

*

How to make payments:

For online payments: <https://kynect.ky.gov>

If you are unable to make online payments, please make check/money order out to Kentucky State Treasurer and write your **CLAIM NUMBER(S) on any payments and send to the following address:**

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275 E Main St, 3E-I
Frankfort, KY 40621

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From: John Fouts <fouts.john@gmail.com>
Sent: Friday, September 1, 2023 2:11 PM
To: CHFS DCBS CMS Claims Phone Relay <CHFSCMS@ky.gov>; Vascassenno, Teresa (LRC) <Teresa.Vascassenno@LRC.KY.GOV>; Higdon, Jimmy (State Sen.) (LRC) <jimmy.higdon@lrc.ky.gov>
Subject: Re: Claim appeal never even responded to by CHFS

I DID - I even sent it by certified mail! I can prove it was delivered etc... so what is the process I need to follow?

On Fri, Sep 1, 2023 at 10:13 AM CHFS DCBS CMS Claims Phone Relay <CHFSCMS@ky.gov> wrote:

John,

We have not received any appeal statement from you since your claim was established. As the demand letter states you have 90 days to request a fair hearing regarding your claim. Claim was established 2.13.23, so at this time it is out of the time frame to do so. When claims are established and client has an active SNAP case, benefit reduction takes places automatically and will continue as long as your SNAP case stays approved.

Thanks

Claims Management Section

Program Integrity Branch, DFS

chfscms@ky.gov

502-564-3440

How to make payments:

For online payments: <https://kynect.ky.gov>

If you are unable to make online payments, please make check/money order out to Kentucky State Treasurer and write your CLAIM NUMBER(S) on any payments sent to the following address:

**Claims Management Section
275 E Main St, 3E-I
Frankfort, KY 40621**

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From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, August 31, 2023 12:47 PM
To: CHFS DCBS CMS Claims Phone Relay <CHFSCMS@ky.gov>
Subject: Claim appeal never even responded to by CHFS

I appealed the claim that I was overpaid SNAP benefits last year for three months, but my appeal was not even ever responded to...it was ignored...and you all started deducting money from monthly SNAP benefits anyway.

I want yo know why my appeal was ignored, why it obviously was not considered, and what can be done about it at this point in time.

I do not have the claim number, as I am at the doctor...where I unfortunately often find myself...

My name is John Fouts. Last 4 of social 9858. Dob is 1.31.1979.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS DCBS CMS Claims Phone Relay](#)
Subject: Re: Claim appeal never even responded to by CHFS
Date: Saturday, September 2, 2023 11:29:25 PM
Attachments: [2023-03-01-SNAP-Dispute-Of-Overpayment-Fouts.pdf](#)

This is what was sent to you, and to the USDA on March 1st, 2023.... regarding this issue...it may take me some time to dig out the files I have placed in a storage unit that has the official certified mail number on it...or maybe the post office can look up that number for me...I attached the document I sent back in March on the 1st.

I will re-iterate again here, that it is against federal law for you to discriminate against me due to age or disability -- just because I am under 62 does not mean that my medical expenses are allowed to not be considered -- I still have disabilities -- so ignoring my medical expenses because I am non-elderly is age AND disability discrimination and against federal law. In the letter I sent back in March, I cited the part of the Code of Federal Regulations that states this EXPLICITLY. It is not okay to violate federal law.

John

On Fri, Sep 1, 2023 at 2:49 PM CHFS DCBS CMS Claims Phone Relay
<CHFSCMS@ky.gov> wrote:

The claims records do not show the agency as receiving a request for a fair hearing regarding the establishment of your claim. I have reviewed the hearings module and completed a name search and do not show any hearings in their system either. if you will provide the documentation that you have regarding your request for a fair hearing, we will be happy to review that information.

Claims Management Section

Program Integrity Branch, DFS

chfscms@ky.gov

502-564-3440

*

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Thanks

Claims Management Section

Program Integrity Branch, DFS

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502-564-3440

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I do not have the claim number, as I am at the doctor...where I unfortunately often find myself...

My name is John Fouts. Last 4 of social 9858. Dob is 1.31.1979.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: John Fouts Medicaid Waiver Application
Date: Friday, September 1, 2023 2:12:48 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image003.png](#)
[image002.png](#)
[image007.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

Thank you Maddison. I greatly appreciate your assistance.

On Fri, Sep 1, 2023 at 9:38 AM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Tech Support was able to fix the issue.

Your application is in the queue to be reviewed.



Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B

Frankfort, Kentucky 40621
(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, August 29, 2023 10:58 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: John Fouts Medicaid Waiver Application

Maddison,

Thanks for the call today. I was able to get the Submit button to reappear....and it says it was submitted...but it still says action required....can you help?



???

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS DCBS CMS Claims Phone Relay](#); [Vascassenno, Teresa \(LRC\)](#); [Higdon, Jimmy \(State Sen.\) \(LRC\)](#)
Subject: Re: Claim appeal never even responded to by CHFS
Date: Friday, September 1, 2023 2:11:03 PM

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Claims Management Section

Program Integrity Branch, DFS

chfscms@ky.gov

502-564-3440

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I do not have the claim number, as I am at the doctor...where I unfortunately often find myself..

My name is John Fouts. Last 4 of social 9858. Dob is 1.31.1979.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Claims Mgmt For SNAP Issue Overpayment](#)
Subject: Claim appeal never even responded to by CHFS
Date: Thursday, August 31, 2023 12:47:11 PM

I appealed the claim that I was overpaid SNAP benefits last year for three months, but my appeal was not even ever responded to...it was ignored...and you all started deducting money from monthly SNAP benefits anyway.

I want yo know why my appeal was ignored, why it obviously was not considered, and what can be done about it at this point in time.

I do not have the claim number, as I am at the doctor...where I unfortunately often find myself...

My name is John Fouts. Last 4 of social 9858. Dob is 1.31.1979.

John

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: John Fouts Medicaid Waiver Application
Date: Tuesday, August 29, 2023 10:57:32 PM
Attachments: [image.png](#)
[image.png](#)

Maddison,

Thanks for the call today. I was able to get the Submit button to reappear....and it says it was submitted...but it still says action required....can you help?

Document Type	Date	Status	Comments	Review Date	Review Comments
MAP-10	06/12/2023	Success			No ICD 10 codes
Letter from Caregiver or Physician of Caregiver explaining why the caregiver is unable to provide care	06/14/2023				
Health Care Provider/Physician/Qualified Mental Health Professional Statement	06/28/2023				

Document Type	Date	Comments	Action
MAP-10	08/26/2023	Updated MAP-10 with ICD-10 Codes	

Medicaid/KCHIP

JOHN R FOUTS
 ● Approved
 Type: Medicaid | Benefit Period: 07/01/2022 - 10/31/2023 | Renewal due date: 10/31/2023
[Request Medicaid Card](#)
[View/Download Medicaid Card](#)

JACK A FOUTS
 ● Approved
 Type: Medicaid | Benefit Period: 07/01/2022 - 10/31/2023 | Renewal due date: 10/31/2023
[Request Medicaid Card](#)
[View/Download Medicaid Card](#)

Medicaid Waiver

JOHN FOUTS
 ● Action Required
 Application #: 218524831
[Visit Waiver Dashboard](#)

JACK FOUTS
 ● Action Required
 Application #: 218439411 | Waiver Case#: 113190205
[Visit Waiver Dashboard](#)

???

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: More Waiver Questions?? -- 2023-08-26
Date: Monday, August 28, 2023 2:16:09 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)

Thank you - I sent that over to Jackie's PCP.

On Mon, Aug 28, 2023 at 1:15 PM Cline, Maddison (CHFS DMS DCA)
<Maddison.Cline@ky.gov> wrote:

For your application, you need to click the submit button.

For Jack's application, he needs to following information "Please provide a Physician/Advanced Practitioner's statement clarifying how listed MAP 10 diagnosis manifests into a physical disability"

I cannot answer any questions about KTAP. You will need to call the DCBS office 855-306-5959. The waiver department does not do anything with KTAP.



Maddison Cline
Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B

Frankfort, Kentucky 40621
(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>

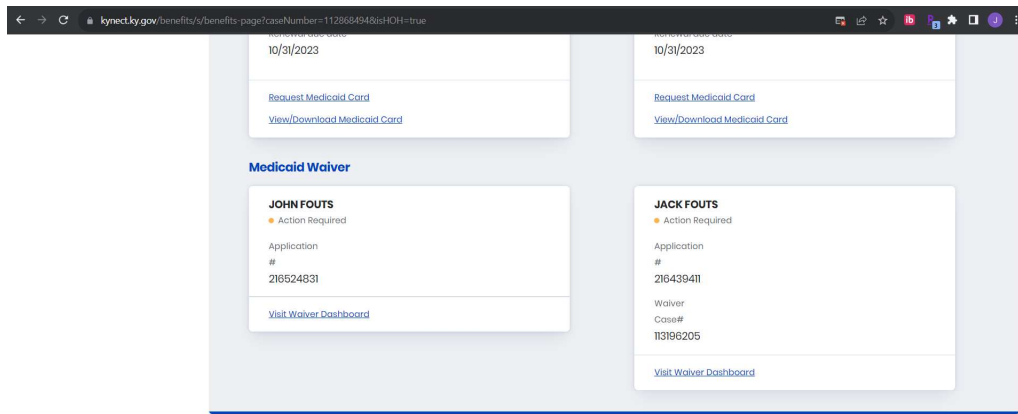
Sent: Saturday, August 26, 2023 11:29 AM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: More Waiver Questions?? -- 2023-08-26

****CAUTION** PDF attachments may contain links to malicious sites. Please contact the COT Service Desk ServiceCorrespondence@ky.gov for any assistance.**

Hi again Maddison.

I still have some questions on the waivers for Jackie (aka Jack in the system) and me. Jack(ie) is my child.

The waiver applications for both of us say action required, but when I get into the actual system, it doesn't say 'what' action is required??? Can you help?



Jackie's says pending review:

kywaiver.ky.gov/WaiverIndividualDashboard/Dashboard?tabId=ROGZQq1FuhBynZ5_2BmVHjpmTopGvGghJUC3U1_7uhXgOwlJSP8N2zr5NKWaa114HhucLDPchHYKQ7a3CCYngedk...

My resources can call me at: 5029560052
My resources can email me at: fouts.john@gmail.com

Waiver Case Management Contact: HANSEN, N/A
My Waiver Authorized Representative is: RANDAL L. RUNNER
My Waiver Guardian is: N/A

Waiver Application

- Application #: 216019523 Created Date: 01/28/2023
- Application #: 216439411 Created Date: 05/22/2023

Request For Information

Program	Application Number	Submitted Date	Status	Take Action
Waiver	216439411	08/22/2023	Pending Review	View / Upload Documents

Waiver Program Summary

Waiver Program	Program Status	LOC Start Date	LOC End Date	Last Action Date
Michelle P	Waitlisted	N/A	N/A	07/13/2023

Waiver Program Information:

Level Of Care Details No Level of Care Detail is present.	Plan of Care Details No Plan of Care Detail is present.
--	--

Disclaimer: What you see below is total units/dollars approved for the service. You can only get the service based on the frequency approved.

Mine for some reason did not have the MAP-10 that was updated that I had uploaded previously, so I uploaded it ... again ... today ... but again, it did not say what action was required???

kywaiver.ky.gov/general/DocumentNeedsBRI?tabId=RpocCoXnAFYehqf01cp3uYOC0x0F_0em/Nd_4hdRW7721sWqC4Lx0mdr2wJp1D0a5p0x0sk2WUz3p3C0k2lBtu2-Pl0r3Lg...

Additional documentation is required to determine your Medicaid benefits. We cannot continue with the processing of your application until all required documentation has been submitted.

Please note that the Application Reviewer does not receive a task to review the application until required documents are uploaded and the final "Submit" button is clicked.
Please upload all documents that support/describe the individual's needs.

What is Needed	Types of Document Accepted	Updated on Screen?	Upload Status
*Age and/or Physical Disability Verification	MAP-10		✓
	Discharge Summary, Individual Education Program Documentation from an Institution (Elementary/Middle/High School etc.), Law Enforcement/Court Personnel/Prison Documentation, Psychological Evaluation, Health Care Provider/Physician/Qualified Mental Health Professional Statement, OTHER		✓
Care Provider Verification	Letter from Caregiver or Physician of Caregiver explaining why the caregiver is unable to provide care		✓
*Other	MAP 10 within 90 days and ICD 10 codes		✓

Document Summary [View Documents](#)



Document Type	Date	Status	Comments	Review Date	Review Comments
MAP-10	06/12/2023	Invalid		06/29/2023	No ICD 10 codes
Letter from Caregiver or Physician of Caregiver explaining why the caregiver is unable to provide care	06/14/2023	Completed	Please see attached.	06/29/2023	
Health Care Provider/Physician/Qualified	06/28/2023	Completed		06/29/2023	

So - for both of us - what action is required?

Also have a KTAP question - I have been approved through May 2024 for KTAP....but the approval for September suddenly disappeared off the screen on the main home page of KyNect and nothing past October is listed....

JOHN R FOUTS, JACK A FOUTS
 ● Approved

Benefit Period 05/01/2023 - 03/31/2024	EBT Card funds loaded on 06/17/2023	Allotment August \$395	September \$395
---	--	-------------------------------------	---------------------------

 You owe \$1024 for SNAP benefits. [Pay Balance](#)
 If you are unable to pay your claim in full, you may set up a repayment agreement by calling [\(502\)684-3440](tel:502684-3440)

[View Eligibility Notice](#)

Child Care Assistance

JACK A FOUTS
 ● Denied

Application Submitted: 02/27/2023.
 Effective Date: 02/27/2023.
 Reason: Eligibility is denied. The Household does not meet work requirements.

[View Denial/Discontinuance Notice](#)

KTAP

JOHN R FOUTS, JACK A FOUTS
 ● Approved

Benefit Period 06/28/2023 - 05/31/2024	EBT Card funds loaded on 08/01/2023	Allotment October \$450
---	--	--------------------------------------

[View Eligibility Notice](#)

I attached the eligibility notice to this email as well...I received KTAP in June, July, and August (previously September was also already approved)....now for some reason...September is not listed...and it says that benefits will start in October.....KTAP is the only income I have and I 'need' to have it for things like buying gas to get my child to school, and to get to doctor appointments, and to supplement food because SNAP is not enough and it keeps getting reduced...

Another issue I have is that SNAP says it overpaid last year, but it did not consider ANY medical expenses so I do not believe that is correct. At this point I feel that I am being discriminated against by KyNect because I am disabled and under age 65.

In addition to the waiver problems, how can I get the KTAP amount corrected, and how can I have the previous SNAP overpayment notice that I believe was incorrect to be re-analyzed? I cannot go sit in an office for hours due to my health conditions, nor can I be on hold for hours.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: SNAP benefits when I recertified said that they would not start again until October - I have no other way to get food - please correct this so I get September benefits too
Date: Saturday, August 26, 2023 11:46:08 AM

I have myself and a child. It is not okay for you to skip months of benefits.....I should not be penalized for recertifying early! I am being clearly discriminated against and I would like to file a formal complaint. Please fix the problem, and tell me how to file a formal complaint for discrimination.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

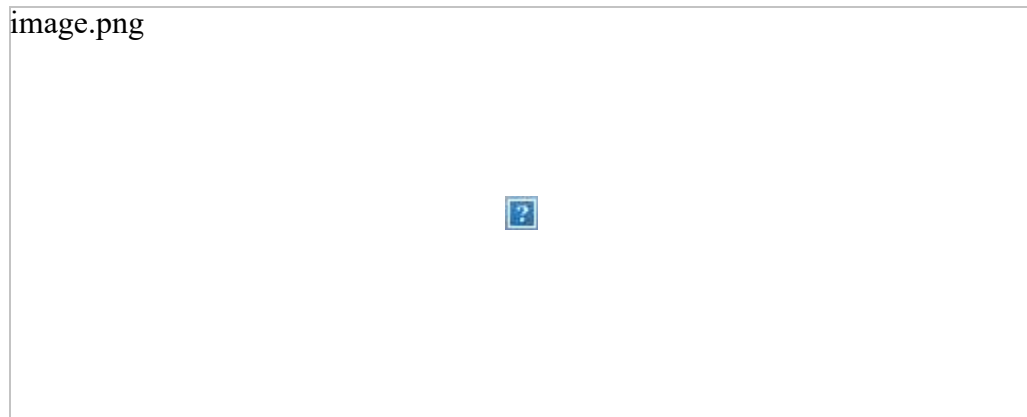
From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Need help -- KTAP was approved for September, but upon recertification suddenly September disappeared -- also medicaid waiver application issues -- also SNAP issues...
Date: Saturday, August 26, 2023 11:39:00 AM
Attachments: [2023-08-26-KTAP-Notice-KyNect.pdf](#)

There are problems for my case for KTAP, Medicaid Waiver applications for me and my child, for SNAP, and for CCARE....

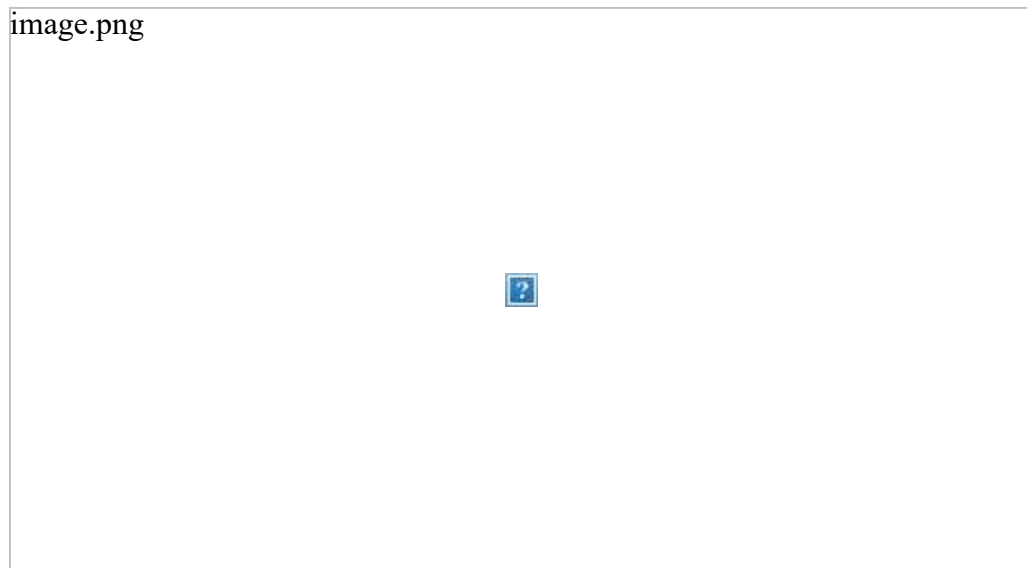
=====
Medicaid Waiver
=====

I have some questions on the waivers for Jackie (aka Jack in the system) and me. Jack(ie) is my child.

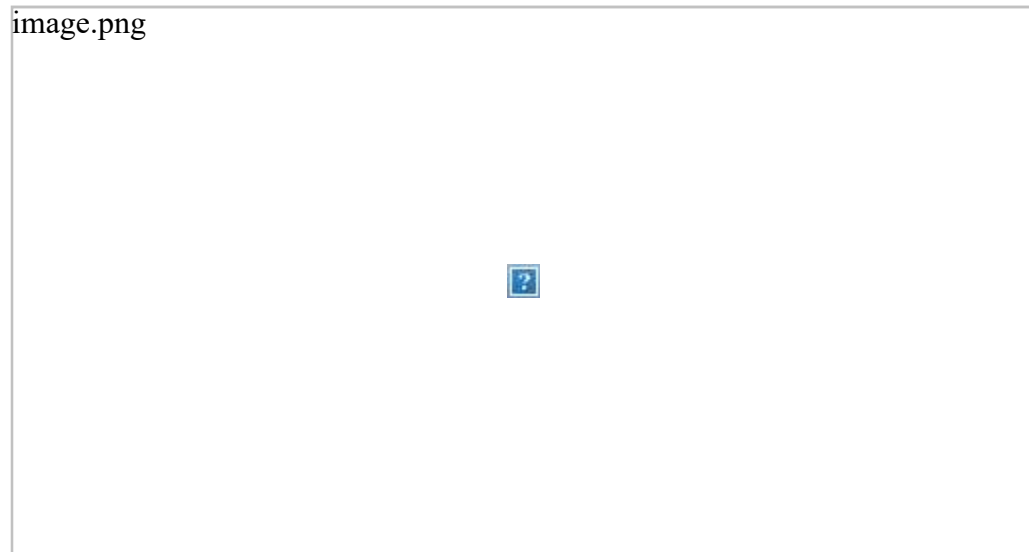
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Jackie's says pending review:



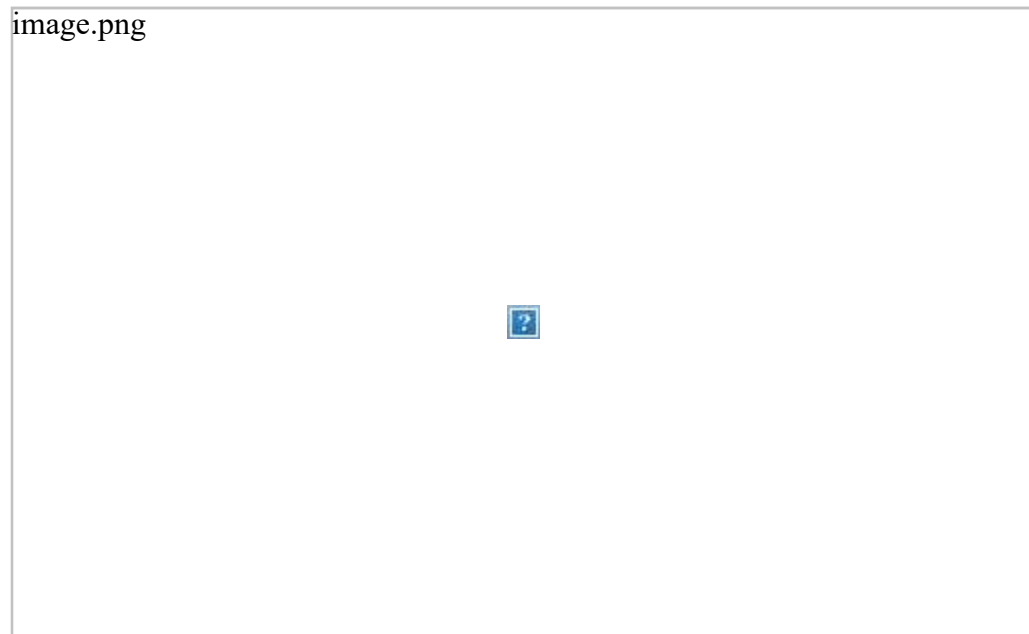
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=====
KTAP Problem
=====

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August (previously September was also already approved)....now for some reason...September is not listed...and it says that benefits will start in October.....**KTAP is the only income I have and I 'need' to have it for things like buying gas to get my child to school, and to get to doctor appointments, and to supplement food because SNAP is not enough and it keeps getting reduced...**

=====
SNAP Problem
=====

Another issue I have is that SNAP says it overpaid last year, but it did not consider ANY medical expenses so I do not believe that is correct. The Code of Federal Regulations says I may not be discriminated against based on age or disability when benefits are being calculated - meaning medical expenses must be considered even though I am under 65....

At this point I feel that I am being discriminated against by KyNect because I am disabled and under age 65.

=====

In addition to the waiver problems, **how can I get the KTAP amount corrected so I receive it in September as I SHOULD**, and how can I have the previous SNAP overpayment notice that I believe was incorrect to be re-analyzed? I cannot go sit in an office for hours due to my health conditions, nor can I be on hold for hours.

=====

Also, it says CCARE was denied for my child due to work requirement - but I am not able to work....as an example...one situation in which I need child care for my child is on Mondays when I have IVIG infusions. The infusions take 6 to 7 hours....so I take my child to school...then get home about 30 minutes later....then start the infusion, but the infusions is not over by the time I would need to go pick up my child from school.....I am SICK and DISABLED...so I am not able to work unfortunately.

=====

Finally, in addition to resolving the issues above ASAP....I want to know how I can file **discrimination** complaints please.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

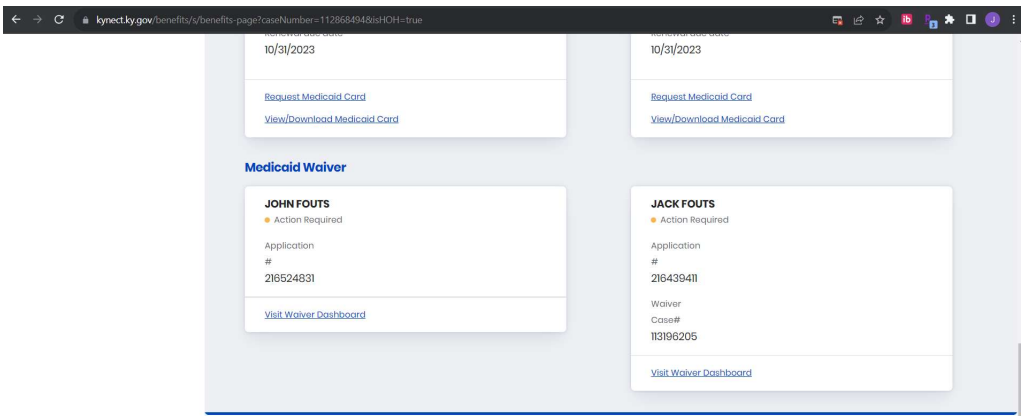
Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: More Waiver Questions?? -- 2023-08-26
Date: Saturday, August 26, 2023 11:28:42 AM
Attachments: [image.png](#)
[image.png](#)
[image.png](#)
[image.png](#)
[2023-08-26-KTAP-Notice-KyNect.pdf](#)

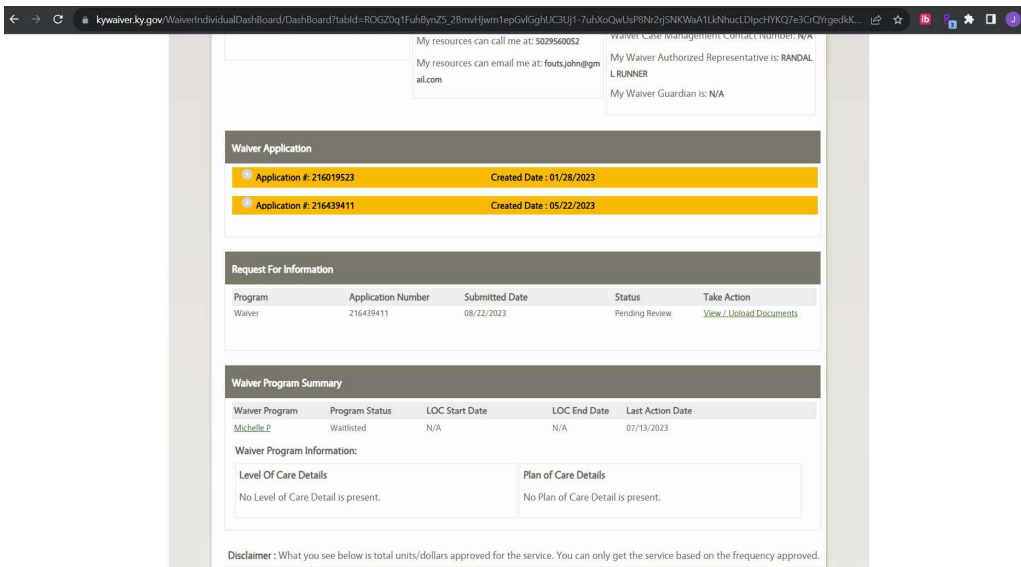
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Please upload all documents that support/describe the individual's needs.

What is Needed	Types of Document Accepted	Updated on Screen?	Upload Status
*Age and/or Physical Disability Verification	MAP-10		✓
*Behavioral Challenge	Discharge Summary, Individual Education Program Documentation From an Institution (Elementary/Middle/High School etc.), Law Enforcement/Court Personnel/Prison Documentation, Psychological Evaluation, Health Care Provider/Physician/Qualified Mental Health Professional Statement, OTHER		✓
Care Provider Verification	Letter from Caregiver or Physician of Caregiver explaining why the caregiver is unable to provide care		✓
*Other	MAP 10 within 90 days and ICD 10 codes		✓

Document Summary [View Documents](#)

Document Type	Date	Status	Comments	Review Date	Review Comments
MAP-10	06/12/2023	Invalid		06/29/2023	No ICD 10 codes
Letter from Caregiver or Physician of Caregiver explaining why the caregiver is unable to provide care	06/14/2023	Completed	Please see attached.	06/29/2023	
Health Care Provider/Physician/Qualified	06/28/2023	Completed		06/29/2023	

So - for both of us - what action is required?

Also have a KTAP question - I have been approved through May 2024 for KTAP....but the approval for September suddenly disappeared off the screen on the main home page of KyNect and nothing past October is listed....

JOHN R FOUTS, JACK A FOUTS
● Approved

Benefit Period: 05/01/2023 - 03/31/2024
 EBT Card funds loaded on: 06/17/2023
 Allotment: **August** \$395, **September** \$395

❗ You owe \$1024 for SNAP benefits. [Pay Balance](#)
❗ If you are unable to pay your claim in full, you may set up a repayment agreement by calling [\(602\)366-3440](tel:602366-3440)

[View Eligibility Notice](#)

Child Care Assistance

JACK A FOUTS
● Denied
 Application Submitted: 02/27/2023
 Effective Date: 02/27/2023
 Reason- Eligibility is denied. The Household does not meet work requirements.

[View Denial/Discontinuance Notice](#)

KTAP

JOHN R FOUTS, JACK A FOUTS
● Approved

Benefit Period: 06/28/2023 - 05/31/2024
 EBT Card funds loaded on: 06/01/2023
 Allotment: **October** \$450

[View Eligibility Notice](#)

I attached the eligibility notice to this email as well...I received KTAP in June, July, and August (previously September was also already approved)....now for some reason...September is not listed...and it says that benefits will start in October.....KTAP is the only income I have and I 'need' to have it for things like buying gas to get my child to school, and to get to doctor appointments, and to supplement food because SNAP is not enough and it keeps getting reduced...

Another issue I have is that SNAP says it overpaid last year, but it did not consider ANY medical expenses so I do not believe that is correct. At this point I feel that I am being

discriminated against by KyNect because I am disabled and under age 65.

In addition to the waiver problems, how can I get the KTAP amount corrected, and how can I have the previous SNAP overpayment notice that I believe was incorrect to be re-analyzed? I cannot go sit in an office for hours due to my health conditions, nor can I be on hold for hours.

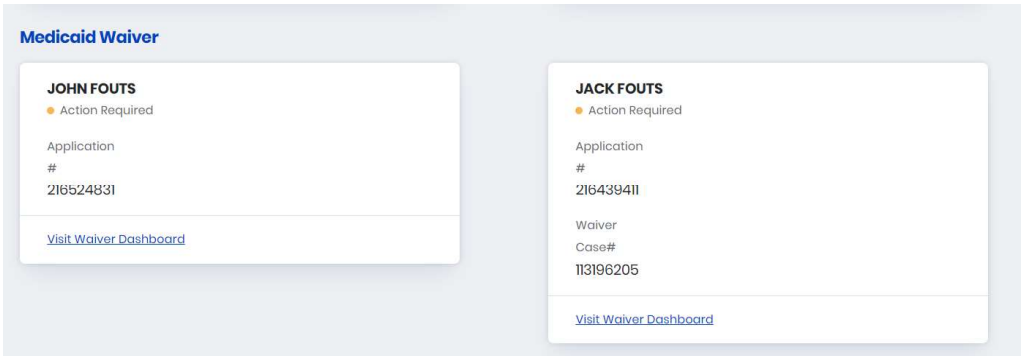
--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Medicaid Waiver Question Follow - Up - 2023-08-08 - So you cannot see these applications?
Date: Tuesday, August 8, 2023 3:58:20 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image.png](#)



Both are listed as action required now - but I was not ever notified of any action being required after I submitted them...

Mine is stating that it needs to have an updated map-10 form with ICD-10 code listed. I wrote to my doctor again just now.

I see Jackie's doctor didn't write icd-10 apparently either, so I wrote to Dr. Mahajan about that as well...

If you can, however, please confirm you can see the applications since you stated you did not see anything in the system for us???

Also - please confirm how long the current wait time/list is for the Michelle P. Waiver as Jackie was already added to the waitlist but there is no information about timeframe etc...

John

On Tue, Aug 8, 2023 at 8:18 AM Cline, Maddison (CHFS DMS DCA)
<Maddison.Cline@ky.gov> wrote:

I do not see a Waiver application for you. I only see the Medicaid application.

We have agencies throughout the state that can assist with submitting the Waiver

application. If you provide the county you live in, I can give you the appropriate contact information.



CABINET FOR HEALTH
AND FAMILY SERVICES



Maddison Cline

Medicare/Medicaid Specialist II

Department for Medicaid Services

Kentucky Cabinet for Health and Family Services

275 E. Main Street 6W-B

Frankfort, Kentucky 40621

(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>

Sent: Monday, August 7, 2023 6:12 PM

To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>

Subject: Is the system down? Is the notice received regarding Medicaid waiver for me or my child?

Hi Maddison.

A while back, I completed the medicaid waiver application for both me and my child. I got a notice from kynect that I had a notice, but I have not been able to log in for many days at this point in time...all I get is an error page...

Can you let me know if the notice is regarding the medicaid waiver program? Other??

I would greatly appreciate it.

Also I wondered how long of a time I can expect the medicaid waiver process to take, please.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

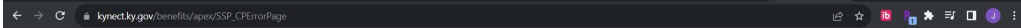
John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Is the system down? Is the notice received regarding Medicaid waiver for me or my child?
Date: Monday, August 7, 2023 6:12:00 PM
Attachments: [image.png](#)

Hi Maddison.

A while back, I completed the medicaid waiver application for both me and my child. I got a notice from kynect that I had a notice, but I have not been able to log in for many days at this point in time...all I get is an error page...



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Can you let me know if the notice is regarding the medicaid waiver program? Other??

I would greatly appreciate it.

Also I wondered how long of a time I can expect the medicaid waiver process to take, please.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](mailto:John.Fouts)
To: brittany@farnsworthortho.com
Subject: Re: Retainer inquiry -- Please See Response -- Need To Know Name of Manufacturer of Invisible Aligners
Date: Thursday, July 20, 2023 12:34:33 PM

I am not on vacation.... my mother invited me to go to a conference that she has a speaking engagement with... I didn't have any money to come here....I have had no money to go on vacation for a very very very long time...

I wish it were my vacation...I am in the room eating cheerios and almond milk that I brought from home that I bought with food stamps -- so I don't really appreciate the tone that you had there or the assumptions that were made...

I would have absolutely no way to be here....

Since the chronic health problems I have are going to lead to a much shorter life, likely, due to the many complications surrounding them, my mom and dad brought me out here so I could have an experience.

They are both living on retired income though and have little money also...

All I have is money for food stamps....I am going to see if someone else can make the retainer for me after that comment made by you and the invalid assumption that was made...

I have no idea where to turn though for that - so I need to know the name of the company that made the aligners to begin with please....so I can contact them to find a different vendor who will not be so insulting or rude.

I don't know how to explain to you in any other words that I have no income.... there are many months I cannot even come up with 5 extra dollars - so let alone 25.....

My mom is the president of Delta Kappa Gamma - and her expenses are paid for that are related - for a further explanation although that should also not be necessary....

Just because my parents are not disabled does not mean that I am not disabled....

just because my parents are able to collect retirement payments does not mean that I am able to have money.... They do not share resources with me.... I am my own separate household that is living in their residential structure at home because otherwise I would be on the street with my child....homeless....and they have made it clear that we are not welcome to be there.....

As you likely know - to get snap benefits or medicaid at all - you must verify that you have no income from a party not related to you and outside of your household and I have had to do this several times....so there have been several verifications of \$0 income on file through DCBS and CHFS....

Frankly, I would like a sincere apology from your office for that statement you made in this email...

John

On Thu, Jul 20, 2023 at 8:18 AM brittany@farnsworthortho.com
<brittany@farnsworthortho.com> wrote:

Hi john,

I am sorry that you are going through this tough time. I did see that you are on vacation, is there a way you can save the spending money for vacation to help with your eating needs?

I can talk with the doctor about the payments you would like to make. She is out of the office today but I will get back to you on Monday.

Also, I know on note you would like 4 payments but thought it would be easier for the \$25 payments for easy math.

Thank You!

Brittany Numbers
Treatment Coordinator

Amy B Farnsworth, DMD
2700 Bardstown Road
Louisville, KY 40205
502.452.2116 Fax 502.452.1688

From: "John Fouts" <fouts.john@gmail.com>
Sent: Wednesday, July 19, 2023 8:19 PM
To: brittany@farnsworthortho.com
Subject: Re: Retainer inquiry

Because the only income I have is from extreme couponing (out of necessity) and using the Ibotta app to get cash rebates from buying food that matches with the food stamp allowance that I get (which isn't enough), and because an extra \$5 could mean the difference between me and my child possibly eating or not...or getting to a doctor appointment, I'd like to respectfully request that it be stretched out to 4 payments - please. \$20 / \$20 / \$20 / \$15. Will this be possible? This is what I asked about on the phone.

John

On Mon, Jul 17, 2023 at 9:37?AM brittany@farnsworthortho.com <brittany@farnsworthortho.com> wrote:

Hi John,

I got a note that you would like to make payments for the new retainer. The cost is \$75 for the replacement of the new retainer and we can take 3 payments of \$25.

If you have any questions or concerns please reach out.

Thank you!

Brittany Numbers
Treatment Coordinator

Amy B Farnsworth, DMD
2700 Bardstown Road
Louisville, KY 40205
502.452.2116 Fax 502.452.1688

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: KTAP has been approved but says it will start in August - can it please be started retro as of July 1? I have no income...
Date: Wednesday, July 12, 2023 4:03:46 PM
Attachments: [image.png](#)

I have been trying to get KTAP for a number of months (since February)...finally, it got approved...

It says it will start in August. I have no income.... I need to be able to access KTAP now rather than later. Is it possible, please, and respectfully, to request that it start July 1 instead of in August?

I have no way to take my child to doctor appointments (no gas), no way to buy things like toilet paper or toothpaste, etc...many unmet needs...

KTAP

JOHN R FOUTS, JACK FOUTS
● Approved

Benefit Period	Allotment	
06/28/2023 - 05/31/2024	August \$450	September \$450

It also says benefit period June 28 through May 31st....shouldn't I get KTAP for July??

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: Medicaid Waiver Application Questions
Date: Wednesday, July 12, 2023 10:09:29 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

I selected legal guardian because, I, as a parent, am a legal guardian...on my child's application...should I not do that? Thank you for the clarification on the map-10 that was marked invalid for me....I wish this whole process were easier...

On Wed, Jul 12, 2023 at 9:59 AM Cline, Maddison (CHFS DMS DCA)
<Maddison.Cline@ky.gov> wrote:

Good morning,

I apologize for the delayed response, I was out of office yesterday.

For your son's application:

Do you have legal guardianship paperwork? Or are you selecting yes because you are the guardian since you are the parent?

For your application:

The MAP-10 was marked as invalid since it does not have ICD-10 codes listed. The doctor will need to add those to the MAP-10, initial and date the changes, and then it will need to be resubmitted.

You will need to contact DCBS to make sure they have everything needed for the KTAP application. 855-306-8959.

Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

Kentucky Cabinet for Health and Family Services
275 E. Main Street 6W-B



CABINET FOR HEALTH
AND FAMILY SERVICES



Frankfort, Kentucky 40621
(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>
Sent: Monday, July 10, 2023 10:24 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: Medicaid Waiver Application Questions

Hi there. I have you in my contacts as a person who may be able to help me with these things.

I don't know what is needed for my application (John Fouts). It says Map-10 form - but I submitted the Map-10 form so I don't understand what is needed....

Regarding my child's application - I cannot get past the point of where it says Do you have a legal guardian - and I answer yes....and then the application throws an error that says my child does not have a legal guardian on the medicaid application - but my child does - both me and my ex-wife are legal guardians (my child's parents)....

So I need help with that one too....

Medicaid Waiver

JOHN FOUTS

● Action Required

Application

#

218524831

[Visit Waiver Dashboard](#)

JACK FOUTS

● Not Submitted

Application #

216439411

! Submit your application through Waiver Dashboard

[Continue Application](#)

Finally - I need to make sure that DCBS has everything needed for the KTAP application.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: 1915cwaiverhelpdesk@ky.gov
Subject: Fwd: Medicaid Waiver Application Questions -- Please Help -- 2023-07-10
Date: Monday, July 10, 2023 10:26:38 PM
Attachments: [image.png](#)

----- Forwarded message -----

From: **John Fouts** <fouts.john@gmail.com>
Date: Mon, Jul 10, 2023 at 10:23 PM
Subject: Medicaid Waiver Application Questions
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>

Hi there. I have you in my contacts as a person who may be able to help me with these things.

I don't know what is needed for my application (John Fouts). It says Map-10 form - but I submitted the Map-10 form so I don't understand what is needed....

Regarding my child's application - I cannot get past the point of where it says Do you have a legal guardian - and I answer yes....and then the application throws an error that says my child does not have a legal guardian on the medicaid application - but my child does - both me and my ex-wife are legal guardians (my child's parents)....

So I need help with that one too....

The screenshot shows a 'Medicaid Waiver' dashboard with two application cards. The first card for 'JOHN FOUTS' has a yellow dot and 'Action Required' status, showing application # 216524831 and a 'Visit Waiver Dashboard' link. The second card for 'JACK FOUTS' has a yellow dot and 'Not Submitted' status, showing application # 216439411 and a red error icon with the message 'Submit your application through Waiver Dashboard' and a 'Continue Application' link.

Finally - I need to make sure that DCBS has everything needed for the KTAP application.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: I usually get snap on the 17th if the month...and me and my child NEED food. Why is it delayed until May 23rd?
And why were we not notified?
Date: Friday, June 16, 2023 6:38:25 PM

How do I file an official complaint?

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: I had sent in ALL REQUESTED DOCUMENTS FOR KTAP ON TIME - yet I was denied anyway 1628191
Date: Friday, May 19, 2023 4:34:16 PM
Attachments: [image001.png](#)

The mother, Lindsay, is unwilling to do many things. (e.g. I had to ask over 45 times over a 5 month period, to get a notarized form from her to get Jack's passport renewed).....it is pretty ridiculous... She also is working, but I am not able to work....I have Jackie from 7:30am to 5:30 pm Monday through Friday on her weeks, and I have Jackie from Friday evening on her weeks through Friday afternoon on my weeks. So if I look at total number of hours that is 10 hours per day * 5 days per week on her weeks (50 hours), and 24 hours per day * 7 days per week on my weeks = 168 hours on my weeks. So in total (for a 2 week period....)...I have Jack for 218 out of 336 hours = 65% of the time...sometimes it is more frequent than that.

What can I do since it is unlikely she will sign anything....I have no money to afford an attorney to force a judge to update the custody agreement....

John

On Mon, May 15, 2023 at 8:14 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good morning,

Thank you for contacting the Cabinet for Health and Family Services' Office of the Ombudsman. I have been asked to respond on behalf of the cabinet. The Office of the Ombudsman is an impartial liaison between the public and the Cabinet for Health and Family Services. The Office of the Ombudsman takes complaints and reviews public assistance cases for accuracy. All complaints/reviews are logged into our system for tracking purposes. This office does not have access to take applications, make case changes, or process cases.

I reviewed the case. The Department for Community Based Services (DCBS) needs additional information regarding the 50/50 joint custody agreement. Please have the mother write a statement (date, sign, put her phone number on it) to verify the 50/50 agreement isn't being followed and you have the child and how often you have the child (is it the majority of the time? 60/40, 70/30 etc). Neither parent is eligible for KTAP is there is a true 50/50 joint custody agreement that is being followed. Please discuss with DCBS if you are unable to get a written statement from the mother to check if there are other ways to verify.

Please reach out to DCBS to reapply for KTAP. DCBS can be reached one of the following ways:

- By phone at 1-855-306-8959. The DCBS call service center is open Monday through Friday 8:00 am – 4:30 pm EST, and Saturdays from 9:00 am – 2:00 pm EST, with the exception of state observed holidays.
- In-person at your local office. You can locate the office address at [Local Office Search \(ky.gov\)](#) Local office hours are Monday through Friday, 8:00 am – 4:30 pm local time, with the exception of state observed holidays.

If you feel we can be of any further assistance, please reply to this e-mail, or call 1-800-372-2973, Monday through Friday, 8:00 am - 4:30 pm EST, with the exception of state observed holidays.

Thanks,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact me immediately by reply email and destroy all copies of the original message.

From: John Fouts fouts.john@gmail.com

Sent: Wednesday, May 3, 2023 11:17 PM

To: CHFS Listens CHFS.Listens@ky.gov

Subject: I had sent in ALL REQUESTED DOCUMENTS FOR KTAP ON TIME - yet I was denied anyway

I need you to look into this please. I am tired of having to write about so many errors that have been made with regard to my case.

Please review the KTAP denial that was made in error.

John R. Fouts

Social XXX-XX-9858

John

Phone number is: 502.956.0052. I submitted all documents in time to be processed by the deadline, and can confirm this with fax records that show documents were successfully received at DCBS by the deadline....yet....I was denied anyway....

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: I had sent in ALL REQUESTED DOCUMENTS FOR KTAP ON TIME - yet I was denied anyway
Date: Wednesday, May 3, 2023 11:16:30 PM

I need you to look into this please. I am tired of having to write about so many errors that have been made with regard to my case.

Please review the KTAP denial that was made in error.

John R. Fouts
Social 402179858

John

Phone number is: 502.956.0052. I submitted all documents in time to be processed by the deadline, and can confirm this with fax records that show documents were successfully received at DCBS by the deadline....yet....I was denied anyway....

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Cc: [CHFS Listens](#)
Subject: Re: 1625121sc
Date: Monday, April 10, 2023 3:27:39 PM

PLEASE SEE BELOW IN RED AND LET ME KNOW WHO I CAN CONTACT TO GET THIS STRAIGHTENED OUT: OR IF I SHOULD FIND AN ATTORNEY TO PROCEED WITH LITIGATION AGAINST CHFS.

On Mon, Apr 10, 2023 at 3:04 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good afternoon Mr. Fouts:

I have reviewed your SNAP case. Your SNAP case was reinstated on 04/04/2023. Your SNAP benefit will be on your card on your normal date of 04/17/2023. Your allotted amount is \$516.00. Your issued amount is \$465.00 with a recoupment amount of \$51.00. You are due a SNAP renewal 09/2023.

I APPEALED THE RECOUPMENT AMOUNT, AND HAVE HEARD NOTHING BACK FROM THE USDA YET - THE APPEAL WAS FILED MANY WEEKS AGO. I DID NOT AGREE TO ANY AMOUNT BEING RECOUPED - AS I BELIEVE I AM ACTUALLY OWED BY SNAP RETROACTIVELY - NOT THAT SNAP PROVIDED TOO MUCH AT ANY POINT - MY MEDICAL EXPENSES WERE NOT CONSIDERED - AND SNAP IS NOT ALLOWED, AS A USDA PROGRAM, TO DISCRIMINATE AGAINST DISABLED PEOPLE BASED ON AGE.

The PA Able account has been sent up to FSSB for review. Please be advised that if it declared as a countable resource the resource limit is up to \$9500 so it appears you would be within the resource limit for KTAP. You are due a mid-year review 09/2023.

IT IS NOT ALLOWED, BY FEDERAL LAW, TO BE COUNTED AS AN ASSET - IF KENTUCKY COUNTS IT, I WILL DEFINITELY BE FILING A LAWSUIT.

Your Ktap case denied 04/03/2023 for failure to provide mandatory verifications. The verification for joint custody and the bank accounts for yourself and your son were not received for the case.

I PROVIDED ALL OF THIS INFORMATION PREVIOUSLY - I DO NOT UNDERSTAND WHAT THE ISSUE IS - PLEASE REVIEW THE RECORDS ON HAND. THE LAST TIME I SPOKE WITH DCBS WAS MID - LAST WEEK, AND THEY SAID THEY HAD THE CUSTODY AGREEMENT ALREADY, THEY SAID THEY NEEDED A STATEMENT FROM THE ABLE ACCOUNT WITH MY NAME ON IT SHOWING ME AS THE CUSTODIAN OF THE ACCOUNT FOR JACK - AND I SENT THAT IN AS WELL - AND VERIFIED THEY WERE RECEIVED - I ALSO SENT AN ENTIRE COPY OF MY BANKRUPTCY FILING AND

SCHEDULES AND DISCHARGE FROM DECEMBER 2022 SHOWING THE AMEX CREDIT CARD ACCOUNT THAT WAS MISLABELED AS A TRAVEL/EXPENSE ACCOUNT BY DCBS WAS PART OF THE BANKRUPTCY PROCEEDING, AND THAT THE DEBT WAS DISCHARGED BY THE US BANKRUPTCY COURT - IT IS AGAINST THE LAW FOR YOU TO CONSIDER A DEBT AS AN ASSET AND ONE THAT WAS PART OF A BANKRUPTCY AT THAT - SHALL I HAVE MY BANKRUPTCY ATTORNEY CONTACT YOU?

You will need to reapply for KTAP. You can contact DCBS at 1-855-306-8959 to complete KTAP application. Call services is open Monday – Friday 8:00 am – 4:30 pm, Eastern Time, and Saturdays from 9:00 am – 2:00 pm.

NO - IF YOU ARE STATING I NEED TO REAPPLY - WHEN I COMPLETED ALL STEPS AS REQUESTED - AND VERIFIED ALL THINGS WERE RECEIVED - AND THE CALLS WERE RECORDED - I DO NOT HAVE THE ABILITY TO DO SO - I AM DISABLED - YOU ARE DISCRIMINATING AGAINST A DISABLED PERSON AND THAT TOO IS AGAINST THE LAW.

Additional verification will be needed by DCBS on joint custody of your son. Due to the court documents stating you and Lindsey share custody DCBS must have something from child's mother to verify child is primarily with you. I would suggest a written statement from the child's mother along with her telephone number in case they have any questions.

JACK'S MOTHER WAS JUST RELEASED FROM THE MENTAL HEALTH HOSPITAL AGAIN AND IS NOW PARTICIPATING IN AN INPATIENT PROGRAM THROUGH THE BROOK AT DUPONT. I CAN GET HER TO SIGN A DOCUMENT STATING THAT JACK IS WITH ME FROM 7:30 AM TO 5:30 PM ON HER WEEKS MONDAY THROUGH FRIDAY AND THAT JACK IS WITH ME 100% OF THE TIME ON MY WEEKS. THAT IS NOT AN ISSUE. I DID NOT KNOW THAT AN ADDITIONAL DOCUMENT WAS NEEDED. LINDSAY IS ALSO WORKING, WHEREAS, I AM UNABLE TO WORK DUE TO DISABILITY - BUT I AM NOT RECEIVING ANY DISABILITY BENEFITS BECAUSE SSDI IS A VERY MESSED UP AND BROKEN SYSTEM.

Please let me know if we can be of any further assistance.

WHO IS THE APPROPRIATE LEGAL CONTACT WITHIN YOUR ORGANIZATION?

Thank you and have a good day,

I CANNOT HAVE A GOOD DAY WHEN I AM BEING VERY CLEARLY DISCRIMINATED AGAINST DUE TO HAVING DISABILITIES AND DUE TO CHRONIC ILLNESSES WHICH ARE BEYOND MY CONTROL.

I PREVIOUSLY ASKED FOR HELP FILLING THINGS OUT AND GETTING EVERYTHING NEEDED, AND YOU ARE REQUIRED, AS AN OFFICE, BY LAW TO PROVIDE ME WITH ASSISTANCE, AS PART OF THE AMERICANS WITH DISABILITIES ACT, BUT I HAVE NOT RECEIVED ANY ASSISTANCE, OR EVEN A PHONE CALL WITH REGARD TO MY REQUEST.

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.LISTENS@KY.GOV

From: John Fouts <fouts.john@gmail.com>

Sent: Friday, April 7, 2023 12:42 PM

To: CHFS Listens <CHFS.Listens@ky.gov>

Subject: Re: Case: 1622619 -- Fwd: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account -- Following up 4/7/2023 (originally wrote 3/23/2023)....need assistance URGENTLY....

I believe I was speaking with a woman named Stephanie about this issue previously.

I reached out to DCBS to touch base and they said they were sending it up the ladder (just as you had noted last week)... I need benefits ASAP....I have NOTHING....I have no way to have gas money to go to critical doctors appointments or have labs drawn.....my child needs clothing....etc....I need clothing....I've not been able to find any resources in the community that can assist us even with the list provided previously....so I am now reliant upon KTAP/TANF.....also have an issue with SNAP apparently....

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7 CFR § 273.8 - Resource eligibility standards

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1. [LII](#)
2. [Electronic Code of Federal Regulations \(e-CFR\)](#)
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7. [PART 273 - CERTIFICATION OF ELIGIBLE HOUSEHOLDS](#)
8. [Subpart D - Eligibility and Benefit Levels](#)
9. **§ 273.8 Resource eligibility standards.**

7 CFR § 273.8 - Resource eligibility standards.

- [CFR](#)

-
- [Table of Popular Names](#)
 - [State Regulations](#)
-

prev | [next](#)

§ 273.8 Resource eligibility standards.

(a) **Uniform standards.** The [State agency](#) shall apply the uniform national resource standards of eligibility to all [applicant](#) households, including those households in which members are recipients of federally aided public assistance, general assistance, or supplemental security income. Households which are categorically eligible as defined in [§ 273.2\(j\)\(2\)](#) or [273.2\(j\)\(4\)](#) do not have to meet the resource limits or definitions in this section.

(b) **Maximum allowable financial resources.** The maximum allowable liquid and non-liquid financial resources of all members of a household without members who are elderly or have a disability shall not exceed \$2,000, as adjusted for inflation in accordance with paragraph (b)(1) and (b)(2) of this section. For households including one or more member who is elderly or has a disability, such financial resources shall not exceed \$3,000, as adjusted for inflation in accordance with paragraph (b)(1) and (b)(2) of this section.

(1) Beginning October 1, 2008, and each October 1 thereafter, the maximum allowable financial resources shall be adjusted and rounded down to the nearest \$250 to reflect changes in the Consumer Price Index for the All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor (for the 12-month period ending the preceding June).

(2) Each [adjustment](#) shall be based on the unrounded amount for the prior 12-month period.

(c) **Definition of resources.** In determining the resources of a household, the following shall be included and documented by the [State agency](#) in sufficient detail to [permit](#) verification:

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(2) Nonliquid resources, personal property, licensed and unlicensed vehicles, buildings, land, recreational properties, and any other property, provided that these resources are not specifically excluded under [paragraph \(e\)](#) of this section. The value of nonexempt resources, except for licensed vehicles as specified in [paragraph \(f\)](#) of this section, shall be its equity value. The equity value is the fair market value less encumbrances.

(3) For a household containing a sponsored alien, the [State agency](#) must deem the resources of the sponsor and the sponsor's spouse in accordance with [§ 273.4\(c\)\(2\)](#).

(d) **Jointly owned resources.** Resources owned jointly by separate households shall be considered available in their entirety to each household, unless it can be demonstrated by the [applicant](#) household that such resources are inaccessible to that household. If the household can demonstrate that it has access to only a portion of the resource, the value of that portion of the resource shall be counted toward the household's resource level. The resource shall be

considered totally inaccessible to the household if the resource cannot practically be subdivided and the household's access to the value of the resource is dependent on the agreement of a joint [owner](#) who refuses to comply. For the purpose of this provision, ineligible aliens or disqualified individuals residing with the household shall be considered household members. Resources shall be considered inaccessible to [persons](#) residing in shelters for battered women and children, as defined in [§ 271.2](#), if

(1) The resources are jointly owned by such [persons](#) and by members of their former household; and

(2) The shelter resident's access to the value of the resources is dependent on the agreement of a joint [owner](#) who still resides in the former household.

(e) **Exclusions from resources.** In determining the resources of a household, only the following shall be excluded:

(1) The home and surrounding property which is not separated from the home by intervening property owned by others. Public rights of way, such as roads which run through the surrounding property and separate it from the home, will not affect the exemption of the property. The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by casualty or natural disaster, if the household intends to return. Households that currently do not own a home, but own or are purchasing a [lot](#) on which they intend to build or are building a permanent home, shall receive an exclusion for the value of the [lot](#) and, if it is partially completed, for the home.

(2) Household goods, personal effects, the cash value of life insurance policies, one burial plot per household member, and the value of one funeral agreement per household member. The cash value of pension plans or funds shall be excluded. The following retirement accounts shall be excluded:

(i) Funds in a plan, [contract](#), or account that meets the requirements that is described in one of the following sections of the [Internal Revenue Code of 1986](#):

(A) Section 401(a), which includes funds commonly known as “tax qualified retirement plans,” including “401(k) plans”;

(B) Section 403(a), which includes funds that are similar to 401(a) plans but are funded through annuity contracts;

(C) Section 403(b), which includes tax-sheltered annuities, custodial accounts, and retirement income accounts retirement plans for some employees of public schools and tax exempt organizations;

(D) Section 408, which includes traditional Individual Retirement Accounts and traditional Individual Retirement Annuities (IRAs);

(E) Section 408A, which includes plans commonly known as “Roth IRAs” (including the “myRA”);

(F) Section 457(b), which includes plans commonly known as “eligible deferred compensation plans” for employees of [state](#) or local government or tax-exempt entities; or

- (G) Section 501(c)(18), which includes plans funded by employee contributions.
 - (ii) Funds in a Section 529A, which includes funds in a qualified ABLE [program](#).
 - (iii) Funds in the Federal Thrift Savings Fund within the meaning of that term as used in section 7701(j) of the [Internal Revenue Code of 1986](#). as defined by [5 U.S.C. 8439](#).
 - (iv) Any other retirement plan or arrangement that is designated as tax-exempt under a [successor](#) or similar provision of the [Internal Revenue Code of 1986](#).
 - (iv) Any other retirement account determined by FNS to be appropriate for exclusion.
- (3)
- (i) Licensed vehicles that meet the following conditions:
 - (A) Used for income-producing purposes such as, but not limited to, a taxi, truck, or fishing boat, or a vehicle used for deliveries, to call on clients or customers, or required by the terms of employment. Licensed vehicles that have previously been used by a self-employed household member engaged in farming but are no longer used in farming because the household member has terminated his/her self-employment from farming must continue to be excluded as a resource for one year from the date the household member terminated his/her self-employment farming;
 - (B) Annually producing income consistent with its fair market value, even if used only on a seasonal basis;
 - (C) Necessary for long-distance travel, other than daily commuting, that is essential to the employment of a household member (or ineligible alien or disqualified [person](#) whose resources are being considered available to the household) - for example, the vehicle of a traveling sales [person](#) or a migrant farm worker following the work stream;
 - (D) Used as the household's home and, therefore, excluded under [paragraph \(e\)\(1\)](#) of this section;
 - (E) Necessary to transport a physically disabled household member (or physically disabled ineligible alien or physically disabled disqualified [person](#) whose resources are being considered available to the household) regardless of the purpose of such transportation (limited to one vehicle per physically disabled household member). The vehicle need not have special equipment or be used primarily by or for the transportation of the physically disabled household member; or
 - (F) Necessary to carry fuel for heating or water for home use when the transported fuel or water is anticipated to be the primary source of fuel or water for the household during the certification period. Households must receive this resource exclusion without having to meet any additional tests concerning the nature, capabilities, or other uses of the vehicle. Households must not be required to furnish documentation, as mandated by [§ 273.2\(f\)\(4\)](#), unless the exclusion of the vehicle is questionable. If the basis for exclusion of the vehicle is questionable, the [State agency](#) may require documentation from the household, in accordance with [§ 273.2\(f\)\(4\)](#).
 - (G) The value of the vehicle is inaccessible, in accordance with [paragraph \(e\)\(18\)](#) of this section, because its sale would produce an estimated return of not more than

\$1,500.

(ii) On those Indian reservations that do not require vehicles driven by tribal members to be licensed, such vehicles must be treated as licensed vehicles for the purpose of this exclusion.

(iii) The exclusions in paragraphs (e)(3)(i)(A) through (e)(3)(i)(C) of this section will apply when the vehicle is not in use because of temporary unemployment, such as when a taxi driver is ill and cannot work, or when a fishing boat is frozen in and cannot be used.

(4) Property which annually produces income consistent with its fair market value, even if only used on a seasonal basis. Such property shall include rental homes and vacation homes.

(5) Property, such as farm land or work related equipment, such as the tools of a tradesman or the machinery of a farmer, which is essential to the employment or self-employment of a household member. Property essential to the self-employment of a household member engaged in farming shall continue to be excluded for one year from the date the household member terminates his/her self-employment from farming.

(6) Installment [contracts](#) for the sale of land or buildings if the [contract](#) or agreement is producing income consistent with its fair market value. The exclusion shall also apply to the value of the property sold under the installment [contract](#), or held as security in exchange for a purchase price consistent with the fair market value of that property.

(7) Any governmental payments which are designated for the restoration of a home damaged in a disaster, if the household is subject to a legal sanction if the funds are not used as intended; for example, payments made by the Department of Housing and Urban Development through the individual and family grant [program](#) or disaster loans or grants made by the Small Business Administration.

(8) Resources having a cash value which is not accessible to the household, such as but not limited to, irrevocable trust funds, security deposits on rental property or utilities, property in probate, and real property which the household is making a good faith effort to sell at a reasonable price and which has not been sold. The [State agency](#) may verify that the property is for sale and that the household has not declined a reasonable offer. Verification may be obtained through a collateral contact or documentation, such as an advertisement for public sale in a newspaper of general circulation or a listing with a real estate broker. Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:

(i) The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;

(ii) The trustee administering the funds is either:

(A) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member, or **(B)** an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of this paragraph;

(iii) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and

(iv) The funds held in irrevocable trust are either:

(A) Established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust, or (B) established from non-household funds by a nonhousehold member.

(9) Resources, such as those of students or self-employed persons, which have been prorated as income. The treatment of student income is explained in § 273.10(c) and the treatment of self-employment income is explained in § 273.11(a).

(10) Indian lands held jointly with the Tribe, or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs; and

(11) Resources which are excluded for SNAP purposes by express provision of Federal statute.

(12) Earned income tax credits shall be excluded as follows:

(i) A Federal earned income tax credit received either as a lump sum or as payments under section 3507 of the Internal Revenue Code for the month of receipt and the following month for the individual and that individual's spouse.

(ii) Any Federal, State or local earned income tax credit received by any household member shall be excluded for 12 months, provided the household was participating in SNAP at the time of receipt of the earned income tax credit and provided the household participates continuously during that 12-month period. Breaks in participation of one month or less due to administrative reasons, such as delayed recertification or missing or late monthly reports, shall not be considered as nonparticipation in determining the 12-month exclusion.

(13) Where an exclusion applies because of use of a resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an ineligible alien or disqualified person whose resources are being counted as part of the household's resources. For example, work related equipment essential to the employment of an ineligible alien or disqualified person shall be excluded (in accordance with paragraph (e)(5) of this section), as shall one burial plot per ineligible alien or disqualified household member (in accordance with paragraph (e)(2) of this section).

(14) Energy assistance payments or allowances excluded as income under § 273.9(c)(11).

(15) Non-liquid asset(s) against which a lien has been placed as a result of taking out a business loan and the household is prohibited by the security or lien agreement with the lien holder (creditor) from selling the asset(s).

(16) Property, real or personal, to the extent that it is directly related to the maintenance or use of a vehicle excluded under paragraphs (e)(3)(i)(A), (e)(3)(i)(B) or (e)(3)(i)(C) of this section. Only that portion of real property determined necessary for maintenance or use is excludable under this provision. For example, a household which owns a produce truck to earn its livelihood may be prohibited from parking the truck in a residential area. The household may own a 100-acre field and use a quarter-acre of the field to park and/or service the truck. Only the value of the quarter-acre would be excludable under this provision, not the entire 100-acre field.

(17) The resources of a household member who receives SSI or PA benefits. A household member is considered a recipient of these benefits if the benefits have been authorized but not received, if the benefits are suspended or recouped, or if the benefits are not paid because they are less than a minimum amount. For purposes of this paragraph (e)(17), if an individual receives non-cash or in-kind [services](#) from a [program](#) specified in §§ [273.2\(j\)\(2\)\(i\)\(B\)](#), [273.2\(j\)\(2\)\(i\)\(C\)](#), [273.2\(j\)\(2\)\(ii\)\(A\)](#), or [273.2\(j\)\(2\)\(ii\)\(B\)](#), the [State agency](#) must determine whether the individual or the household benefits from the assistance provided, in accordance with § [273.2\(j\)\(2\)\(iii\)](#). Individuals entitled to Medicaid benefits only are not considered recipients of SSI or PA.

(18) The [State agency](#) must develop clear and uniform standards for identifying kinds of resources that, as a practical matter, the household is unable to sell for any significant return because the household's interest is relatively slight or the costs of selling the household's interest would be relatively great. The [State agency](#) must so identify a resource if its sale or other disposition is unlikely to produce any significant amount of funds for the support of the household or the cost of selling the resource would be relatively great. This provision does not apply to financial instruments such as stocks, bonds, and negotiable financial instruments. The determination of whether any part of the value of a vehicle is included as a resource must be made in accordance with the provisions of paragraphs (e)(3) and (f) of this section. The [State agency](#) may require verification of the value of a resource to be excluded if the information provided by the household is questionable. The [State agencies](#) must use the following definitions in developing these standards:

- (i) “Significant return” means any return, after estimating costs of sale or disposition, and taking into account the [ownership interest](#) of the household, that the [State agency](#) determines are more than \$1,500; and
- (ii) “Any significant amount of funds” means funds amounting to more than \$1,500.

(19) At [State agency](#) option, any resources that the [State agency](#) excludes when determining eligibility or benefits for TANF cash assistance, as defined by [45 CFR 260.31](#) (a)(1) and (a)(2), or medical assistance under Section 1931 of the SSA. Resource exclusions under TANF and Section 1931 [programs](#) that do not evaluate the financial circumstances of adults in the household and [programs](#) grandfathered under Section 404(a)(2) of the SSA shall not be excluded under this paragraph (e)(19). Additionally, licensed vehicles not excluded under Section 5(g)(2)(C) or (D) of the [Food and Nutrition Act of 2008](#), as amended ([7 U.S.C. 2014\(g\)\(2\)\(C\)](#) or (D)), cash on hand, amounts in any account in a financial institution that are readily available to the household including money in checking or savings accounts, savings certificates, stocks, or bonds shall also not be excluded. The term “readily available” applies to resources that the [owner](#) can simply withdraw from a financial institution. [State agencies](#) may exclude deposits in individual development accounts (IDAs).

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[Message clipped] [View entire message](#)

----- Forwarded message -----
From: <pa.clientservice@savewithable.com>

Date: Thu, Mar 23, 2023 at 8:09 AM
Subject: RE: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account
To: <fouts.john@gmail.com>

Please see the resource links below:

<https://www.fns.usda.gov/snap/treatment-able-accounts-determining-snap-eligibility>

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17002.pdf>

Please see the Pennsylvania ABLE Program Disclosure Statement for the official rules of Pennsylvania ABLE.

For more information about Pennsylvania ABLE, please visit our website at pa.savewithable.com. You can also contact us at (855)-529-2253 any business day from 8:00 AM to 5:00 PM EST. A Pennsylvania ABLE representative will be pleased to assist you.

Sincerely,

Pennsylvania ABLE

Client Services

From: fouts.john@gmail.com
Sent: Wed Mar 22 2023 22:37:29 GMT-0400 (Eastern Daylight Time)
To: info@paable.gov
Subject: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account

My child, Jack Fouts, has a PA Able account. I am my child's father (John Fouts). Kentucky has required information on the balance of the PA Able Account to Make Determination about TANF which is called KTAP here, on SNAP, and on Medicaid. I know it is against the law for them to consider the Able Account in terms of that, but I need to refer them to any/all legal federal and state documents that point to this.

Can you help please?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

Disclaimer

CONFIDENTIALITY NOTICE: This message, including attachments, is intended to be viewed only by the addressee. It may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. No confidentiality or privilege is lost by any transmission error. This message may contain personal data that is subject to data privacy regulations, including the Gramm-Leach-Bliley Act and/or the Health Insurance Portability and Accountability Act. You may not directly or indirectly reuse or disclose such information for any purpose except as permitted by law or contract. Any dissemination, distribution or copying of this message is strictly prohibited without our prior written permission. If you are not an intended recipient, or if you have received this message in error, please notify us immediately by return e-mail and permanently remove the original message and any copies from your computer and all back-up systems.

This email has been scanned for viruses and malware

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John R. Fouts, MBA

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From: John Fouts
To: CHFS.Listens@ky.gov
Subject: Re: Case: 1622619 -- Fwd: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account -- Following up 4/7/2023 (originally wrote 3/23/2023)....need assistance URGENTLY....
Date: Friday, April 7, 2023 12:41:30 PM

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[Subtitle B - Regulations of the Department of Agriculture](#)
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[SUBCHAPTER C - SUPPLEMENTAL NUTRITION ASSISTANCE AND FOOD DISTRIBUTION PROGRAM](#)
[PART 273 - CERTIFICATION OF ELIGIBLE HOUSEHOLDS](#)
[Subpart D - Eligibility and Benefit Levels](#) **§ 273.8 Resource eligibility standards.**

7 CFR § 273.8 - Resource eligibility standards.

[CFR](#)

[Table of Popular Names](#)

[State Regulations](#)

prev | [next](#)

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(b) **Maximum allowable financial resources.** The maximum allowable liquid and non-liquid financial resources of all members of a household without members who are elderly or have a disability shall not exceed \$2,000, as adjusted for inflation in accordance with paragraph (b)(1) and (b)(2) of this section. For households including one or more member who is elderly or has a disability, such financial resources shall not exceed \$3,000, as adjusted for inflation in accordance with paragraph (b)(1) and (b)(2) of this section.

(1) Beginning October 1, 2008, and each October 1 thereafter, the maximum allowable financial resources shall be adjusted and rounded down to the nearest \$250 to reflect changes in the Consumer Price Index for the All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor (for the 12-month period ending the preceding June).

(2) Each [adjustment](#) shall be based on the unrounded amount for the prior 12-month period.

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(1) The resources are jointly owned by such [persons](#) and by members of their former household; and

(2) The shelter resident's access to the value of the resources is dependent on the agreement of a joint [owner](#) who still resides in the former household.

(e) **Exclusions from resources.** In determining the resources of a household, only the following shall be excluded:

(1) The home and surrounding property which is not separated from the home by intervening property owned by others. Public rights of way, such as roads which run through the surrounding property and separate it from the home, will not affect the exemption of the property. The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by casualty or natural disaster, if the household intends to return. Households that

currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, shall receive an exclusion for the value of the lot and, if it is partially completed, for the home.

(2) Household goods, personal effects, the cash value of life insurance policies, one burial plot per household member, and the value of one funeral agreement per household member. The cash value of pension plans or funds shall be excluded. The following retirement accounts shall be excluded:

(i) Funds in a plan, contract, or account that meets the requirements that is described in one of the following sections of the Internal Revenue Code of 1986:

(A) Section 401(a), which includes funds commonly known as “tax qualified retirement plans,” including “401(k) plans”;

(B) Section 403(a), which includes funds that are similar to 401(a) plans but are funded through annuity contracts;

(C) Section 403(b), which includes tax-sheltered annuities, custodial accounts, and retirement income accounts retirement plans for some employees of public schools and tax exempt organizations;

(D) Section 408, which includes traditional Individual Retirement Accounts and traditional Individual Retirement Annuities (IRAs);

(E) Section 408A, which includes plans commonly known as “Roth IRAs” (including the “myRA”);

(F) Section 457(b), which includes plans commonly known as “eligible deferred compensation plans” for employees of state or local government or tax-exempt entities; or

(G) Section 501(c)(18), which includes plans funded by employee contributions.

(ii) Funds in a Section 529A, which includes funds in a qualified ABLE program.

(iii) Funds in the Federal Thrift Savings Fund within the meaning of that term as used in section 7701(j) of the Internal Revenue Code of 1986, as defined by 5 U.S.C. 8439.

(iv) Any other retirement plan or arrangement that is designated as tax-exempt under a successor or similar provision of the Internal Revenue Code of 1986.

(iv) Any other retirement account determined by FNS to be appropriate for exclusion.

(3)

(i) Licensed vehicles that meet the following conditions:

(A) Used for income-producing purposes such as, but not limited to, a taxi, truck, or fishing boat, or a vehicle used for deliveries, to call on clients or customers, or required by the terms of employment. Licensed vehicles that have previously been used by a self-employed household member engaged in farming but are no longer used in farming because the household member has terminated his/her self-employment from farming must continue to be excluded as a resource for one year from the date the household member terminated his/her self-employment farming;

(B) Annually producing income consistent with its fair market value, even if used only on a seasonal basis;

(C) Necessary for long-distance travel, other than daily commuting, that is essential to the employment of a household member (or ineligible alien or disqualified person whose resources are being considered available to the household) - for example, the vehicle of a traveling sales person or a migrant farm worker following the work stream;

(D) Used as the household's home and, therefore, excluded under paragraph (e)(1) of this section;

(E) Necessary to transport a physically disabled household member (or physically disabled ineligible alien or physically disabled disqualified person whose resources are being considered available to the household) regardless of the purpose of such transportation (limited to one vehicle per physically disabled household member). The vehicle need not have special equipment or be used primarily by or for the transportation of the physically disabled household member; or

(F) Necessary to carry fuel for heating or water for home use when the transported fuel or water is anticipated to be the primary source of fuel or water for the household during the certification period. Households must receive this resource exclusion without having to meet any additional tests concerning the nature, capabilities, or other uses of the vehicle. Households must not be required to furnish documentation, as mandated by § 273.2(f)(4), unless the exclusion of the vehicle is questionable. If the basis for exclusion of the vehicle is questionable, the State agency may require documentation from the household, in accordance with § 273.2(f)(4).

(G) The value of the vehicle is inaccessible, in accordance with paragraph (e)(18) of this section, because its sale would produce an estimated return of not more than \$1,500.

(ii) On those Indian reservations that do not require vehicles driven by tribal members to be licensed, such vehicles must be treated as licensed vehicles for the purpose of this exclusion.

(iii) The exclusions in paragraphs (e)(3)(i)(A) through (e)(3)(i)(C) of this section will apply when the vehicle is not in use because of temporary unemployment, such as when a taxi driver is ill and cannot work, or when a fishing boat is frozen in and cannot be used.

- (4) Property which annually produces income consistent with its fair market value, even if only used on a seasonal basis. Such property shall include rental homes and vacation homes.
- (5) Property, such as farm land or work related equipment, such as the tools of a tradesman or the machinery of a farmer, which is essential to the employment or self-employment of a household member. Property essential to the self-employment of a household member engaged in farming shall continue to be excluded for one year from the date the household member terminates his/her self-employment from farming.
- (6) Installment [contracts](#) for the sale of land or buildings if the [contract](#) or agreement is producing income consistent with its fair market value. The exclusion shall also apply to the value of the property sold under the installment [contract](#), or held as security in exchange for a purchase price consistent with the fair market value of that property.
- (7) Any governmental payments which are designated for the restoration of a home damaged in a disaster, if the household is subject to a legal sanction if the funds are not used as intended; for example, payments made by the Department of Housing and Urban Development through the individual and family grant [program](#) or disaster loans or grants made by the Small Business Administration.
- (8) Resources having a cash value which is not accessible to the household, such as but not limited to, irrevocable trust funds, security deposits on rental property or utilities, property in probate, and real property which the household is making a good faith effort to sell at a reasonable price and which has not been sold. The [State agency](#) may verify that the property is for sale and that the household has not declined a reasonable offer. Verification may be obtained through a collateral contact or documentation, such as an advertisement for public sale in a newspaper of general circulation or a listing with a real estate broker. Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:
- (i) The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;
 - (ii) The trustee administering the funds is either:
 - (A) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member, or (B) an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of this paragraph;
 - (iii) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and
 - (iv) The funds held in irrevocable trust are either:
 - (A) [Established](#) from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any [person](#) named by the household creating the trust, or (B) [established](#) from non-household funds by a nonhousehold member.
- (9) Resources, such as those of students or self-employed persons, which have been prorated as income. The [treatment](#) of student income is explained in [§ 273.10\(c\)](#) and the [treatment](#) of self-employment income is explained in [§ 273.11\(a\)](#).
- (10) Indian lands held jointly with the Tribe, or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs; and
- (11) Resources which are excluded for SNAP purposes by express provision of Federal statute.
- (12) Earned income tax credits shall be excluded as follows:
- (i) A Federal earned income tax credit received either as a lump sum or as payments under section 3507 of the [Internal Revenue Code](#) for the month of receipt and the following month for the individual and that individual's spouse.
 - (ii) Any Federal, [State](#) or local earned income tax credit received by any household member shall be excluded for 12 months, provided the household was participating in SNAP at the time of receipt of the earned income tax credit and provided the household participates continuously during that 12-month period. Breaks in participation of one month or less due to administrative reasons, such as delayed recertification or missing or late monthly reports, shall not be considered as nonparticipation in determining the 12-month exclusion.
- (13) Where an exclusion applies because of use of a resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an ineligible alien or disqualified [person](#) whose resources are being counted as part of the household's resources. For example, work related equipment essential to the employment of an ineligible alien or disqualified [person](#) shall be excluded (in accordance with [paragraph \(e\) \(5\)](#) of this section), as shall one burial plot per ineligible alien or disqualified household member (in accordance with [paragraph \(e\)\(2\)](#) of this section).
- (14) [Energy assistance payments](#) or allowances excluded as income under [§ 273.9\(c\)\(11\)](#).
- (15) Non-liquid asset(s) against which a lien has been placed as a result of taking out a business loan and the household is prohibited by the security or lien agreement with the lien holder (creditor) from selling the asset(s).
- (16) Property, real or personal, to the extent that it is directly related to the maintenance or use of a vehicle excluded under paragraphs (e)(3)(i)(A), (e)(3)(i)(B) or (e)(3)(i)(C) of this section. Only that portion of real

property determined necessary for maintenance or use is excludable under this provision. For example, a household which owns a produce truck to earn its livelihood may be prohibited from parking the truck in a residential area. The household may own a 100-acre field and use a quarter-acre of the field to park and/or service the truck. Only the value of the quarter-acre would be excludable under this provision, not the entire 100-acre field.

(17) The resources of a household member who receives SSI or PA benefits. A household member is considered a recipient of these benefits if the benefits have been authorized but not received, if the benefits are suspended or recouped, or if the benefits are not paid because they are less than a minimum amount. For purposes of this paragraph (e)(17), if an individual receives non-cash or in-kind services from a program specified in §§ 273.2(i)(2)(i)(B), 273.2(j)(2)(i)(C), 273.2(j)(2)(ii)(A), or 273.2(j)(2)(ii)(B), the State agency must determine whether the individual or the household benefits from the assistance provided, in accordance with § 273.2(i)(2)(iii). Individuals entitled to Medicaid benefits only are not considered recipients of SSI or PA.

(18) The State agency must develop clear and uniform standards for identifying kinds of resources that, as a practical matter, the household is unable to sell for any significant return because the household's interest is relatively slight or the costs of selling the household's interest would be relatively great. The State agency must so identify a resource if its sale or other disposition is unlikely to produce any significant amount of funds for the support of the household or the cost of selling the resource would be relatively great. This provision does not apply to financial instruments such as stocks, bonds, and negotiable financial instruments. The determination of whether any part of the value of a vehicle is included as a resource must be made in accordance with the provisions of paragraphs (e)(3) and (f) of this section. The State agency may require verification of the value of a resource to be excluded if the information provided by the household is questionable. The State agencies must use the following definitions in developing these standards:

- (i) "Significant return" means any return, after estimating costs of sale or disposition, and taking into account the ownership interest of the household, that the State agency determines are more than \$1,500; and
- (ii) "Any significant amount of funds" means funds amounting to more than \$1,500.

(19) At State agency option, any resources that the State agency excludes when determining eligibility or benefits for TANF cash assistance, as defined by 45 CFR 260.31 (a)(1) and (a)(2), or medical assistance under Section 1931 of the SSA. Resource exclusions under TANF and Section 1931 programs that do not evaluate the financial circumstances of adults in the household and programs grandfathered under Section 404(a)(2) of the SSA shall not be excluded under this paragraph (e)(19). Additionally, licensed vehicles not excluded under Section 5(g)(2) (C) or (D) of the Food and Nutrition Act of 2008, as amended (7 U.S.C. 2014(g)(2)(C) or (D)), cash on hand, amounts in any account in a financial institution that are readily available to the household including money in checking or savings accounts, savings certificates, stocks, or bonds shall also not be excluded. The term "readily available" applies to resources that the owner can simply withdraw from a financial institution. State agencies may exclude deposits in individual development accounts (IDAs). A

[Message clipped] [View entire message](#)

----- Forwarded message -----

From: <pa.clientservice@savewithable.com>
Date: Thu, Mar 23, 2023 at 8:09 AM
Subject: RE: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account
To: <fouts.john@gmail.com>

Please see the resource links below:

<https://www.fns.usda.gov/snap/treatment-able-accounts-determining-snap-eligibility>
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17002.pdf>

Please see the Pennsylvania ABLE Program Disclosure Statement for the official rules of Pennsylvania ABLE.

For more information about Pennsylvania ABLE, please visit our website at pa.savewithable.com. You can also contact us at (855)-529-2253 any business day from 8:00 AM to 5:00 PM EST. A Pennsylvania ABLE representative will be pleased to assist you.

Sincerely,
Pennsylvania ABLE
Client Services

From: fouts.john@gmail.com
Sent: Wed Mar 22 2023 22:37:29 GMT-0400 (Eastern Daylight Time)

To: info@paable.gov

Subject: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account

My child, Jack Fouts, has a PA Able account. I am my child's father (John Fouts). Kentucky has required information on the balance of the PA Able Account to Make Determination about TANF which is called KTAP here, on SNAP, and on Medicaid. I know it is against the law for them to consider the Able Account in terms of that, but I need to refer them to any/all legal federal and state documents that point to this.

Can you help please?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

Disclaimer

CONFIDENTIALITY NOTICE: This message, including attachments, is intended to be viewed only by the addressee. It may contain information that is privileged, confidential and/or exempt from disclosure under applicable law. No confidentiality or privilege is lost by any transmission error. This message may contain personal data that is subject to data privacy regulations, including the Gramm-Leach-Bliley Act and/or the Health Insurance Portability and Accountability Act. You may not directly or indirectly reuse or disclose such information for any purpose except as permitted by law or contract. Any dissemination, distribution or copying of this message is strictly prohibited without our prior written permission. If you are not an intended recipient, or if you have received this message in error, please notify us immediately by return e-mail and permanently remove the original message and any copies from your computer and all back-up systems.

This email has been scanned for viruses and malware

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: CHFS.Listens@ky.gov
Subject: Case: 1622619 -- Fwd: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account - Please see information below regarding the PA Able Account (5/3 ABLA Checking Account) that my child Jack has
Date: Thursday, March 23, 2023 4:30:18 PM
Attachments: [2023-03-23-Jack-Fouts-PA-ABLE-Fifth-Third-Checking-Account-Information.pdf](#)

Please see the information below per my call with Stephanie today (2023-03-23):

You can see below from all of this information, that ABLA accounts are not allowed to be used in determining benefits.

I have also attached a snapshot from the 5/3 ABLA Checking account for my child - Jack Fouts.

Here is the part of the Code of Federal Regulations (so FEDERAL LAW) that states that ABLA accounts are not allowed to be counted as assets when determining public program benefits.

7 CFR § 273.8 - Resource eligibility standards

This is the link from Cornell Law
<https://www.law.cornell.edu/cfr/text/7/273.8>

This is the wording:

[LII](#) [Electronic Code of Federal Regulations \(e-CFR\)](#) [Title 7 - Agriculture](#) ...
[Subtitle B - Regulations of the Department of Agriculture](#)
[CHAPTER II - FOOD AND NUTRITION SERVICE, DEPARTMENT OF AGRICULTURE](#)
[SUBCHAPTER C - SUPPLEMENTAL NUTRITION ASSISTANCE AND FOOD DISTRIBUTION PROGRAM](#)
[PART 273 - CERTIFICATION OF ELIGIBLE HOUSEHOLDS](#)
[Subpart D - Eligibility and Benefit Levels](#) **§ 273.8 Resource eligibility standards.**

7 CFR § 273.8 - Resource eligibility standards.

[CFR](#)

[Table of Popular Names](#)

[State Regulations](#)

prev | [next](#)

§ 273.8 Resource eligibility standards.

(a) **Uniform standards.** The [State agency](#) shall apply the uniform national resource standards of eligibility to all [applicant](#) households, including those households in which members are recipients of federally aided public assistance, general assistance, or supplemental security income. Households which are categorically eligible as defined in [§ 273.2\(i\)\(2\)](#) or 273.2(j)(4) do not have to meet the resource limits or definitions in this section.

(b) **Maximum allowable financial resources.** The maximum allowable liquid and non-liquid financial resources of all members of a household without members who are elderly or have a disability shall not exceed \$2,000, as adjusted for inflation in accordance with paragraph (b)(1) and (b)(2) of this section. For households including one or more member who is elderly or has a disability, such financial resources shall not exceed \$3,000, as adjusted for inflation in accordance with paragraph (b)(1) and (b)(2) of this section.

(1) Beginning October 1, 2008, and each October 1 thereafter, the maximum allowable financial resources shall be adjusted and rounded down to the nearest \$250 to reflect changes in the Consumer Price Index for the All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor (for the 12-month period ending the preceding June).

(2) Each [adjustment](#) shall be based on the unrounded amount for the prior 12-month period.

(c) **Definition of resources.** In determining the resources of a household, the following shall be included and documented by the [State agency](#) in sufficient detail to [permit](#) verification:

(1) Liquid resources, such as cash on hand, money in checking and savings accounts, saving certificates, stocks or bonds, and lump sum payments as specified in [§ 273.9\(c\)\(8\)](#); and

(2) Nonliquid resources, personal property, licensed and unlicensed vehicles, buildings, land, recreational properties, and any other property, provided that these resources are not specifically excluded under [paragraph \(e\)](#) of this section. The value of nonexempt resources, except for licensed vehicles as specified in [paragraph \(f\)](#) of this section, shall be its equity value. The equity value is the fair market value less encumbrances.

(3) For a household containing a sponsored alien, the State agency must deem the resources of the sponsor and the sponsor's spouse in accordance with § 273.4(c)(2).

(d) **Jointly owned resources.** Resources owned jointly by separate households shall be considered available in their entirety to each household, unless it can be demonstrated by the applicant household that such resources are inaccessible to that household. If the household can demonstrate that it has access to only a portion of the resource, the value of that portion of the resource shall be counted toward the household's resource level. The resource shall be considered totally inaccessible to the household if the resource cannot practically be subdivided and the household's access to the value of the resource is dependent on the agreement of a joint owner who refuses to comply. For the purpose of this provision, ineligible aliens or disqualified individuals residing with the household shall be considered household members. Resources shall be considered inaccessible to persons residing in shelters for battered women and children, as defined in § 271.2, if

- (1) The resources are jointly owned by such persons and by members of their former household; and
- (2) The shelter resident's access to the value of the resources is dependent on the agreement of a joint owner who still resides in the former household.

(e) **Exclusions from resources.** In determining the resources of a household, only the following shall be excluded:

(1) The home and surrounding property which is not separated from the home by intervening property owned by others. Public rights of way, such as roads which run through the surrounding property and separate it from the home, will not affect the exemption of the property. The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness, or uninhabitability caused by casualty or natural disaster, if the household intends to return. Households that currently do not own a home, but own or are purchasing a lot on which they intend to build or are building a permanent home, shall receive an exclusion for the value of the lot and, if it is partially completed, for the home.

(2) Household goods, personal effects, the cash value of life insurance policies, one burial plot per household member, and the value of one funeral agreement per household member. The cash value of pension plans or funds shall be excluded. The following retirement accounts shall be excluded:

(i) Funds in a plan, contract, or account that meets the requirements that is described in one of the following sections of the Internal Revenue Code of 1986:

(A) Section 401(a), which includes funds commonly known as "tax qualified retirement plans," including "401(k) plans";

(B) Section 403(a), which includes funds that are similar to 401(a) plans but are funded through annuity contracts;

(C) Section 403(b), which includes tax-sheltered annuities, custodial accounts, and retirement income accounts retirement plans for some employees of public schools and tax exempt organizations;

(D) Section 408, which includes traditional Individual Retirement Accounts and traditional Individual Retirement Annuities (IRAs);

(E) Section 408A, which includes plans commonly known as "Roth IRAs" (including the "myRA");

(F) Section 457(b), which includes plans commonly known as "eligible deferred compensation plans" for employees of state or local government or tax-exempt entities; or

(G) Section 501(c)(18), which includes plans funded by employee contributions.

(ii) Funds in a Section 529A, which includes funds in a qualified ABLE program.

(iii) Funds in the Federal Thrift Savings Fund within the meaning of that term as used in section 7701(j) of the Internal Revenue Code of 1986, as defined by 5 U.S.C. 8439.

(iv) Any other retirement plan or arrangement that is designated as tax-exempt under a successor or similar provision of the Internal Revenue Code of 1986.

(iv) Any other retirement account determined by FNS to be appropriate for exclusion.

(3)

(i) Licensed vehicles that meet the following conditions:

(A) Used for income-producing purposes such as, but not limited to, a taxi, truck, or fishing boat, or a vehicle used for deliveries, to call on clients or customers, or required by the terms of employment. Licensed vehicles that have previously been used by a self-employed household member engaged in farming but are no longer used in farming because the household member has terminated his/her self-employment from farming must continue to be excluded as a resource for one year from the date the household member terminated his/her self-employment farming;

(B) Annually producing income consistent with its fair market value, even if used only on a seasonal basis;

(C) Necessary for long-distance travel, other than daily commuting, that is essential to the employment of a household member (or ineligible alien or disqualified person whose resources are being considered available to the household) - for example, the vehicle of a traveling sales person or a migrant farm worker following the work stream;

- (D) Used as the household's home and, therefore, excluded under [paragraph \(e\)\(1\)](#) of this section;
- (E) Necessary to transport a physically disabled household member (or physically disabled ineligible alien or physically disabled disqualified [person](#) whose resources are being considered available to the household) regardless of the purpose of such transportation (limited to one vehicle per physically disabled household member). The vehicle need not have special equipment or be used primarily by or for the transportation of the physically disabled household member; or
- (F) Necessary to carry fuel for heating or water for home use when the transported fuel or water is anticipated to be the primary source of fuel or water for the household during the certification period. Households must receive this resource exclusion without having to meet any additional tests concerning the nature, capabilities, or other uses of the vehicle. Households must not be required to furnish documentation, as mandated by [§ 273.2\(f\)\(4\)](#), unless the exclusion of the vehicle is questionable. If the basis for exclusion of the vehicle is questionable, the [State agency](#) may require documentation from the household, in accordance with [§ 273.2\(f\)\(4\)](#).
- (G) The value of the vehicle is inaccessible, in accordance with [paragraph \(e\)\(18\)](#) of this section, because its sale would produce an estimated return of not more than \$1,500.
- (ii) On those Indian reservations that do not require vehicles driven by tribal members to be licensed, such vehicles must be treated as licensed vehicles for the purpose of this exclusion.
- (iii) The exclusions in paragraphs (e)(3)(i)(A) through (e)(3)(i)(C) of this section will apply when the vehicle is not in use because of temporary unemployment, such as when a taxi driver is ill and cannot work, or when a fishing boat is frozen in and cannot be used.
- (4) Property which annually produces income consistent with its fair market value, even if only used on a seasonal basis. Such property shall include rental homes and vacation homes.
- (5) Property, such as farm land or work related equipment, such as the tools of a tradesman or the machinery of a farmer, which is essential to the employment or self-employment of a household member. Property essential to the self-employment of a household member engaged in farming shall continue to be excluded for one year from the date the household member terminates his/her self-employment from farming.
- (6) Installment [contracts](#) for the sale of land or buildings if the [contract](#) or agreement is producing income consistent with its fair market value. The exclusion shall also apply to the value of the property sold under the installment [contract](#), or held as security in exchange for a purchase price consistent with the fair market value of that property.
- (7) Any governmental payments which are designated for the restoration of a home damaged in a disaster, if the household is subject to a legal sanction if the funds are not used as intended; for example, payments made by the Department of Housing and Urban Development through the individual and family grant [program](#) or disaster loans or grants made by the Small Business Administration.
- (8) Resources having a cash value which is not accessible to the household, such as but not limited to, irrevocable trust funds, security deposits on rental property or utilities, property in probate, and real property which the household is making a good faith effort to sell at a reasonable price and which has not been sold. The [State agency](#) may verify that the property is for sale and that the household has not declined a reasonable offer. Verification may be obtained through a collateral contact or documentation, such as an advertisement for public sale in a newspaper of general circulation or a listing with a real estate broker. Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household, shall be considered inaccessible to the household if:
- (i) The trust arrangement is not likely to cease during the certification period and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period;
- (ii) The trustee administering the funds is either:
- (A) A court, or an institution, corporation, or organization which is not under the direction or ownership of any household member, or (B) an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of this paragraph;
- (iii) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and
- (iv) The funds held in irrevocable trust are either:
- (A) [Established](#) from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any [person](#) named by the household creating the trust, or (B) [established](#) from non-household funds by a nonhousehold member.
- (9) Resources, such as those of students or self-employed persons, which have been prorated as income. The [treatment](#) of student income is explained in [§ 273.10\(c\)](#) and the [treatment](#) of self-employment income is explained in [§ 273.11\(a\)](#).
- (10) Indian lands held jointly with the Tribe, or land that can be sold only with the approval of the Department of the Interior's Bureau of Indian Affairs; and
- (11) Resources which are excluded for SNAP purposes by express provision of Federal statute.

(12) Earned income tax credits shall be excluded as follows:

(i) A Federal earned income tax credit received either as a lump sum or as payments under section 3507 of the [Internal Revenue Code](#) for the month of receipt and the following month for the individual and that individual's spouse.

(ii) Any Federal, [State](#) or local earned income tax credit received by any household member shall be excluded for 12 months, provided the household was participating in SNAP at the time of receipt of the earned income tax credit and provided the household participates continuously during that 12-month period. Breaks in participation of one month or less due to administrative reasons, such as delayed recertification or missing or late monthly reports, shall not be considered as nonparticipation in determining the 12-month exclusion.

(13) Where an exclusion applies because of use of a resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an ineligible alien or disqualified [person](#) whose resources are being counted as part of the household's resources. For example, work related equipment essential to the employment of an ineligible alien or disqualified [person](#) shall be excluded (in accordance with [paragraph \(e\) \(5\)](#) of this section), as shall one burial plot per ineligible alien or disqualified household member (in accordance with [paragraph \(e\)\(2\)](#) of this section).

(14) [Energy assistance payments](#) or allowances excluded as income under [§ 273.9\(c\)\(11\)](#).

(15) Non-liquid asset(s) against which a lien has been placed as a result of taking out a business loan and the household is prohibited by the security or lien agreement with the lien holder (creditor) from selling the asset(s).

(16) Property, real or personal, to the extent that it is directly related to the maintenance or use of a vehicle excluded under paragraphs (e)(3)(i)(A), (e)(3)(i)(B) or (e)(3)(i)(C) of this section. Only that portion of real property determined necessary for maintenance or use is excludable under this provision. For example, a household which owns a produce truck to earn its livelihood may be prohibited from parking the truck in a residential area. The household may own a 100-acre field and use a quarter-acre of the field to park and/or [service](#) the truck. Only the value of the quarter-acre would be excludable under this provision, not the entire 100-acre field.

(17) The resources of a household member who receives SSI or PA benefits. A household member is considered a recipient of these benefits if the benefits have been authorized but not received, if the benefits are suspended or recouped, or if the benefits are not paid because they are less than a minimum amount. For purposes of this paragraph (e)(17), if an individual receives non-cash or in-kind [services](#) from a [program](#) specified in [§§ 273.2\(i\)\(2\)\(i\)\(B\)](#), [273.2\(j\)\(2\)\(i\)\(C\)](#), [273.2\(j\)\(2\)\(ii\)\(A\)](#), or [273.2\(j\)\(2\)\(ii\)\(B\)](#), the [State agency](#) must determine whether the individual or the household benefits from the assistance provided, in accordance with [§ 273.2\(j\)\(2\)\(iii\)](#). Individuals entitled to Medicaid benefits only are not considered recipients of SSI or PA.

(18) The [State agency](#) must develop clear and uniform standards for identifying kinds of resources that, as a practical matter, the household is unable to sell for any significant return because the household's interest is relatively slight or the costs of selling the household's interest would be relatively great. The [State agency](#) must so identify a resource if its sale or other disposition is unlikely to produce any significant amount of funds for the support of the household or the cost of selling the resource would be relatively great. This provision does not apply to financial instruments such as stocks, bonds, and negotiable financial instruments. The determination of whether any part of the value of a vehicle is included as a resource must be made in accordance with the provisions of paragraphs (e)(3) and (f) of this section. The [State agency](#) may require verification of the value of a resource to be excluded if the information provided by the household is questionable. The [State](#) agencies must use the following definitions in developing these standards:

(i) "Significant return" means any return, after estimating costs of sale or disposition, and taking into account the [ownership interest](#) of the household, that the [State agency](#) determines are more than \$1,500; and

(ii) "Any significant amount of funds" means funds amounting to more than \$1,500.

(19) At [State agency](#) option, any resources that the [State agency](#) excludes when determining eligibility or benefits for TANF cash assistance, as defined by [45 CFR 260.31](#) (a)(1) and (a)(2), or medical assistance under Section 1931 of the SSA. Resource exclusions under TANF and Section 1931 [programs](#) that do not evaluate the financial circumstances of adults in the household and [programs](#) grandfathered under Section 404(a)(2) of the SSA shall not be excluded under this paragraph (e)(19). Additionally, licensed vehicles not excluded under Section 5(g)(2) (C) or (D) of the [Food and Nutrition Act of 2008](#), as amended ([7 U.S.C. 2014\(g\)\(2\)\(C\)](#) or (D)), cash on hand, amounts in any account in a financial institution that are readily available to the household including money in checking or savings accounts, savings certificates, stocks, or bonds shall also not be excluded. The term "readily available" applies to resources that the [owner](#) can simply withdraw from a financial institution. [State](#) agencies may exclude deposits in individual development accounts (IDAs). A

[Message clipped] [View entire message](#)

----- Forwarded message -----

From: <pa.clientservice@savewithable.com>

Date: Thu, Mar 23, 2023 at 8:09 AM
Subject: RE: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account
To: <fouts.john@gmail.com>

Please see the resource links below:

<https://www.fns.usda.gov/snap/treatment-able-accounts-determining-snap-eligibility>

<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17002.pdf>

Please see the Pennsylvania ABLE Program Disclosure Statement for the official rules of Pennsylvania ABLE.

For more information about Pennsylvania ABLE, please visit our website at pa.savewithable.com. You can also contact us at (855)-529-2253 any business day from 8:00 AM to 5:00 PM EST. A Pennsylvania ABLE representative will be pleased to assist you.

Sincerely,

Pennsylvania ABLE

Client Services

From: fouts.john@gmail.com
Sent: Wed Mar 22 2023 22:37:29 GMT-0400 (Eastern Daylight Time)
To: info@paable.gov

Subject: TANF (KTAP) / SNAP / Medicaid - Kentucky Resident with PA Able Account

My child, Jack Fouts, has a PA Able account. I am my child's father (John Fouts). Kentucky has required information on the balance of the PA Able Account to Make Determination about TANF which is called KTAP here, on SNAP, and on Medicaid. I know it is against the law for them to consider the Able Account in terms of that, but I need to refer them to any/all legal federal and state documents that point to this.

Can you help please?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

Disclaimer

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This email has been scanned for viruses and malware

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John R. Fouts](mailto:John.R.Fouts@CHFS.ky.gov)
To: CHFS.Listens@ky.gov
Subject: Pharmacy Lock In Program Question
Date: Saturday, March 18, 2023 4:49:27 PM

I have already sent an appeal to the Grievance and Complaints Department about this issue, but want to see if anything can be done from your level as well.

I am a chronically ill patient who is on several medications. I also have a child with chronic illness issues who is also on several medications.

I take 3 controlled substances (one of which is Adderall). My child also takes a different form of Adderall and at a much lower dose than me... I also take Gabapentin and Alprazolam.

It is my understanding, although no one that I have spoken with seems to know the guidelines nor can guide me to anything in writing anywhere... that the lock-in program has to do with controlled substances, multiple pharmacies, and multiple doctors.

THERE IS AN ADDERALL SHORTAGE AND THERE HAS BEEN FOR MONTHS. I HAVE DONE WHAT I WAS ADVISED TO DO BY DOCTORS – AND WHEN A PHARMACY COULD NOT FILL MY PRESCRIPTION – I WAS ADVISED TO CALL PHARMACIES UNTIL I FOUND ONE THAT COULD – AND THEN TO USE THAT PHARMACY – HAVE MY DOCTOR CALL IN A NEW PRESCRIPTION ETC...

It is also my understanding that the policy, although again – no one can provide me with any copy of it, is that there must be 3 doctors involved, 3 pharmacies, and a patient takes 3 controlled substances.

Well – I started taking Gabapentin in 2010 after a botched spine surgery in which there was medical malpractice, and have been on it for years. I have also taken Alprazolam on and off for years...and I have also taken Adderall since 2015 which is 8 years now...

So when I lived in Jefferson County, Kentucky at 2321 Glenmary Ave. Apt. 2, I would normally go to CVS Pharmacy at 2222 Bardstown Rd., but during the shortage, I had to sometimes go to the Kroger on Bardstown Rd. (about a mile away from the CVS there).

In January, I moved to Shepherdsville, KY....so have tried to move all of my child's rx and my rx to the CVS in Shepherdsville. Unfortunately, due to the continued Adderall shortage, I am still having trouble getting my rx filled. I was able to get a 10 day fill of my rx on 3/14. I take the medication for narcolepsy, and cannot function without it, so it is really important that I am able to get not only it, but ALL of the medications I have to take. I have concerns that any one pharmacy will have all of the medications that I take and my child takes without any shortage ever....ideally....I would prefer to use one pharmacy but that has not been feasible due to the Adderall shortage that has been ongoing since October of 2022.

Also, I am on IVIG which is an infusion medication that CANNOT be filled by a local pharmacy.... I also receive Copper Infusions which must be mixed together in a hospital setting which is an additional pharmacy (in the hospital)... And I also use a compounded pharmacy for topical foot cream... Since the paperwork that I have states that only one pharmacy may be used – you can see how this alone is problematic in addition to the above....

Regarding 3 doctors portion of the unseen and unobtainable policy....yes....I used to have it prescribed by my primary care physician (Dr. Murphy)....when she was out on maternity leave (because she had her child)....a different doctor in her office, Dr. Hittepole, prescribed the medication....when Dr. Murphy came back from leave, she suggested I needed to see the sleep doctor I had seen in the past to manage the Adderall because it was more in his 'wheelhouse'. So I did....I had seen Dr. Shaikun years ago...and I started seeing him again.....when Dr. Murphy told me that would be best.....I also started seeing other specialties for the other complexities of the illness and the conditions that I have (e.g. Chronic Venous Insufficiency called for me to see a Vascular Surgeon etc...).... Dr. Shaikun was out of the office when I needed the rx filled the last time – I had no idea he was out – that office had his partner, Dr. Karman, write the last rx for me...the one for which I was only able to get 10 days of due to the pharmacy not having enough inventory to fill my rx....so yes – there have been multiple doctors – but NOT AT THE SAME TIME.....I did not ask Dr. Karman to fill the rx in Dr. Shaikun's absence – I believe that is probably standard practice – for offices to do that when doctors are out on vacation or leave or whatever....

I've been told that this situation of me being placed in a lock-down was likely occurring because KY Medicaid made no exception for multiple pharmacies after the Adderall shortage continued into 2023.... I have no idea if that is accurate or not – just what I was told...

Can you help me understand why I am being placed on lock-down specifically? Is it best to wait until I have the answer back from the Grievance I filed? This whole situation is causing me undue harm and creating extreme anxiety.... I am concerned about the controlled substances that both me and my child take....about continuing to receive IVIG (which is an infusion specialty medication)....about receiving the copper infusions that I receive that are administered in the hospital after the hospital pharmacy prepares the infusion...and about topical medications I take from the other pharmacy... which is called Rx Alternatives Pharmacy. CVS isn't able to mix up compounded medications (it is my understanding). The RX Alternatives topical medication contains Amantadine, Gabapentin, Priilocaine, Piroxicaine, Ketamine, and Priilocaine.

I am being unjustly placed under a lock-down and worse yet I'm told I am considered 'guilty' until proven 'innocent' (although guilty of what I don't know because I have not done anything wrong!)

What do you suggest that I do in this case?

Sent from [Mail](#) for Windows

From: [John R. Fouts](#)
To: CHFS.Listens@ky.gov
Subject: I finally got SNAP after it was mishandled by DCBS - in place - after review - in February - 2023 - now I am being reviewed again - in March 2023??
Date: Saturday, March 18, 2023 4:18:53 PM
Attachments: [2023-03-18-SNAP-REVIEW-NOTICE-AGAIN-THIS-DOES-NOT-MAKE-SENSE-LAST-REVIEWED-IN-FEBRUARY-2023.pdf](#)

I need help from your office again....unfortunately....I actually have questions on multiple topics, but will send the other topic in a different email.

For this one... I finally got DCBS to get all of my paperwork in place correctly – they had claimed things like they had not received it previously – despite documentary evidence of successful facsimile transmission etc... so in February, I got SNAP FINALLY to be upped from \$23 / month. It has been hard to survive without income...and the inability to work...due to severe and ongoing chronic health problems....

So SNAP was finally approved after review, in February 2023....yesterday, Friday 3/19/2023, I got notice that I was due for a SNAP review??!! Are you kidding me?? This could not possibly be correct. I submitted all of the documentation multiple times in January....and finally got everything set up in February....and now it is March (approximately 1.5 months later), and I am being told I am due for mid-year SNAP review????

Please assist.

John R. Fouts
(502) 956-0052

p.s. Letter is attached from kynect.gov.

Sent from [Mail](#) for Windows

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To: CHFS.Listens@ky.gov
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Date: Saturday, March 18, 2023 4:18:11 PM
Attachments: [2023-03-18-SNAP-REVIEW-NOTICE-AGAIN-THIS-DOES-NOT-MAKE-SENSE-LAST-REVIEWED-IN-FEBRUARY-2023.pdf](#)

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Please assist.

John R. Fouts
(502) 956-0052

p.s. Letter is attached from kynec.t.gov.

Sent from Mail for Windows