

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Tuesday, January 30, 2024 2:49:21 PM
Attachments: [image001.png](#)
[image.png](#)

Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

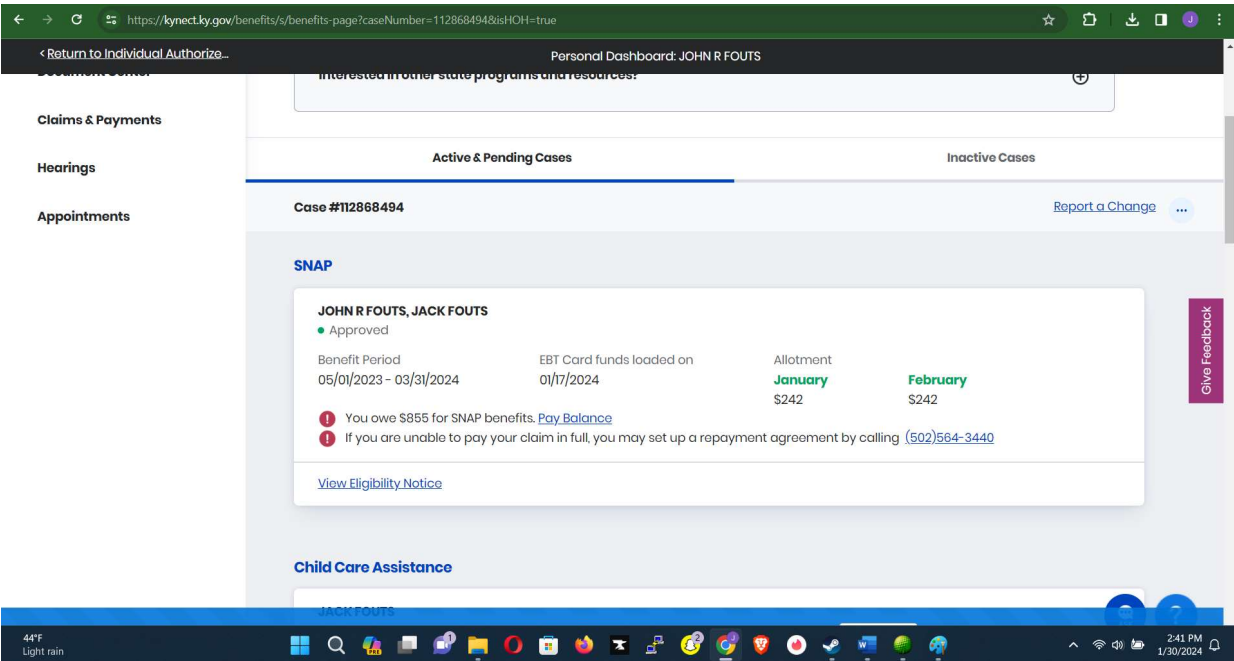
On Fri, Jan 26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received the agency's response to your complaint on January 18, 2024. I had an opportunity to review the response and summarized it below for your convenience.

In your complaint you claim Kentucky Cabinet for Health and Family Services (KY CHFS), discriminated against you based on age and disability when they in September 2023: 1. sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error and 2. did not allow certain medical deductions. KY CHFS denies any discriminatory action based on age and disability and provided the following response to your claims:

With regard to point 1 above....if they are saying I was overpaid by \$585....why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.



With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in 921 KAR Chapter 3. 921 KAR 3:050. The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or having a disability, as defined in 9210 KAR 3:010, Section 1(9) or (11). The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manual defines "disabled" as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The SNAP operations Manual defines elderly as, "An individual age 60 or older." The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

I meet the definition of having a disability as defined in 9210 KAR 3:010 Section 1(9) or (11). The agency apparently does not understand the language in the law because it very clearly states that "including a determination by the Medical Review Team that the person is disabled..."

The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022.....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, January 25, 2024 5:36 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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Krystal,

I know you are just a messenger in between me and the powers that be... Please provide me with a status update. It is not fair for an agency to set rules that they must respond within a certain time frame and then just bend the rules if they don't want to get back in that amount of time....you know what I mean?

Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Thursday, February 1, 2024 1:42:02 PM
Attachments: [image001.png](#)
[image002.png](#)
[image001.png](#)
[image001.png](#)
[image002.png](#)
[image001.png](#)
[image001.png](#)

Thanks for your call.

I will try to reach someone at dcbs about the mrt today.

I have additional questions. My snap benefits were recently reduced to \$242 with no changes, and no notification as to why. Can you help determine why?

Also, I should be eligible for ESAP so I only have to recertify every three years instead of every 2 to 4 months. But I can't figure out how to get signed up for it.

There was another question but I already forgot it.

I also have to eat gluten free out of medical necessity which costs a lot more than regular food. I previously provided the physicians recommendation on this. I also previously provided the paragraph in the code of federal regulations relating to snap and proof I am eligible for medical expenses...and previously provided the KY statute.

One more thing...once this is settled, I'd also like a letter of apology from chfs and dcbs.

And ideally there would be some kind of accountability toward them for their wrongdoing.

John

On Thu, Feb 1, 2024, 12:36 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

Thank you for your response. I understand your position and will contact you shortly to discuss this matter.

Sincerely,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
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From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 5:35 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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Krystal,

I have two doctor appointments in Lexington tomorrow. One is in the morning, one in the afternoon. I will be en route from around 9 am until 11 am - then at the first appointment from around 11:15 to 12:30 - maybe slightly longer. Then lunch. Then next appointment at 1:30 or 2:00 and that one should be about an hour too....then will be en route back....it takes about 2 hours to get to Lexington one way....You can try to reach me 9:30 to 10:30 ish or maybe 3:30 to 4:00 ish? I will answer if I can. See....the mileage to get to and from Lexington should be another considered medical expense.....but CHFS is violating the law by not considering it....and instead...choosing to discriminate against me because I am under 65 and disabled. I have no doubt that in a court of law, I would win 100%. I want the money that I paid back that I did not owe, and did not agree to being collected, to be returned to me. I want a letter of apology, and I want all medical expenses to be considered for each month retroactively and going forward. That is what the law says to do. That is the law that CHFS is in direct violation of.

On Tue, Jan 30, 2024 at 5:31 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Are you able to speak with me today? If not, I can give you a call tomorrow afternoon. Let me know if you are available.

Respectfully,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
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From: John Fouts <fouts.john@gmail.com>

Sent: Tuesday, January 30, 2024 1:42 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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Krystal,

Yes the medical review team determined I was disabled.....the MRT team.....at DCBS.....they made the decision based on me sending them dozens if not hundreds of pages of medical records that they needed in order to make the review/determination.

If I am able to find counsel, to represent me, I will absolutely have them inform you.

The agency is tied to SSA directly. I have not received the favorable decision letter yet - it takes 30 to 120 days to get that from a judge once a decision is made right now. My trial was on January 9th of 2024. I was told, as when my child was deemed disabled and began receiving SSI, that there is no need to report that change to DCBS as the are automatically made aware via their connection with SSA. I was told that by DCBS. My date of disability onset is June 30, 2022.

I'm sorry I could not take your call when you rang, but I am dealing with a situation where a gas gift card that we were given by my child's school had a large amount of money stolen from it so I had to find the process to get a specialist involved, make a police report - or if I should wait until more info from Speedway can be garnered, etc....

John

On Tue, Jan 30, 2024 at 4:14 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. You have the option to retain a legal representative at any point of this process. If you do so, please provide me with a letter of representation from your designated representative and I will work with you both moving forward.

It appears you were issued two SNAP benefit adjustment letters based on overpayments issued to you by the agency. Based on the information I received the first letter was sent to you on September 20, 2023, for overpayment in the amount of \$ 585 for the period of 7/1/2022 to 8/31/2022. The second letter was sent to you on February 13, 2023, for overpayment totaling \$ 1314 for the period of 7/1/2022 to 10/31/2022. I am assuming you now owe \$ 855 due to deductions from your benefits by the agency to recover overpayments. The Agency asserts it established the claims, issued notices, and recouped an apportioned amount of the overpayments, as

allowable and appropriate under state and federal law in reference to your case. Please provide any additional information you may have to support your position regarding this issue at your earliest convenience.

The agency asserts the SNAP Operations Manual defines Members Eligible for Medical Deduction in MS 5410. MS 5410, in relevant part, states, "Allow for a deduction for medical expenses for any household member who is elderly or disabled as defined in MS 2000." MS 000, defines "disabled" as an individual determined eligible for or receives the following benefits, Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The agency contends a KTAP incapacity determination is not evidence of a disability. Are you claiming you received a MRT Disability determination? Please clarify how the agency was made aware of your disability. Is the agency aware you were recently approved for SSA? What date were you approved?

Thank You,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
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From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 11:49 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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Yes - I wish to make a rebuttal. Clearly....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

On Fri, Jan

26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

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The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

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If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

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Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, January 25, 2024 5:36 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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[External Email]

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Krystal,

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Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"Shining" in Service,

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Fax. 502.996.8246

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue
Date: Thursday, February 8, 2024 8:06:25 PM
Attachments: [image001.png](#)
[image001.png](#)

Yes I am aware my medical documentation was reviewed as I was deemed disabled by the mrt team previously and they do not know why I am currently in pending status but they told me it is probably because of the pending written ssa ssi decision. I sent you correspondence regarding when my medical records were sent, and received by dcbs successfully.

After so many calls ... literally dozens if not hundreds....over the last year and a half, I have not written the details of every conversation down...however... the calls can be reviewed because they are all recorded, so the data is available but not to me...dcbs must be willing to provide.

The last time I reached someone there, they asked to put me on hold for 2 to 3 minutes and stated they would mail me information about the mrt disabled letter for previous time period and current pending status...they also stated they would fax it to me. I have yet to receive any fax or mail....after 35 minutes elapsed for a 2 to 3 minute hold, I disconnected the call. I have repeatedly asked chfs for the information as well and they have not provided the information....I even wrote to the Governor's Office about the trouble I'm having getting information and also to Senator Rand Paul, but still, I am unable to obtain the information...

If I file a FOIA request, they must provide it to me as it is related to me...correct? Or is there a way for me to subpoena my records for this case? I need guidance...

I'm also not able to get a drug formulary showing what drugs are covered nor a physicians directory because medicaid claims only medicaid member services can provide that information and medicaid member services says only medicaid can. I will try to send you some of the other dates of correspondence tomorrow. I sent you quite a bit in the last 2 emails but you asked me for the same information, in part, again that I already sent...

I know I am in the right, as stated, 100% and will appeal this all the way to the Office of the President if I must....going up the appeals process 1 step at a time.

This case dragging on is causing additional anxiety and duress and exacerbating major depressive disorder and is harmful to my overall mental health and physical health because I'm forced to choose to buy over the counter medically necessary, as stated by doctors, items for me and my child and skip meals since there is not enough money for food because snap benefits are illegally reduced because of my age being under 65 despite being disabled....or do I buy food, which \$242 is not nearly enough per month to feed me and my pre-teen child especially when I am gluten free...if I try to get food I have to supplement it with the other \$372 from ktap and with food prices being so inflated that then means I cannot buy what doctors say is medically necessary at the store...so do I sacrifice food...which damages physical health...or otc things doctors say are important and medically necessary which damages physical health....and all the while the government really does not care if its citizens suffer or even die due to lack of resources provided that the law clearly states are to be provided, and medical expenses counted as I'm my situation.

I want the United States to follow the written federal law and Kentucky to follow the written state law but it is not happening and violation of federal and state laws by federal and state entities is not legal...and harms people like me and my child...

On Thu, Feb 8, 2024, 6:04 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Your case is still under investigation. No finding has been issued. Once the investigation is complete a decision will be issued, and you will be forwarded a letter outlining the findings and instructions to appeal to the Office of the Assistant Secretary for Civil Rights at the U.S. Department of Agriculture if you are unsatisfied with the outcome. To continue processing your case please answer the questions below:

The agency claims you have not submitted an Order, Judgment, or Adjudication of disability that indicates you were granted SSDI, SSI, or other proof establishing yourself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. Based on your last response it appears this information is accurate as it relates to Social Security since you have not yet received your decision letter approving benefits. Please verify if this information is correct.

According to the agency you are still pending the DDS determination and medical decision. You claim you were deemed disabled by the MRT Team, but you have not yet provided documentation to substantiate this claim to me. Can you please provide evidence the agency deemed you disabled such as a MRT determination letter or any other documentation supporting your position (Dates, Points of Contact, Email Correspondence with CHFS Staff etc.(If Available)). I have not forwarded any of the documentation you submitted to anyone. It will be helpful to know if, and when you forwarded your medical records to the Team that makes disability determinations or anyone else at the agency? If so, are you aware if your documentation was reviewed? When did you send it? Who did you send it to?

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 8, 2024 9:40 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue

[External Email]

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I will be taking this to the US Attorney General's Office ...what is needed for the appeal...the law is very black and white and it is extremely evident that i am in the right here...violation and non compliance with federal and state law-especially by state and federal agencies-is ILLEGAL. Who in US Government oversees the USDA-FNS? The US Attorney General's Office is who ensures that the USDA does not violate law...and the Department of Justice...correct?

As outlined by the law...SSA SSDI is not required...I was deemed as disabled by the Medical Review Team. Any 'reasonable' person or entity can clearly tell that I am disabled as well by the several doctors that point out my disabilities, the thousands of pages of medical records, and my functional limitations.

Did you forward my medical records to the team that made this decision?

Did they even look at the documentation?

They do not mention the MRT or DCBS or CHFS....so it seems the evidence was not considered.

In terms of federal SSDI, I am still awaiting the judge's official written decision.

In the trial he verbally stated he was going to issue a favorable decision.

The trial was on January 9th.

I have no power to make the SSA move faster...obviously.

John

On Thu, Feb 8, 2024, 11:37 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received a response from the agency regarding the overpayment and medical deduction issue which is outlined below. Please let me know if you wish to provide additional information including supporting documentation by February 14, 2024:

The Agency is unable to cancel its decision to collect for overpayments or refund the amounts deducted. The agency contends Complainant received funds that were overpaid, and a portion of the overpaid amount is due to funds received but never reported by Complainant. As such, the Agency established claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable, appropriate, and required under state and federal law.

The Agency asserts to date Complainant has not submitted an Order, Judgment, or Adjudication of disability that indicates he was granted SSDI, SSI, or other proof establishing himself as disabled or elderly under the regulation or SNAP Operations

Manual for the purpose of medical deductions. The most recent Agency notes indicate that the Complainant is still pending the DDS determination and medical decision. Absent submission of such documentation, the Agency declines to approve medical deductions.

Sincerely,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: Clark, Krystal - FNS

Sent: Tuesday, February 6, 2024 3:03 PM


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

Subject: RE: [External Email]This is all the information I have so far at this time...
further documents I was able to pull for MRT - still trying to get information from CHFS -
- Wrote to the Governor's Office yesterday --- 2024-02-06

Good afternoon Mr. Fouts:

Thank you for the information. I am still waiting for the agency's response to your position. I will contact you once I receive their response to discuss this matter further.

Respectfully,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service</p>
---	---

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Tuesday, February 6, 2024 2:55 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

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John R. Fouts, MBA

Fax. 502.996.8246

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From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue
Date: Friday, February 9, 2024 1:27:39 PM
Attachments: [image001.png](#)
[image001.png](#)

The voice signatures were my signatures....that is why it says voice signature on the signature form. I had to testify under oath that all statements were true etc...

The Cabinet for Health and Family Services sent a statement confirming mrt disability determination. I will send it in a few minutes.

John

On Fri, Feb 9, 2024, 1:05 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

Thank you for your response. I reviewed all the documentation you forwarded, and I do not see anything with a MRT Disability determination. However, I do see the notices you were sent from the agency requesting you submit your signature on Authorization to Disclose Information Form (MRT -15), as well as a notice dated 8/1/2023, indicating you must do your disability or incapacitation review among other things. Did you submit the requested authorization form (MRT-15) and complete the disability or incapacitation review? If so please explain in detail what actions were taken by you and the agency. Additionally, I received the document you sent outlining the faxes you sent to the agency, but it does not show what specific documents you submitted, nor does it identify who received the information. I will send a follow-up request for information to the agency to obtain clarification regarding the MRT disability determination issue and get back to you once I receive a response.

As a reminder, I am a neutral factfinder investigating your claim the agency discriminated against you based on age and disability when they issued you a claim adjustment letter for SNAP benefits overpayments and failed to allow medical deductions. I do not work for KCHFS, and I am unaware of the agency's internal processes pertaining to FOIA nor I am unable to provide legal advice. You may want to contact the agency for clarification or check their website for more information at: [Open Records Requests - Cabinet for Health and Family Services \(ky.gov\)](#).

Respectfully,

**Krystal Clark**

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>**Sent:** Thursday, February 8, 2024 5:06 PM**To:** Clark, Krystal - FNS <krystal.clark@usda.gov>**Subject:** Re: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue

Yes I am aware my medical documentation was reviewed as I was deemed disabled by the mrt team previously and they do not know why I am currently in pending status but they told me it is probably because of the pending written ssa ssdi decision. I sent you correspondence regarding when my medical records were sent, and received by dcbs successfully.

After so many calls ... literally dozens if not hundreds....over the last year and a half, I have not written the details of every conversation down...however... the calls can be reviewed because they are all recorded, so the data is available but not to me...dcbs must be willing to provide.

The last time I reached someone there, they asked to put me on hold for 2 to 3 minutes and stated they would mail me information about the mrt disabled letter for previous time period and current pending status...they also stated they would fax it to me. I have yet to receive any fax or mail....after 35 minutes elapsed for a 2 to 3 minute hold, I disconnected the call. I have repeatedly asked chfs for the information as well and they have not provided the information....I even wrote to the Governor's Office about the trouble I'm having getting information and also to Senator Rand Paul, but still, I am unable to obtain the information...

If I file a FOIA request, they must provide it to me as it is related to me...correct? Or is there a way for me to subpoena my records for this case? I need guidance...

I'm also not able to get a drug formulary showing what drugs are covered nor a physicians directory because medicaid claims only medicaid member services can provide that information and medicaid member services says only medicaid can. I will try to send you some of the other dates of correspondence tomorrow. I sent you quite a bit in the last 2 emails but you asked me for the same information, in part, again that I already sent...

I know I am in the right, as stated, 100% and will appeal this all the way to the Office of the President if I must....going up the appeals process 1 step at a time.

This case dragging on is causing additional anxiety and duress and exacerbating major depressive disorder and is harmful to my overall mental health and physical health because I'm forced to choose to buy over the counter medically necessary, as stated by doctors, items for me and my child and skip meals since there is not enough money for food because SNAP benefits are illegally reduced because of my age being under 65 despite being disabled....or do I buy food, which \$242 is not nearly enough per month to feed me and my pre-teen child especially when I am gluten free...if I try to get food I have to supplement it with the other \$372 from SNAP and with food prices being so inflated that then means I cannot buy what doctors say is medically necessary at the store...so do I sacrifice food...which damages physical health...or OTC things doctors say are important and medically necessary which damages physical health....and all the while the government really does not care if its citizens suffer or even die due to lack of resources provided that the law clearly states are to be provided, and medical expenses counted as I'm my situation.

I want the United States to follow the written federal law and Kentucky to follow the written state law but it is not happening and violation of federal and state laws by federal and state entities is not legal...and harms people like me and my child...

On Thu, Feb 8, 2024, 6:04 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Your case is still under investigation. No finding has been issued. Once the investigation is complete a decision will be issued, and you will be forwarded a letter outlining the findings and instructions to appeal to the Office of the Assistant Secretary for Civil Rights at the U.S. Department of Agriculture if you are unsatisfied with the outcome. To continue processing your case please answer the questions below:

The agency claims you have not submitted an Order, Judgment, or Adjudication of disability that indicates you were granted SSDI, SSI, or other proof establishing yourself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. Based on your last response it appears this information is accurate as it relates to Social Security since you have not yet received your decision letter approving benefits. Please verify if this information is correct.

According to the agency you are still pending the DDS determination and medical decision. You claim you were deemed disabled by the MRT Team, but you have not yet provided documentation to substantiate this claim to me. Can you please provide evidence the agency deemed you disabled such as a MRT determination letter or any other documentation supporting your position (Dates, Points of Contact, Email Correspondence with CHFS Staff etc.(If Available)). I have not forwarded any of the documentation you submitted to anyone. It will be helpful to know if, and when you forwarded your medical records to the Team that makes disability determinations or anyone else at the agency? If so, are you aware if your documentation was reviewed? When did you send it? Who did you send it to?

Respectfully,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 8, 2024 9:40 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue

[External Email]

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I will be taking this to the US Attorney General's Office ...what is needed for the appeal...the law is very black and white and it is extremely evident that i am in the right here...violation and non compliance with federal and state law-especially by state and federal agencies-is ILLEGAL. Who in US Government oversees the USDA-FNS? The US Attorney General's Office is who ensures that the USDA does not violate law...and the Department of Justice...correct?

As outlined by the law...SSA SSDI is not required...I was deemed as disabled by the Medical Review Team. Any 'reasonable' person or entity can clearly tell that I am disabled as well by the several doctors that point out my disabilities, the thousands of pages of medical records, and my functional limitations.

Did you forward my medical records to the team that made this decision?

Did they even look at the documentation?

They do not mention the MRT or DCBS or CHFS....so it seems the evidence was not considered.

In terms of federal SSDI, I am still awaiting the judge's official written decision.

In the trial he verbally stated he was going to issue a favorable decision.

The trial was on January 9th.

I have no power to make the SSA move faster...obviously.

John

On Thu, Feb 8, 2024, 11:37 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received a response from the agency regarding the overpayment and medical deduction issue which is outlined below. Please let me know if you wish to provide additional information including supporting documentation by February 14, 2024:

The Agency is unable to cancel its decision to collect for overpayments or refund the amounts deducted. The agency contends Complainant received funds that were overpaid, and a portion of the overpaid amount is due to funds received but never reported by Complainant. As such, the Agency established claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable, appropriate, and required under state and federal law.

The Agency asserts to date Complainant has not submitted an Order, Judgment, or Adjudication of disability that indicates he was granted SSDI, SSI, or other proof establishing himself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. The most recent Agency notes indicate that the Complainant is still pending the DDS determination and medical decision. Absent submission of such documentation, the Agency declines to approve medical deductions.

Sincerely,

Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: Clark, Krystal - FNS
Sent: Tuesday, February 6, 2024 3:03 PM
To: John Fouts <fouts.john@gmail.com>
Subject: RE: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

Good afternoon Mr. Fouts:

Thank you for the information. I am still waiting for the agency's response to your position. I will contact you once I receive their response to discuss this matter further.

Respectfully,

Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, February 6, 2024 2:55 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Follow Up -- 2024.04.12 -- USDA Complaint -- SNAP Discrimination -- John R -- Fouts
Date: Friday, April 12, 2024 9:17:09 PM
Attachments: [image001.png](#)

Thank you Krystal. I know there has been a lot to look at on your end. I don't understand why it took from March 2023 until December 2023 to get to you... you know what I mean? I appreciate you getting back to me. I wasn't expecting to hear from you until next week. I have had a very tiring, very rough, long, day, and you getting back to me, helped to make me not feel so incredibly overwhelmed, stressed out, and anxious. Thanks for the quick response.

As you know, I have been approved for SSA SSDI...I have not received the first SSDI payment yet, nor do I even know what it is going to be yet...I was told I would be eligible for Medicare on Dec. the 1st, and that Medicaid would end October 25th.....so I don't know what's up with that -- I know that is not your area....

I received an eligibility notice for ESAP. I was wondering how it will work when that is all processed.....will I get ESAP, and my child still get SNAP? Will the two amounts be lumped together? Do you have any idea what those amounts will be? If you could tell me that would be helpful. I don't know if you have access to that stuff on your end, but I need to not have so many variables. Everything in terms of government assistance is always a variable, and it makes it hard to survive.

Have a good weekend.

John

On Fri, Apr 12, 2024 at 8:54 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good evening Mr. Fouts:

Your case was assigned to me for investigation on December 12, 2023. I am diligently working to process your case and will contact you in the near future to discuss this matter further. The agency is considering your resolution request and will let me know if they are willing to resolve this matter soon. If no resolution can be reached a final agency decision will be issued and you will be notified of our findings via email.

Sincerely,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Friday, April 12, 2024 4:54 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Follow Up -- 2024.04.12 -- USDA Complaint -- SNAP
Discrimination -- John R -- Fouts

[External Email]

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I filed the complaint in March 2023. I sent it via certified mail on March 2nd, 2023.

If the guideline or timeframe for a case is 180 days, why has it taken over double that...more than a full year...for 'my' case?

That seems very strange to me....

I would like to request that this be expedited as it has been over 1 year and 1 month since I filed the complaint.

How can I do that?

John

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

From: **Clark, Krystal - FNS** <krystal.clark@usda.gov>

Date: Thu, Apr 4, 2024, 5:24 PM

Subject: RE: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

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

Good afternoon Mr. Fouts:

Thank you for your response. For your awareness I am an Equal Opportunity Investigator with USDA, FNS, Civil Rights Division. My agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs. On October 25, 2023, your complaint of discrimination was received by our office for investigation. In the complaint you allege you were discriminated against by Kentucky Cabinet for Health and Family Services (CHFS) in the operation of the Supplemental Nutrition Assistance Program (SNAP) based on disability and age. Specifically, we determined the issue of your complaint to be whether Kentucky Cabinet for Health and Family Services (KY CHFS) discriminated against you based on age and disability when they allegedly in September 2023:

- Sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error.
- Did not allow certain medical deductions.

I only have authority to investigate the issued outlined above. As such, I am requesting information from you and CHFS to determine if your claims of discrimination are substantiated. My response to your most recent message is below:

I was not aware of any differentiation or distinction or even that there are 2 different types until recently -- last couple of months - when CHFS told me about there being two different levels for MRT...The MRT team or DCBS people just told me I was found disabled by their team, and the woman that took my information could not believe how I had not already been found disabled by SSA etc...Subpoena the phone call with Heather as noted in the last emails -- you will hear it from them themselves....and yes no last name was given because they do not give out last names nor reference numbers for calls as DCBS policy - which adds additional burden to people receiving benefits. **I will request a copy of case notes/call logs/phone recordings from the CHFS (If Available).**

I have been disabled for many years (over 10) - it is only now that the federal SSA recognizes that as of June 30, 2022 (yes almost 2 years ago). Again, I was not even aware of differing levels of MRT findings until CHFS told me 1 to 2 months ago, and no one can provide any written documentation that shows me I am in one of those buckets or the other. The only thing I have to go by is what I was told by DCBS. **Thank you for providing this**

information.

I believe I have gone far above and beyond what anyone else would need to do (further discrimination against me by USDA) in terms of making a rock-solid case that I am being discriminated against. What is USDA going to say? maybe something like... 'well we know you are disabled by SSA standards, all of your doctors, the MRT team at DCBS, and by every other definition but we consider you not for purposes of SNAP...'? Do you hear how ridiculous this sounds even reading/writing it? I would like to know, please, who the actual decision maker is, or who the committee members are, that are arriving at these conclusions. I would also like for my other question to be answered about how it is fine for non US Citizens to be paid out all kinds of benefits, but people like me that paid into the system for years, and are United States citizens are not hardly able to get benefits, and when we do, often do not get the level of benefits we are supposed to be able to receive. **Your case is still under investigation with USDA FNS Civil Rights Division and no determination has been issued in the matter. I do not have enough information to recommend a decision at this time. As previously mentioned I only have authority to investigate the issued outlined in your complaint of discrimination.**

As noted before, I appreciate you investigating it - and in my heart, I believe that you can see that the USDA has caused both me and my child damages by not providing benefits we should have had, by reducing snap dollars when they should not have been reduced, and by not considering medical expenses because I am under the age of 65 and disabled, and continues to cause additional damages by refusing to follow or obey the federal code of regulations. That is by definition discrimination on age and disability which violates the US Code of Regulations...sections and subsections provided previously. **Your case is still under investigation with USDA FNS Civil Rights Division and no determination has been issued in the matter. I do not have enough information to recommend a decision at this time. You filed a discrimination complaint against CHFS which is being investigated by USDA FNS Civil Rights Division.**

The way you word that....they (the USDA) is violating the federal code of regulations by discriminating against me. You say you are seeing if they are interested in resolution. Just because they are a federal agency does not mean they can violate the law and harm me and my family by doing so. **CHFS is not a federal agency. They are a state agency being investigated by USDA FNS Civil Rights Division (Federal Agency) based on the complaint of discrimination you filed against them. I am waiting for a response from the CHFS to determine if they are interested in resolution. Resolution is optional.**

Well I would like to be able to easily provide that information...however...guess what...I am not able to see documents or to dos or messages in the KyNect system and have not been able to since November for some things to earlier this year for others, so I don't really have an ability to show you that, but the IT people at COGS or KyNect, or DCBS or CHFS or that work with KYMMS or the WorkForce Desk in KY may help you whereas they will not help me. So now I don't even have a way to know when things are due or needed -- I am not able to see it in the system, and mail (only from DCBS and SSA) often does not make it to my mailbox seemingly. It is pretty suspicious. **Thank you for your response. I will request this information from the agency.**

June 16, 2022, applied for SNAP Benefits - I don't have this date but it sounds about right - I did not think I had applied until July, but June is close enough. **Thank you for providing clarification.**

August 16, 2022, approved for SNAP Benefits - Yes - I came across an email that showed that on August 4, 2022, I was asking my agent about how to use the SNAP benefit as I hadn't used it. **Thank you for providing clarification.**

November 2022/December 2022 child approved for SSA disability (Retroactive to April 2022/May 2022) -**Sorry I had the date wrong for Jackie's SSI...Jackie was approved in November of 2023 retroactively for SSI back to May 1, of 2023 NOT 2022.... Thank you for providing clarification.**

You have left out a lot of important steps here. Why are they being ignored? *

September 2022 -- snap reduced, and I did not know why...see attached... * October 2022 -- snap reduced to \$23 but I did not know why....see attached email. * November 2022 -- snap reduced to \$23 and then discontinued...see email attached... * November 2022 -- Got a notice that SNAP was being discontinued because of a claim that I did not submit renewal - when I did - proved it via fax status success evidence -- it looks like from the email documentation. So, November 2022 had to recertify.....I started SNAP in August of 2022.... **Thank you for providing this information.**

February 13, 2023, Claim Adjustment Overpayment letter sent to complainant (Over issued \$1,314 from July 2022- October 2022) * February 2023 -- had to recertify for SNAP...also got letter about incorrect calculation of overpayment in February 2023....* On March 1st, 2023, I wrote the letter about the complaint to USDA. And via certified mail, I mailed it on March 2nd, 2023....* Had to recertify again in March 2023 for SNAP...* April 2023 -- began receiving KTAP...I had been determined to be DISABLED by the MRT team as of April 2024. I was not even aware of the MRT until sometime near that time period....* July 2023 -- had to recertify for SNAP again...see attachments for everything...***** Look at all the times above I had to recertify...that in and of itself shows further discrimination.....Approved Aug 2022, had to recertify in November 2022, in Feb 2023, in March 2023, in July 2023, etc... **Thank you for providing this information.**

September 20, 2023, Claim Adjustment Overpayment letter sent to complainant (Over issued \$439 from July 2022- August 2022) *October 2023 amounts of SNAP say they are reduced due to that letter...but this has been an ongoing thing now for a very long time...what 'is' the amount of time that USDA has to resolve claims? I am seeing double and triple right now due to health issues...so it is taking me a long time to type this stuff

out....not to mention my joint pain and nerve pain and severe fatigue issues...*December 2023 -- I involved Senator Rand Paul's office hoping that he could help me with this ridiculous way I am being discriminated against and my child. Thank you for providing this information. Our goal is to complete the investigation process within 180 days. However, it may take longer depending on the nature of the case.

February 2, 2024, Complainant call with DCBS regarding MRT disability determination (Spoke with Heather, Last Name Unknown) - **I had ALREADY BEEN DEEMED AS DISABLED BY THE MRT TEAM LONG BEFORE THIS....THIS CALL WAS TO TRY TO GET A WRITTEN DOCUMENT FOR YOU -- WHICH DOES NOT EXIST -- THAT IS WHY I CONTINUE TO SUGGEST YOU SUBPOENA THE PHONE CALL. YES HER LAST NAME IS NOT KNOWN - THEY DO NOT GIVE OUT LAST NAMES. THEY ALSO DO NOT GIVE OUT REFERENCE NUMBERS FOR CALLS. THAT IS THEIR POLICY. HEATHER VERBALLY VERIFIED I WAS FOUND DISABLED BY THE MRT TEAM.** Thank you for providing this information. I will request a copy of case notes/call logs/phone recordings from the CHFS if they are available.

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, April 4, 2024 11:05 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

On Thu, Apr 4, 2024 at 11:47 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

The agency asserts you were not deemed disabled by the MRT.

I was not aware of any differentiation or distinction or even that there are 2 different types until recently -- last couple of months - when CHFS told me about there being two different levels for MRT...

The MRT team or DCBS people just told me I was found disabled by their team, and the woman that took my information could not believe how I had not already been found

disabled by SSA etc...

Subpoena the phone call with Heather as noted in the last emails -- you will hear it from them themselves....and yes no last name was given because they do not give out last names nor reference numbers for calls as DCBS policy - which adds additional burden to people receiving benefits.

The agency asserts you were deemed incapacitated by the MRT, which they contend is not considered disabled for the purposes of SNAP medical deductions, nor were you 65 years old or older to qualify for medical deductions under SNAP based on age.

I have been disabled for many years (over 10) - it is only now that the federal SSA recognizes that as of June 30, 2022 (yes almost 2 years ago). Again, I was not even aware of differing levels of MRT findings until CHFS told me 1 to 2 months ago, and no one can provide any written documentation that shows me I am in one of those buckets or the other. The only thing I have to go by is what I was told by DCBS.

I understand you dispute this information. As such, I wanted to provide you with an opportunity to rebut and provide evidence to substantiate your position (If Available).

I believe I have gone far above and beyond what anyone else would need to do (further discrimination against me by USDA) in terms of making a rock solid case that I am being discriminated against.

What is USDA going to say? maybe something like... 'well we know you are disabled by SSA standards, all of your doctors, the MRT team at DCBS, and by every other definition but we consider you not for purposes of SNAP...'?

Do you hear how ridiculous this sounds even reading/writing it?

I would like to know, please, who the actual decision maker is, or who the committee members are, that are arriving at these conclusions.

I would also like for my other question to be answered about how it is fine for non US

Citizens to be paid out all kinds of benefits, but people like me that paid into the system for years, and are United States citizens are not hardly able to get benefits, and when we do, often do not get the level of benefits we are supposed to be able to receive.

I am still investigating your case and have not issued a determination in the matter.

As noted before, I appreciate you investigating it - and in my heart, I believe that you can see that the USDA has caused both me and my child damages by not providing benefits we should have had, by reducing snap dollars when they should not have been reduced, and by not considering medical expenses because I am under the age of 65 and disabled, and continues to cause additional damages by refusing to follow or obey the federal code of regulations. That is by definition discrimination on age and disability which violates the US Code of Regulations...sections and subsections provided previously.

I am waiting to determine if the agency is interested in resolution since you recently were approved for SSA disability.

The way you word that....they (the USDA) is violating the federal code of regulations by discriminating against me. You say you are seeing if they are interested in resolution. Just because they are a federal agency does not mean they can violate the law and harm me and my family by doing so.

I would like to know when you initially requested SNAP medical deductions (Date/Point of Contact)? Based on the information I have the timeline of relevant events is as follows:

Well I would like to be able to easily provide that information...however...guess what...I am not able to see documents or dos or messages in the KyNect system and have not been able to since November for some things to earlier this year for others, so I don't really have an ability to show you that, but the IT people at COGS or KyNect, or DCBS or CHFS or that work with KYMMS or the WorkForce Desk in KY may help you whereas they will not help me. So now I don't even have a way to know when things are due or needed -- I am not able to see it in the system, and mail (only from DCBS and SSA) often does not make it to my mailbox seemingly. It is pretty suspicious.

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*** December 2023 -- I involved Senator Rand Paul's office hoping that he could help me with this ridiculous way I am being discriminated against and my child.**

February 2, 2024, Complainant call with DCBS regarding MRT disability determination (Spoke with Heather, Last Name Unknown)

I had ALREADY BEEN DEEMED AS DISABLED BY THE MRT TEAM LONG BEFORE THIS....THIS CALL WAS TO TRY TO GET A WRITTEN DOCUMENT FOR YOU -- WHICH DOES NOT EXIST -- THAT IS WHY I CONTINUE TO SUGGEST YOU SUBPOENA THE PHONE CALL. YES HER LAST NAME IS NOT KNOWN - THEY DO NOT GIVE OUT LAST NAMES. THEY ALSO DO NOT GIVE OUT REFERENCE NUMBERS FOR CALLS. THAT IS THEIR POLICY. HEATHER VERBALLY VERIFIED I WAS FOUND DISABLED BY THE MRT TEAM.

March 2024, Complainant approved for SSA disability (Retroactive to June 2022)

We are now in early April 2024.....

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

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

Sent: Thursday, April 4, 2024 6:58 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

Krystal,

Please read the things that I send to you.....NO....my child was not found disabled....retroactively....until November or December of 2022 as previously stated....it was at that time that SSA retroactively approved my child for becoming disabled in April or May of 2022. Please read the information I send to you -- I feel that a lot of the information I am sending is completely being ignored....I also previously provided you with the time frame of when I spoke to DCBS and they told me I was considered disabled by the MRT.

John

On Wed, Apr 3, 2024 at 6:48 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

When you submitted your June 2022, application for benefits on behalf of you and your child did you report any medical expenses?

Sincerely,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Tuesday, April 2, 2024 6:16 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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Use caution before clicking links or opening attachments.

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I forgot to notate that in the other email.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Follow Up -- 2024.04.12 -- USDA Complaint -- SNAP Discrimination -- John R -- Fouts
Date: Monday, April 15, 2024 5:02:01 PM
Attachments: [image001.png](#)

How do I know who my case worker is? And how do I find out to contact them? And who is the CHFS representative assigned to me? I don't know how to find out the appropriate contacts here - can you help me with how to find out who these people are? Do you mean the Medicaid Waiver case worker?

John

On Mon, Apr 15, 2024 at 11:09 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I am only authorized to investigate your claims of discrimination against Kentucky Cabinet for Health and Family Services (CHFS) in the operation of the Supplemental Nutrition Assistance Program (SNAP) based on disability and age. I do not have access to information regarding SSDI, Medicaid, or ESAP benefits. You should contact the CHFS representative assigned to your case for assistance. Your case worker should be able to answer your questions and provide clarification regarding your benefits.

Sincerely,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Friday, April 12, 2024 6:17 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Follow Up -- 2024.04.12 -- USDA Complaint -- SNAP Discrimination -- John R -- Fouts

Thank you Krystal. I know there has been a lot to look at on your end. I don't understand why it took from March 2023 until December 2023 to get to you... you know what I mean?

I appreciate you getting back to me. I wasn't expecting to hear from you until next week. I have had a very tiring, very rough, long, day, and you getting back to me, helped to make me not feel so incredibly overwhelmed, stressed out, and anxious. Thanks for the quick response.

As you know, I have been approved for SSA SSDI...I have not received the first SSDI payment yet, nor do I even know what it is going to be yet...I was told I would be eligible for Medicare on Dec. the 1st, and that Medicaid would end October 25th.....so I don't know what's up with that -- I know that is not your area....

I received an eligibility notice for ESAP. I was wondering how it will work when that is all processed.....will I get ESAP, and my child still get SNAP? Will the two amounts be lumped together? Do you have any idea what those amounts will be? If you could tell me that would be helpful. I don't know if you have access to that stuff on your end, but I need to not have so many variables. Everything in terms of government assistance is always a variable, and it makes it hard to survive.

Have a good weekend.

John

On Fri, Apr 12, 2024 at 8:54 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good evening Mr. Fouts:

Your case was assigned to me for investigation on December 12, 2023. I am diligently working to process your case and will contact you in the near future to discuss this matter further. The agency is considering your resolution request and will let me know if they are willing to resolve this matter soon. If no resolution can be reached a final agency decision will be issued and you will be notified of our findings via email.

Sincerely,

Krystal Clark



Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Friday, April 12, 2024 4:54 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Follow Up -- 2024.04.12 -- USDA Complaint -- SNAP
Discrimination -- John R -- Fouts

[External Email]

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Use caution before clicking links or opening attachments.

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I filed the complaint in March 2023. I sent it via certified mail on March 2nd, 2023.

If the guideline or timeframe for a case is 180 days, why has it taken over double that...more than a full year...for 'my' case?

That seems very strange to me....

I would like to request that this be expedited as it has been over 1 year and 1 month since I filed the complaint.

How can I do that?

John

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

From: **Clark, Krystal - FNS** <krystal.clark@usda.gov>

Date: Thu, Apr 4, 2024, 5:24 PM

Subject: RE: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

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

Good afternoon Mr. Fouts:

Thank you for your response. For your awareness I am an Equal Opportunity Investigator with USDA, FNS, Civil Rights Division. My agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs. On October 25, 2023, your complaint of discrimination was received by our office for investigation. In the complaint you allege you were discriminated against by Kentucky Cabinet for Health and Family Services (CHFS) in the operation of the Supplemental Nutrition Assistance Program (SNAP) based on disability and age. Specifically, we determined the issue of your complaint to be whether Kentucky Cabinet for Health and Family Services (KY CHFS) discriminated against you based on age and disability when they allegedly in September 2023:

- Sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error.
- Did not allow certain medical deductions.

I only have authority to investigate the issued outlined above. As such, I am requesting information from you and CHFS to determine if your claims of discrimination are substantiated. My response to your most recent message is below:

I was not aware of any differentiation or distinction or even that there are 2 different types until recently -- last couple of months - when CHFS told me about there being two different levels for MRT...The MRT team or DCBS people just told me I was found disabled by their team, and the woman that took my information could not believe how I had not already been found disabled by SSA etc...Subpoena the phone call with Heather as noted in the last emails -- you will hear it from them themselves....and yes no last name was given because they do not give out last names nor reference numbers for calls as DCBS policy - which adds additional burden to people receiving benefits. **I will request a copy of case notes/call logs/phone recordings from the CHFS (If Available).**

I have been disabled for many years (over 10) - it is only now that the federal SSA recognizes that as of June 30, 2022 (yes almost 2 years ago). Again, I was not even aware of differing levels of MRT findings until CHFS told me 1 to 2 months ago, and no one can provide any written documentation that shows me I am in one of those buckets or the other. The only thing I have to go by is what I was told by DCBS. **Thank you for providing this information.**

I believe I have gone far above and beyond what anyone else would need to do (further discrimination against me by USDA) in terms of making a rock-solid case that I am being discriminated against. What is USDA going to say? maybe something like... 'well we know you are disabled by SSA standards, all of your doctors, the MRT team at DCBS, and by every other definition but we consider you not for purposes of SNAP...'? Do you hear how ridiculous this sounds even reading/writing it? I would like to know, please, who the actual decision maker is, or who the committee members are, that are arriving at these conclusions. I would also like for my other question to be answered about how it is fine for non US Citizens to be paid out all kinds of benefits, but people like me that paid into the system for years, and are United States citizens are not hardly able to get benefits, and when we do, often do not get the level of benefits we are supposed to be able to receive. **Your case is still under investigation with USDA FNS Civil Rights Division and no determination has been issued in the matter. I do not have enough information to recommend a decision at this time. As previously mentioned I only have authority to investigate the issued outlined in your complaint of discrimination.**

As noted before, I appreciate you investigating it - and in my heart, I believe that you can see that the USDA has caused both me and my child damages by not providing benefits we should have had, by reducing snap dollars when they should not have been reduced, and by not considering medical expenses because I am under the age of 65 and disabled, and continues to cause additional damages by refusing to follow or obey the federal code of regulations. That is by definition discrimination on age and disability which violates the US Code of Regulations...sections and subsections provided previously. **Your case is still under investigation with USDA FNS Civil Rights Division and no determination has been issued in the matter. I do not have enough information to recommend a decision at this time. You filed a discrimination complaint against CHFS which is being investigated by USDA FNS Civil Rights Division.**

The way you word that....they (the USDA) is violating the federal code of regulations by discriminating against me. You say you are seeing if they are interested in resolution. Just because they are a federal agency does not mean they can violate the law and harm me and my family by doing so. **CHFS is not a federal agency. They are a state agency being investigated by USDA FNS Civil Rights Division (Federal Agency) based on the complaint of discrimination you filed against them. I am waiting for a response from the CHFS to determine if they are interested in resolution. Resolution is optional.**

Well I would like to be able to easily provide that information...however...guess what...I am not able to see documents or to dos or messages in the KyNect system and have not been able to since November for some things to earlier this year for others, so I don't

really have an ability to show you that, but the IT people at COGS or KyNect, or DCBS or CHFS or that work with KYMMS or the WorkForce Desk in KY may help you whereas they will not help me. So now I don't even have a way to know when things are due or needed -- I am not able to see it in the system, and mail (only from DCBS and SSA) often does not make it to my mailbox seemingly. It is pretty suspicious. **Thank you for your response. I will request this information from the agency.**

June 16, 2022, applied for SNAP Benefits - I don't have this date but it sounds about right - I did not think I had applied until July, but June is close enough. **Thank you for providing clarification.**

August 16, 2022, approved for SNAP Benefits - Yes - I came across an email that showed that on August 4, 2022, I was asking my agent about how to use the SNAP benefit as I hadn't used it. **Thank you for providing clarification.**

November 2022/December 2022 child approved for SSA disability (Retroactive to April 2022/May 2022) -**Sorry I had the date wrong for Jackie's SSI...Jackie was approved in November of 2023 retroactively for SSI back to May 1, of 2023 NOT 2022.... Thank you for providing clarification.**

You have left out a lot of important steps here. Why are they being ignored? *
September 2022 -- snap reduced, and I did not know why...see attached...* October 2022 -
- snap reduced to \$23 but I did not know why....see attached email. * November 2022 --
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a notice that SNAP was being discontinued because of a claim that I did not submit
renewal - when I did - proved it via fax status success evidence -- it looks like from the
email documentation. So, November 2022 had to recertify.....I started SNAP in August of
2022.... **Thank you for providing this information.**

February 13, 2023, Claim Adjustment Overpayment letter sent to complainant (Over
issued \$1,314 from July 2022- October 2022) * February 2023 -- had to recertify for
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On March 1st, 2023, I wrote the letter about the complaint to USDA. And via certified
mail, I mailed it on March 2nd, 2023....* Had to recertify again in March 2023 for
SNAP...* April 2023 -- began receiving KTAP...I had been determined to be DISABLED
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February 2, 2024, Complainant call with DCBS regarding MRT disability determination (Spoke with Heather, Last Name Unknown) - **I had ALREADY BEEN DEEMED AS DISABLED BY THE MRT TEAM LONG BEFORE THIS....THIS CALL WAS TO TRY TO GET A WRITTEN DOCUMENT FOR YOU -- WHICH DOES NOT EXIST -- THAT IS WHY I CONTINUE TO SUGGEST YOU SUBPOENA THE PHONE CALL. YES HER LAST NAME IS NOT KNOWN - THEY DO NOT GIVE OUT LAST NAMES. THEY ALSO DO NOT GIVE OUT REFERENCE NUMBERS FOR CALLS. THAT IS THEIR POLICY. HEATHER VERBALLY VERIFIED I WAS FOUND DISABLED BY THE MRT TEAM.** Thank you for providing this information. I will request a copy of case notes/call logs/phone recordings from the CHFS if they are available.

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

Sent: Thursday, April 4, 2024 11:05 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

On Thu, Apr 4, 2024 at 11:47 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

The agency asserts you were not deemed disabled by the MRT.

I was not aware of any differentiation or distinction or even that there are 2 different types until recently -- last couple of months - when CHFS told me about there being two different levels for MRT...

The MRT team or DCBS people just told me I was found disabled by their team, and the woman that took my information could not believe how I had not already been found disabled by SSA etc...

Subpoena the phone call with Heather as noted in the last emails -- you will hear it from them themselves....and yes no last name was given because they do not give out last names nor reference numbers for calls as DCBS policy - which adds additional burden to people receiving benefits.

The agency asserts you were deemed incapacitated by the MRT, which they contend is not considered disabled for the purposes of SNAP medical deductions, nor were you 65 years old or older to qualify for medical deductions under SNAP based on age.

I have been disabled for many years (over 10) - it is only now that the federal SSA recognizes that as of June 30, 2022 (yes almost 2 years ago). Again, I was not even aware of differing levels of MRT findings until CHFS told me 1 to 2 months ago, and no one can provide any written documentation that shows me I am in one of those buckets or the other. The only thing I have to go by is what I was told by DCBS.

I understand you dispute this information. As such, I wanted to provide you with an opportunity to rebut and provide evidence to substantiate your position (If Available).

I believe I have gone far above and beyond what anyone else would need to do (further discrimination against me by USDA) in terms of making a rock solid case that I am being discriminated against.

What is USDA going to say? maybe something like... 'well we know you are disabled by SSA standards, all of your doctors, the MRT team at DCBS, and by every other definition but we consider you not for purposes of SNAP...?'

Do you hear how ridiculous this sounds even reading/writing it?

I would like to know, please, who the actual decision maker is, or who the committee members are, that are arriving at these conclusions.

I would also like for my other question to be answered about how it is fine for non US Citizens to be paid out all kinds of benefits, but people like me that paid into the system for years, and are United States citizens are not hardly able to get benefits, and when we do, often do not get the level of benefits we are supposed to be able to receive.

| I am still investigating your case and have not issued a determination in the matter.

As noted before, I appreciate you investigating it - and in my heart, I believe that you can see that the USDA has caused both me and my child damages by not providing benefits we should have had, by reducing snap dollars when they should not have been reduced, and by not considering medical expenses because I am under the age of 65 and disabled, and continues to cause additional damages by refusing to follow or obey the federal code of regulations. That is by definition discrimination on age and disability which violates the US Code of Regulations...sections and subsections provided previously.

| I am waiting to determine if the agency is interested in resolution since you recently were approved for SSA disability.

The way you word that....they (the USDA) is violating the federal code of regulations by discriminating against me. You say you are seeing if they are interested in resolution. Just because they are a federal agency does not mean they can violate the law and harm me and my family by doing so.

| I would like to know when you initially requested SNAP medical deductions (Date/Point of Contact)? Based on the information I have the timeline of relevant events is as follows:

Well I would like to be able to easily provide that information...however...guess what...I am not able to see documents or to dos or messages in the KyNect system and have not been able to since November for some things to earlier this year for others, so I don't really have an ability to show you that, but the IT people at COGS or KyNect, or DCBS or CHFS or that work with KYMMS or the WorkForce Desk in KY may help you whereas they will not help me. So now I don't even have a way to know when things are

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* April 2023 -- began receiving KTAP...I had been determined to be DISABLED by the MRT team as of April 2024. I was not even aware of the MRT until sometime near that time period.....

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***** Look at all the times above I had to recertify...that in and of itself shows further discrimination.....Approved Aug 2022, had to recertify in November 2022, in Feb 2023, in March 2023, in July 2023, etc...

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March 2024, Complainant approved for SSA disability (Retroactive to June 2022)

We are now in early April 2024.....

Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, April 4, 2024 6:58 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

Krystal,

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John

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When you submitted your June 2022, application for benefits on behalf of you and your child did you report any medical expenses?

Sincerely,

Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Tuesday, April 2, 2024 6:16 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

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I forgot to notate that in the other email.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

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John R. Fouts, MBA

Fax. 502.996.8246

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Fwd: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Friday, February 9, 2024 6:06:58 PM
Attachments: [image001.png](#)

They state that but that is not what the LAW STATES and they are required to follow the LAW as that is what LAWS are for....not made to be broken by governmental agencies...although that does happen frequently. If they will not abide by the law, I will be appealing and also hiring an attorney.

John

On Fri, Feb 9, 2024 at 2:17 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for the additional information. You initially stated you received a MRT disability determination. However, based on the message you forwarded it appears you were deemed incapacitated by the MRT as of 3/1/2023 through 3/31/2024. Is this correct? In the agency's initial response, they stated a KTAP incapacitation determination is not considered evidence of a qualifying disability to grant medical deductions. I will reach out to the agency for clarification and supporting documentation as it relates to this matter and provide a response as soon as possible.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Friday, February 9, 2024 10:48 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Fwd: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;

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Krystal,

Please see the response below from chfs re mrt. I am also going to ask them if it can be retro considered as I did not magically became disabled on 3.01.23. You can see they say the current one shows I am incapacitated via mrt thru 3.01.24.

I keep hoping I'll get the written disability final approval document from SSA but I don't have it yet.

It took until 3.01.23 to get the incapacitated status because despite me asking many, many, many times, I was always told there was no way for dcbs to evaluate disability for benefits. A social worker from Bardstown finally told me I should be eligible so I submitted all documentation and was approved.

I'll ask if the disability can be retroactive prior to 3.01.23....but in the meantime, can I send you medical expenses for March 2023 through present? As they should have been considered, but were always denied so I stopped wasting my time to send them...but now when state and federal law will hopefully finally be honored, it should not be a problem....

John

Please confirm receipt, and that you see mrt part of cfhs response...

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

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

Date: Fri, Feb 9, 2024, 10:51 AM

Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

Below are the answers to your inquiries.

1. I have sent a request to the Department for Medicaid Services regarding getting a copy of the IVIG approval I will have to follow-up when they provide me additional information

Thank you...they are going to tell you that you have to contact mefimpact.

1. The formulary list is available at the following website:
<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

This is not accurate as many of the drugs listed are not covered....

1. The Medicaid provider list is available at the following link:
<https://medicaidsystems.ky.gov/ProviderDirectory/PDSearch.aspx>

You provided a link to an online search form...not a provider directory...that search form has

zero accuracy...I recently needed dental care. I called every single dentist that came up....not a single one accepted medicaid... I need an at least close to accurate provider directory.

1. I have reviewed your case for a disability determination. Currently there is a incapacity determination in your case with the current one starting 03/01/23 with a redetermination date of 03/31/2024. DCBS would not have a document to verify this as they receive this information from MRT electronically.

I will use this email to suffice as that documentary evidence for the usda-fns case.

Please note we will follow-up once we receive a response from DMS concerning a copy of the IVIG approval. Also please note that provided links are searchable database that serve as the provider and formulary list. There is no static document because these databases are constantly updated.

The formulary stated drug coverage is not honored and the provider directory, from my experience provides results for providers that don't take medicaid 99% of the time...

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: Thursday, February 8, 2024 1:40 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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, February 5, 2024 5:37 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| Good Afternoon,

| We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-authorization to be completed by the prescribing provider. Because you have the Home and Community Based Waiver and not assigned to a Managed Care Organization to appeal a denial you can contact the Department for Medicaid Services member service line at 1-800-635-2570.

**NO - MEDICAID MEMBER
SERVICES DOES NOT HANDLE
APPEALS - I HAVE SPOKEN WITH**

THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP GETTING SENT BACK AND FORTH WHICH IS WHY I HAD TO INVOLVE YOUR ORGANIZATION.

ALBUTEROL IS REQUIRED BECAUSE I HAVE ASTHMA. IF I HAVE A SEVERE ASTHMA ATTACK AND AN ANAPHYLACTIC REACTION I DON'T THINK YOU WANT MY DEATH ON YOUR HANDS....

ALSO REGARDING THE PRIOR AUTHORIZATION.....YES THEY APPROVED IT BUT IT WAS NOT HONORED AT THE PHARMACY AS THEY HAD NOT MADE IT AVAILABLE TO THE PHARMACY SO I HAD TO PAY OUT OF POCKET

FOR ADDERALL.....AND THAT IS NOT OKAY -- THAT WAS THE POINT OF THAT -- IT SEEMS YOUR ORGANIZATION IS NOT CAPABLE OF COMPREHENDING THE SITUATIONS AT HAND....

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.

I AM NOT ABLE TO REQUEST A STATE FAIR HEARING FOR IVIG DENIAL AS MEDICAID MEMBER SERVICES SAYS IT IS MEDIMPACT AND MEDIMPACT SAYS IT IS MEDICAID MEMBER SERVICES I NEED TO SPEAK TO -- YOU DID NOT EVEN ADDRESS THIS CONCERN....

YOU ALSO DID NOT EVEN ADDRESS THE FACT THAT I AM NOT ABLE TO GET A PROVIDER DIRECTORY

**NOR A DRUG FORMULARY
SHOWING WHAT PROVIDERS ARE
IN NETWORK AND WHICH DRUGS
ARE COVERED...SAME SITUATION
BETWEEN MEDIMPACT AND
MEDICAID.....**

**I CONTACTED GOVERNOR
BESEHEAR'S OFFICE TODAY TO
ASK FOR HELP SINCE YOUR
AGENCY, MEDICAID MEMBER
SERVICES, DCBS, AND MEDIMPACT
ALL GIVE PEOPLE THE RUN
AROUND WITHOUT ANSWERING
ANY QUESTIONS WITH ANY
RELEVANT ANSWERS.**

**I MAY BE CONTACTING THE NEWS
STATIONS TOMORROW OR
THROUGH THE WEEK AS ENERGY
LEVEL ALLOWS -- I HAVE
EXTREMELY LOW ENERGY DUE
TO SEVERE ONGOING 15 YEAR**

LONG CHRONIC ILLNESS ISSUES....

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

Sent: Wednesday, January 31, 2024 6:59 AM

To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>

Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Response:

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

Sent: Tuesday, January 30, 2024 4:04 PM

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

Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Also, here is yet another PA that they refuse to honor....again....I want to take legal action at this point....who can I contact to establish counsel that deals with these types of legal claims in the state?

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services

tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me.....Rheumatology and Immunology also say that IVIG is medically necessary.....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay.....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"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

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Please find attached - my fully approved SSA disability letter -- when can I expect
retropayment for being discriminated against - and a letter of apology?
Date: Tuesday, April 2, 2024 8:12:50 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)

On Tue, Apr 2, 2024 at 2:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for this information. Based on the letter dated March 22, 2024, you received a fully favorable decision for SSA disability benefits. Is the agency aware that you were recently approved for SSA disability?

Yes -- as soon as I got it -- I asked my Kynector...Mia Anderson....to alert DCBS. CHFS is also aware of the situation...

The agency asserts the (“MRT”) disability determination process is not used for disability determination for the purposes of SNAP. It is used specifically for Medical Assistance (“MA”) and Kentucky Transitional Assistance Program (“KTAP”).

Right -- and they have not included ANY of my medical expenses.

The agency contends you completed an MRT for Incapacity for KTAP benefits and the Waiver Level of Care Application process for the Home and Community Based Service Waiver (“HCBW”).

There IS NO DIFFERENTIATION written anywhere between different levels of MRT that I can find. This is outright ludicrous...so you are arguing that even SSA finds me disabled as of June 30, 2022...but you are saying the state should not???

However, the MRT for KTAP and the Level of Care Application process for HCBW determinations are distinct from the SNAP determination of disability.

How so?? I am a HCBW participant....why does the United States throw money at non United States Citizens illegally crossing the border, but US citizens like me that have paid into the system for life have a nearly impossible time getting any benefits?? I seriously would like an official response please.

The agency contends you do not have a MRT disability determination. You have a KTAP incapacity determination, which is not evidence of disability under SNAP.

DCBS has stated verbally on recorded phone calls that I was found disabled by the MRT. Please subpoena those phone calls to get this information. Again, this is absolutely ludicrous...

Section MS 5410 Members Eligible for Medical Deduction of the SNAP Operations Manual states the agency must, "Allow for a deduction for medical expenses for any household member who is elderly or disabled as defined in MS 2000."

Where is this information available to me? Why has no one been able to point me to this previously? I am disabled...I am not elderly...I have been disabled for many years....several of my doctors can verify this....my conditions list alone should verify this....my symptoms can also verify this....I have several doctors letters that I can provide to you. Are you going to say that all of my doctors are wrong, and that the SSA is wrong? and you are right?

MS 2000, defines "disabled" as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. MS 2000, defines elderly as, "An individual age 60 or older." According to the agency you did not meet either of these definitions and did not qualify as a member eligible for medical deductions.

According to what agency?? DCBS states that I 'am' disabled by the MRT team...but there is no document they can give me to show the information -- they could only provide verbal affirmation. This is on recorded telephone calls. Please subpoena the information. It is not okay for me to be denied benefits I am eligible for...it is against the law...it is discriminatory practice by the USDA, and violates the United States Code of Federal Regulations....illegal and unethical and inhumane....

If you have any additional information you wish to submit to support your position you were discriminated against based on disability and age please forward it to me by April 8, 2024.

I am 45 years old. I am white and male and I feel I am also being discriminated against based on my race and color of skin -- also against the law...

Any information submitted will be taken into consideration before issuing a determination in this matter.

The information submitted shows clear prejudice against me....based on age and disability... I know you are a middle-woman and that you are passing information back and forth and I appreciate your efforts for doing so -- I'd like to ask if you can see the ridiculousness of this situation....SSA found me disabled as of June 30, 2022....that is before I received ANY SNAP benefits....

I've provided you with the disability determination letter from SSA....several forms from my doctors stating I am disabled....stated to you that you may collect the recorded phone calls that I have had with DCBS to inquire about the MRT disability finding (which they confirmed verbally), and the mainstream housing choice voucher application which also requires someone to be under 65 and disabled - those are non-elderly-disabled forms....so you are stating that every agency in the United States finds me disabled....EXCEPT for the USDA....that is incredibly discriminatory...my race, I believe is also playing a significant role in the discriminatory practices exhibited by the USDA and DCBS.

I will contact the agency again to determine if they are interested in resolution and provide a response as soon as it is forwarded to me. Please confirm if the following is what you are seeking to resolve this matter.

Of course:

1. Retroactive payments for previous medical expenses that were not deducted.

Yes -- and as stated before to you in writing -- I did not include all medical expenses each and every time I have been re-reviewed for benefits -- which has been occurring several times per month...also discriminatory...I told you it was not worth my time because all of them were being ignored. I can provide the expenses once I have confirmation that they will be reviewed and updated accordingly.

2. Overpayments cancelled and all the funds that were automatically deducted from SNAP benefits refunded.

Yes -- as stated before -- I did not ever agree to have them deducted. I did not ever sign the requested document as I knew there were policy and legal violations pertaining to DCBS and USDA treatment of my case via state and federal law violations by those agencies.

3. Letter of Apology

Yes please. I believe this should be mandatory in any case like this one. I do not think anyone should be treated the way I have been treated....EVER..... These organizations

have harmed the health of me and my child physically, emotionally, and spiritually, in some ways that are even unrecoverable in terms of those three components of health in terms of the discrimination against us that we have experienced and had to endure for such a lengthy time period. As stated, and proven previously, I also have a gluten sensitivity which makes food ridiculously expensive. Food pantries don't normally have much in the way of gluten free foods...farm markets where snap is taken don't really operate this time of year....online orders accepting snap involve delivery fees and other charges which are things we cannot afford...and/or prices are higher to accommodate the online platforms compensation for offering online sales of goods and services...etc...

I'd also like to request that there is no further discrimination against us that violates state, local, and federal law, statutes, ordinances, rules and regulations, and that does not violate federal law, or any portion of the Code of Federal Regulations, or any part of state or federal constitutions, and/or amendments to such constitutions. Again, what we have been through is not what anyone should ever have to go through.

I'd also like the agency to consider people like me who have to eat gluten free out of medical necessity who end up getting screwed over by the system. Changes need to occur. Who is the person or team that I would need to contact to discuss that with? Gluten free foods are 180% to 540% more expensive than standard 'American-diet' food.

I'd also like to request a listing of all farmers markets registered with USDA-FNS that accept SNAP and when they take place, and where they are, and if they are still operating.

Thank you Krystal, for your help in the matter and for passing information back and forth.



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Sunday, March 31, 2024 10:42 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Please find attached - my fully approved SSA disability letter -- when can I expect retropayment for being discriminated against - and a letter of apology?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

SNAP dollars have been withheld from me for many months and NONE of my medical expenses have been considered.....I have been solidly discriminated against based on my age and disability....

I DID NOT SIGN the letter from SNAP stating I must sign in order to have overpayment (which was not really overpayment) deducted from me.

USDA/FNS owes me money....I would also like a letter of apology from the department.



SOCIAL SECURITY ADMINISTRATION



Office of Hearings Operations
3RD FL, STE 300
601 W BROADWAY
GENE SNYDER US CTHOUSE
LOUISVILLE, KY 40202-9895

Date: March 22, 2024

John Robert Fouts
2902 Sitka Dr Unit L29
Louisville, KY 40299

Wrong Address. I had Mrs. Bright @ E. Louisville SSA

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

Current via phone March 28 2024

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. The preferred method for filing your appeal is by using our secure online process available at <https://www.ssa.gov/benefits/disability/appeal.html>.

You may also use our Request for Review form (HA-520) or write a letter. The form is available at <https://www.ssa.gov/forms/ha-520.html>. Please write the Social Security number associated with this case on any appeal you file. You may call (800) 772-1213 with questions.

Please send your request to:

Social Security Administration
Office of Appellate Operations
6401 Security Blvd
Baltimore, MD 21235-6401

Form HA-L76 (07-2023)



Suspect Social Security Fraud?
Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

Time Limit To File An Appeal

You must file your written appeal within 60 days of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence with your appeal. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J) and Part 416 (Subpart N).

The Appeals Council may:

- Deny your appeal.
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

If You Have Any Questions

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this notice and decision when you call.
3. You may also call your local office at (888) 280-5851.

SOCIAL SECURITY
STE 50
10503 TIMBERWOOD CIR
LOUISVILLE, KY 40223-5396

William C Zuber
Administrative Law Judge

Enclosures:
Decision Rationale
Form HA-L15 (Fee Agreement Approval)

cc: Samuel Lawrence Schad
SCHAD and SCHAD P C
309 Pearl Street
Second Floor
New Albany, IN 47150-3417

SOCIAL SECURITY ADMINISTRATION
Office of Hearings Operations

DECISION

IN THE CASE OF

John Robert Fouis
(Claimant)

CLAIM FOR

Period of Disability, Disability Insurance
Benefits, and Supplemental Security Income

(Wage Earner)

210X716D31506

(Beneficiary Notice Control Number)
Social Security Number removed for your protection

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on a request for hearing dated July 18, 2023 (20 CFR 404.929 *et seq.* and 416.1429 *et seq.*). On January 9, 2024, the undersigned held an online video hearing. The claimant agreed to appear by online video before the hearing, and confirmed such agreement at the start of the hearing (Exhibit C13B). The claimant is represented by Samuel Lawrence Schud, a non-attorney representative. Steve Bast, an impartial vocational expert, also appeared at the hearing.

The claimant is alleging disability since June 30, 2022.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

1. The claimant's date last insured is December 31, 2027.
2. The claimant has not engaged in substantial gainful activity since June 30, 2022, the alleged onset date (20 CFR 404.1520(b), 404.1571 *et seq.*, 416.920(b) and 416.971 *et seq.*).
3. The claimant has the following severe impairments: neuropathy, Sjogren's Syndrome, gastroparesis, copper and iron deficiencies, hypothyroidism, degenerative joint disease, Achilles tendinitis, asthma, depression, and posttraumatic stress disorder (PTSD) (20 CFR 404.1520(G) and 416.920(G)).
4. The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.922 and 416.926).

See Next Page

John Robert Fouis (BNC#: 210X716D31506)

Page 2 of 6

5. The claimant has the residual functional capacity to perform light work as defined in 20 CFR 404.1567(b) and 416.967(b) except he can occasionally climb ramp and stairs but he can never climb ladders, ropes, or scaffolds. He can occasionally balance, stoop, crouch, crawl, kneel. He can tolerate frequent exposure to vibrations but no exposure to dangerous machinery or unprotected heights. He will be absent 3-4 times per month on an ongoing basis. He can understand, recall, carry out simple instructions and procedures requiring some independent judgment, with minimal variation.

In making this finding, the undersigned has considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and SSR 16-3p. The undersigned also considered the medical opinion(s) and prior administrative medical finding(s) in accordance with the requirements of 20 CFR 404.1520c and 416.920c.

The medical evidence supports the claimant suffers from a combination of physical impairments so numerous that the amount of time dedicated to treating them alone would render him incapable of sustaining a regular and continuing employment schedule - that is, working for five days a week, eight hours per day, or like schedule. He suffers from neuropathy, Sjogren's Syndrome, gastroparesis, copper and iron deficiencies, hypothyroidism, and multiple disorders of the musculoskeletal system that include degenerative disc disease and Achilles tendinitis. He is followed by multiple specialists that include rheumatologists, hematologists, endocrinologists, immunologists, and neuromuscular specialists. These impairments over time have slowly eroded his ability to perform basic work activities. For instance, in March 2022, just a few months prior to his alleged onset date, he is asking about the possible diagnosis of Sjogren's Syndrome and work (Exhibit C1F p. 62). The undersigned finds little reason to doubt this in light of the voluminous sixty-nine exhibit, five-thousand page medical record.

Turning to the medical evidence, the claimant has been diagnosed with small fiber neuropathy complicated by lumbar radiculopathy status-post L4-5 and L5-S1 discectomy. He complained of pain into his lower extremities all the way to his bilateral heels, which is of course complicated by Achilles tendinitis. He has tried and failed non-steroidal anti-inflammatory and physical therapy. Following his discectomy, he developed left foot drop (Exhibit C37F p. 1). An electromyography revealed chronic changes in the peroneal nerve and "slightly decreased recruitment pattern with neurogenic recruitment" (Exhibit C37F p. 2). Notably, a prior electromyography from 2018 has already established chronic active L5 radiculopathy (Exhibit C39F p. 3). Neurology records recorded reduced vibratory sensation in the feet and reduced pinprick sensation in a stocking distribution to the shins bilaterally (Exhibit C37F p. 2). The neurologist believed the claimant's Sjogren's Syndrome was the likely source of his small fiber neuropathy (Exhibit C39F p. 4). They have pictures in the file of the claimant's legs while actively swollen (Exhibit C1F p. 63). When the claimant began developing imbalance issues, the neurologist noted that his neuropathy could be contributing but also that Sjogren's Syndrome is associated with peripheral vestibulopathy, which could impact balance (Exhibit C39F).

On top of all of this, the claimant has degenerative joint disease of the knees with evidence for valgus deformity, stiffness on extension, and tenderness (Exhibit C1F) and he is seen by

See Next Page

vascular surgeons for lower extremity venous insufficiency and varicostitis despite medical grade compression stockings (Exhibit C22F). He is also on intravenous immune globulin infusions for gastroparesis, copper infusions for a copper deficiency, and iron infusions because the copper infusions caused his iron levels to drop (Exhibits C6F; C53F pp. 1-8). He sees an endocrinologist for hypothyroidism associated with fatigue (Exhibit C63F). He has asthma with radiographic evidence for granulomatous disease (Exhibit C33F p. 13). At one point the claimant was being seen by eighteen different medical providers (Exhibit C8F). In sum, the claimant has a number of concomitant impairments causing overlapping signs and symptoms that include weakness, fatigue, foot drop, numbness and burning in the feet, and imbalance. He needs a high level of treatment on a regular basis that includes fusions that take several hours on a weekly basis. The physical examination findings and the claimant's complaints support that he would not have the strength or energy for any more than sedentary work, which is also consistent with an individual unable to be on his feet like the claimant. The intermittent flare ups of signs and symptoms and the need for frequent and lengthy treatment interventions supports the claimant would not be able to sustain even sedentary work without an unacceptable number of absences and breaks from work.

The undersigned is not persuaded by the state agency medical consultants at Exhibits C2A and C4A, who found the claimant could still perform light exertional work. The consultants did not support their opinions well and overall the opinions are inconsistent with the longitudinal record. The DDS cited to evidence for autoimmune therapy, copper infusions, spine surgery, ablations for varicostitis, neuropathy treated with infusions, and evidence for joint swelling. These findings are not supportive of a conclusion that the claimant can be on his feet for six hours a day. Moreover, the DDS cites to only a handful of findings across a five-thousand page file and gives little consideration to the fact that the claimant's infusions take hours at a time or that he sees eight different specialists because his autoimmune disorder is impacting multiple body systems.

Regarding his mental impairments, the claimant suffers from depression and PTSD. His depression is unsurprisingly exacerbated by his dwindling physical functioning (Exhibit C8F). Per the records, his son is special needs and also has complex medical needs and as a divorcee the claimant was struggling to keep up with his own medical needs while being a single parent to his son part-time (Exhibit C8F pp. 14, 30). As a result his mental impairments, the claimant has the following degree of limitation in the four broad areas of mental functioning set out in the CFR, Part 404, Subpart P, Appendix 1: a moderate limitation in understanding, remembering, or applying information; a mild limitation in interacting with others; a moderate limitation in concentrating, persisting, or maintaining pace; and a mild limitation in adapting or managing oneself. This was the conclusion of the state agency psychological consultants at Exhibits C2A and C4A, which led them to limit the claimant to only simple and familiar work tasks with minimal variations in work activity and requiring only some independent judgment. Otherwise, opinions with citation to the treating record and citation to findings from the consultative examiner that included abnormal moods, depressed moods, and low energy or fatigue. Despite his moods, the claimant was able to interact appropriately. These findings support the DDS conclusions.

See Next Page

Their conclusions are also consistent with the consultative examiner's report, which includes complaints of memory and recall with interference from pain. The examiner concluded the claimant's ability to tolerate frustration, stress, or pressures, conform to social standards, and carry out work across a 40-hour work week was severely impaired. The opinion is not well supported given the claimant presented as an individual with above average intellectual functioning, normal memory and attention, sequential and goal-directed thoughts, and good judgment. However, when considering the claimant's physical impairments and pain levels, the opinion becomes more persuasive because the interference from the signs, symptoms, and treatment related to his physical impairments would prevent him from carrying out a 40-hour work week. The undersigned does not find evidence to support such significant problems in interacting with others or tolerate stress and pressures because treating records at C8F generally describe him as pleasant and he has not required aggressive mental health treatment, emergency treatment, or overnight hospitalization. Thus, despite the significant stressors associated with his physical decline, he is managing with only routine treatment. Thus, the opinion is persuasive in part as consistent with the record in terms of the claimant's inability to manage a regular and continuing work schedule, and unresponsive in part in terms of how limiting his impairments are on his ability to relate with others and manage stress.

The undersigned is not persuaded by the letters from the claimant's treating mental health provider at C12F and C16F, which are really not medical opinions at all, but simple statements in support of the claimant's effort to attain social security benefits (Exhibits C12F; C16F).

Finally, the DDS makes not a prior decision from an administrative law judge dated September 6, 2016. As the claimant is a Kennedy resident, the undersigned is directed to consider Acquiescence Rulings (AR) 98-3(6) and 98-4(6) and the effect on this decision. These ARs insulate them unless new and material evidence or changed circumstances provide a basis for a different finding concerning a claimant's residual functional capacity; the Administration may consider the prior findings from an administrative law judge to be legitimate — though not binding — in adjudicating a subsequent disability claim with an unadjudicated period arising under the same title of the Act (Acquiescence Ruling 98-4(6)). Here, however, there has been a change in the mental health listings and musculoskeletal listings that would preclude adopting the prior findings with regard to the claimant's functioning. The prior decision was also rendered in 2016 and ample evidence has been received since that time to support this new residual functional capacity assessment.

6. The claimant is unable to perform any past relevant work (20 CFR 404.1565 and 416.965).

The claimant has past relevant work as computer programmer, consultant, and sales manager, which were all sedentary in exertion and skilled, SVP between a 7 and 8. The demands of the claimant's past relevant work exceed the residual functional capacity.

7. The claimant was a younger individual age 18-49 on the established disability onset date (20 CFR 404.1563 and 416.963).

See Next Page

- 8. The claimant has at least a high school education (20 CFR 404.1564 and 416.964).
- 9. The claimant's acquired job skills do not transfer to other occupations within the residual functional capacity defined above (20 CFR 404.1568 and 416.968).
- 10. Considering the claimant's age, education, work experience, and residual functional capacity, there are no jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 404.1560(c), 404.1566, 416.960(c), and 416.966).

If the claimant had the residual functional capacity to perform the full range of light work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 202.21. To determine the extent to which the claimant's additional limitations erode the unskilled light occupational base, the Administrative Law Judge asked the vocational expert whether jobs exist in the national economy for an individual with the claimant's age, education, work experience, and residual functional capacity. The vocational expert testified that given all of these factors there are no jobs in the national economy that the individual could perform.

Based on the testimony of the vocational expert, the undersigned concludes that, considering the claimant's age, education, work experience, and residual functional capacity, a finding of "disabled" is appropriate under the framework of the above-cited rule.

11. The claimant has been under a disability as defined in the Social Security Act since June 30, 2022, the alleged onset date of disability (20 CFR 404.1530(g) and 416.920(g)).

DECISION

Based on the application for a period of disability and disability insurance benefits protectively filed on July 19, 2022, the claimant has been disabled under sections 216(f) and 223(d) of the Social Security Act since June 30, 2022.

Based on the application for supplemental security income filed on October 12, 2023, the claimant has been disabled under section 1614(a)(3)(A) of the Social Security Act since June 30, 2022. Supplemental security income does not become payable until the month after the month in which the application is filed (20 CFR 416.335).

See Next Page

The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these payments and, if the claimant is eligible, the amount and the months for which payment will be made.

Medical improvement is expected with appropriate treatment. Consequently, a continuing disability review is recommended in 24 months.

/s/ William C Zuber

William C Zuber
Administrative Law Judge

March 22, 2024

Date

What do you need from me to make those things happen?? And will you notify DCBS that my medical expenses SHOULD BE considered?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Question on ESAP and SNAP
Date: Thursday, April 18, 2024 3:51:39 PM
Attachments: [image001.png](#)

Okay - they don't know - that is why I asked you but thank you. I will try them again.

On Thu, Apr 18, 2024 at 11:02 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

The instructions to report changes to your SNAP benefits is found on the letter you forwarded to me. For assistance including reporting medical expenses, you must contact Kentucky Cabinet for Health and Family Services (CHFS) Department of Community Based Services (DCBS) office directly at 1-855-306-8959. DCBS accepts calls between 8:00 a.m. and 4:30 p.m. EST Monday through Friday and between 9:00 a.m. and 2:00 p.m. EST on Saturday.

As a reminder my agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs. In your complaint against Kentucky Cabinet for Health and Family Services (CHFS) you alleged discrimination based on age and disability when they allegedly in September 2023, 1) sent you a claim adjustment letter stating that you were overpaid SNAP benefits due to a calculation error and 2) did not allow medical deductions. I only have authority to investigate the issued outlined above and cannot assist you with benefit issuances. You must contact CHFS DCBS directly for assistance.

Sincerely,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Wednesday, April 17, 2024 1:54 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Question on ESAP and SNAP

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

Both ESAP and SNAP are program of the USDA. Because I am classified as disabled by SSA now also (in addition to all of my doctors, the MRT team, myself, my family and friends etc...) - at least finally the SSA agreed I am disabled...anyway -- I received \$274 today for me and my child for SNAP....as you know....that is not taking into consideration ANY of my medical expenses -- how can I get those to be counted? And what is the status of my case?

Also, I got a notice, see attached, that ESAP would be starting on the 1st of May and be \$472 per month. It says from May 1st 2024 to March 31, 2027....

So....am I going to receive the \$472 to help feed me and my child beginning May 1st? If you are not the ESAP coordinator - can you please forward this to the appropriate USDA contact? And since no medical expenses are listed, but there are a great number (especially including mileages to doctors offices that are required to be federally reimbursed -- can you please let me know how I can get the medical expenses counted as they are supposed to be by law?)

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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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: Thursday, November 9, 2023 1:28:55 PM
Attachments: [image001.png](#)

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 pending 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 contact 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,

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800-372-2973

502-564-5497

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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,

John R. Fouts, MBA

Fax. 502.996.8246

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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: Wednesday, November 8, 2023 4:16:53 PM
Attachments: [image001.png](#)

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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: Wednesday, November 8, 2023 10:38:21 AM
Attachments: [image001.png](#)
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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



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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

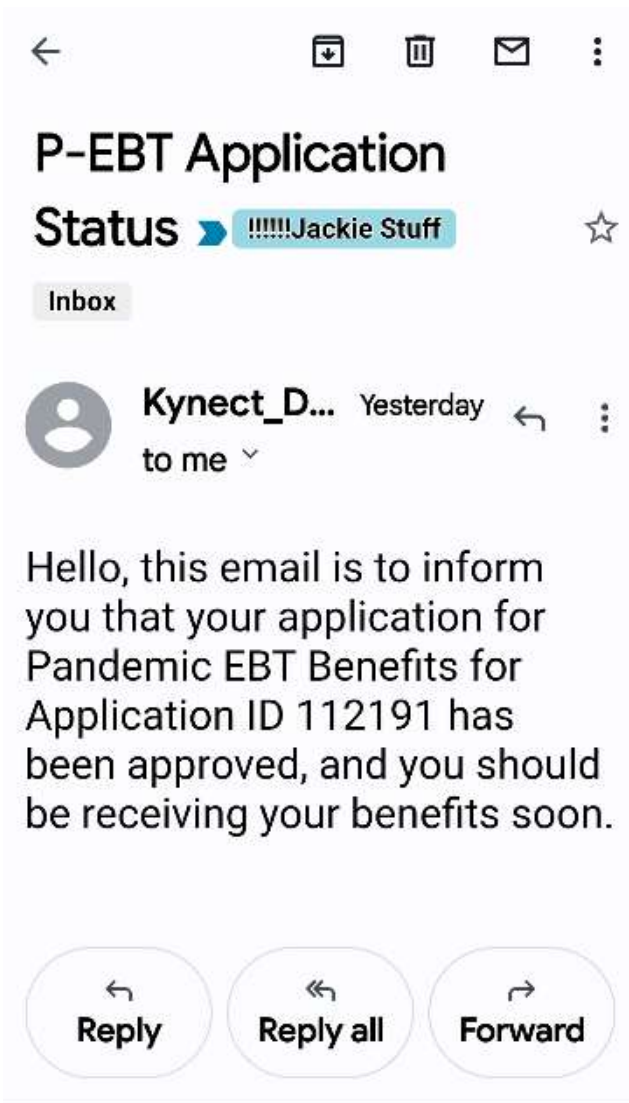
I need help with this -- I have tried to fax....tried to email...fax was successful.....left message on phone....never returned any kind of communication. Please help me get an update on this as I applied on Sep. 21 and today is November 3rd....or let me know if I need to file a formal complaint or grievance.

John

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.

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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: 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

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Abell, Patricia A \(CHFS OLS DLLF\)](#)
Subject: Re: address
Date: Monday, June 24, 2024 3:35:16 PM

That is correct.

On Mon, Jun 24, 2024, 3:11 PM Abell, Patricia A (CHFS OLS DLLF)
<Patricia.Abell@ky.gov> wrote:

Mr. Fouts will you please confirm your current address. I have it as:

John Fouts

[2904 Sitka Drive, Apt. #L29](#)

[Louisville, Kentucky 40299](#)

Sincerely,

/s/ Patricia A. Abell

Patricia A. Abell, JD

Assistant Counsel

Cabinet for Health and Family Services

Office of Legal Services

[275 E Main ST](#) 5W-B

Frankfort, KY 40621

patricia.abell@ky.gov

(502) 564-7623

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sender and delete the communication and destroy all copies.

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: See attached for medical expenses and for emotional support animal certified letter
Date: Sunday, June 9, 2024 9:10:12 PM
Attachments: [2023-ESA-Letter.pdf](#)
[2024-06-09-Medical-Expenses-January-1-2024-through-June-9-2024.pdf](#)

Hello. I have attached the expenses for 2024 per DCBS worker that called me last week or week before....the attached shows the expenses from Jan 1 through June 9th.

The ESA letter is also attached.

I also faxed to the 2007 DCBS fax number - and am including here as well to make sure that it is received.

--

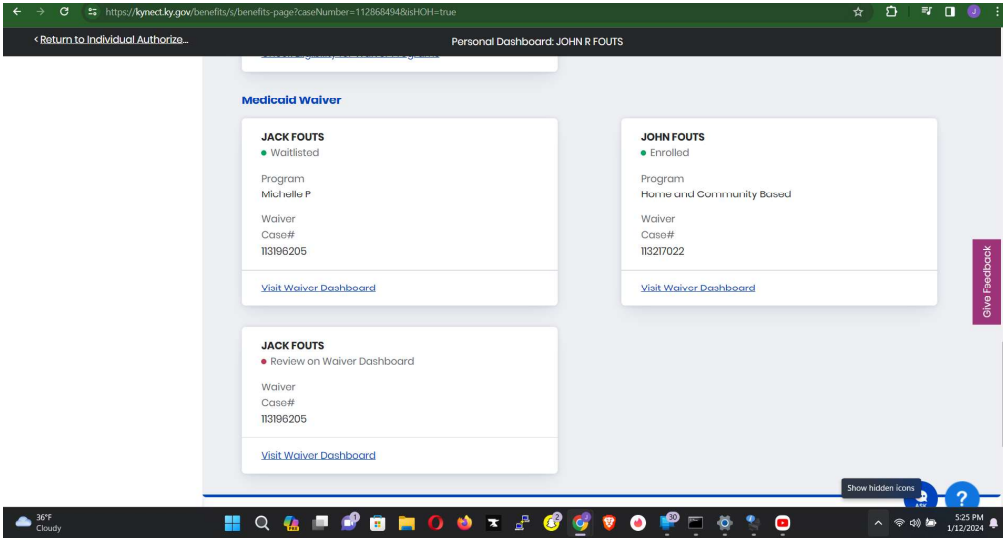
"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Something changed in the last hour b/c I can now see the waiver dashboard section....BUT.....I still cannot see Jackie's information on the first page where I am an authorized rep....
Date: Friday, January 12, 2024 5:28:11 PM
Attachments: [image.png](#)

That was the whole reason I called in to begin with in early November.....how can we get it fixed????



Jackie has a different case number because of SSI being received. I need to be able to see the information for Jackie's other case number.....argh.....

I appreciate your help, but I am truly at the end of my nerves here.....literally.....I have a nerve problem so that really isn't that funny actually.....

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Thank you for your continued help -- could you send me a list of kynectors please? 2024.01.12
Date: Friday, January 12, 2024 3:57:59 PM

I am having trouble getting a list.

I'm also getting things several times per week in the mail from chfs with sometimes the same and sometimes different...and/or reductions, and the dates are different...

I need someone to help me. It is as if my eligibility is being run over and over and over and over and over again and I have no idea why or what is going on.

John

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?

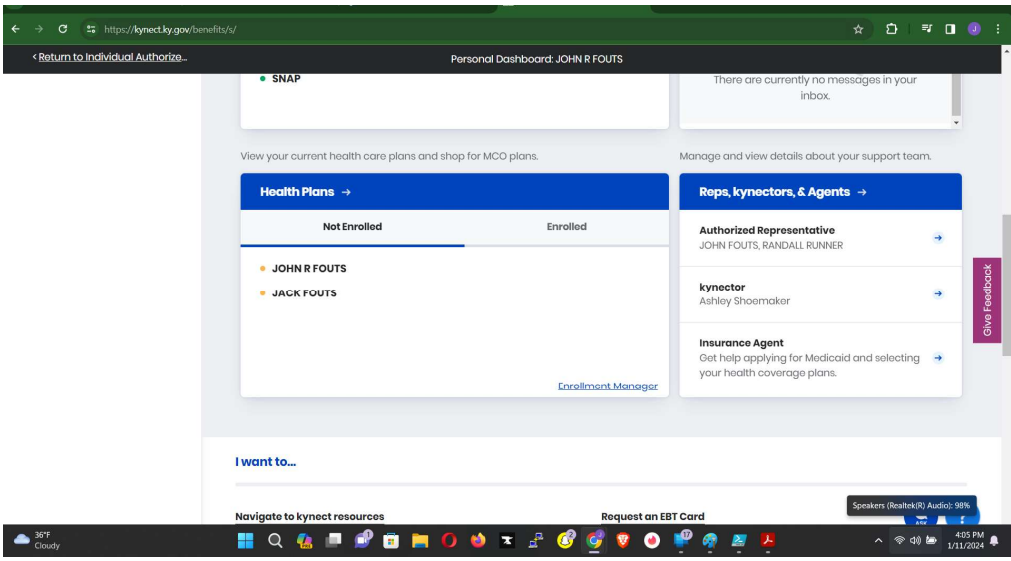
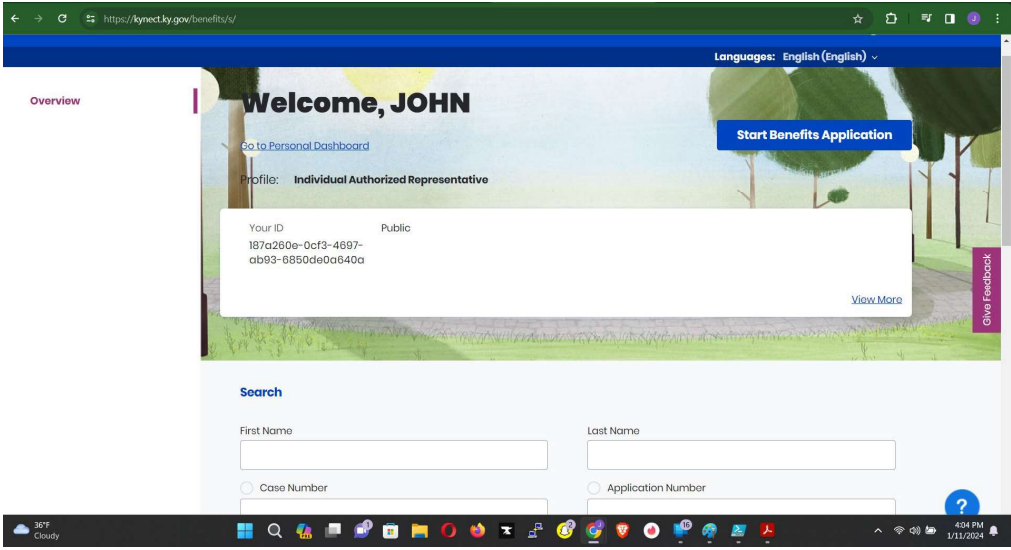
--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: The issue is still not fixed -- please help..... 2024-01-11 -- do I need to contact the Governor since it has been since early November that this has been an issue?
Date: Thursday, January 11, 2024 4:06:19 PM
Attachments: [image.png](#)
[image.png](#)



--

"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: There is no designated case manager - that is part of the problem - I plan to call DCBS shortly....again....
Date: Friday, February 2, 2024 12:23:32 PM
Attachments: [image001.png](#)

Just letting you know...

On Thu, Feb 1, 2024 at 1:58 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for the additional information in your most recent response. Please reach out to your designated case manager regarding the eligibility criteria/process to sign up for ESAP and for information regarding the reduction of your SNAP benefits. This individual should be able to assist with questions and concerns pertaining to your case. As discussed, I will submit your rebuttal and resolution terms to the agency and provide a response once it is forwarded to me.

Respectfully,



From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 1, 2024 10:42 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Thanks for your call.

I will try to reach someone at dcbs about the mrt today.

I have additional questions. My snap benefits were recently reduced to \$242 with no changes, and no notification as to why. Can you help determine why?

Also, I should be eligible for ESAP so I only have to recertify every three years instead of every 2 to 4 months. But I can't figure out how to get signed up for it.

There was another question but I already forgot it.

I also have to eat gluten free out of medical necessity which costs a lot more than regular food. I previously provided the physicians recommendation on this. I also previously provided the paragraph in the code of federal regulations relating to snap and proof I am eligible for medical expenses...and previously provided the KY statute.

One more thing...once this is settled, I'd also like a letter of apology from chfs and dcbs.

And ideally there would be some kind of accountability toward them for their wrongdoing.

John

On Thu, Feb 1, 2024, 12:36 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

Thank you for your response. I understand your position and will contact you shortly to discuss this matter.

Sincerely,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

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

Sent: Tuesday, January 30, 2024 5:35 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above

this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Krystal,

I have two doctor appointments in Lexington tomorrow. One is in the morning, one in the afternoon. I will be en route from around 9 am until 11 am - then at the first appointment from around 11:15 to 12:30 - maybe slightly longer. Then lunch. Then next appointment at 1:30 or 2:00 and that one should be about an hour too....then will be en route back....it takes about 2 hours to get to Lexington one way....You can try to reach me 9:30 to 10:30 ish or maybe 3:30 to 4:00 ish? I will answer if I can. See....the mileage to get to and from Lexington should be another considered medical expense.....but CHFS is violating the law by not considering it....and instead...choosing to discriminate against me because I am under 65 and disabled. I have no doubt that in a court of law, I would win 100%. I want the money that I paid back that I did not owe, and did not agree to being collected, to be returned to me. I want a letter of apology, and I want all medical expenses to be considered for each month retroactively and going forward. That is what the law says to do. That is the law that CHFS is in direct violation of.

On Tue, Jan 30, 2024 at 5:31 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Are you able to speak with me today? If not, I can give you a call tomorrow afternoon. Let me know if you are available.

Respectfully,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

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

Sent: Tuesday, January 30, 2024 1:42 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

Krystal,

Yes the medical review team determined I was disabled.....the MRT team.....at DCBS.....they made the decision based on me sending them dozens if not hundreds of pages of medical records that they needed in order to make the review/determination.

If I am able to find counsel, to represent me, I will absolutely have them inform you.

The agency is tied to SSA directly. I have not received the favorable decision letter yet - it takes 30 to 120 days to get that from a judge once a decision is made right now. My trial was on January 9th of 2024. I was told, as when my child was deemed disabled and began receiving SSI, that there is no need to report that change to DCBS as the are automatically made aware via their connection with SSA. I was told that by DCBS. My date of disability onset is June 30, 2022.

I'm sorry I could not take your call when you rang, but I am dealing with a situation where a gas gift card that we were given by my child's school had a large amount of money stolen from it so I had to find the process to get a specialist involved, make a police report - or if I should wait until more info from Speedway can be garnered, etc....

John

On Tue, Jan 30, 2024 at 4:14 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. You have the option to retain a legal representative at any point of this process. If you do so, please provide me with a letter of representation from your designated representative and I will work with you both moving forward.

It appears you were issued two SNAP benefit adjustment letters based on overpayments issued to you by the agency. Based on the information I received the first letter was sent to you on September 20, 2023, for overpayment in the amount of \$ 585 for the period of 7/1/2022 to 8/31/2022. The second letter was sent to you on February 13, 2023, for overpayment totaling \$ 1314 for the period of 7/1/2022 to 10/31/2022. I am assuming you now owe \$ 855 due to deductions from your benefits by the agency to recover overpayments. The Agency asserts it established the claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable and appropriate under state and federal law in reference to your case. Please provide any additional information you may have to support your position regarding this issue at your earliest convenience.

The agency asserts the SNAP Operations Manual defines Members Eligible for Medical Deduction in MS 5410. MS 5410, in relevant part, states, "Allow for a deduction for medical expenses for any household member who is elderly or disabled as defined in MS 2000." MS 000, defines "disabled" as an individual determined eligible

for or receives the following benefits, Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The agency contends a KTAP incapacity determination is not evidence of a disability. Are you claiming you received a MRT Disability determination? Please clarify how the agency was made aware of your disability. Is the agency aware you were recently approved for SSA? What date were you approved?

Thank You,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

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

Sent: Tuesday, January 30, 2024 11:49 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

On Fri, Jan

26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received the agency's response to your complaint on January 18, 2024. I had an opportunity to review the response and summarized it below for your convenience.

In your complaint you claim Kentucky Cabinet for Health and Family Services (KY CHFS), discriminated against you based on age and disability when they in September 2023: 1. sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error and 2. did not allow certain medical deductions. KY CHFS denies any discriminatory action based on age and disability and provided the following response to your claims:

With regard to point 1 above....if they are saying I was overpaid by \$585....why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.



With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in 921 KAR Chapter 3. 921 KAR 3:050. The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or **having a disability, as defined in 9210 KAR 3:010**, Section 1(9) or (11). The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manuel defines “disabled” as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act **including a determination by the Medical Review Team (MRT) that the person is disabled**. The SNAP operations Manuel defines elderly as, “An individual age 60 or older.” The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

I meet the definition of having a disability as defined in 9210 KAR 3:010 Section 1(9) or (11). The agency apparently does not understand the language in the law because it very clearly states that "including a determination by the Medical Review Team that the person is disabled..."

The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022.....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



Krystal Clark
Equal Opportunity Specialist/Investigator
Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, January 25, 2024 5:36 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;

Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

I know you are just a messenger in between me and the powers that be... Please provide me with a status update. It is not fair for an agency to set rules that they must respond within a certain time frame and then just bend the rules if they don't want to get back in that amount of time....you know what I mean?

Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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--

"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246

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Fax. 502.996.8246

--

"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06
Date: Tuesday, February 6, 2024 5:54:48 PM
Attachments: [notice \(80\).pdf](#)
[notice \(81\).pdf](#)
[notice \(82\).pdf](#)
[notice - 2023-11-22T104837.986.pdf](#)
[notice \(79\).pdf](#)
[notice \(77\).pdf](#)
[notice \(66\).pdf](#)
[notice \(76\).pdf](#)
[notice \(70\).pdf](#)
[notice \(55\).pdf](#)

--

"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: 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: [CHFS Listens](#)
Subject: Where can I see the specific legal statues for ESAP in Kentucky?
Date: Thursday, December 7, 2023 4:10:52 PM

Please let me know ASAP.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Why is the waiver ending on 2024.10.25?
Date: Friday, April 12, 2024 7:46:00 PM

Maddison,

Can u help me understand why waiver services are being discontinued on 10.25.2024 according to this letter?

I can't have a big gap in health insurance...no gap is acceptable...

Medicare will start for me on 12.01.2024 and I think I may be dual eligible...so what's the deal with this?

Can u help?

John R Fouts

P. 502.956.0052

F. 502.996.8246

E. Fouts.John@gmail.com

From: [Commonwealth Office of Ombudsman](#)
Subject: Commonwealth Office of the Ombudsman
Date: Tuesday, August 6, 2024 1:11:10 PM

Good afternoon.

I am writing you to advise of a transition that occurred with the Office of the Ombudsman and to provide you with our updated contact information.

Senate Bill 48 (2023), as passed unanimously by the General Assembly, moved the Ombudsman's Office from the Cabinet for Health and Family Services (CHFS) to the Auditor's Office so that the Ombudsman can provide improved, independent oversight and accountability for CHFS.

The Commonwealth Office of the Ombudsman will investigate complaints about CHFS and work to resolve citizen complaints concerning employees, contractors, or public service programs. This includes, but is not limited to, SNAP (also known as Food Stamps), Medicaid, KTAP, Child Support, Child and Adult Protective Services.

Our dedication to the citizens of Kentucky has not changed. We are still here for you; however, you will no longer be able to reach the Ombudsman at 800-372-2973 or at CHFS. Listens@ky.gov. Our new contact information is below, please save for future reference.

866-KYOMBUD (866-596-6283); or,

Email us at KYOMBUD@ky.gov

Best,

Commonwealth Office of the Ombudsman
209 St. Clair Street
Frankfort, KY. 40601

From: [Commonwealth Office of Ombudsman](#)
Subject: Commonwealth Office of the Ombudsman
Date: Tuesday, August 6, 2024 2:47:14 PM

Good afternoon.

I am writing you to advise of a transition that occurred with the Office of the Ombudsman and to provide you with our updated contact information.

Senate Bill 48 (2023), as passed unanimously by the General Assembly, moved the Ombudsman's Office from the Cabinet for Health and Family Services (CHFS) to the Auditor's Office so that the Ombudsman can provide improved, independent oversight and accountability for CHFS.

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866-KYOMBUD (866-596-6283); or,

Email us at KYOMBUD@ky.gov

Best,

Commonwealth Office of the Ombudsman
209 St. Clair Street
Frankfort, KY. 40601

From: [John Fouts](#)
To: [Cecil, Tara D \(CHFS\)](#)
Subject: Re: Follow-Up -- 2024-05-17 -- Re: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...
Date: Sunday, May 26, 2024 2:40:16 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

You did not even answer my questions. Please answer the questions I keep asking you.

On Fri, May 24, 2024 at 1:51 PM Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov> wrote:

Mr. Fouts,

I am have received the documentation necessary to process your appeal and am currently reviewing those documents. Once a determination has been made regarding your recent hearing request, you will be notified by mail.

Thank you,

Tara D. Cecil

Citizen Assistance Specialist

Quality Advancement Branch

Office of the Ombudsman and Administrative Review

275 E. Main Street, 2 E-O

Frankfort, KY 40621

#rmsencrpyt



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

Sent: Friday, May 17, 2024 3:45 PM

To: Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov>

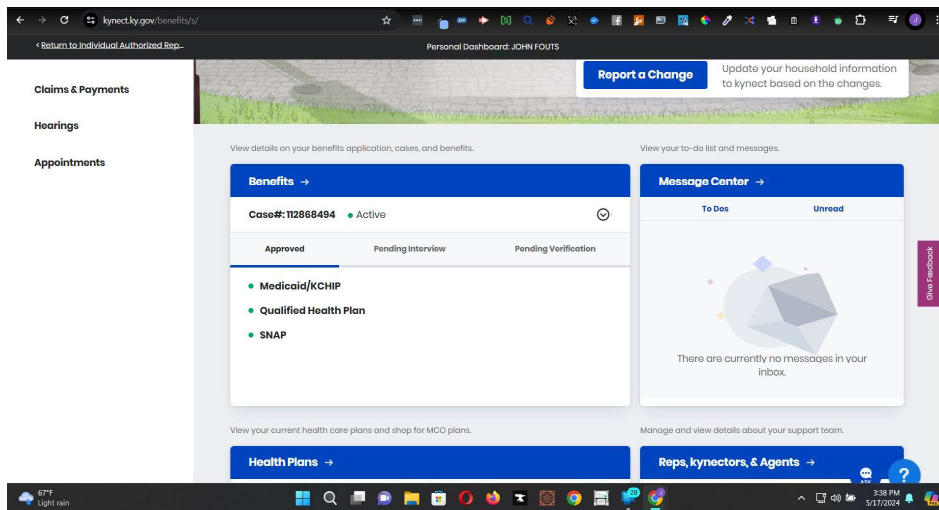
Subject: Follow-Up -- 2024-05-17 -- Re: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...

Tara,,

I am following up on this again... I had also previously provided 2 doctor statements about my need for medical transportation. I have not heard anything about either hearing (for the IVIG that was started in 2024....the hearing that was started in 2024...nor the hearing for medicaid non-emergency transportation)...I would like to confirm that medical transportation should remain a benefit for me until the hearing date at which time a final decision will be made.....please confirm this.....

Also...please update me on the status of the two hearings...

Also -- I am still not able to see any information in KyNect.....I got 2 messages that there were important messages for me...yet when I log in to KyNect I see this....



It still says there are no messages....so I have no idea what they are....

Also... I still cannot see my child's information....

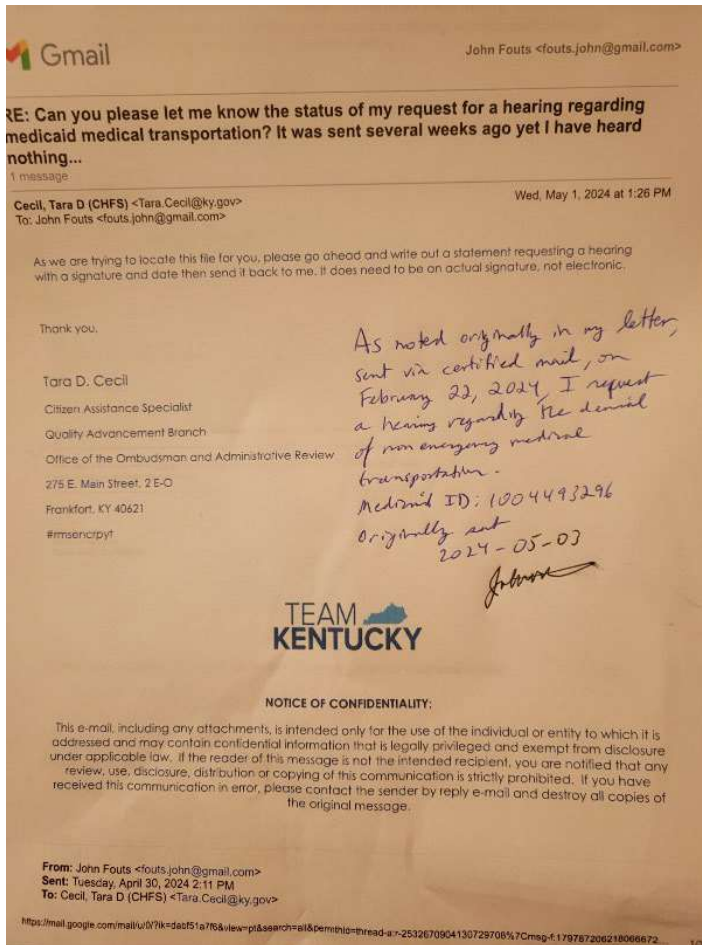
It has been over 6 months that I have been trying to get these things resolved (the last 2 things)... please assist further.

John

On Fri, May 3, 2024 at 12:24 PM John Fouts <fouts.john@gmail.com> wrote:

Thank you for your response. I included the additional signature request you requested here...

Regarding IVIG...it was not denied fully until January 2024....so whatever you are referencing in May 2023 is not what I am referring to.....please double check your records...again...I need accurate information please...and my life and my health (and my child's life and health) are not games to be toyed with by CHFS and DCBS...



On Wed, May 1, 2024, 11:27 AM Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov> wrote:

I understand the frustration you are experiencing.

This office, Office of the Ombudsman, Quality Advancement Branch's address is 275 E. Main **2 E-0**. It appears that you mailed your hearing request to the Department for Medicaid Services at 275 E. Main **6 C-C**, so it would have been received by a different department. Our office did not receive it. We are going to try to locate this appeal request for you but will be accepting this email as a hearing request in the meantime while we do so.

As far as the hearing request for the IVIG, it appears that was sent to the hearings branch on 5/25/23. You would need to contact them for a status update on that request. Their phone number is 502- 564-6621.

Thank you,

Tara D. Cecil

Citizen Assistance Specialist

Quality Advancement Branch

Office of the Ombudsman and Administrative Review

275 E. Main Street, 2 E-O

Frankfort, KY 40621

#rmsencrpyt

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

Sent: Tuesday, April 30, 2024 2:11 PM

To: Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov>

Subject: Re: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...

It is a good thing that certified mail can PROVE it was received.

It was the address on the letter that said....to request a hearing mail a letter to this address....

Here is a copy of the letter sent in February...

I'd also like an update on the hearing request for IVIG please. That was a separate request.

On Tue, Apr 30, 2024, 9:42 AM Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov> wrote:

Mr. Fouts,

It does not appear that this office received an appeal related to medical transportation from you. Can you provide the mailing address you sent the appeal to and the tracking number so that I can check into this further for you?

Thank you!

Tara D. Cecil

Citizen Assistance Specialist

Quality Advancement Branch

Office of the Ombudsman and Administrative Review

275 E. Main Street, 2 E-O

Frankfort, KY 40621

#rmsencrpyt

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

Sent: Monday, April 29, 2024 11:47 AM

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

Subject: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...

It was sent via certified mail -- so I can prove it was received...there is no information about it anywhere that I am able to find....

--

"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: [Commonwealth Office of Ombudsman](#)
Subject: Commonwealth Office of the Ombudsman
Date: Wednesday, July 31, 2024 9:52:12 AM

Good afternoon.

I am writing you to advise of a transition that occurred with the Office of the Ombudsman and to provide you with our updated contact information.

Senate Bill 48 (2023), as passed unanimously by the General Assembly, moved the Ombudsman's Office from the Cabinet for Health and Family Services (CHFS) to the Auditor's Office so that the Ombudsman can provide improved, independent oversight and accountability for CHFS.

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866-KYOMBUD (866-596-6283); or,

Email us at KYOMBUD@ky.gov

Best,

Commonwealth Office of the Ombudsman
209 St. Clair Street
Frankfort, KY. 40601

From: [Commonwealth Office of Ombudsman](#)
Subject: Commonwealth Office of the Ombudsman
Date: Tuesday, August 6, 2024 8:28:00 AM

Good afternoon.

I am writing you to advise of a transition that occurred with the Office of the Ombudsman and to provide you with our updated contact information.

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Our dedication to the citizens of Kentucky has not changed. We are still here for you; however, you will no longer be able to reach the Ombudsman at 800-372-2973 or at CHFS. Listens@ky.gov. Our new contact information is below, please save for future reference.

866-KYOMBUD (866-596-6283); or,

Email us at KYOMBUD@ky.gov

Best,

Commonwealth Office of the Ombudsman
209 St. Clair Street
Frankfort, KY. 40601

From: [Abell, Patricia A \(CHFS OLS DLLF\)](#)
To: [CHFS Health Svcs. Administrative Hearings](#)
Cc: [John Fouts](#); [Hurst, Paula \(CHFS OLS DLLF\)](#)
Subject: J. Fouts Motion to Dismiss
Date: Tuesday, June 25, 2024 9:26:16 AM
Attachments: [2024-06-25 MTD.pdf](#)

Please file the attached motion to dismiss in the John Fouts *Denial of NEMT services* case. Thank you.

Sincerely,

/s/ Patricia A. Abell

Patricia A. Abell, JD
Assistant Counsel
Cabinet for Health and Family Services
Office of Legal Services
275 E Main ST 5W-B
Frankfort, KY 40621
patricia.abell@ky.gov
(502) 564-7623

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From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Are you able to tell me what is required for the SCL waiver application for my child (Jackie Fouts) -- legal name Jack Fouts? Is there a way to see waiting list position too for Jackie for Michelle P. Waiver?
Date: Friday, December 29, 2023 10:12:27 AM
Attachments: [image.png](#)

Maddison,

Please see questions in subject line. As always, I thank you for your help.

Also - are you able to see if I have any to-dos or notifications? As I am not able to see that information??

Can you tell me if there are any waiver requirements for the HCBS that I, for myself, need to complete? I often don't receive mail that was supposedly mailed out from state offices...so it is of great concern to me.

Also - can you direct me of who I need to contact for this situation? We wanted to change my child's MCO....but had no information on deadline....the date that we received the actual letter was December 23rd, 2023....stating that any changes had to be made by December 21, 2023.....we received notification of a deadline that had to be met 2 days after the deadline had passed....that isn't okay...

HBE-069
Contract
Ky Commonwealth
CHFS

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Medicaid Services

Date: 12/11/2023
Case Number: 113242894

JACK FOUTS
184 CEDARVIEW DR
SHEPHERDSVILLE, KY 40165-6105

Rec'd
2023-12-23

We did want to
switch, but were
not notified
until after
the deadline
& had no access

(after the date
mentioned in the
letter - AND)

Do you need to change your Managed Care Organization?

not able to
receive e-notices
online due to

There will be no Open Enrollment period for Medicaid in 2024. Instead, Medicaid members can change their Managed Care Organization (MCO) at any time between now and December 21st, 2024.

If you would like to change your MCO you can do so online using the kynect self-service portal at <http://kynect.ky.gov>, by calling your current MCO customer service line, the kynect Contact Center at 1-855-459-6328, or the Department for Community Based Services at 1-855-306-8959.

Current Managed Care Organization options for Medicaid:

- Passport by Molina
- Aetna
- Humana
- WellCare
- Anthem
- United Healthcare

technical issue
with NO Enrollment
FOR RESIDENCE IN
FROM THE STATE
→ THIS IS NOT ACCEPTABLE

Please Note: If you are currently enrolled with Aetna MCO, and have opted-in to the Supporting Kentucky Youth (SKY) program, you will not be able to change your MCO unless you opt-out of SKY first.

**Individuals receiving Foster Care or Department for Juvenile Justice Medicaid are not able to opt-out of SKY and will remain with Aetna MCO.

CONTACT THE GOVERNMENT'S
OFFICE AND AN
ATTORNEY

Can
I
have
more
info?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Attn: Chris -- See Attached Letter -- 2024-02-22 -- and other -- hearing request for denied medicaid non-emergency transportation
Date: Thursday, February 22, 2024 12:51:10 PM
Attachments: [2024-02-22-Letter-To-Appeal-John-Fouts-Medical-Non-Emergency-Transportation-Medicaid-Denial-Hearing-Request.pdf](#)

Chris,

I got your message - I talked to the technical support desk at 844-407-8398 back in November and they told me it wasn't their responsibility to fix the problems with me not being able to see my child's information....and it wasn't their responsibility to ensure my child's case appeared in my self service portal. So I don't know what I am supposed to do to get it resolved.....CHFS cannot help -- correct? That means I need to contact the Governor's Office again if that is the case....I am done being spun around in circles - and the government's tactics to get people to give up on their rights isn't going to work with me....

Also -- I am attaching my hearing request for medicaid non-emergency transportation.

John

P. 502.956.0052
F. 502.996.8246
E. Fouts.John@gmail.com

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Bob Fouts](#); [Bonnie Cook Fouts](#)
Subject: Bob Marley - Part 2 -- His band was called The Wailers....
Date: Wednesday, January 31, 2024 8:59:38 PM

A band I hired to play at Grateful Goat called PMA (Positive Mental Attitude), opened for The Wailers (Bob Marley's band - without Bob Marley of course though) - in the 2010 - 2012 general time frame - maybe 2013...I lost track.

BJ was the nicest dude - he wore a serape like a skirt when they played music and they played reggae and originals.

Tyler and Walton was another band I had hired and Mark Walton had written a song for Del McCoury Band (they are a very famous band).

"Nothin' Special" is a song by The Del McCoury Band, written by Mark Anthony Walton and released in 2005. You can listen to "Nothin' Special" on Spotify and YouTube. The lyrics for "Nothin' Special" are available on Last.fm.

Mark and Jeanine Walton were some awesome customers. They were super kind. They knew I was getting very sick. They were very encouraging. They would come out and buy six cases of wine a lot. I had to sell each of them 3 cases because that was the max daily limit in Indiana....but I thought that was a cool connection....

Rick Murphy -- who handled the shirts for me -- that I met through ABM, was a drummer too, but he handled all the merchandising for Dolly Parton and Willie Nelson too....so that was another very cool connection...

Mark Walton collected quite a number of royalties from that song, I am aware of that...

Then Kevin Reese played for Black Oak Arkansas which apparently had been a very famous band for a long time....

Anyway - I am reminiscing.

One of the doctors I saw today was a total waste of my time I think. The other was very open to listening. I hate doctors for the most part but I tried to be very polite and everything. I always try - and sometimes fail at that with doctors.

Don't know if Jackie told you all - but the gas card that school gave us to help got robbed -- all the money on it is gone (like \$700 dollars is gone)....that was my bday present for today.....I talked to Speedway about it - they have a special investigator. I didn't have time to make a police report today though unfortunately.

I need to find a lawyer to hire to sue MedImpact and Medicaid for committing actual crimes against me -- withholding coverage information -- withholding network provider information - - and not honoring approved prior authorizations....

I will also be requesting a state fair hearing in front of yet another administrative law judge....I can PROVE that crimes were committed....

I am still in the middle of showing all the evidence to the USDA/FNS about how CHFS/DCBS has constantly discriminated against me based on age and disability. I can PROVE that too. And there are dozens of violations.

I need to reach out, again, to AIS/AIC too - because they had hired legal counsel against Medicaid and I was a member of that case last year...and a judge agreed to an injunction to not immediately discontinue anyone from IVIG because it is very dangerous....yet here I am.....

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Bobby Sorrells](#); [Bobby Sorrells](#)
Subject: Bobby- can you please fill out this form? It is to show that Jack and I have no income
Date: Monday, July 18, 2022 12:26:03 PM
Attachments: [2022-07-16-Proof-Of-No-Income-Form.pdf](#)
[2022-07-16-Proof-Of-No-Income-Now-Needed-Randy-I-Thought-They-Said-They-Had-Everything-They-Needed-When-We-Called.pdf](#)

It is required, in order for us to be able to receive SNAP benefits. You would think that the articles of dissolution that Linda provided, that I provided to the state of Kentucky, would be enough, but they are now requiring this additional form to be filled out. I don't know anyone else that I can ask that knows me or would know that information...that is not related to me...

I know you are crazy busy. If there is any way you can fill this out and send it back to me today, that would be really amazing and helpful. Thank you Bobby.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...
Date: Monday, April 29, 2024 11:46:57 AM

It was sent via certified mail -- so I can prove it was received...there is no information about it anywhere that I am able to find....

--

"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

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--

"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: [Clark, Krystal - FNS](#)
Subject: Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue
Date: Thursday, February 8, 2024 12:39:41 PM
Attachments: [image001.png](#)

I will be taking this to the US Attorney General's Office ...what is needed for the appeal...the law is very black and white and it is extremely evident that i am in the right here...violation and non compliance with federal and state law-especially by state and federal agencies-is ILLEGAL. Who in US Government oversees the USDA-FNS? The US Attorney General's Office is who ensures that the USDA does not violate law...and the Department of Justice...correct?

As outlined by the law...SSA SSDI is not required...I was deemed as disabled by the Medical Review Team. Any 'reasonable' person or entity can clearly tell that I am disabled as well by the several doctors that point out my disabilities, the thousands of pages of medical records, and my functional limitations.

Did you forward my medical records to the team that made this decision?

Did they even look at the documentation?

They do not mention the MRT or DCBS or CHFS....so it seems the evidence was not considered.

In terms of federal SSDI, I am still awaiting the judge's official written decision.

In the trial he verbally stated he was going to issue a favorable decision.

The trial was on January 9th.

I have no power to make the SSA move faster...obviously.

John

On Thu, Feb 8, 2024, 11:37 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received a response from the agency regarding the overpayment and medical deduction issue which is outlined below. Please let me know if you wish to provide additional information including supporting documentation by February 14, 2024:

The Agency is unable to cancel its decision to collect for overpayments or refund the amounts deducted. The agency contends Complainant received funds that were overpaid, and a portion of the overpaid amount is due to funds received but never reported by Complainant. As such, the Agency established claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable, appropriate, and required under state and federal law.

The Agency asserts to date Complainant has not submitted an Order, Judgment, or Adjudication of disability that indicates he was granted SSDI, SSI, or other proof establishing himself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. The most recent Agency notes indicate that the Complainant is still pending the DDS determination and medical decision. Absent submission of such documentation, the Agency declines to approve medical deductions.

Sincerely,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: Clark, Krystal - FNS

Sent: Tuesday, February 6, 2024 3:03 PM

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

Subject: RE: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

Good afternoon Mr. Fouts:

Thank you for the information. I am still waiting for the agency's response to your position. I will contact you once I receive their response to discuss this matter further.

Respectfully,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, February 6, 2024 2:55 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Follow Up -- 2024.04.12 -- USDA Complaint -- SNAP Discrimination -- John R -- Fouts
Date: Friday, April 12, 2024 7:53:37 PM
Attachments: [image001.png](#)
[image001.png](#)

I filed the complaint in March 2023. I sent it via certified mail on March 2nd, 2023.

If the guideline or timeframe for a case is 180 days, why has it taken over double that...more than a full year...for 'my' case?

That seems very strange to me....

I would like to request that this be expedited as it has been over 1 year and 1 month since I filed the complaint.

How can I do that?

John

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

From: **Clark, Krystal - FNS** <krystal.clark@usda.gov>
Date: Thu, Apr 4, 2024, 5:24 PM
Subject: RE: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...
To: John Fouts <fouts.john@gmail.com>

Good afternoon Mr. Fouts:

Thank you for your response. For your awareness I am an Equal Opportunity Investigator with USDA, FNS, Civil Rights Division. My agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs. On October 25, 2023, your complaint of discrimination was received by our office for investigation. In the complaint you allege you were discriminated against by Kentucky Cabinet for Health and Family Services (CHFS) in the operation of the Supplemental Nutrition Assistance Program (SNAP) based on disability and age. Specifically, we determined the issue of your complaint to be whether Kentucky Cabinet for Health and Family Services (KY CHFS) discriminated against you based on age and disability when they allegedly in September 2023:

- Sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error.
- Did not allow certain medical deductions.

I only have authority to investigate the issues outlined above. As such, I am requesting information from you and CHFS to determine if your claims of discrimination are substantiated. My response to your most recent message is below:

I was not aware of any differentiation or distinction or even that there are 2 different types until recently -- last couple of months - when CHFS told me about there being two different levels for MRT...The MRT team or DCBS people just told me I was found disabled by their team, and the woman that took my information could not believe how I had not already been found disabled by SSA etc...Subpoena the phone call with Heather as noted in the last emails - - you will hear it from them themselves....and yes no last name was given because they do not give out last names nor reference numbers for calls as DCBS policy - which adds additional burden to people receiving benefits. **I will request a copy of case notes/call logs/phone recordings from the CHFS (If Available).**

I have been disabled for many years (over 10) - it is only now that the federal SSA recognizes that as of June 30, 2022 (yes almost 2 years ago). Again, I was not even aware of differing levels of MRT findings until CHFS told me 1 to 2 months ago, and no one can provide any written documentation that shows me I am in one of those buckets or the other. The only thing I have to go by is what I was told by DCBS. **Thank you for providing this information.**

I believe I have gone far above and beyond what anyone else would need to do (further discrimination against me by USDA) in terms of making a rock-solid case that I am being discriminated against. What is USDA going to say? maybe something like... 'well we know you are disabled by SSA standards, all of your doctors, the MRT team at DCBS, and by every other definition but we consider you not for purposes of SNAP...'? Do you hear how ridiculous this sounds even reading/writing it? I would like to know, please, who the actual decision maker is, or who the committee members are, that are arriving at these conclusions. I would also like for my other question to be answered about how it is fine for non US Citizens to be paid out all kinds of benefits, but people like me that paid into the system for years, and are United States citizens are not hardly able to get benefits, and when we do, often do not get the level of benefits we are supposed to be able to receive. **Your case is still under investigation with USDA FNS Civil Rights Division and no determination has been issued in the matter. I do not have enough information to recommend a decision at this time. As previously mentioned I only have authority to investigate the issues outlined in your complaint of discrimination.**

As noted before, I appreciate you investigating it - and in my heart, I believe that you can see that the USDA has caused both me and my child damages by not providing benefits we should have had, by reducing snap dollars when they should not have been reduced, and by not considering medical expenses because I am under the age of 65 and disabled, and continues to cause additional damages by refusing to follow or obey the federal code of regulations. That

is by definition discrimination on age and disability which violates the US Code of Regulations...sections and subsections provided previously. **Your case is still under investigation with USDA FNS Civil Rights Division and no determination has been issued in the matter. I do not have enough information to recommend a decision at this time. You filed a discrimination complaint against CHFS which is being investigated by USDA FNS Civil Rights Division.**

The way you word that....they (the USDA) is violating the federal code of regulations by discriminating against me. You say you are seeing if they are interested in resolution. Just because they are a federal agency does not mean they can violate the law and harm me and my family by doing so. **CHFS is not a federal agency. They are a state agency being investigated by USDA FNS Civil Rights Division (Federal Agency) based on the complaint of discrimination you filed against them. I am waiting for a response from the CHFS to determine if they are interested in resolution. Resolution is optional.**

Well I would like to be able to easily provide that information...however...guess what...I am not able to see documents or to dos or messages in the KyNect system and have not been able to since November for some things to earlier this year for others, so I don't really have an ability to show you that, but the IT people at COGS or KyNect, or DCBS or CHFS or that work with KYMMS or the WorkForce Desk in KY may help you whereas they will not help me. So now I don't even have a way to know when things are due or needed -- I am not able to see it in the system, and mail (only from DCBS and SSA) often does not make it to my mailbox seemingly. It is pretty suspicious. **Thank you for your response. I will request this information from the agency.**

June 16, 2022, applied for SNAP Benefits - I don't have this date but it sounds about right - I did not think I had applied until July, but June is close enough. **Thank you for providing clarification.**

August 16, 2022, approved for SNAP Benefits - Yes - I came across an email that showed that on August 4, 2022, I was asking my agent about how to use the SNAP benefit as I hadn't used it. **Thank you for providing clarification.**

November 2022/December 2022 child approved for SSA disability (Retroactive to April 2022/May 2022) -**Sorry I had the date wrong for Jackie's SSI...Jackie was approved in November of 2023 retroactively for SSI back to May 1, of 2023 NOT 2022.... Thank you for providing clarification.**

You have left out a lot of important steps here. Why are they being ignored? * September 2022 -- snap reduced, and I did not know why...see attached...* October 2022 -- snap reduced to \$23 but I did not know why....see attached email. * November 2022 -- snap reduced to \$23 and then discontinued...see email attached...* November 2022 -- Got a notice that SNAP was being discontinued because of a claim that I did not submit renewal - when I did - proved it

via fax status success evidence -- it looks like from the email documentation. So, November 2022 had to recertify.....I started SNAP in August of 2022.... **Thank you for providing this information.**

February 13, 2023, Claim Adjustment Overpayment letter sent to complainant (Over issued \$1,314 from July 2022- October 2022) * February 2023 -- had to recertify for SNAP...also got letter about incorrect calculation of overpayment in February 2023....* On March 1st, 2023, I wrote the letter about the complaint to USDA. And via certified mail, I mailed it on March 2nd, 2023....* Had to recertify again in March 2023 for SNAP...* April 2023 -- began receiving KTAP...I had been determined to be DISABLED by the MRT team as of April 2024. I was not even aware of the MRT until sometime near that time period.....* July 2023 - - had to recertify for SNAP again...see attachments for everything...***** Look at all the times above I had to recertify...that in and of itself shows further discrimination.....Approved Aug 2022, had to recertify in November 2022, in Feb 2023, in March 2023, in July 2023, etc... **Thank you for providing this information.**

September 20, 2023, Claim Adjustment Overpayment letter sent to complainant (Over issued \$439 from July 2022- August 2022) *October 2023 amounts of SNAP say they are reduced due to that letter...but this has been an ongoing thing now for a very long time...what 'is' the amount of time that USDA has to resolve claims? I am seeing double and triple right now due to health issues...so it is taking me a long time to type this stuff out....not to mention my joint pain and nerve pain and severe fatigue issues...***December 2023 -- I involved Senator Rand Paul's office hoping that he could help me with this ridiculous way I am being discriminated against and my child.** **Thank you for providing this information. Our goal is to complete the investigation process within 180 days. However, it may take longer depending on the nature of the case.**

February 2, 2024, Complainant call with DCBS regarding MRT disability determination (Spoke with Heather, Last Name Unknown) - **I had ALREADY BEEN DEEMED AS DISABLED BY THE MRT TEAM LONG BEFORE THIS....THIS CALL WAS TO TRY TO GET A WRITTEN DOCUMENT FOR YOU -- WHICH DOES NOT EXIST -- THAT IS WHY I CONTINUE TO SUGGEST YOU SUBPOENA THE PHONE CALL. YES HER LAST NAME IS NOT KNOWN - THEY DO NOT GIVE OUT LAST NAMES. THEY ALSO DO NOT GIVE OUT REFERENCE NUMBERS FOR CALLS. THAT IS THEIR POLICY. HEATHER VERBALLY VERIFIED I WAS FOUND DISABLED BY THE MRT TEAM.** **Thank you for providing this information. I will request a copy of case notes/call logs/phone recordings from the CHFS if they are available.**

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

Sent: Thursday, April 4, 2024 11:05 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

On Thu, Apr 4, 2024 at 11:47 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

The agency asserts you were not deemed disabled by the MRT.

I was not aware of any differentiation or distinction or even that there are 2 different types until recently -- last couple of months - when CHFS told me about there being two different levels for MRT...

The MRT team or DCBS people just told me I was found disabled by their team, and the woman that took my information could not believe how I had not already been found disabled by SSA etc...

Subpoena the phone call with Heather as noted in the last emails -- you will hear it from them themselves....and yes no last name was given because they do not give out last names nor reference numbers for calls as DCBS policy - which adds additional burden to people receiving benefits.

The agency asserts you were deemed incapacitated by the MRT, which they contend is not considered disabled for the purposes of SNAP medical deductions, nor were you 65 years old or older to qualify for medical deductions under SNAP based on age.

I have been disabled for many years (over 10) - it is only now that the federal SSA recognizes that as of June 30, 2022 (yes almost 2 years ago). Again, I was not even aware of differing levels of MRT findings until CHFS told me 1 to 2 months ago, and no one can provide any written documentation that shows me I am in one of those buckets or the other. The only thing I have to go by is what I was told by DCBS.

I understand you dispute this information. As such, I wanted to provide you with an

| opportunity to rebut and provide evidence to substantiate your position (If Available).

I believe I have gone far above and beyond what anyone else would need to do (further discrimination against me by USDA) in terms of making a rock solid case that I am being discriminated against.

What is USDA going to say? maybe something like... 'well we know you are disabled by SSA standards, all of your doctors, the MRT team at DCBS, and by every other definition but we consider you not for purposes of SNAP...?'

Do you hear how ridiculous this sounds even reading/writing it?

I would like to know, please, who the actual decision maker is, or who the committee members are, that are arriving at these conclusions.

I would also like for my other question to be answered about how it is fine for non US Citizens to be paid out all kinds of benefits, but people like me that paid into the system for years, and are United States citizens are not hardly able to get benefits, and when we do, often do not get the level of benefits we are supposed to be able to receive.

| I am still investigating your case and have not issued a determination in the matter.

As noted before, I appreciate you investigating it - and in my heart, I believe that you can see that the USDA has caused both me and my child damages by not providing benefits we should have had, by reducing snap dollars when they should not have been reduced, and by not considering medical expenses because I am under the age of 65 and disabled, and continues to cause additional damages by refusing to follow or obey the federal code of regulations. That is by definition discrimination on age and disability which violates the US Code of Regulations...sections and subsections provided previously.

| I am waiting to determine if the agency is interested in resolution since you recently were approved for SSA disability.

The way you word that....they (the USDA) is violating the federal code of regulations by

discriminating against me. You say you are seeing if they are interested in resolution. Just because they are a federal agency does not mean they can violate the law and harm me and my family by doing so.

| I would like to know when you initially requested SNAP medical deductions (Date/Point of Contact)? Based on the information I have the timeline of relevant events is as follows:

Well I would like to be able to easily provide that information...however...guess what...I am not able to see documents or to dos or messages in the KyNect system and have not been able to since November for some things to earlier this year for others, so I don't really have an ability to show you that, but the IT people at COGS or KyNect, or DCBS or CHFS or that work with KYMMS or the WorkForce Desk in KY may help you whereas they will not help me. So now I don't even have a way to know when things are due or needed -- I am not able to see it in the system, and mail (only from DCBS and SSA) often does not make it to my mailbox seemingly. It is pretty suspicious.

| * June 16, 2022, applied for SNAP Benefits

I don't have this date but it sounds about right - I did not think I had applied until July but June is close enough.

| August 16, 2022, approved for SNAP Benefits

Yes - I came across an email that showed that on August 4, 2022 I was asking my agent about how to use the SNAP benefit as I hadn't used it...

Sorry I had the date wrong for Jackie's SSI...Jackie was approved in November of 2023 retroactively for SSI back to May 1, of 2023 NOT 2022....

You have left out a lot of important steps here. Why are they being ignored?

* September 2022 -- snap reduced and I did not know why...see attached...

* October 2022 -- snap reduced to \$23 but I did not know why....see attached email.

* November 2022 -- snap reduced to \$23 and then discontinued...see email attached...

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* Had to recertify again in March 2023 for SNAP...

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* July 2023 -- had to recertify for SNAP again...see attachments for everything...

***** Look at all the times above I had to recertify...that in and of itself shows further discrimination.....Approved Aug 2022, had to recertify in November 2022, in Feb 2023, in March 2023, in July 2023, etc...

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*** December 2023 -- I involved Senator Rand Paul's office hoping that he could help me with this ridiculous way I am being discriminated against and my child.**

February 2, 2024, Complainant call with DCBS regarding MRT disability determination (Spoke with Heather, Last Name Unknown)

I had ALREADY BEEN DEEMED AS DISABLED BY THE MRT TEAM LONG BEFORE THIS....THIS CALL WAS TO TRY TO GET A WRITTEN DOCUMENT FOR YOU -- WHICH DOES NOT EXIST -- THAT IS WHY I CONTINUE TO SUGGEST YOU SUBPOENA THE PHONE CALL. YES HER LAST NAME IS NOT KNOWN - THEY DO NOT GIVE OUT LAST NAMES. THEY ALSO DO NOT GIVE OUT REFERENCE NUMBERS FOR CALLS. THAT IS THEIR POLICY. HEATHER VERBALLY VERIFIED I WAS FOUND DISABLED BY THE MRT TEAM.

March 2024, Complainant approved for SSA disability (Retroactive to June 2022)

We are now in early April 2024.....

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, April 4, 2024 6:58 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

Krystal,

Please read the things that I send to you.....NO....my child was not found disabled....retroactively....until November or December of 2022 as previously stated....it was at that time that SSA retroactively approved my child for becoming disabled in April or May of 2022. Please read the information I send to you -- I feel that a lot of the information I am sending is completely being ignored....I also previously provided you with the time frame of when I spoke to DCBS and they told me I was considered disabled by the MRT.

John

On Wed, Apr 3, 2024 at 6:48 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

| Good afternoon Mr. Fouts:

When you submitted your June 2022, application for benefits on behalf of you and your child did you report any medical expenses?

Sincerely,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, April 2, 2024 6:16 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Another point -- my child was found disabled via SSI as of early 2022 also...for different reasons -- and therefore many medical expenses should have been counted related to my child as well...

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;

Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

I forgot to notate that in the other email.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

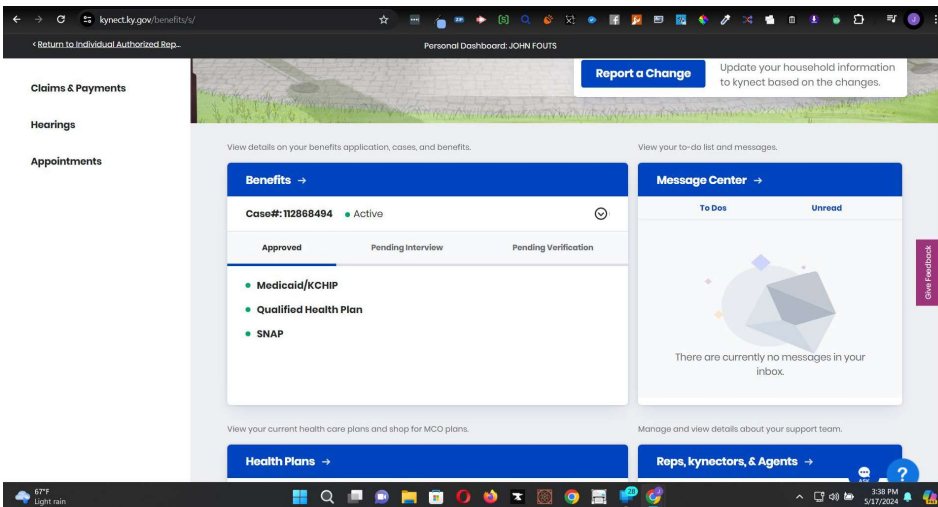
From: [John Fouts](#)
To: [Cecil, Tara D \(CHFS\)](#)
Subject: Follow-Up -- 2024-05-17 -- Re: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...
Date: Friday, May 17, 2024 3:44:56 PM
Attachments: [image.png](#)
[image.png](#)

Tara,,

I am following up on this again... I had also previously provided 2 doctor statements about my need for medical transportation. I have not heard anything about either hearing (for the IVIG that was started in 2024....the hearing that was started in 2024...nor the hearing for medicaid non-emergency transportation)...I would like to confirm that medical transportation should remain a benefit for me until the hearing date at which time a final decision will be made.....please confirm this.....

Also...please update me on the status of the two hearings...

Also -- I am still not able to see any information in KyNect.....I got 2 messages that there were important messages for me...yet when I log in to KyNect I see this....



It still says there are no messages....so I have no idea what they are....

Also... I still cannot see my child's information....

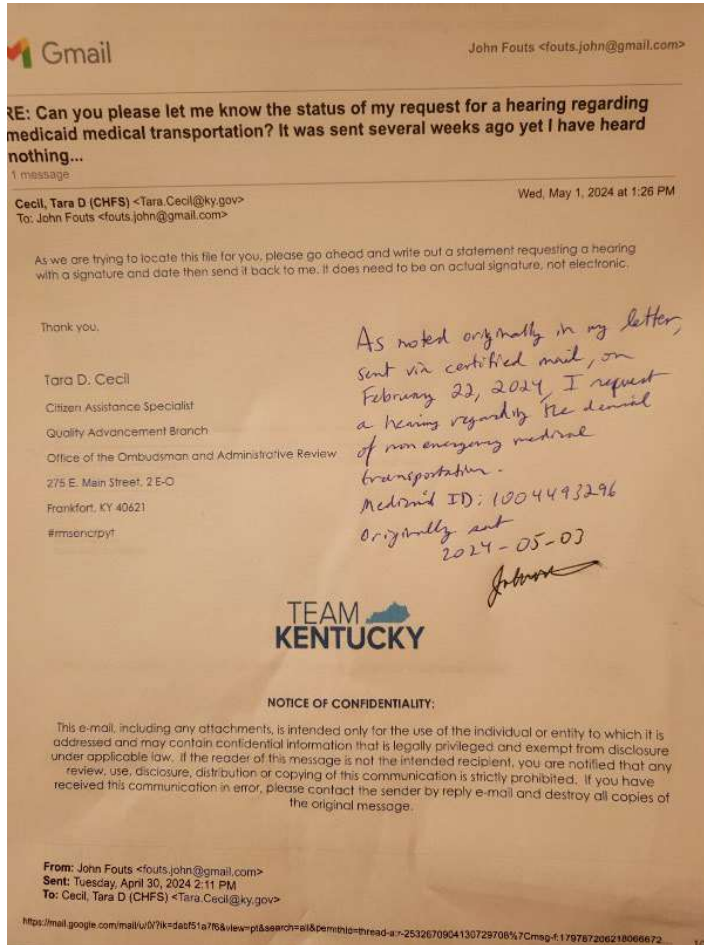
It has been over 6 months that I have been trying to get these things resolved (the last 2 things)... please assist further.

John

On Fri, May 3, 2024 at 12:24 PM John Fouts <fouts.john@gmail.com> wrote:
Thank you for your response. I included the additional signature request you requested

here...

Regarding IVIG...it was not denied fully until January 2024....so whatever you are referencing in May 2023 is not what I am referring to.....please double check your records...again...I need accurate information please...and my life and my health (and my child's life and health) are not games to be toyed with by CHFS and DCBS...



On Wed, May 1, 2024, 11:27 AM Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov> wrote:

I understand the frustration you are experiencing.

This office, Office of the Ombudsman, Quality Advancement Branch's address is 275 E. Main **2 E-O**. It appears that you mailed your hearing request to the Department for Medicaid Services at 275 E. Main **6 C-C**, so it would have been received by a different department. Our office did not receive it. We are going to try to locate this appeal request for you but will be accepting this email as a hearing request in the meantime while we do so.

As far as the hearing request for the IVIG, it appears that was sent to the hearings branch on 5/25/23. You would need to contact them for a status update on that request. Their phone number is 502- 564-6621 .

Thank you,

Tara D. Cecil

Citizen Assistance Specialist

Quality Advancement Branch

Office of the Ombudsman and Administrative Review

275 E. Main Street, 2 E-O

Frankfort, KY 40621

#rmsencrpyt



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

Sent: Tuesday, April 30, 2024 2:11 PM

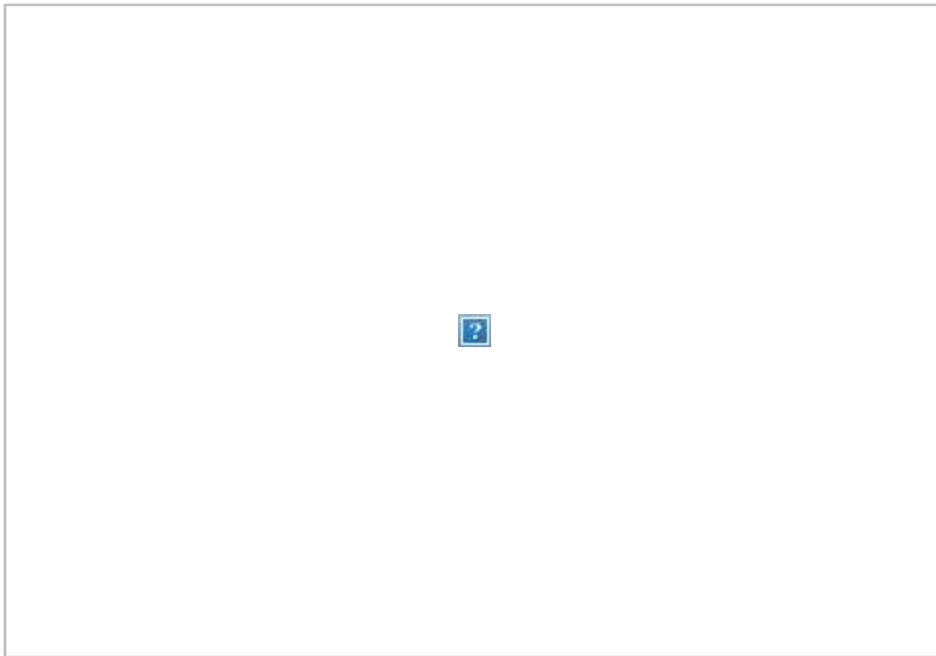
To: Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov>

Subject: Re: Can you please let me know the status of my request for a hearing regarding medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...

It is a good thing that certified mail can PROVE it was received.

It was the address on the letter that said....to request a hearing mail a letter to this address....

Here is a copy of the letter sent in February...



I'd also like an update on the hearing request for IVIG please. That was a separate request.

On Tue, Apr 30, 2024, 9:42 AM Cecil, Tara D (CHFS) <Tara.Cecil@ky.gov> wrote:

| Mr. Fouts,

It does not appear that this office received an appeal related to medical transportation from you. Can you provide the mailing address you sent the appeal to and the tracking number so that I can check into this further for you?

Thank you!

Tara D. Cecil

Citizen Assistance Specialist

Quality Advancement Branch

Office of the Ombudsman and Administrative Review

275 E. Main Street, 2 E-O

Frankfort, KY 40621

#rmsencrpyt

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

Sent: Monday, April 29, 2024 11:47 AM

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

Subject: Can you please let me know the status of my request for a hearing regarding

medicaid medical transportation? It was sent several weeks ago yet I have heard nothing...

It was sent via certified mail -- so I can prove it was received...there is no information about it anywhere that I am able to find....

--

"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: Fwd: Can you give me a status update on compression stockings? Eye Drops? Eyelid Scrubs? Recliner? Epiceram? Anything? -- 2024-05-02
Date: Friday, May 3, 2024 12:34:09 PM

I need help being able to access waiver funds....

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Fri, May 3, 2024 at 12:33 PM
Subject: Re: Can you give me a status update on compression stockings? Eye Drops? Eyelid Scrubs? Recliner? Epiceram? Anything? -- 2024-05-02
To: Zachary Grider <zgrider@theolehomeplaceadhc.com>

As the Epiceram cream and eyedrops are both medically necessary with letters from doctors, how are they being still denied?

And how can you help me appeal?

On Fri, May 3, 2024 at 8:40 AM Zachary Grider <zgrider@theolehomeplaceadhc.com> wrote:

I've not heard anything from Toni on your compression stockings. I had sent you an email on 4/10 which was a reply to the needs you had sent to Jessica. The eye drops, eyelid scrubs, Epiceram were not covered through goods and services and I had also attached the email from the waiver helpdesk regarding that. I remembered that you told me your doctor would be out until the 20 something in April so I was waiting to send them the fax of what I needed for your lift recliner and then I had some medical issues occur with my significant other so I was not able to send that. I will send your doctor the fax now requesting the documents I would need to submit for your lift recliner. Once I do submit for it, it is not a guarantee that it will be approved but we will try for it.

On Thu, May 2, 2024 at 9:52 PM John Fouts <fouts.john@gmail.com> wrote:

Hi Zach.

I'm writing to see if you have any updates. As I first started asking for compression stockings in December of last year, and it has been about 4 and a half months - I need to know status.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

Thank you,

Zachary Grider, CM

The Ole Homeplace

Division of Case Management

Phone: 270-384-0012 Ext: 5020

Fax: 270-384-0045

--

"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: [Clark, Krystal - FNS](#)
Subject: Fwd: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Friday, February 9, 2024 1:48:16 PM
Attachments: [image001.png](#)

Krystal,

Please see the response below from chfs re mrt. I am also going to ask them if it can be retro considered as I did not magically became disabled on 3.01.23. You can see they say the current one shows I am incapacitated via mrt thru 3.01.24.

I keep hoping I'll get the written disability final approval document from SSA but I don't have it yet.

It took until 3.01.23 to get the incapacitated status because despite me asking many, many, many times, I was always told there was no way for dcbs to evaluate disability for benefits. A social worker from Bardstown finally told me I should be eligible so I submitted all documentation and was approved.

I'll ask if the disability can be retroactive prior to 3.01.23....but in the meantime, can I send you medical expenses for March 2023 through present? As they should have been considered, but were always denied so I stopped wasting my time to send them...but now when state and federal law will hopefully finally be honored, it should not be a problem....

John

Please confirm receipt, and that you see mrt part of cfhs response...

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Fri, Feb 9, 2024, 10:51 AM
Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
To: CHFS Listens <CHFS.Listens@ky.gov>

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

Below are the answers to your inquiries.

1. I have sent a request to the Department for Medicaid Services regarding getting a

copy of the IVIG approval I will have to follow-up when they provide me additional information

Thank you...they are going to tell you that you have to contact mefimpact.

1. The formulary list is available at the following website:
<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

This is not accurate as many of the drugs listed are not covered....

1. The Medicaid provider list is available at the following link:
<https://medicaidsystems.ky.gov/ProviderDirectory/PDSearch.aspx>

You provided a link to an online search form...not a provider directory...that search form has zero accuracy...I recently needed dental care. I called every single dentist that came up....not a single one accepted medicaid... I need an at least close to accurate provider directory.

1. I have reviewed your case for a disability determination. Currently there is a incapacity determination in your case with the current one starting 03/01/23 with a redetermination date of 03/31/2024. DCBS would not have a document to verify this as they receive this information from MRT electronically.

I will use this email to suffice as that documentary evidence for the usda-fns case.

Please note we will follow-up once we receive a response from DMS concerning a copy of the IVIG approval. Also please note that provided links are searchable database that serve as the provider and formulary list. There is no static document because these databases are constantly updated.

The formulary stated drug coverage is not honored and the provider directory, from my experience provides results for providers that don't take medicaid 99% of the time...

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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This e-mail 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 the sender immediately by reply e-mail and destroy all copies of the original message.

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

Sent: Thursday, February 8, 2024 1:40 PM

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

Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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.

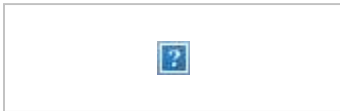
Have a wonderful day,

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, February 5, 2024 5:37 PM

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

Subject: Re: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| Good Afternoon,

We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-authorization to be completed by the prescribing provider. Because you have the Home and Community Based Waiver and not assigned to a Managed Care Organization to appeal a denial you can contact the Department for Medicaid Services member service line at 1-800-635-2570.

NO - MEDICAID MEMBER SERVICES DOES NOT HANDLE APPEALS - I HAVE SPOKEN WITH THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP GETTING SENT BACK AND FORTH WHICH IS WHY I HAD TO INVOLVE YOUR ORGANIZATION. ALBUTEROL IS REQUIRED BECAUSE I HAVE ASTHMA. IF I HAVE A SEVERE ASTHMA ATTACK AND AN ANAPHYLACTIC REACTION I DON'T THINK YOU WANT MY DEATH ON YOUR HANDS....

ALSO REGARDING THE PRIOR AUTHORIZATION.....YES THEY APPROVED IT BUT IT WAS NOT HONORED AT THE PHARMACY AS THEY HAD NOT MADE IT AVAILABLE TO THE PHARMACY SO I HAD TO PAY OUT OF POCKET FOR ADDERALL.....AND THAT IS NOT OKAY -- THAT WAS THE POINT OF THAT -- IT SEEMS YOUR ORGANIZATION IS NOT CAPABLE OF COMPREHENDING THE SITUATIONS AT HAND....

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.

I AM NOT ABLE TO REQUEST A STATE FAIR HEARING FOR IVIG DENIAL AS MEDICAID MEMBER SERVICES SAYS IT IS MEDIMPACT AND MEDIMPACT SAYS IT IS MEDICAID MEMBER SERVICES I

NEED TO SPEAK TO -- YOU DID NOT EVEN ADDRESS THIS CONCERN....

YOU ALSO DID NOT EVEN ADDRESS THE FACT THAT I AM NOT ABLE TO GET A PROVIDER DIRECTORY NOR A DRUG FORMULARY SHOWING WHAT PROVIDERS ARE IN NETWORK AND WHICH DRUGS ARE COVERED....SAME SITUATION BETWEEN MEDIMPACT AND MEDICAID.....

I CONTACTED GOVERNOR BESEHEAR'S OFFICE TODAY TO ASK FOR HELP SINCE YOUR AGENCY, MEDICAID MEMBER SERVICES, DCBS, AND MEDIMPACT ALL GIVE PEOPLE THE RUN AROUND WITHOUT ANSWERING ANY QUESTIONS WITH ANY RELEVANT ANSWERS.

I MAY BE CONTACTING THE NEWS STATIONS TOMORROW OR THROUGH THE WEEK AS ENERGY LEVEL ALLOWS -- I HAVE EXTREMELY LOW ENERGY DUE TO SEVERE ONGOING 15 YEAR LONG CHRONIC ILLNESS ISSUES....

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

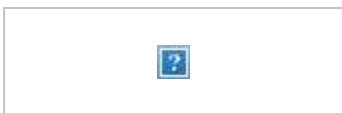
Have a wonderful day,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: CHFS Listens <CHFS.Listens@ky.gov>
Sent: Wednesday, January 31, 2024 6:59 AM
To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>
Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Response:

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 4:04 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Also, here is yet another PA that they refuse to honor....again....I want to take legal action at this point....who can I contact to establish counsel that deals with these types of legal claims in the state?

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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.

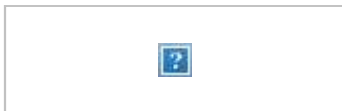
Have a wonderful day,

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: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need

to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me....Rheumatology and Immunology also say that IVIG is medically necessary....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"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

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: 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: Tuesday, January 30, 2024 5:07:52 PM
Attachments: [image001.png](#)

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

From: **CHFS Listens** <CHFS.Listens@ky.gov>
Date: Wed, Nov 29, 2023 at 10:06 AM
Subject: 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
To: fouts.john@gmail.com <fouts.john@gmail.com>
Cc: CHFS Listens <CHFS.Listens@ky.gov>

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: [Clark, Krystal - FNS](#)
Subject: Fwd: 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: Tuesday, January 30, 2024 5:08:30 PM
Attachments: [image001.png](#)

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Wed, Nov 29, 2023 at 10:39 AM
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
To: CHFS Listens <CHFS.Listens@ky.gov>

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.

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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

--

"Shining" in Service,

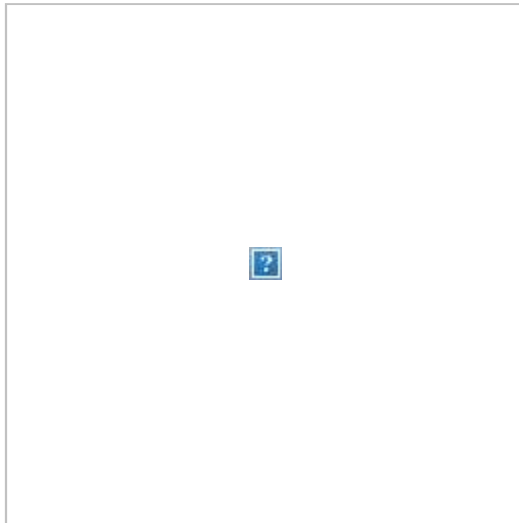
John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Fwd: Final Reminder: Your SNAP Benefits Require Review -- I should not be required to do this AGAIN - when I have done it in the last 2 weeks - clearly I am being discriminated against
Date: Saturday, April 15, 2023 4:17:28 PM

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

From: **Commonwealth of Kentucky** <kynectbenefits@chfsmail.ky.gov>
Date: Fri, Apr 14, 2023 at 9:45 AM
Subject: Final Reminder: Your SNAP Benefits Require Review
To: <fouts.john@gmail.com>



Final Reminder to Submit SNAP FS-2 Form

This is a final reminder to submit your completed FS-2 SNAP Review form and all proof to avoid losing your SNAP benefits. If not received and completed by **04/17/2023**, your SNAP benefits may stop.

Ways to Submit your FS-2 form:

- **Option 1:** Upload completed form to kynect as .pdf or photo

[Click here to log-in to kynect](#)

- **Option 2:** Mail, fax, or stop by your local DCBS office from 8:00am to 4:30pm Monday through Friday

[Click here to find a local DCBS office](#)

You may ignore this email if you have already completed the necessary action.



Questions? Call 1-855-306-8959 Monday through Friday, from 8:00am to 5:00pm ET, or Saturday, from 9:00am to 2:00pm ET.

To find other programs or services in your area, please visit [kynect resources](#).

kynect.ky.gov | 1-855-4kynect (459-6328) | TTY: 1-855-326-4654



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Frankfort, KY, 40601

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Claims Mgmt For SNAP Issue Overpayment](#); [Higdon, Jimmy \(State Sen.\) \(LRC\)](#); [Vascassenno, Teresa \(LRC\)](#)
Subject: Fwd: Following Up on Complaint of Discrimination Sent 2023-03-02 via Certified Mail - SNAP - Medicaid - Benefits - Discrimination Issue - Please Provide Status - Follow-Up 2023-04-16
Date: Sunday, September 3, 2023 8:30:38 AM

FYI...sending you whatever I have on this in terms of communication...

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Sun, Apr 16, 2023 at 4:36 PM
Subject: Following Up on Complaint of Discrimination Sent 2023-03-02 via Certified Mail - SNAP - Medicaid - Benefits - Discrimination Issue - Please Provide Status - Follow-Up 2023-04-16
To: OCRMail@HHS.gov <OCRMail@hhs.gov>

Hello. I reached out previously on 2023-04-07 to get status of this complaint, and have heard nothing back from your office. Please, can you provide the status of this complaint? I am directly affected, and so is my child. I would appreciate you responding to my inquiry, and not ignoring it, 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](mailto:John.Fouts)
To: CHFS.Listens@ky.gov
Subject: Fwd: I am not being treated fairly by Humana Medicaid - and I need someone with authoritative power to step in and assist me on my behalf
Date: Friday, March 10, 2023 2:47:14 PM
Attachments: [2023-Humana-Letter-Case-45491.pdf](#)

Please confirm receipt of this email.....

Dear Ombudsman's Office:

Please read the email below with regard to a letter I received from Humana.

I need help from your office.

John R. Fouts

=====

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Wed, Mar 8, 2023 at 1:59 PM
Subject: Case Number 45491 -- I got a letter from Humana about Adderall - PLEASE RESPOND TODAY - follow-up 2023-03-08
To: <CPORM@humana.com>

To Whom It May Concern:

Hello. Today is 2023-03-08. I had tried to contact my case manager at Humana multiple times via phone and via email about this, but I have yet to hear back from him (Paul Van Gilder is my case manager at Humana) on the matter.

So I am forwarding the message to you - with the hope - that you respond as Humana's letter mis-frames the situation - and I want ACCURACY in my records.

Please see below...

=====

I take Adderall because of fatigue, dysautonomia, brain fog, and narcolepsy issues...., and have taken it for many years....

My primary care provider (PCP - Dr. Erin Murphy) used to provide the prescription for it, but about a year ago (give or take), she told me I had to start going to see Dr. Shaikun (who was my old sleep doctor - and is my current sleep doctor) to start prescribing it...so I did....she told me I needed to start seeing my neurologist again as well instead of her prescribing nerve anticonvulsant medication...and that I needed to see an Endocrinologist to manage my thyroid hormone medication instead of her prescribing it etc...

So, regarding Adderall, I have seen my PCP (Dr. Erin Murphy), and I have seen my sleep doctor (Dr. Shaikun) in the last couple of years. 2 to 3 years ago....my PCP (Dr. Erin Murphy) had a baby, and when she was on maternity leave, a different doctor (Dr. Hitepole) had to prescribe the medication (in the same office as Dr. Murphy (my PCP).

Unfortunately, due to the **NATION-WIDE ADDERALL SHORTAGE**.

I have had to do what everyone else has had to do...if a pharmacy does not have enough medication to fill your prescription, we (patients across the nation) have been directed to call different pharmacies (by our doctors) until we (patients across the nation) find a pharmacy that DOES have the medicine in stock (enough to fill a full prescription), and to have THAT pharmacy fill it by having your doctor call in a new prescription.

It HAS TO BE a NEW prescription because that is the way the controlled substance laws are written.

The old prescription at the pharmacy where it cannot be filled is THEN VOIDED ... BEFORE ... the new prescription is called in to the pharmacy.

I just got the most **RIDICULOUS** letter from Humana. The above is the situation.

My doctors can verify this if it is required. I have provided their information below:

Dr. Erin Murphy
University of Louisville Physicians
401 E. Chestnut St.
Louisville, KY 40201
P. (502) 588-4500

F. (502) 588-4501

Dr. Hittepole
University of Louisville Physicians
401 E. Chestnut St.
Louisville, KY 40201
P. (502) 588-4500
F. (502) 588-4501

Dr. Shaikun
University of Louisville Sleep Medicine
3920 Dutchman's Lane, 1st Floor
Louisville, KY 40207
P. (502) 259-6307

=====

I REFUSE TO SIGN A DOCUMENT THAT STATES THAT I MUST USE ONLY ONE PHARMACY AS THE PHARMACIES OFTEN DO NOT HAVE ENOUGH MEDICATION TO FILL A PRESCRIPTION. THIS MEDICATION IS SOMETHING THAT IMPROVES MY ALREADY LOW QUALITY OF LIFE DUE TO COMPLEX AND ON-GOING CHRONIC HEALTH PROBLEMS THAT I HAVE HAD SINCE 2009 WHEN I WAS INJURED DURING A SPINE SURGERY IN WHICH THERE WAS MEDICAL MALPRACTICE.

=====

UNFORTUNATELY, BECAUSE THIS MEDICINE IS MEDICALLY NECESSARY FOR ME TO FUNCTION (NOT BE BEDBOUND), IT IS NOT ACCEPTABLE FOR HUMANA TO CHOOSE TO DENY ME MEDICATION THAT IS MEDICALLY NECESSARY, AND THAT IS WHAT WILL HAPPEN IF HUMANA TRIES TO FORCE ME TO USE ONLY ONE PHARMACY -- BECAUSE THERE IS A NATION-WIDE SHORTAGE OF THE MEDICATION - AND PHARMACIES OFTEN DON'T HAVE IT IN STOCK... (TO BE OUT OF MEDICATION FOR INDEFINITE PERIODS OF TIME BECAUSE HUMANA FORCES USE OF ONE PHARMACY ONLY IS UNETHICAL AND INHUMANE).

I HAVE DONE NOTHING WRONG!

BELOW I HAVE ALSO PROVIDED MANY ARTICLES ABOUT THE NATION-WIDE ADDERALL SHORTAGE AS HUMANA SEEMS TO BE UNAWARE OF ITS EXISTENCE...OR AWARE OF THE PROBLEMS THE SHORTAGE CAUSES PATIENTS WHO ARE UNABLE TO GET THEIR PRESCRIPTIONS FILLED. IT CAUSES UNDUE BURDEN ON PATIENTS, DOCTORS, AND PHARMACIES ALL!! I WOULD THINK HUMANA WOULD NOT BE CLUELESS ABOUT THE SITUATION...

=====

HERE ARE SOME ARTICLES SO HUMANA CAN BECOME EDUCATED ON THE NATION-WIDE SHORTAGE AND THE MANUFACTURING ISSUES MANUFACTURERS ARE FACING WITH REGARD TO THE TOPIC:

- <https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-shortage-adderall>
- <https://www.nbcnews.com/health/health-news/adderall-shortage-adhd-drugs-affected-will-end-rcna66766>
- <https://www.npr.org/sections/health-shots/2023/02/18/1157832613/adderall-shortage-forces-some-patients-to-scramble-ration-or-go-without>
- <https://www.theguardian.com/society/2023/jan/29/adderall-shortage-us-adhd-ritalin-drugs>
- <https://healthnews.com/news/nationwide-adderall-shortage-still-impacting-people-with-adhd/>
- <https://www.fox21news.com/news/pharmacies-see-shortage-due-to-high-demand-for-adderall/>
- <https://carolinanewsandreporter.cic.sc.edu/as-adderall-shortage-continues-pharmacists-hope-for-an-end/>
- <https://abc7ny.com/adhd-prescription-drug-adderall-shortage/12861598/>

THERE ARE LITERALLY THOUSANDS OF ONLINE ARTICLES ABOUT THIS - THE FDA AND DEA ARE BOTH AWARE THERE IS A MAJOR SHORTAGE -----

WHY DOES HUMANA PRETEND TO NOT KNOW AN ADDERALL SHORTAGE EXISTS?

SEE THE ATTACHED LETTER I RECEIVED FROM HUMANA. FRANKLY, I DO NOT HAVE ENERGY FOR THE RIDICULOUSNESS OF THIS.....

AGAIN, I HAVE DONE NOTHING WRONG.....I HAVE NOT VIOLATED ANYTHING - I HAVE NOT TRIED TO GET MORE THAN ONE PRESCRIPTION FOR THE SAME TIME PERIOD.....

I HAVE NOT HAD MORE THAN ONE DOCTOR PRESCRIBE FOR THE SAME TIME PERIOD.

I HAVE ONLY DONE WHAT DOCTORS HAVE TOLD ME TO DO.....

AND NOW I AM BEING PUNISHED BY HUMANA....

FOR FOLLOWING THE RULES....

=====

IF NECESSARY, I AM SURE I CAN FIND LEGAL REPRESENTATION, WHO CAN EXPLAIN THE ADDERALL SHORTAGE TO HUMANA...AND WHY DOCTORS DIRECT PATIENTS TO CALL PHARMACIES UNTIL THEY FIND ONE WHERE THEIR PRESCRIPTION CAN BE FILLED. AND WHY PATIENTS HAVE TO USE DIFFERENT PHARMACIES WHILE A NATIONWIDE SHORTAGE EXISTS!!!!

I DO NOT NEED THE UNDUE DURESS THAT THIS IS CAUSING WHICH IN TURN IS LEADING TO EXTREMELY HIGH LEVELS OF ANXIETY FOR ME.....

FIRST IVIG IS BEING TAKEN AWAY DUE TO HUMANA AND MEDICAID....

NOW HUMANA IS TRYING TO TAKE AWAY SOMETHING ELSE THAT ALLOWS ME TO BE THE MOST FUNCTIONAL VERSION OF MYSELF I AM ABLE TO BE.

I FEEL INCREDIBLY STRONGLY I HAVE A LEGAL CASE HERE...

see attached document regarding the letter -- Case Number: 45491

=====

Also, the pharmacies I have used (that I have had to have prescriptions called into due to the shortage, to REITERATE, that is nation-wide and ongoing)....are...

CVS at 2222 Bardstown Rd. in Louisville, KY
(502) 459-6563
Pharmacist (Shruti) -- CAN VERIFY SHORTAGE INFORMATION
[I am 100% certain ANY pharmacist can verify]

CVS at 157 S. Buckman St. in Shepherdsville, KY
Phone: (502) 921-0094
Pharmacist (Amanda) -- CAN VERIFY SHORTAGE INFORMATION
[I am 100% certain ANY pharmacist can verify]

Kroger in the Highlands in Louisville, KY

I do not know the current pharmacist name as there has been significant turnover, and Kroger is not the pharmacy I use for most medications. There have been times, however, when I have gotten Adderall at Kroger RATHER THAN at CVS -- AGAIN -- DUE TO THE NATIONWIDE SHORTAGE!!!!

All pharmacies can verify that they have experienced shortages of the medication, etc.... and not only of this medication....

I can PROVE everything stated above, but SHOULD NOT HAVE TO DO SO....I HAVE PROVIDED CONTACT INFORMATION FOR HUMANA TO VERIFY INFORMATION IF NECESSARY.

I 100% DO NOT APPRECIATE THE ludicrous nature of this request and letter, etc...

The pharmacy noted in the Humana letter, CVS on Buckman St. was UNABLE to fill my prescription last time....they were able to give me a partial fill....and then I had to have Dr. Shaikun (my sleep doctor - and ONLY prescriber) -- write a rx for when that partial fill was out....again....the pharmacist can verify this....the pharmacist's name at CVS in Shepherdsville is Amanda.

She can also verify that she has had a tremendous amount of difficulty in getting in the medication for people....I CANNOT and WILL NOT agree to only use one pharmacy while there is a nation-wide shortage that causes some pharmacies to not be able to get enough stock to fill a prescription sometimes for weeks or months.

If you need more information about the Adderall shortage, I can provide that as well - again - as there are thousands of articles on this available.

I expect a prompt response on this matter.

If Humana does not withdraw the inaccurate letter I was sent, and the requirement to use only one pharmacy during a nation-wide shortage of the medication involved, I will be pursuing legal action.

<<<< See attachment for letter I was sent >>>>

Disappointed Greatly by Humana,

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 Listens](#)
Subject: Fwd: I called and emailed multiple times previously - still trying - I need help with things via a kynector - can you help? -- 2024-02-04 -- follow up 2024.02.16 -- attn Chris at CHFS
Date: Friday, February 16, 2024 4:09:49 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Chris, see screenshots below...

Have other questions as well like...what is required for mrt review?? I have no information about what is needed...I don't have the ability to stay on the phone anymore for very long periods...I was lucky to stay awake for the call with you today, and fell asleep afterward from exhaustion...profound fatigue is part of 15 years of chronic multiple illnesses...

For the mrt review, I can't provide what is needed if I don't know what it is!

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Wed, Feb 14, 2024, 4:44 PM
Subject: Re: I called and emailed multiple times previously - still trying - I need help with things via a kynector - can you help? -- 2024-02-04
To: Mia Anderson <Mia.Anderson@kipda.org>

Yes - they say it is not their responsibility....thanks for asking though....

I hope to get those forms filled out for you by tomorrow. My life has been kind of hellish lately....

On Wed, Feb 14, 2024 at 11:18 AM Mia Anderson <Mia.Anderson@kipda.org> wrote:

Have you contacted MWMA Technical Contact Center at 844-784-5614?

Mia Anderson

kynect Program Manager

Kentuckiana Regional Planning and Development Agency (KIPDA)

Area Agency on Aging and Independent Living

Cell: 502.536.0197

kipda.org

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From: Mia Anderson
Sent: Tuesday, February 13, 2024 10:57 AM
To: John Fouts <fouts.john@gmail.com>
Subject: RE: I called and emailed multiple times previously - still trying - I need help with things via a kynector - can you help? -- 2024-02-04

Per our conversation see attached.

Mia Anderson

kynect Program Manager

Kentuckiana Regional Planning and Development Agency (KIPDA)

Area Agency on Aging and Independent Living

Cell: 502.536.0197

kipda.org

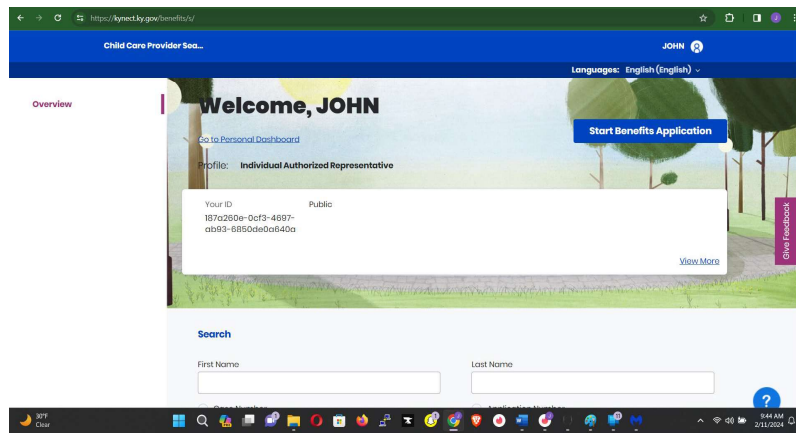
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From: John Fouts <fouts.john@gmail.com>
Sent: Sunday, February 11, 2024 11:04 AM
To: Mia Anderson <Mia.Anderson@kipda.org>
Subject: Re: I called and emailed multiple times previously - still trying - I need help with things via a kynector - can you help? -- 2024-02-04

They won't accept responsibility for anything -- I've been on the phone for hours at times with higher level supervisors and they stayed on the phone with me and got the run around just like I did....but yes -- I will add you and see if you can help.

Please see screenshots below:

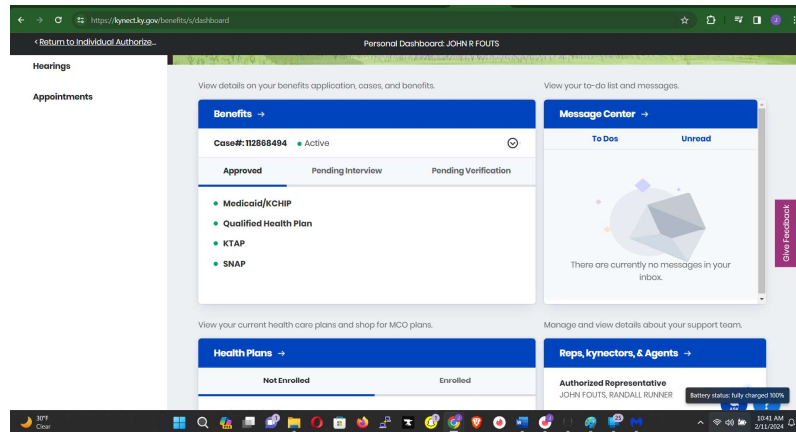
When I first log in I see this screen. I am told it has to be that way because I am the authorized representative for my child (although it was not ever like that before....)....



As you can see -- I can see no information on this screen. If I go to View More - there is no more information. If I use the search form - it cannot find me or my child....

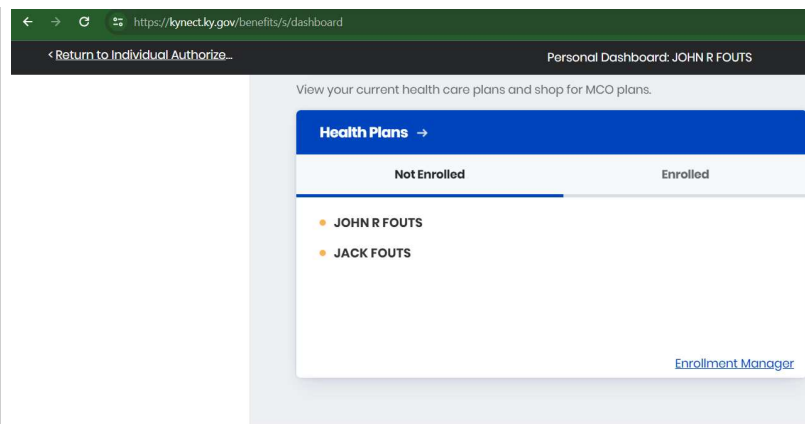
So I click on Go to Personal Dashboard....

And within it I see what is familiar but different....I see this:



This is a problem because I got a notice yesterday that an MRT review is needed ... but you can see in the system it says there are no to dos and no messages - and mail often doesn't get here....it gets here from everywhere else but often critical mail from DCBS or CHFS or SSA for some reason cannot make it here - which is extremely odd to me that only very critical mail from governmental agencies ends up not making it...seems like a way for the government to get out of trying to pay benefits.....

So it says medicaid is our benefit for insurance (you can see my case number there)



I went into the system and tried to update it to reflect you as my kynector. The system sees you when I do a search... when I press Select.....it acts like it changes it but when I look it is still the old kynector....so yet another issue with the system....

Can you please confirm if you can see my information now?

I also need help with something else.... I am moving to an apartment (for the first time with a voucher). I used the voucher....then LG&E says I owe them \$224.91 from Dec. 7, 2022 through Jan 3 2023. I had to file bankruptcy due to medical bills and being unable to work -- I am disabled -- I have been unable to collect SSDI so far....I first applied 10+ years ago.....anyway....I reapplied again in 2022....appealed....denied.....ALJ....judge verbally stated he'd favorably approve, but I don't have that in writing yet. So the only thing I have is \$372 per month in KTAP and \$242 in food stamps to feed me and my child. My child got approved for SSI after I fought for 2 years for it....so my child is getting \$713 per month which is good because we've been suffering.

I need a way to pay the old LG&E balance of \$224.91. They said the bankruptcy filing only listed the bill going through Dec. 6th 2022....they said there might be some Louisville agencies that could 'make a pledge?' for the remaining balance....

I had requested LG&E switch my electricity into my name at new apt as of 02/08/2024 for new apartment.....and the apartment has electricity but this is a potential major immediate issue. Can you help?

I am totally and utterly mentally and physically and emotionally and spiritually exhausted after being sick for 15 years now....

John

P. 502.956.0052

On Fri, Feb 9, 2024, 11:00 AM Mia Anderson <Mia.Anderson@kipda.org> wrote:

Hello,

If you would like to send copies of notices or give me access to your case, I can review your case specifically and not generally. You can also contact customer service at 855-459-6328 for them to create an incident ticket for specific issues.

If you have followed escalation path and the have made a final determination, I would not be able to change that decision.

Please understand that some of the issues that you have indicated are beyond the scope of a kynector. I have indicated to you the next tier of escalation for your issues. DCBS and CHFS both have more administrative privileges than kynectors. Unfortunately, I do not have access to troubleshoot most of your issues and without viewing your case and/or notices I can only give you a general answer. We do not determine eligibility and we do not administer benefits. For questions about eligibility, you will need to contact DCBS, DFS or CHFS. For questions regarding administration of benefits you will need to contact administrator.

Thank you,

Mia Anderson

kynect Program Manager

Kentuckiana Regional Planning and Development Agency (KIPDA)

Area Agency on Aging and Independent Living

Cell: 502.536.0197

kipda.org

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From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 8, 2024 11:18 PM
To: Mia Anderson <Mia.Anderson@kipda.org>
Subject: Re: I called and emailed multiple times previously - still trying - I need help with things via a kynector - can you help? -- 2024-02-04

Mia please see below in red....thank you for responding.

On Mon, Feb 5, 2024 at 2:27 PM Mia Anderson <Mia.Anderson@kipda.org> wrote:

Hello,

If you have questions related to Kentucky Online Gateway (KOG) account creation or technical issues you can contact KOG Help Desk at 502-564-0104 Option 2. Unfortunately, kynectors do not have the access to change technical issues.

I have done this ... even with an upper level supervisor -- they say they do not have the access to change the technical information. The last time I was on a call with the higher level supervisor -- she stayed on the phone with me for around 2 hours while we got transferred 7 times and the answer was always that it was someone else's responsibility so what can I do?

If you have a case number and I am the kynector assigned to your case, I can look at your dashboard to review what you are seeing. The Department of Community Based Services makes determinations for eligibility, you can reach out to them at 855-306-8959.

You can reach out to the Ombudsman's office, and they should be able to assist you. [Cabinet for Health and Family Services Ombudsman](#) - (877) 807-4027

The Ombudsman's office claims there is nothing they can do to help me....I have talked to them several times....they cannot help -- so the Governor's Office oversees the CHFS.... I have written to the Governor's Office but have received absolutely no response whatsoever....it is very disappointing, frustrating, and causing much mental anguish.....these are very important and even critical issues.

If you did not receive a Medicaid service you think you were eligible for, call the Member Services team at 800-635-2570.

I don't think you really understand the issue - it would be better to talk on the phone to discuss it -- as always -- tomorrow I have yet another doctor's appointment....and then I am trying to get moved into my new apartment, I am not even able to get a provider directory to see what providers are in network, or a drug formulary to see what drugs are covered...MedImpact says only Medicaid can give that to me....Medicaid says only MedImpact can give that to me -- it is really ridiculous and I am now considering filing a lawsuit about the issue.

| They will look at your record and help you understand why you did not get the service.

| They must provide written notice to you whenever Medicaid stops, reduces, or suspends Medicaid eligibility or covered services. If you still think that you should get a service after you talk to them, you can ask for a hearing.

They did not do this.....they just abruptly stopped coverage of IVIG which is dangerous and can even be life threatening if the right situation occurs / wrong situation / whatever...

| To ask for a hearing, you need to write a letter to the Kentucky Department for Medicaid Services.

I did that - they said they could not help me - that I would have to talk to MedImpact. I called MedImpact and they said I'd have to talk to the Department for Medicaid Services....

| You or your provider can appeal this decision. Call Member Services at (800) 635-257

My provider did appeal the decision twice....and was denied twice...I wrote to the governor's office and suddenly the next day, IVIG coverage was a covered medical expense again, yet the provider, the pharmacy company, and myself (3 different entities are not able to get anything in writing from MedImpact....)....we are not talking about a cheap medication....It is \$20,000ish per dose (between \$15k and \$20k per dose....and I get it weekly)....I cannot afford any unexpected \$20,000.00 bills.....I need something in writing but MedImpact and Medicaid Member Services refuse to provide anything.

| Kynetcors can help you apply for SNAP but we do not determine the eligibility, you would need to contact DCBS for mor information at 855-306-8959.

Did you even read my email? It does not seem like it....

| You can submit a copy of the award letter from SSA to the Department of Community based service by uploading it to your account or faxing it to 502-573-2005.

| [Social Security Administration](#) - (800) 772-1213

Please re-read the email I sent so you can try to understand the situation....it seems like you paid very little attention to detail....as most comments you have made are completely irrelevant.

I would really appreciate it, please, if you can read it again, in detail. I know there is a lot of information to unpack.

If you have any other questions feel free to contact me.

Thank you,

Mia Anderson

kynect Program Manager

Kentuckiana Regional Planning and Development Agency (KIPDA)

Area Agency on Aging and Independent Living

Cell: 502.536.0197

kipda.org

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

Sent: Saturday, February 3, 2024 1:49 PM

To: Mia Anderson <Mia.Anderson@kipda.org>

Subject: I called and emailed multiple times previously - still trying - I need help with things via a kynector - can you help? -- 2024-02-04

Please text me or email me.

P. 502.956.0052

Fouts.John@gmail.com

Things I need help with:

1.) I cannot see my child's information in the kynect portal -- I am an authorized representative (parent) - I have spent over 60 hours trying to get this corrected since last year in November....no one can/will help....not even CHFS.....

2.) My own case says I am inactive but I am enrolled in Medicaid and my child is too. I have a medicaid waiver (HCBS)....my child is on SSA...I need to be able to see information that SHOWS/PROVES that I am insured.

3.) I am not able to get a list of drugs that are included in the drug formulary NOR am I able to get a list of participating providers in a provider directory regarding traditional medicaid through the HCBS waiver program....I've been trying for months....MedImpact transfers me to Medicaid....Medicaid says I have to talk to MedImpact...I've asked CHFS too, to which they ignore all communication.....is there a legal representative you know that I could call? It is ILLEGAL to not provide this information.

4.) I need help getting a treatment I have been on for 2.5 years reauthorized....apparently I have to request a state fair hearing now...I don't know how....

5.) There is a snap overpayment issue which is invalid....I have filed a complaint with USDA-FNS -- and that is being reviewed right now....I need information that DCBS will not provide....I am deemed as disabled via MRT review....I need PROOF of that IN WRITING for the USDA-FNS case....I need to know the date it started, how long it lasted, and why presently instead of approved as disabled I am deemed as PENDING regarding MRT review. No one will give me this information. I have a right to know this legally. Can the state attorney general's office help me? Or should I contact the federal attorney general?

6.) I was finally found disabled by social security administration after first applying over 10 years ago....I don't have the decision in writing yet....what are the steps I need to take regarding notifications of this for DCBS?

--

"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 Listens](#)
Subject: Just making it abundantly clear that I request the fair hearing for IVIG MedImpact Denial
Date: Friday, February 16, 2024 3:45:01 PM

...regarding IVIG denial by MedImpact...

John R. Fouts

P. 502.956.0052

F. 502.996.8246

E. Fouts.John@gmail.com

From: [John Fouts](#)
To: [CHFS Listens](#)
Cc: [CHFS Listens](#)
Subject: Re: FW: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW .. part 2 response...2024.02.09.
Date: Thursday, February 15, 2024 8:26:53 AM
Attachments: [image001.png](#)

Just FYI -- I am contacting the Office of the Governor to go over your non-responsiveness, complete ignoring of, and inability to provide relevant responses to questions....

Re-read the email I sent you -- I will be taking your response to the Governor....to show him the inadequacy level of CHFS to comprehend and answer questions....

The answers you provided are not acceptable....and/or do not make sense....and you continue to ignore major questions....

On Mon, Feb 12, 2024 at 10:54 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

We have received a response from the Department for Medicaid Services. They have advised our office to get a copy of the Prior-Authorization you would need to request that through the prescribing provider. For changing your disability determination date, your current determination is for incapacity only related to your KTAP case. If Disability Determination Services verifies you as disabled they will update the dates appropriately.

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: Friday, February 9, 2024 2:01 PM

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

Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW .. part 2 response...2024.02.09.

Also, in addition to the earlier additional questions from today, I want to know if the mrt team can retrodate the start of the MRT as I have been disabled for years...ssa has not issued formal statement yet after alj trial, but it will be issued at some point very soon hopefully showing ssi determination start of disability to be June 30, 2022. No one at dcbs told me about the mrt thing despite me asking about if there are any special circumstances for disabled people, and I had to learn from a social worker in bardstown eventually....

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

Below are the answers to your inquiries.

1. I have sent a request to the Department for Medicaid Services regarding getting a copy of the IVIG approval I will have to follow-up when they provide me

additional information

2. The formulary list is available at the following website:
<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>
3. The Medicaid provider list is available at the following link:
<https://medicaidsystems.ky.gov/ProviderDirectory/PDSearch.aspx>
4. I have reviewed your case for a disability determination. Currently there is a incapacity determination in your case with the current one starting 03/01/23 with a redetermination date of 03/31/2024. DCBS would not have a document to verify this as they receive this information from MRT electronically.

Please note we will follow-up once we receive a response from DMS concerning a copy of the IVIG approval. Also please note that provided links are searchable database that serve as the provider and formulary list. There is no static document because these databases are constantly updated.

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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original message.

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

Sent: Thursday, February 8, 2024 1:40 PM

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

Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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.

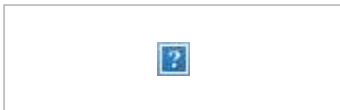
Have a wonderful day,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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all copies of the original message.

From: John Fouts <fouts.john@gmail.com>
Sent: Monday, February 5, 2024 5:37 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| Good Afternoon,

| We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-authorization to be completed by the prescribing provider. Because you have the Home and Community Based Waiver and not assigned to a Managed Care Organization to appeal a denial you can contact the Department for Medicaid Services member service line at 1-800-635-2570.

NO - MEDICAID MEMBER SERVICES DOES NOT HANDLE APPEALS - I HAVE SPOKEN WITH THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP

**GETTING SENT BACK AND FORTH
WHICH IS WHY I HAD TO INVOLVE
YOUR ORGANIZATION.**

**ALBUTEROL IS REQUIRED
BECAUSE I HAVE ASTHMA. IF I
HAVE A SEVERE ASTHMA ATTACK
AND AN ANAPHYLACTIC
REACTION I DON'T THINK YOU
WANT MY DEATH ON YOUR
HANDS....**

**ALSO REGARDING THE PRIOR
AUTHORIZATION.....YES THEY
APPROVED IT BUT IT WAS NOT
HONORED AT THE PHARMACY AS
THEY HAD NOT MADE IT
AVAILABLE TO THE PHARMACY
SO I HAD TO PAY OUT OF POCKET
FOR ADDERALL.....AND THAT IS
NOT OKAY -- THAT WAS THE
POINT OF THAT -- IT SEEMS YOUR
ORGANIZATION IS NOT CAPABLE
OF COMPREHENDING THE**

SITUATIONS AT HAND....

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.

I AM NOT ABLE TO REQUEST A STATE FAIR HEARING FOR IVIG DENIAL AS MEDICAID MEMBER SERVICES SAYS IT IS MEDIMPACT AND MEDIMPACT SAYS IT IS MEDICAID MEMBER SERVICES I NEED TO SPEAK TO -- YOU DID NOT EVEN ADDRESS THIS CONCERN....

YOU ALSO DID NOT EVEN ADDRESS THE FACT THAT I AM NOT ABLE TO GET A PROVIDER DIRECTORY NOR A DRUG FORMULARY SHOWING WHAT PROVIDERS ARE IN NETWORK AND WHICH DRUGS ARE COVERED....SAME SITUATION BETWEEN MEDIMPACT AND

MEDICAID.....

**I CONTACTED GOVERNOR
BESEHEAR'S OFFICE TODAY TO
ASK FOR HELP SINCE YOUR
AGENCY, MEDICAID MEMBER
SERVICES, DCBS, AND MEDIMPACT
ALL GIVE PEOPLE THE RUN
AROUND WITHOUT ANSWERING
ANY QUESTIONS WITH ANY
RELEVANT ANSWERS.**

**I MAY BE CONTACTING THE NEWS
STATIONS TOMORROW OR
THROUGH THE WEEK AS ENERGY
LEVEL ALLOWS -- I HAVE
EXTREMELY LOW ENERGY DUE
TO SEVERE ONGOING 15 YEAR
LONG CHRONIC ILLNESS ISSUES....**

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

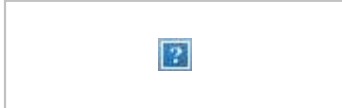
Have a wonderful day,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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

Sent: Wednesday, January 31, 2024 6:59 AM

To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>

Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Response:

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

Sent: Tuesday, January 30, 2024 4:04 PM

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

Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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Also, here is yet another PA that they refuse to honor....again....I want to take legal action at this point....who can I contact to establish counsel that deals with these types of legal claims in the state?

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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.

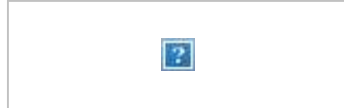
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From: John Fouts <fouts.john@gmail.com>

Sent: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me.....Rheumatology and Immunology also say that IVIG is medically necessary.....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay.....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Fwd: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Friday, February 9, 2024 6:06:58 PM
Attachments: [image001.png](#)

They state that but that is not what the LAW STATES and they are required to follow the LAW as that is what LAWS are for....not made to be broken by governmental agencies...although that does happen frequently. If they will not abide by the law, I will be appealing and also hiring an attorney.

John

On Fri, Feb 9, 2024 at 2:17 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for the additional information. You initially stated you received a MRT disability determination. However, based on the message you forwarded it appears you were deemed incapacitated by the MRT as of 3/1/2023 through 3/31/2024. Is this correct? In the agency's initial response, they stated a KTAP incapacitation determination is not considered evidence of a qualifying disability to grant medical deductions. I will reach out to the agency for clarification and supporting documentation as it relates to this matter and provide a response as soon as possible.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Friday, February 9, 2024 10:48 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Fwd: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;

Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

Please see the response below from chfs re mrt. I am also going to ask them if it can be retro considered as I did not magically became disabled on 3.01.23. You can see they say the current one shows I am incapacitated via mrt thru 3.01.24.

I keep hoping I'll get the written disability final approval document from SSA but I don't have it yet.

It took until 3.01.23 to get the incapacitated status because despite me asking many, many, many times, I was always told there was no way for dcbs to evaluate disability for benefits. A social worker from Bardstown finally told me I should be eligible so I submitted all documentation and was approved.

I'll ask if the disability can be retroactive prior to 3.01.23....but in the meantime, can I send you medical expenses for March 2023 through present? As they should have been considered, but were always denied so I stopped wasting my time to send them...but now when state and federal law will hopefully finally be honored, it should not be a problem....

John

Please confirm receipt, and that you see mrt part of cfhs response...

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

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

Date: Fri, Feb 9, 2024, 10:51 AM

Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

Below are the answers to your inquiries.

1. I have sent a request to the Department for Medicaid Services regarding getting a copy of the IVIG approval I will have to follow-up when they provide me additional information

Thank you...they are going to tell you that you have to contact mefimpact.

1. The formulary list is available at the following website:
<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

This is not accurate as many of the drugs listed are not covered....

1. The Medicaid provider list is available at the following link:
<https://medicaidsystems.ky.gov/ProviderDirectory/PDSearch.aspx>

You provided a link to an online search form...not a provider directory...that search form has

zero accuracy...I recently needed dental care. I called every single dentist that came up....not a single one accepted medicaid... I need an at least close to accurate provider directory.

1. I have reviewed your case for a disability determination. Currently there is a incapacity determination in your case with the current one starting 03/01/23 with a redetermination date of 03/31/2024. DCBS would not have a document to verify this as they receive this information from MRT electronically.

I will use this email to suffice as that documentary evidence for the usda-fns case.

Please note we will follow-up once we receive a response from DMS concerning a copy of the IVIG approval. Also please note that provided links are searchable database that serve as the provider and formulary list. There is no static document because these databases are constantly updated.

The formulary stated drug coverage is not honored and the provider directory, from my experience provides results for providers that don't take medicaid 99% of the time...

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: Thursday, February 8, 2024 1:40 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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.

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From: John Fouts <fouts.john@gmail.com>
Sent: Monday, February 5, 2024 5:37 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| Good Afternoon,

| We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-authorization to be completed by the prescribing provider. Because you have the Home and Community Based Waiver and not assigned to a Managed Care Organization to appeal a denial you can contact the Department for Medicaid Services member service line at 1-800-635-2570.

**NO - MEDICAID MEMBER
SERVICES DOES NOT HANDLE
APPEALS - I HAVE SPOKEN WITH**

THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP GETTING SENT BACK AND FORTH WHICH IS WHY I HAD TO INVOLVE YOUR ORGANIZATION.

ALBUTEROL IS REQUIRED BECAUSE I HAVE ASTHMA. IF I HAVE A SEVERE ASTHMA ATTACK AND AN ANAPHYLACTIC REACTION I DON'T THINK YOU WANT MY DEATH ON YOUR HANDS....

ALSO REGARDING THE PRIOR AUTHORIZATION.....YES THEY APPROVED IT BUT IT WAS NOT HONORED AT THE PHARMACY AS THEY HAD NOT MADE IT AVAILABLE TO THE PHARMACY SO I HAD TO PAY OUT OF POCKET

FOR ADDERALL.....AND THAT IS NOT OKAY -- THAT WAS THE POINT OF THAT -- IT SEEMS YOUR ORGANIZATION IS NOT CAPABLE OF COMPREHENDING THE SITUATIONS AT HAND....

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.

I AM NOT ABLE TO REQUEST A STATE FAIR HEARING FOR IVIG DENIAL AS MEDICAID MEMBER SERVICES SAYS IT IS MEDIMPACT AND MEDIMPACT SAYS IT IS MEDICAID MEMBER SERVICES I NEED TO SPEAK TO -- YOU DID NOT EVEN ADDRESS THIS CONCERN....

YOU ALSO DID NOT EVEN ADDRESS THE FACT THAT I AM NOT ABLE TO GET A PROVIDER DIRECTORY

**NOR A DRUG FORMULARY
SHOWING WHAT PROVIDERS ARE
IN NETWORK AND WHICH DRUGS
ARE COVERED....SAME SITUATION
BETWEEN MEDIMPACT AND
MEDICAID.....**

**I CONTACTED GOVERNOR
BESEHEAR'S OFFICE TODAY TO
ASK FOR HELP SINCE YOUR
AGENCY, MEDICAID MEMBER
SERVICES, DCBS, AND MEDIMPACT
ALL GIVE PEOPLE THE RUN
AROUND WITHOUT ANSWERING
ANY QUESTIONS WITH ANY
RELEVANT ANSWERS.**

**I MAY BE CONTACTING THE NEWS
STATIONS TOMORROW OR
THROUGH THE WEEK AS ENERGY
LEVEL ALLOWS -- I HAVE
EXTREMELY LOW ENERGY DUE
TO SEVERE ONGOING 15 YEAR**

LONG CHRONIC ILLNESS ISSUES....

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

Have a wonderful day,

CHFS Listens Team

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

Sent: Wednesday, January 31, 2024 6:59 AM

To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>

Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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They transfer me to Medicaid Member Services and Medicaid Member Services

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Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

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John R. Fouts, MBA

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"Shining" in Service,

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Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW .. part 2 response...2024.02.09.
Date: Friday, February 9, 2024 2:00:49 PM
Attachments: [image001.png](#)
[image001.png](#)
[image001.png](#)
[image001.png](#)
[image001.png](#)

Also, in addition to the earlier additional questions from today, I want to know if the mrt team can retrodate the start of the MRT as I have been disabled for years...ssa has not issued formal statement yet after alj trial, but it will be issued at some point very soon hopefully showing ssi determination start of disability to be June 30, 2022. No one at dcbs told me about the mrt thing despite me asking about if there are any special circumstances for disabled people, and I had to learn from a social worker in bardstown eventually....

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:
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1. I have sent a request to the Department for Medicaid Services regarding getting a copy of the IVIG approval I will have to follow-up when they provide me additional information
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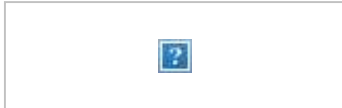
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Sent: Thursday, February 8, 2024 1:40 PM

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

Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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Issue 2)

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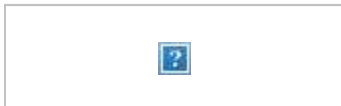
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CHFS.Listens@ky.gov



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

Sent: Monday, February 5, 2024 5:37 PM

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

Subject: Re: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| Good Afternoon,

We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-authorization to be completed by the prescribing provider. Because you have the Home and Community Based Waiver and not assigned to a Managed Care Organization to appeal a denial you can contact the Department for Medicaid Services member service line at 1-800-635-2570.

NO - MEDICAID MEMBER SERVICES DOES NOT HANDLE APPEALS - I HAVE SPOKEN WITH THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP GETTING SENT BACK AND FORTH WHICH IS WHY I HAD TO INVOLVE YOUR ORGANIZATION. ALBUTEROL IS REQUIRED BECAUSE I HAVE ASTHMA. IF I HAVE A SEVERE ASTHMA ATTACK AND AN ANAPHYLACTIC REACTION I DON'T THINK YOU WANT MY DEATH ON YOUR HANDS....

ALSO REGARDING THE PRIOR

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I CONTACTED GOVERNOR BESEHEAR'S OFFICE TODAY TO ASK FOR HELP SINCE YOUR AGENCY, MEDICAID MEMBER SERVICES, DCBS, AND MEDIMPACT ALL GIVE PEOPLE THE RUN AROUND WITHOUT ANSWERING ANY QUESTIONS WITH ANY RELEVANT ANSWERS.

I MAY BE CONTACTING THE NEWS

**STATIONS TOMORROW OR
THROUGH THE WEEK AS ENERGY
LEVEL ALLOWS -- I HAVE
EXTREMELY LOW ENERGY DUE TO
SEVERE ONGOING 15 YEAR LONG
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Thank you again for contacting our office and please stay safe.

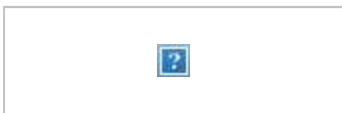
Have a wonderful day,

CHFS Listens Team

800-372-2973

502-564-5497

CHFS.Listens@ky.gov



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From: CHFS Listens <CHFS.Listens@ky.gov>
Sent: Wednesday, January 31, 2024 6:59 AM
To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>
Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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Response:

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 4:04 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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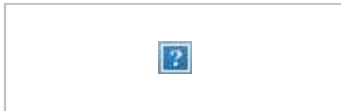
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First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for

me.....Rheumatology and Immunology also say that IVIG is medically necessary....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Friday, February 9, 2024 1:48:16 PM
Attachments: [image001.png](#)

Krystal,

Please see the response below from chfs re mrt. I am also going to ask them if it can be retro considered as I did not magically became disabled on 3.01.23. You can see they say the current one shows I am incapacitated via mrt thru 3.01.24.

I keep hoping I'll get the written disability final approval document from SSA but I don't have it yet.

It took until 3.01.23 to get the incapacitated status because despite me asking many, many, many times, I was always told there was no way for dcbs to evaluate disability for benefits. A social worker from Bardstown finally told me I should be eligible so I submitted all documentation and was approved.

I'll ask if the disability can be retroactive prior to 3.01.23....but in the meantime, can I send you medical expenses for March 2023 through present? As they should have been considered, but were always denied so I stopped wasting my time to send them...but now when state and federal law will hopefully finally be honored, it should not be a problem....

John

Please confirm receipt, and that you see mrt part of cfhs response...

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Fri, Feb 9, 2024, 10:51 AM
Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
To: CHFS Listens <CHFS.Listens@ky.gov>

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

Below are the answers to your inquiries.

1. I have sent a request to the Department for Medicaid Services regarding getting a

copy of the IVIG approval I will have to follow-up when they provide me additional information

Thank you...they are going to tell you that you have to contact mefimpact.

1. The formulary list is available at the following website:
<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

This is not accurate as many of the drugs listed are not covered....

1. The Medicaid provider list is available at the following link:
<https://medicaidsystems.ky.gov/ProviderDirectory/PDSearch.aspx>

You provided a link to an online search form...not a provider directory...that search form has zero accuracy...I recently needed dental care. I called every single dentist that came up....not a single one accepted medicaid... I need an at least close to accurate provider directory.

1. I have reviewed your case for a disability determination. Currently there is a incapacity determination in your case with the current one starting 03/01/23 with a redetermination date of 03/31/2024. DCBS would not have a document to verify this as they receive this information from MRT electronically.

I will use this email to suffice as that documentary evidence for the usda-fns case.

Please note we will follow-up once we receive a response from DMS concerning a copy of the IVIG approval. Also please note that provided links are searchable database that serve as the provider and formulary list. There is no static document because these databases are constantly updated.

The formulary stated drug coverage is not honored and the provider directory, from my experience provides results for providers that don't take medicaid 99% of the time...

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,

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

Sent: Thursday, February 8, 2024 1:40 PM

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

Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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.

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ALSO REGARDING THE PRIOR AUTHORIZATION.....YES THEY APPROVED IT BUT IT WAS NOT HONORED AT THE PHARMACY AS THEY HAD NOT MADE IT AVAILABLE TO THE PHARMACY SO I HAD TO PAY OUT OF POCKET FOR ADDERALL.....AND THAT IS NOT OKAY -- THAT WAS THE POINT OF THAT -- IT SEEMS YOUR ORGANIZATION IS NOT CAPABLE OF COMPREHENDING THE SITUATIONS AT HAND....

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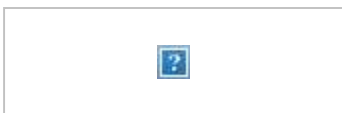
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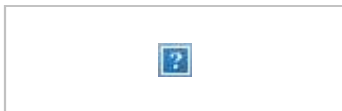
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Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue
Date: Friday, February 9, 2024 1:27:39 PM
Attachments: [image001.png](#)
[image001.png](#)

The voice signatures were my signatures....that is why it says voice signature on the signature form. I had to testify under oath that all statements were true etc...

The Cabinet for Health and Family Services sent a statement confirming mrt disability determination. I will send it in a few minutes.

John

On Fri, Feb 9, 2024, 1:05 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

Thank you for your response. I reviewed all the documentation you forwarded, and I do not see anything with a MRT Disability determination. However, I do see the notices you were sent from the agency requesting you submit your signature on Authorization to Disclose Information Form (MRT -15), as well as a notice dated 8/1/2023, indicating you must do your disability or incapacitation review among other things. Did you submit the requested authorization form (MRT-15) and complete the disability or incapacitation review? If so please explain in detail what actions were taken by you and the agency. Additionally, I received the document you sent outlining the faxes you sent to the agency, but it does not show what specific documents you submitted, nor does it identify who received the information. I will send a follow-up request for information to the agency to obtain clarification regarding the MRT disability determination issue and get back to you once I receive a response.

As a reminder, I am a neutral factfinder investigating your claim the agency discriminated against you based on age and disability when they issued you a claim adjustment letter for SNAP benefits overpayments and failed to allow medical deductions. I do not work for KCHFS, and I am unaware of the agency's internal processes pertaining to FOIA nor I am unable to provide legal advice. You may want to contact the agency for clarification or check their website for more information at: [Open Records Requests - Cabinet for Health and Family Services \(ky.gov\)](#).

Respectfully,

**Krystal Clark**

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>**Sent:** Thursday, February 8, 2024 5:06 PM**To:** Clark, Krystal - FNS <krystal.clark@usda.gov>**Subject:** Re: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue

Yes I am aware my medical documentation was reviewed as I was deemed disabled by the mrt team previously and they do not know why I am currently in pending status but they told me it is probably because of the pending written ssa ssdi decision. I sent you correspondence regarding when my medical records were sent, and received by dcbs successfully.

After so many calls ... literally dozens if not hundreds....over the last year and a half, I have not written the details of every conversation down...however... the calls can be reviewed because they are all recorded, so the data is available but not to me...dcbs must be willing to provide.

The last time I reached someone there, they asked to put me on hold for 2 to 3 minutes and stated they would mail me information about the mrt disabled letter for previous time period and current pending status...they also stated they would fax it to me. I have yet to receive any fax or mail....after 35 minutes elapsed for a 2 to 3 minute hold, I disconnected the call. I have repeatedly asked chfs for the information as well and they have not provided the information....I even wrote to the Governor's Office about the trouble I'm having getting information and also to Senator Rand Paul, but still, I am unable to obtain the information...

If I file a FOIA request, they must provide it to me as it is related to me...correct? Or is there a way for me to subpoena my records for this case? I need guidance...

I'm also not able to get a drug formulary showing what drugs are covered nor a physicians directory because medimpact claims only medicaid member services can provide that information and medicaid member services says only medimpact can. I will try to send you some of the other dates of correspondence tomorrow. I sent you quite a bit in the last 2 emails but you asked me for the same information, in part, again that I already sent...

I know I am in the right, as stated, 100% and will appeal this all the way to the Office of the President if I must....going up the appeals process 1 step at a time.

This case dragging on is causing additional anxiety and duress and exacerbating major depressive disorder and is harmful to my overall mental health and physical health because I'm forced to choose to buy over the counter medically necessary, as stated by doctors, items for me and my child and skip meals since there is not enough money for food because snap benefits are illegally reduced because of my age being under 65 despite being disabled....or do I buy food, which \$242 is not nearly enough per month to feed me and my pre-teen child especially when I am gluten free...if I try to get food I have to supplement it with the other \$372 from ktap and with food prices being so inflated that then means I cannot buy what doctors say is medically necessary at the store...so do I sacrifice food...which damages physical health...or otc things doctors say are important and medically necessary which damages physical health....and all the while the government really does not care if its citizens suffer or even die due to lack of resources provided that the law clearly states are to be provided, and medical expenses counted as I'm my situation.

I want the United States to follow the written federal law and Kentucky to follow the written state law but it is not happening and violation of federal and state laws by federal and state entities is not legal...and harms people like me and my child...

On Thu, Feb 8, 2024, 6:04 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Your case is still under investigation. No finding has been issued. Once the investigation is complete a decision will be issued, and you will be forwarded a letter outlining the findings and instructions to appeal to the Office of the Assistant Secretary for Civil Rights at the U.S. Department of Agriculture if you are unsatisfied with the outcome. To continue processing your case please answer the questions below:

The agency claims you have not submitted an Order, Judgment, or Adjudication of disability that indicates you were granted SSDI, SSI, or other proof establishing yourself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. Based on your last response it appears this information is accurate as it relates to Social Security since you have not yet received your decision letter approving benefits. Please verify if this information is correct.

According to the agency you are still pending the DDS determination and medical decision. You claim you were deemed disabled by the MRT Team, but you have not yet provided documentation to substantiate this claim to me. Can you please provide evidence the agency deemed you disabled such as a MRT determination letter or any other documentation supporting your position (Dates, Points of Contact, Email Correspondence with CHFS Staff etc.(If Available)). I have not forwarded any of the documentation you submitted to anyone. It will be helpful to know if, and when you forwarded your medical records to the Team that makes disability determinations or anyone else at the agency? If so, are you aware if your documentation was reviewed? When did you send it? Who did you send it to?

Respectfully,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 8, 2024 9:40 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue

[External Email]

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Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

I will be taking this to the US Attorney General's Office ...what is needed for the appeal...the law is very black and white and it is extremely evident that i am in the right here...violation and non compliance with federal and state law-especially by state and federal agencies-is ILLEGAL. Who in US Government oversees the USDA-FNS? The US Attorney General's Office is who ensures that the USDA does not violate law...and the Department of Justice...correct?

As outlined by the law...SSA SSDI is not required...I was deemed as disabled by the Medical Review Team. Any 'reasonable' person or entity can clearly tell that I am disabled as well by the several doctors that point out my disabilities, the thousands of pages of medical records, and my functional limitations.

Did you forward my medical records to the team that made this decision?

Did they even look at the documentation?

They do not mention the MRT or DCBS or CHFS....so it seems the evidence was not considered.

In terms of federal SSDI, I am still awaiting the judge's official written decision.

In the trial he verbally stated he was going to issue a favorable decision.

The trial was on January 9th.

I have no power to make the SSA move faster...obviously.

John

On Thu, Feb 8, 2024, 11:37 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received a response from the agency regarding the overpayment and medical deduction issue which is outlined below. Please let me know if you wish to provide additional information including supporting documentation by February 14, 2024:

The Agency is unable to cancel its decision to collect for overpayments or refund the amounts deducted. The agency contends Complainant received funds that were overpaid, and a portion of the overpaid amount is due to funds received but never reported by Complainant. As such, the Agency established claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable, appropriate, and required under state and federal law.

The Agency asserts to date Complainant has not submitted an Order, Judgment, or Adjudication of disability that indicates he was granted SSDI, SSI, or other proof establishing himself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. The most recent Agency notes indicate that the Complainant is still pending the DDS determination and medical decision. Absent submission of such documentation, the Agency declines to approve medical deductions.

Sincerely,

Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: Clark, Krystal - FNS
Sent: Tuesday, February 6, 2024 3:03 PM
To: John Fouts <fouts.john@gmail.com>
Subject: RE: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

Good afternoon Mr. Fouts:

Thank you for the information. I am still waiting for the agency's response to your position. I will contact you once I receive their response to discuss this matter further.

Respectfully,

Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, February 6, 2024 2:55 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: FW: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Friday, February 9, 2024 10:51:39 AM
Attachments: [image001.png](#)
[image001.png](#)
[image001.png](#)
[image001.png](#)

On Fri, Feb 9, 2024, 10:29 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

Below are the answers to your inquiries.

1. I have sent a request to the Department for Medicaid Services regarding getting a copy of the IVIG approval I will have to follow-up when they provide me additional information

Thank you...they are going to tell you that you have to contact mefimpact.

1. The formulary list is available at the following website:
<https://kyportal.medimpact.com/medicaid-member-portal/formulary-search>

This is not accurate as many of the drugs listed are not covered....

1. The Medicaid provider list is available at the following link:
<https://medicaidsystems.ky.gov/ProviderDirectory/PDSearch.aspx>

You provided a link to an online search form...not a provider directory...that search form has zero accuracy...I recently needed dental care. I called every single dentist that came up....not a single one accepted medicaid... I need an at least close to accurate provider directory.

1. I have reviewed your case for a disability determination. Currently there is a incapacity determination in your case with the current one starting 03/01/23 with a redetermination date of 03/31/2024. DCBS would not have a document to verify this as they receive this information from MRT electronically.

I will use this email to suffice as that documentary evidence for the usda-fns case.

Please note we will follow-up once we receive a response from DMS concerning a copy of

the IVIG approval. Also please note that provided links are searchable database that serve as the provider and formulary list. There is no static document because these databases are constantly updated.

The formulary stated drug coverage is not honored and the provider directory, from my experience provides results for providers that don't take medicaid 99% of the time...

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.

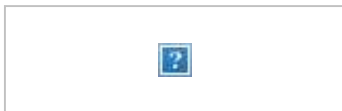
Have a wonderful day,

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: Thursday, February 8, 2024 1:40 PM

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

Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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.

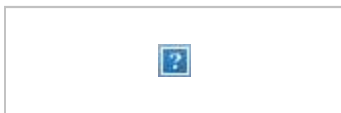
Have a wonderful day,

CHFS Listens Team

800-372-2973

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

Sent: Monday, February 5, 2024 5:37 PM

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

Subject: Re: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Afternoon,

We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-authorization to be completed by the prescribing provider. Because you have the Home and Community Based Waiver and not assigned to a Managed Care Organization to appeal a denial you can contact the Department for Medicaid Services member service line at 1-800-635-2570.

NO - MEDICAID MEMBER SERVICES DOES NOT HANDLE APPEALS - I HAVE SPOKEN WITH THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP GETTING SENT BACK AND FORTH WHICH IS WHY I HAD TO INVOLVE YOUR ORGANIZATION. ALBUTEROL IS

**REQUIRED BECAUSE I HAVE
ASTHMA. IF I HAVE A SEVERE
ASTHMA ATTACK AND AN
ANAPHYLACTIC REACTION I DON'T
THINK YOU WANT MY DEATH ON
YOUR HANDS....**

**ALSO REGARDING THE PRIOR
AUTHORIZATION.....YES THEY
APPROVED IT BUT IT WAS NOT
HONORED AT THE PHARMACY AS
THEY HAD NOT MADE IT
AVAILABLE TO THE PHARMACY SO
I HAD TO PAY OUT OF POCKET FOR
ADDERALL.....AND THAT IS NOT
OKAY -- THAT WAS THE POINT OF
THAT -- IT SEEMS YOUR
ORGANIZATION IS NOT CAPABLE
OF COMPREHENDING THE
SITUATIONS AT HAND....**

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.

I AM NOT ABLE TO REQUEST A STATE FAIR HEARING FOR IVIG DENIAL AS MEDICAID MEMBER SERVICES SAYS IT IS MEDIMPACT AND MEDIMPACT SAYS IT IS MEDICAID MEMBER SERVICES I NEED TO SPEAK TO -- YOU DID NOT EVEN ADDRESS THIS CONCERN....

YOU ALSO DID NOT EVEN ADDRESS THE FACT THAT I AM NOT ABLE TO GET A PROVIDER DIRECTORY NOR A DRUG FORMULARY SHOWING WHAT PROVIDERS ARE IN NETWORK AND WHICH DRUGS ARE COVERED....SAME SITUATION BETWEEN MEDIMPACT AND MEDICAID.....

I CONTACTED GOVERNOR BESEHEAR'S OFFICE TODAY TO ASK FOR HELP SINCE YOUR

AGENCY, MEDICAID MEMBER SERVICES, DCBS, AND MEDIMPACT ALL GIVE PEOPLE THE RUN AROUND WITHOUT ANSWERING ANY QUESTIONS WITH ANY RELEVANT ANSWERS.

I MAY BE CONTACTING THE NEWS STATIONS TOMORROW OR THROUGH THE WEEK AS ENERGY LEVEL ALLOWS -- I HAVE EXTREMELY LOW ENERGY DUE TO SEVERE ONGOING 15 YEAR LONG CHRONIC ILLNESS ISSUES....

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: CHFS Listens <CHFS.Listens@ky.gov>
Sent: Wednesday, January 31, 2024 6:59 AM
To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>
Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Response:

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 4:04 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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

Also, here is yet another PA that they refuse to honor....again....I want to take legal action at this point....who can I contact to establish counsel that deals with these types of legal claims in the state?

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about

coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me....Rheumatology and Immunology also say that IVIG is medically necessary....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

**"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246**

--

**"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246**

--

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue
Date: Thursday, February 8, 2024 8:06:25 PM
Attachments: [image001.png](#)
[image001.png](#)

Yes I am aware my medical documentation was reviewed as I was deemed disabled by the mrt team previously and they do not know why I am currently in pending status but they told me it is probably because of the pending written ssa ssi decision. I sent you correspondence regarding when my medical records were sent, and received by dcbs successfully.

After so many calls ... literally dozens if not hundreds....over the last year and a half, I have not written the details of every conversation down...however... the calls can be reviewed because they are all recorded, so the data is available but not to me...dcbs must be willing to provide.

The last time I reached someone there, they asked to put me on hold for 2 to 3 minutes and stated they would mail me information about the mrt disabled letter for previous time period and current pending status...they also stated they would fax it to me. I have yet to receive any fax or mail....after 35 minutes elapsed for a 2 to 3 minute hold, I disconnected the call. I have repeatedly asked chfs for the information as well and they have not provided the information....I even wrote to the Governor's Office about the trouble I'm having getting information and also to Senator Rand Paul, but still, I am unable to obtain the information...

If I file a FOIA request, they must provide it to me as it is related to me...correct? Or is there a way for me to subpoena my records for this case? I need guidance...

I'm also not able to get a drug formulary showing what drugs are covered nor a physicians directory because medicaid claims only medicaid member services can provide that information and medicaid member services says only medicaid can. I will try to send you some of the other dates of correspondence tomorrow. I sent you quite a bit in the last 2 emails but you asked me for the same information, in part, again that I already sent...

I know I am in the right, as stated, 100% and will appeal this all the way to the Office of the President if I must....going up the appeals process 1 step at a time.

This case dragging on is causing additional anxiety and duress and exacerbating major depressive disorder and is harmful to my overall mental health and physical health because I'm forced to choose to buy over the counter medically necessary, as stated by doctors, items for me and my child and skip meals since there is not enough money for food because snap benefits are illegally reduced because of my age being under 65 despite being disabled....or do I buy food, which \$242 is not nearly enough per month to feed me and my pre-teen child especially when I am gluten free...if I try to get food I have to supplement it with the other \$372 from ktap and with food prices being so inflated that then means I cannot buy what doctors say is medically necessary at the store...so do I sacrifice food...which damages physical health...or otc things doctors say are important and medically necessary which damages physical health....and all the while the government really does not care if its citizens suffer or even die due to lack of resources provided that the law clearly states are to be provided, and medical expenses counted as I'm my situation.

I want the United States to follow the written federal law and Kentucky to follow the written state law but it is not happening and violation of federal and state laws by federal and state entities is not legal...and harms people like me and my child...

On Thu, Feb 8, 2024, 6:04 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Your case is still under investigation. No finding has been issued. Once the investigation is complete a decision will be issued, and you will be forwarded a letter outlining the findings and instructions to appeal to the Office of the Assistant Secretary for Civil Rights at the U.S. Department of Agriculture if you are unsatisfied with the outcome. To continue processing your case please answer the questions below:

The agency claims you have not submitted an Order, Judgment, or Adjudication of disability that indicates you were granted SSDI, SSI, or other proof establishing yourself as disabled or elderly under the regulation or SNAP Operations Manual for the purpose of medical deductions. Based on your last response it appears this information is accurate as it relates to Social Security since you have not yet received your decision letter approving benefits. Please verify if this information is correct.

According to the agency you are still pending the DDS determination and medical decision. You claim you were deemed disabled by the MRT Team, but you have not yet provided documentation to substantiate this claim to me. Can you please provide evidence the agency deemed you disabled such as a MRT determination letter or any other documentation supporting your position (Dates, Points of Contact, Email Correspondence with CHFS Staff etc.(If Available)). I have not forwarded any of the documentation you submitted to anyone. It will be helpful to know if, and when you forwarded your medical records to the Team that makes disability determinations or anyone else at the agency? If so, are you aware if your documentation was reviewed? When did you send it? Who did you send it to?

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 8, 2024 9:40 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue

[External Email]

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I will be taking this to the US Attorney General's Office ...what is needed for the appeal...the law is very black and white and it is extremely evident that i am in the right here...violation and non compliance with federal and state law-especially by state and federal agencies-is ILLEGAL. Who in US Government oversees the USDA-FNS? The US Attorney General's Office is who ensures that the USDA does not violate law...and the Department of Justice...correct?

As outlined by the law...SSA SSDI is not required...I was deemed as disabled by the Medical Review Team. Any 'reasonable' person or entity can clearly tell that I am disabled as well by the several doctors that point out my disabilities, the thousands of pages of medical records, and my functional limitations.

Did you forward my medical records to the team that made this decision?

Did they even look at the documentation?

They do not mention the MRT or DCBS or CHFS....so it seems the evidence was not considered.

In terms of federal SSDI, I am still awaiting the judge's official written decision.

In the trial he verbally stated he was going to issue a favorable decision.

The trial was on January 9th.

I have no power to make the SSA move faster...obviously.

John

On Thu, Feb 8, 2024, 11:37 AM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received a response from the agency regarding the overpayment and medical deduction issue which is outlined below. Please let me know if you wish to provide additional information including supporting documentation by February 14, 2024:

The Agency is unable to cancel its decision to collect for overpayments or refund the amounts deducted. The agency contends Complainant received funds that were overpaid, and a portion of the overpaid amount is due to funds received but never reported by Complainant. As such, the Agency established claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable, appropriate, and required under state and federal law.

The Agency asserts to date Complainant has not submitted an Order, Judgment, or Adjudication of disability that indicates he was granted SSDI, SSI, or other proof establishing himself as disabled or elderly under the regulation or SNAP Operations

Manual for the purpose of medical deductions. The most recent Agency notes indicate that the Complainant is still pending the DDS determination and medical decision. Absent submission of such documentation, the Agency declines to approve medical deductions.

Sincerely,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

From: Clark, Krystal - FNS

Sent: Tuesday, February 6, 2024 3:03 PM


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

Subject: RE: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -
- Wrote to the Governor's Office yesterday --- 2024-02-06

Good afternoon Mr. Fouts:

Thank you for the information. I am still waiting for the agency's response to your position. I will contact you once I receive their response to discuss this matter further.

Respectfully,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service
---	---

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Tuesday, February 6, 2024 2:55 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]This is all the information I have so far at this time... further documents I was able to pull for MRT - still trying to get information from CHFS -- Wrote to the Governor's Office yesterday --- 2024-02-06

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: FW: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Thursday, February 8, 2024 1:40:17 PM
Attachments: [image001.png](#)

Issue 1)

Thank you for the attachment. Apparently, IVIG has now been approved for me....but I am not able to get a copy of the approval or the prior authorization.....MedImpact says I have to talk to medicaid member services. Medicaid Member Services says I have to talk to MedImpact.

Please Help.

Issue 2)

Also -- I still need a copy of the drug formulary - so I can see what medications are covered -- again -- MedImpact says only Medicaid Member Services can provide this, and Medicaid Member Services says only MedImpact can...

Issue 3)

Same thing as issue 2 but need a provider directory to see doctors in network.....it is my RIGHT to know this AND the drug formulary....

Issue 4)

I need a document showing when I was considered disabled by the Medical Review Team at DCBS.....I have not been able to get this despite multiple requests....

=====

On Wed, Feb 7, 2024 at 9:01 AM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good Morning,

I have attached a pdf from the Medicaid member handbook on how to request a hearing regarding a denied service.

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, February 5, 2024 5:37 PM

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

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On Mon, Feb 5, 2024 at 2:09 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

| Good Afternoon,

| We have received a response from the Department for Medicaid Services. Based on there response all medications had been filled except Albuterol , which requires a pre-

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NO - MEDICAID MEMBER SERVICES DOES NOT HANDLE APPEALS - I HAVE SPOKEN WITH THEM MANY TIMES INCLUDING SUPERVISORS.....MEDIMPACT ALSO DOES NOT HANDLE APPEALS.....AS I HAVE SPOKEN TO THEM ALSO MANY TIMES.....I KEEP GETTING SENT BACK AND FORTH WHICH IS WHY I HAD TO INVOLVE YOUR ORGANIZATION. ALBUTEROL IS REQUIRED BECAUSE I HAVE ASTHMA. IF I HAVE A SEVERE ASTHMA ATTACK AND AN ANAPHYLACTIC REACTION I DON'T THINK YOU WANT MY DEATH ON YOUR HANDS....

ALSO REGARDING THE PRIOR AUTHORIZATION.....YES THEY

APPROVED IT BUT IT WAS NOT HONORED AT THE PHARMACY AS THEY HAD NOT MADE IT AVAILABLE TO THE PHARMACY SO I HAD TO PAY OUT OF POCKET FOR ADDERALL.....AND THAT IS NOT OKAY -- THAT WAS THE POINT OF THAT -- IT SEEMS YOUR ORGANIZATION IS NOT CAPABLE OF COMPREHENDING THE SITUATIONS AT HAND....

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.

I AM NOT ABLE TO REQUEST A STATE FAIR HEARING FOR IVIG DENIAL AS MEDICAID MEMBER SERVICES SAYS IT IS MEDIMPACT AND MEDIMPACT SAYS IT IS MEDICAID MEMBER SERVICES I NEED TO SPEAK TO -- YOU DID NOT EVEN ADDRESS THIS CONCERN....

YOU ALSO DID NOT EVEN ADDRESS THE FACT THAT I AM NOT ABLE TO GET A PROVIDER DIRECTORY NOR A DRUG FORMULARY SHOWING WHAT PROVIDERS ARE IN NETWORK AND WHICH DRUGS ARE COVERED....SAME SITUATION BETWEEN MEDIMPACT AND MEDICAID.....

I CONTACTED GOVERNOR BESEHEAR'S OFFICE TODAY TO ASK FOR HELP SINCE YOUR AGENCY, MEDICAID MEMBER SERVICES, DCBS, AND MEDIMPACT ALL GIVE PEOPLE THE RUN AROUND WITHOUT ANSWERING ANY QUESTIONS WITH ANY RELEVANT ANSWERS.

I MAY BE CONTACTING THE NEWS STATIONS TOMORROW OR

**THROUGH THE WEEK AS ENERGY
LEVEL ALLOWS -- I HAVE
EXTREMELY LOW ENERGY DUE TO
SEVERE ONGOING 15 YEAR LONG
CHRONIC ILLNESS ISSUES....**

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

Have a wonderful day,

CHFS Listens Team

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From: CHFS Listens <CHFS.Listens@ky.gov>
Sent: Wednesday, January 31, 2024 6:59 AM
To: Wisecup, Christopher G (CHFS) <ChristopherG.Wisecup@ky.gov>
Subject: FW: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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Response:

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 4:04 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW

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Also, here is yet another PA that they refuse to honor....again....I want to take legal action at this point....who can I contact to establish counsel that deals with these types of legal claims in the state?

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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.

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

Sent: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me....Rheumatology and Immunology also say that IVIG is medically necessary....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Follow Up - 202402-08 -- USDA-FNS US Code Violation Issue
Date: Thursday, February 8, 2024 12:39:41 PM
Attachments: [image001.png](#)

I will be taking this to the US Attorney General's Office ...what is needed for the appeal...the law is very black and white and it is extremely evident that i am in the right here...violation and non compliance with federal and state law-especially by state and federal agencies-is ILLEGAL. Who in US Government oversees the USDA-FNS? The US Attorney General's Office is who ensures that the USDA does not violate law...and the Department of Justice...correct?

As outlined by the law...SSA SSDI is not required...I was deemed as disabled by the Medical Review Team. Any 'reasonable' person or entity can clearly tell that I am disabled as well by the several doctors that point out my disabilities, the thousands of pages of medical records, and my functional limitations.

Did you forward my medical records to the team that made this decision?

Did they even look at the documentation?

They do not mention the MRT or DCBS or CHFS....so it seems the evidence was not considered.

In terms of federal SSDI, I am still awaiting the judge's official written decision.

In the trial he verbally stated he was going to issue a favorable decision.

The trial was on January 9th.

I have no power to make the SSA move faster...obviously.

John

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Date: Tuesday, February 6, 2024 5:54:48 PM
Attachments: [notice \(80\).pdf](#)
[notice \(81\).pdf](#)
[notice \(82\).pdf](#)
[notice - 2023-11-22T104837.986.pdf](#)
[notice \(79\).pdf](#)
[notice \(77\).pdf](#)
[notice \(66\).pdf](#)
[notice \(76\).pdf](#)
[notice \(70\).pdf](#)
[notice \(55\).pdf](#)

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Date: Monday, February 5, 2024 5:36:41 PM
Attachments: [image001.png](#)

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: There is no designated case manager - that is part of the problem - I plan to call DCBS shortly....again....
Date: Friday, February 2, 2024 12:23:32 PM
Attachments: [image001.png](#)

Just letting you know...

On Thu, Feb 1, 2024 at 1:58 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for the additional information in your most recent response. Please reach out to your designated case manager regarding the eligibility criteria/process to sign up for ESAP and for information regarding the reduction of your SNAP benefits. This individual should be able to assist with questions and concerns pertaining to your case. As discussed, I will submit your rebuttal and resolution terms to the agency and provide a response once it is forwarded to me.

Respectfully,



From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, February 1, 2024 10:42 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Thanks for your call.

I will try to reach someone at dcbs about the mrt today.

I have additional questions. My snap benefits were recently reduced to \$242 with no changes, and no notification as to why. Can you help determine why?

Also, I should be eligible for ESAP so I only have to recertify every three years instead of every 2 to 4 months. But I can't figure out how to get signed up for it.

There was another question but I already forgot it.

I also have to eat gluten free out of medical necessity which costs a lot more than regular food. I previously provided the physicians recommendation on this. I also previously provided the paragraph in the code of federal regulations relating to snap and proof I am eligible for medical expenses...and previously provided the KY statute.

One more thing...once this is settled, I'd also like a letter of apology from chfs and dcbs.

And ideally there would be some kind of accountability toward them for their wrongdoing.

John

On Thu, Feb 1, 2024, 12:36 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

Thank you for your response. I understand your position and will contact you shortly to discuss this matter.

Sincerely,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

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

Sent: Tuesday, January 30, 2024 5:35 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above

this level that I can talk to about this issue? The Office of the President?

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Krystal,

I have two doctor appointments in Lexington tomorrow. One is in the morning, one in the afternoon. I will be en route from around 9 am until 11 am - then at the first appointment from around 11:15 to 12:30 - maybe slightly longer. Then lunch. Then next appointment at 1:30 or 2:00 and that one should be about an hour too....then will be en route back....it takes about 2 hours to get to Lexington one way....You can try to reach me 9:30 to 10:30 ish or maybe 3:30 to 4:00 ish? I will answer if I can. See....the mileage to get to and from Lexington should be another considered medical expense.....but CHFS is violating the law by not considering it....and instead...choosing to discriminate against me because I am under 65 and disabled. I have no doubt that in a court of law, I would win 100%. I want the money that I paid back that I did not owe, and did not agree to being collected, to be returned to me. I want a letter of apology, and I want all medical expenses to be considered for each month retroactively and going forward. That is what the law says to do. That is the law that CHFS is in direct violation of.

On Tue, Jan 30, 2024 at 5:31 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

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Respectfully,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
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From: John Fouts <fouts.john@gmail.com>

Sent: Tuesday, January 30, 2024 1:42 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

Krystal,

Yes the medical review team determined I was disabled.....the MRT team.....at DCBS.....they made the decision based on me sending them dozens if not hundreds of pages of medical records that they needed in order to make the review/determination.

If I am able to find counsel, to represent me, I will absolutely have them inform you.

The agency is tied to SSA directly. I have not received the favorable decision letter yet - it takes 30 to 120 days to get that from a judge once a decision is made right now. My trial was on January 9th of 2024. I was told, as when my child was deemed disabled and began receiving SSI, that there is no need to report that change to DCBS as the are automatically made aware via their connection with SSA. I was told that by DCBS. My date of disability onset is June 30, 2022.

I'm sorry I could not take your call when you rang, but I am dealing with a situation where a gas gift card that we were given by my child's school had a large amount of money stolen from it so I had to find the process to get a specialist involved, make a police report - or if I should wait until more info from Speedway can be garnered, etc....

John

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Good afternoon Mr. Fouts:

Thank you for your response. You have the option to retain a legal representative at any point of this process. If you do so, please provide me with a letter of representation from your designated representative and I will work with you both moving forward.

It appears you were issued two SNAP benefit adjustment letters based on overpayments issued to you by the agency. Based on the information I received the first letter was sent to you on September 20, 2023, for overpayment in the amount of \$ 585 for the period of 7/1/2022 to 8/31/2022. The second letter was sent to you on February 13, 2023, for overpayment totaling \$ 1314 for the period of 7/1/2022 to 10/31/2022. I am assuming you now owe \$ 855 due to deductions from your benefits by the agency to recover overpayments. The Agency asserts it established the claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable and appropriate under state and federal law in reference to your case. Please provide any additional information you may have to support your position regarding this issue at your earliest convenience.

The agency asserts the SNAP Operations Manual defines Members Eligible for Medical Deduction in MS 5410. MS 5410, in relevant part, states, "Allow for a deduction for medical expenses for any household member who is elderly or disabled as defined in MS 2000." MS 000, defines "disabled" as an individual determined eligible

for or receives the following benefits, Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The agency contends a KTAP incapacity determination is not evidence of a disability. Are you claiming you received a MRT Disability determination? Please clarify how the agency was made aware of your disability. Is the agency aware you were recently approved for SSA? What date were you approved?

Thank You,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

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

Sent: Tuesday, January 30, 2024 11:49 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

On Fri, Jan

26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received the agency's response to your complaint on January 18, 2024. I had an opportunity to review the response and summarized it below for your convenience.

In your complaint you claim Kentucky Cabinet for Health and Family Services (KY CHFS), discriminated against you based on age and disability when they in September 2023: 1. sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error and 2. did not allow certain medical deductions. KY CHFS denies any discriminatory action based on age and disability and provided the following response to your claims:

With regard to point 1 above....if they are saying I was overpaid by \$585....why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.



With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in 921 KAR Chapter 3. 921 KAR 3:050. The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or **having a disability, as defined in 9210 KAR 3:010**, Section 1(9) or (11). The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manuel defines "disabled" as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act **including a determination by the Medical Review Team (MRT) that the person is disabled**. The SNAP operations Manuel defines elderly as, "An individual age 60 or older." The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

I meet the definition of having a disability as defined in 9210 KAR 3:010 Section 1(9) or (11). The agency apparently does not understand the language in the law because it very clearly states that "including a determination by the Medical Review Team that the person is disabled..."

The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022.....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



Krystal Clark
Equal Opportunity Specialist/Investigator
Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, January 25, 2024 5:36 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

I know you are just a messenger in between me and the powers that be... Please provide me with a status update. It is not fair for an agency to set rules that they must respond within a certain time frame and then just bend the rules if they don't want to get back in that amount of time....you know what I mean?

Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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**"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246**

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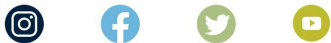
From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: One more thing for now Maddison - if you can help - I need documentation showing that the MRT team deemed me disabled - I have a document somewhere here
Date: Friday, February 2, 2024 7:01:02 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

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

From: **Cline, Maddison (CHFS DMS DCA)** <Maddison.Cline@ky.gov>
Date: Wed, Jan 31, 2024 at 8:52 AM
Subject: RE: One more thing for now Maddison - if you can help - I need documentation showing that the MRT team deemed me disabled - I have a document somewhere here
To: John Fouts <fouts.john@gmail.com>

Mr. Fouts,

I apologize but I do not have access to any documentation that would deem you disabled. They are not housed in the waiver system. I would recommend contacting DCBS for assistance.



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, January 30, 2024 5:10 PM

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

Subject: One more thing for now Maddison - if you can help - I need documentation showing that the MRT team deemed me disabled - I have a document somewhere here

I am having trouble locating it though. I know it was verbally confirmed via phone call and in written statement on a document...

Can you help me get something that shows this?

--

"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: [Clark, Krystal - FNS](#)
Subject: Fwd: Where can I see the specific legal statues for ESAP in Kentucky?/1656877SW -- Teresa - it looks like I should be eligible.... -- 2023-12-11 --
Date: Friday, February 2, 2024 6:59:45 AM
Attachments: [image001.png](#)

I am working on finding further information on date of MRT.

John

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

From: John Fouts <fouts.john@gmail.com>
Date: Thu, Dec 14, 2023 at 4:52 PM
Subject: Re: Where can I see the specific legal statues for ESAP in Kentucky?/1656877SW -- Teresa - it looks like I should be eligible.... -- 2023-12-11 --
To: Vascassenno, Teresa (LRC) <Teresa.Vascassenno@lrc.ky.gov>

Right - my household is only me and Jackie - I am disabled per MRT at DCBS...Jackie is Disabled via SSA-SSI....I have no earned income.....\$0 of medical expenses are being considered.....

On Thu, Dec 14, 2023 at 4:17 PM Vascassenno, Teresa (LRC) <Teresa.Vascassenno@lrc.ky.gov> wrote:

Mr. Fouts,

Good afternoon. Our office not permitted to interpret the statute and only CHFS can make a determination on your eligibility for the program. Here is information from the CHFS website:

Eligibility

ESAP is limited to elderly and/or disabled households with no earned income. Children can be present in the household, but not other adult household members.

When a household applies for SNAP or initiates a SNAP recertification, eligibility is run for both SNAP and ESAP. The household will receive a notice within 30 days informing them if they have been approved, and if so, which benefit they will get, SNAP or ESAP.

ESAP households will receive a standard medical deduction amount as long as they verify that they incur out-of-pocket medical expenses.

<https://www.chfs.ky.gov/agencies/dcbs/dfs/nab/Pages/esap.aspx>

Thanks.

--

Teresa Vascassenno

Constituent Services Analyst

Legislative Research Commission

Capitol Annex Room 007 | 702 Capital Ave. | Frankfort, KY 40601 | 502-564-8100 ext. 59077

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

Sent: Monday, December 11, 2023 3:24 PM

To: Vascassenno, Teresa (LRC) <Teresa.Vascassenno@LRC.KY.GOV>

Subject: Fwd: Where can I see the specific legal statues for ESAP in Kentucky?/1656877SW -- Teresa - it looks like I should be eligible.... -- 2023-12-11 --

Teresa,

I read through the statutes...it looks like I should be eligible for this program....can you

please look also, and see if I am missing something?

John

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

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

Date: Mon, Dec 11, 2023 at 2:58 PM

Subject: Re: Where can I see the specific legal statues for ESAP in Kentucky?/1656877SW

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

I've read through the regulations, and I do not understand why I am not being offered ESAP as a benefit....

What can I do?

On Fri, Dec 8, 2023 at 1:03 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good afternoon 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.

The new regulations for the ESAP program can be found in Title 921 | Chapter 003 | Regulation 095REG. You can visit: [KY General Assembly- ESAP](#), for the document pertaining to ESAP. You can also visit <https://www.chfs.ky.gov/agencies/dcbs/dfs/nab/Pages/esap.aspx>.

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



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

Sent: Thursday, December 7, 2023 4:11 PM

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

Subject: Where can I see the specific legal statues for ESAP in Kentucky?

Please let me know ASAP.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

John R. Fouts, MBA

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Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Thursday, February 1, 2024 1:42:02 PM
Attachments: [image001.png](#)
[image002.png](#)
[image001.png](#)
[image001.png](#)
[image002.png](#)
[image001.png](#)
[image001.png](#)

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allowable and appropriate under state and federal law in reference to your case. Please provide any additional information you may have to support your position regarding this issue at your earliest convenience.

The agency asserts the SNAP Operations Manual defines Members Eligible for Medical Deduction in MS 5410. MS 5410, in relevant part, states, "Allow for a deduction for medical expenses for any household member who is elderly or disabled as defined in MS 2000." MS 000, defines "disabled" as an individual determined eligible for or receives the following benefits, Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The agency contends a KTAP incapacity determination is not evidence of a disability. Are you claiming you received a MRT Disability determination? Please clarify how the agency was made aware of your disability. Is the agency aware you were recently approved for SSA? What date were you approved?

Thank You,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 11:49 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

On Fri, Jan

26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received the agency's response to your complaint on January 18, 2024. I had an opportunity to review the response and summarized it below for your convenience.

In your complaint you claim Kentucky Cabinet for Health and Family Services (KY CHFS), discriminated against you based on age and disability when they in September 2023: 1. sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error and 2. did not allow certain medical deductions. KY CHFS denies any discriminatory action based on age and disability and provided the following response to your claims:

With regard to point 1 above...if they are saying I was overpaid by \$585...why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.



With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in [921 KAR Chapter 3. 921 KAR 3:050](#). The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or **having a disability, as defined in 9210 KAR 3:010**, Section 1(9) or (11). The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manuel defines "disabled" as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act **including a determination by the Medical Review Team (MRT) that the person is disabled**. The SNAP operations Manuel defines elderly as, "An individual age 60 or older." The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

I meet the definition of having a disability as defined in 9210 KAR 3:010 Section 1(9) or (11). The agency apparently does not understand the language in the law because it very clearly states that "including a determination by the Medical Review Team that the person is disabled..."

The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,

	<p>Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov</p>
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, January 25, 2024 5:36 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

I know you are just a messenger in between me and the powers that be... Please provide me with a status update. It is not fair for an agency to set rules that they must respond within a certain time frame and then just bend the rules if they don't want to get back in that amount of time....you know what I mean?

Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

"Shining" in Service,

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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: I still cannot see my child's information -- when is the eta for the resolution of that?
Date: Thursday, February 1, 2024 9:57:47 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

I appreciate all you do. I have called that number in the past too, so I just don't know where else to turn now. Thanks for helping all that you could though - I really appreciate it.

John

On Wed, Jan 31, 2024 at 8:58 AM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

The only other number I have is for KYNECT- 855-459-6328

Our tech team has done everything they can on our side. They do not have full access to the KYNECT system since we only work in the waiver system.



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, January 30, 2024 2:50 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: Re: I still cannot see my child's information -- when is the eta for the resolution of that?

They say they don't handle that.

On Tue, Jan 30, 2024 at 2:44 PM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Mr. Fouts,

As I stated in my previous email, you will need to contact 800-635-2570 and select the option for Self Service Portal for further assistance.



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, January 30, 2024 2:41 PM

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

Subject: I still cannot see my child's information -- when is the eta for the resolution of that?

Please let me know. Since it has been months, I am pretty frustrated that it has not been resolved.

--

"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: [Bob Fouts](#); [Bonnie Cook Fouts](#)
Subject: Bob Marley - Part 2 -- His band was called The Wailers....
Date: Wednesday, January 31, 2024 8:59:38 PM

A band I hired to play at Grateful Goat called PMA (Positive Mental Attitude), opened for The Wailers (Bob Marley's band - without Bob Marley of course though) - in the 2010 - 2012 general time frame - maybe 2013...I lost track.

BJ was the nicest dude - he wore a serape like a skirt when they played music and they played reggae and originals.

Tyler and Walton was another band I had hired and Mark Walton had written a song for Del McCoury Band (they are a very famous band).

"Nothin' Special" is a song by The Del McCoury Band, written by Mark Anthony Walton and released in 2005. You can listen to "Nothin' Special" on Spotify and YouTube. The lyrics for "Nothin' Special" are available on Last.fm.

Mark and Jeanine Walton were some awesome customers. They were super kind. They knew I was getting very sick. They were very encouraging. They would come out and buy six cases of wine a lot. I had to sell each of them 3 cases because that was the max daily limit in Indiana....but I thought that was a cool connection....

Rick Murphy -- who handled the shirts for me -- that I met through ABM, was a drummer too, but he handled all the merchandising for Dolly Parton and Willie Nelson too....so that was another very cool connection...

Mark Walton collected quite a number of royalties from that song, I am aware of that...

Then Kevin Reese played for Black Oak Arkansas which apparently had been a very famous band for a long time....

Anyway - I am reminiscing.

One of the doctors I saw today was a total waste of my time I think. The other was very open to listening. I hate doctors for the most part but I tried to be very polite and everything. I always try - and sometimes fail at that with doctors.

Don't know if Jackie told you all - but the gas card that school gave us to help got robbed -- all the money on it is gone (like \$700 dollars is gone)....that was my bday present for today.....I talked to Speedway about it - they have a special investigator. I didn't have time to make a police report today though unfortunately.

I need to find a lawyer to hire to sue MedImpact and Medicaid for committing actual crimes against me -- withholding coverage information -- withholding network provider information - - and not honoring approved prior authorizations....

I will also be requesting a state fair hearing in front of yet another administrative law judge....I can PROVE that crimes were committed....

I am still in the middle of showing all the evidence to the USDA/FNS about how CHFS/DCBS has constantly discriminated against me based on age and disability. I can PROVE that too. And there are dozens of violations.

I need to reach out, again, to AIS/AIC too - because they had hired legal counsel against Medicaid and I was a member of that case last year...and a judge agreed to an injunction to not immediately discontinue anyone from IVIG because it is very dangerous....yet here I am.....

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Tuesday, January 30, 2024 8:34:55 PM
Attachments: [image001.png](#)
[image002.png](#)

Krystal,

I have two doctor appointments in Lexington tomorrow. One is in the morning, one in the afternoon. I will be en route from around 9 am until 11 am - then at the first appointment from around 11:15 to 12:30 - maybe slightly longer. Then lunch. Then next appointment at 1:30 or 2:00 and that one should be about an hour too....then will be en route back....it takes about 2 hours to get to Lexington one way....You can try to reach me 9:30 to 10:30 ish or maybe 3:30 to 4:00 ish? I will answer if I can. See....the mileage to get to and from Lexington should be another considered medical expense.....but CHFS is violating the law by not considering it....and instead...choosing to discriminate against me because I am under 65 and disabled. I have no doubt that in a court of law, I would win 100%. I want the money that I paid back that I did not owe, and did not agree to being collected, to be returned to me. I want a letter of apology, and I want all medical expenses to be considered for each month retroactively and going forward. That is what the law says to do. That is the law that CHFS is in direct violation of.

On Tue, Jan 30, 2024 at 5:31 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. Are you able to speak with me today? If not, I can give you a call tomorrow afternoon. Let me know if you are available.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 1:42 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Krystal,

Yes the medical review team determined I was disabled.....the MRT team....at DCBS.....they made the decision based on me sending them dozens if not hundreds of pages of medical records that they needed in order to make the review/determination.

If I am able to find counsel, to represent me, I will absolutely have them inform you.

The agency is tied to SSA directly. I have not received the favorable decision letter yet - it takes 30 to 120 days to get that from a judge once a decision is made right now. My trial was on January 9th of 2024. I was told, as when my child was deemed disabled and began receiving SSI, that there is no need to report that change to DCBS as the are automatically made aware via their connection with SSA. I was told that by DCBS. My date of disability onset is June 30, 2022.

I'm sorry I could not take your call when you rang, but I am dealing with a situation where a gas gift card that we were given by my child's school had a large amount of money stolen from it so I had to find the process to get a specialist involved, make a police report - or if I should wait until more info from Speedway can be garnered, etc....

John

On Tue, Jan 30, 2024 at 4:14 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. You have the option to retain a legal representative at any point of this process. If you do so, please provide me with a letter of representation from your designated representative and I will work with you both moving forward.

It appears you were issued two SNAP benefit adjustment letters based on overpayments issued to you by the agency. Based on the information I received the first letter was sent to you on September 20, 2023, for overpayment in the amount of \$ 585 for the period of 7/1/2022 to 8/31/2022. The second letter was sent to you on February 13, 2023, for overpayment totaling \$ 1314 for the period of 7/1/2022 to 10/31/2022. I am assuming you now owe \$ 855 due to deductions from your benefits by the agency to recover overpayments. The Agency asserts it established the claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable and appropriate under state and federal law in reference to your case. Please provide any additional information you may have to support your position regarding this issue at your earliest convenience.

The agency asserts the SNAP Operations Manual defines Members Eligible for Medical Deduction in MS 5410. MS 5410, in relevant part, states, "Allow for a deduction for medical expenses for any household member who

is elderly or disabled as defined in MS 2000.” MS 000, defines “disabled” as an individual determined eligible for or receives the following benefits, Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The agency contends a KTAP incapacity determination is not evidence of a disability. Are you claiming you received a MRT Disability determination? Please clarify how the agency was made aware of your disability. Is the agency aware you were recently approved for SSA? What date were you approved?

Thank You,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
---	---

From: John Fouts <fouts.john@gmail.com>
Sent: Tuesday, January 30, 2024 11:49 AM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

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With regard to point 1 above....if they are saying I was overpaid by \$585....why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.

The screenshot shows a web browser window displaying the 'Personal Dashboard: JOHN R FOUTS'. The page is titled 'SNAP' and shows the following information:

- JOHN R FOUTS, JACK FOUTS** (Approved)
- Benefit Period:** 05/01/2023 - 03/31/2024
- EBT Card funds loaded on:** 01/17/2024
- Allotment:** January \$242, February \$242
- Message:** You owe \$855 for SNAP benefits. [Pay Balance](#)
- Message:** If you are unable to pay your claim in full, you may set up a repayment agreement by calling (502)564-3440
- [View Eligibility Notice](#)

The dashboard also includes a sidebar with 'Claims & Payments', 'Hearings', and 'Appointments', and a 'Child Care Assistance' section at the bottom. The system tray at the bottom shows the date as 1/30/2024 and the time as 2:41 PM.

With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in [921 KAR Chapter 3. 921 KAR 3:050](#). The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

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I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



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Equal Opportunity Specialist/Investigator
Civil Rights Division
Food and Nutrition Service
Phone: (703) 605-0261
Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Thursday, January 25, 2024 5:36 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

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[External Email]

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John

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"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: One more thing for now Maddison - if you can help - I need documentation showing that the MRT team deemed me disabled - I have a document somewhere here
Date: Tuesday, January 30, 2024 5:10:03 PM

I am having trouble locating it though. I know it was verbally confirmed via phone call and in written statement on a document...

Can you help me get something that shows this?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: 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: Tuesday, January 30, 2024 5:08:30 PM
Attachments: [image001.png](#)

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Wed, Nov 29, 2023 at 10:39 AM
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
To: CHFS Listens <CHFS.Listens@ky.gov>

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



CONFIDENTIALITY NOTICE:

This e-mail 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 the sender immediately by reply e-mail and destroy all copies of the original message.

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

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: 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: Tuesday, January 30, 2024 5:07:52 PM
Attachments: [image001.png](#)

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

From: **CHFS Listens** <CHFS.Listens@ky.gov>
Date: Wed, Nov 29, 2023 at 10:06 AM
Subject: 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
To: fouts.john@gmail.com <fouts.john@gmail.com>
Cc: CHFS Listens <CHFS.Listens@ky.gov>

Good Morning,

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John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Tuesday, January 30, 2024 4:42:26 PM
Attachments: [image001.png](#)
[image002.png](#)

Krystal,

Yes the medical review team determined I was disabled.....the MRT team....at DCBS.....they made the decision based on me sending them dozens if not hundreds of pages of medical records that they needed in order to make the review/determination.

If I am able to find counsel, to represent me, I will absolutely have them inform you.

The agency is tied to SSA directly. I have not received the favorable decision letter yet - it takes 30 to 120 days to get that from a judge once a decision is made right now. My trial was on January 9th of 2024. I was told, as when my child was deemed disabled and began receiving SSI, that there is no need to report that change to DCBS as the are automatically made aware via their connection with SSA. I was told that by DCBS. My date of disability onset is June 30, 2022.

I'm sorry I could not take your call when you rang, but I am dealing with a situation where a gas gift card that we were given by my child's school had a large amount of money stolen from it so I had to find the process to get a specialist involved, make a police report - or if I should wait until more info from Speedway can be garnered, etc....

John

On Tue, Jan 30, 2024 at 4:14 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good afternoon Mr. Fouts:

Thank you for your response. You have the option to retain a legal representative at any point of this process. If you do so, please provide me with a letter of representation from your designated representative and I will work with you both moving forward.

It appears you were issued two SNAP benefit adjustment letters based on overpayments issued to you by the agency. Based on the information I received the first letter was sent to you on September 20, 2023, for overpayment in the amount of \$ 585 for the period of 7/1/2022 to 8/31/2022. The second letter was sent to you on February 13, 2023, for overpayment totaling \$ 1314 for the period of 7/1/2022 to 10/31/2022. I am assuming you now owe \$ 855 due to deductions from your benefits by the agency to recover overpayments. The Agency asserts it established the claims, issued notices, and recouped an apportioned amount of the overpayments, as allowable and appropriate under state and federal law in reference to your case. Please provide any additional information you may have to support your position regarding this issue at your earliest convenience.

The agency asserts the SNAP Operations Manual defines Members Eligible for Medical Deduction in MS 5410. MS 5410, in relevant part, states, "Allow for a deduction for medical expenses for any household member who is elderly or disabled as defined in MS 2000." MS 000, defines "disabled" as an individual determined eligible for or receives the following benefits, Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The agency contends a KTAP incapacity determination is not evidence of a disability. Are you

claiming you received a MRT Disability determination? Please clarify how the agency was made aware of your disability. Is the agency aware you were recently approved for SSA? What date were you approved?

Thank You,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Tuesday, January 30, 2024 11:49 AM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

On Fri, Jan

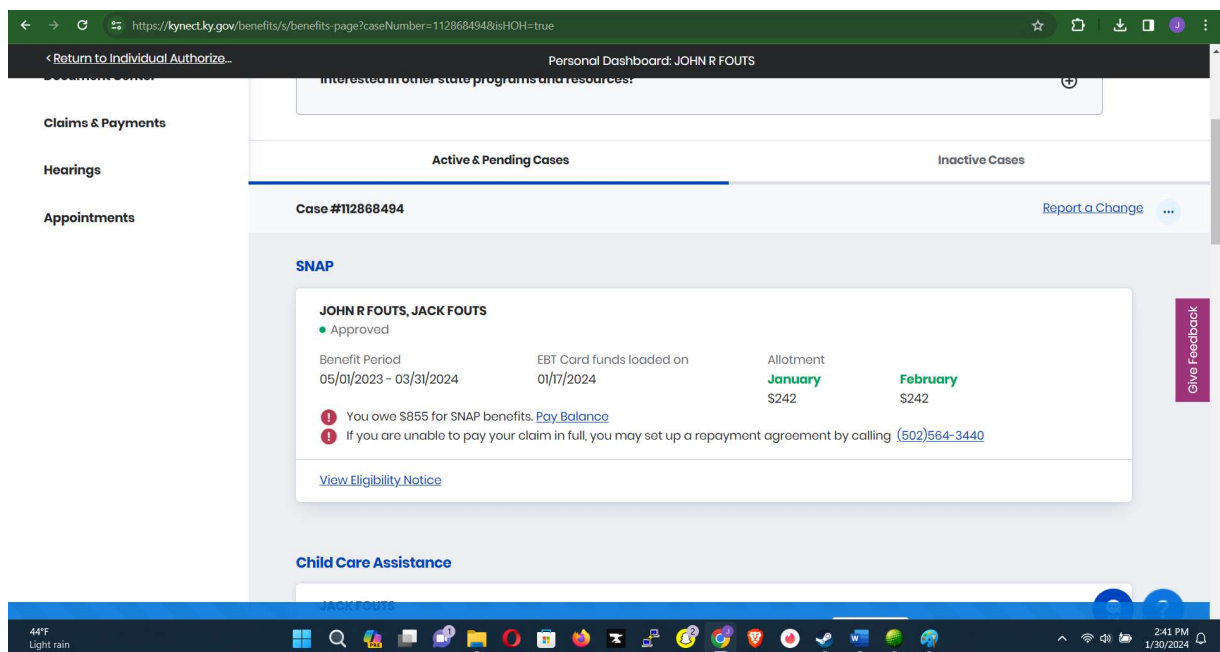
26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received the agency's response to your complaint on January 18, 2024. I had an opportunity to review the response and summarized it below for your convenience.

In your complaint you claim Kentucky Cabinet for Health and Family Services (KY CHFS), discriminated against you based on age and disability when they in September 2023: 1. sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error and 2. did not allow certain medical deductions. KY CHFS denies any discriminatory action based on age and disability and provided the following response to your claims:

With regard to point 1 above....if they are saying I was overpaid by \$585....why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.



With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in 921 KAR Chapter 3. 921 KAR 3:050. The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not

received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or **having a disability, as defined in 9210 KAR 3:010, Section 1(9) or (11)**. The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manuel defines “disabled” as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act **including a determination by the Medical Review Team (MRT) that the person is disabled**. The SNAP operations Manuel defines elderly as, “An individual age 60 or older.” The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

I meet the definition of having a disability as defined in 9210 KAR 3:010 Section 1(9) or (11). The agency apparently does not understand the language in the law because it very clearly states that "including a determination by the Medical Review Team that the person is disabled..."

The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022.....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, January 25, 2024 5:36 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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Krystal,

I know you are just a messenger in between me and the powers that be... Please provide me with a status update. It is not fair for an agency to set rules that they must respond within a certain time frame and then just bend the rules if they don't want to get back in that amount of time....you know what I mean?

Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"Shining" in Service,

John R. Fouts, MBA

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Tuesday, January 30, 2024 4:03:57 PM
Attachments: [image001.png](#)
[2024-01-25-Adderall-PA-Through-MedImpact.pdf](#)

Also, here is yet another PA that they refuse to honor....again....I want to take legal action at this point....who can I contact to establish counsel that deals with these types of legal claims in the state?

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at

different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me.....Rheumatology and Immunology also say that IVIG is medically necessary....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"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: How do I request a fair hearing for the IVIG that was denied recently? And how can I get legal representation?
Date: Tuesday, January 30, 2024 3:43:41 PM

Please let me know asap.

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Tuesday, January 30, 2024 2:50:16 PM
Attachments: [image001.png](#)
[image.png](#)

Please confirm receipt of this email.

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Tue, Jan 30, 2024 at 2:49 PM
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

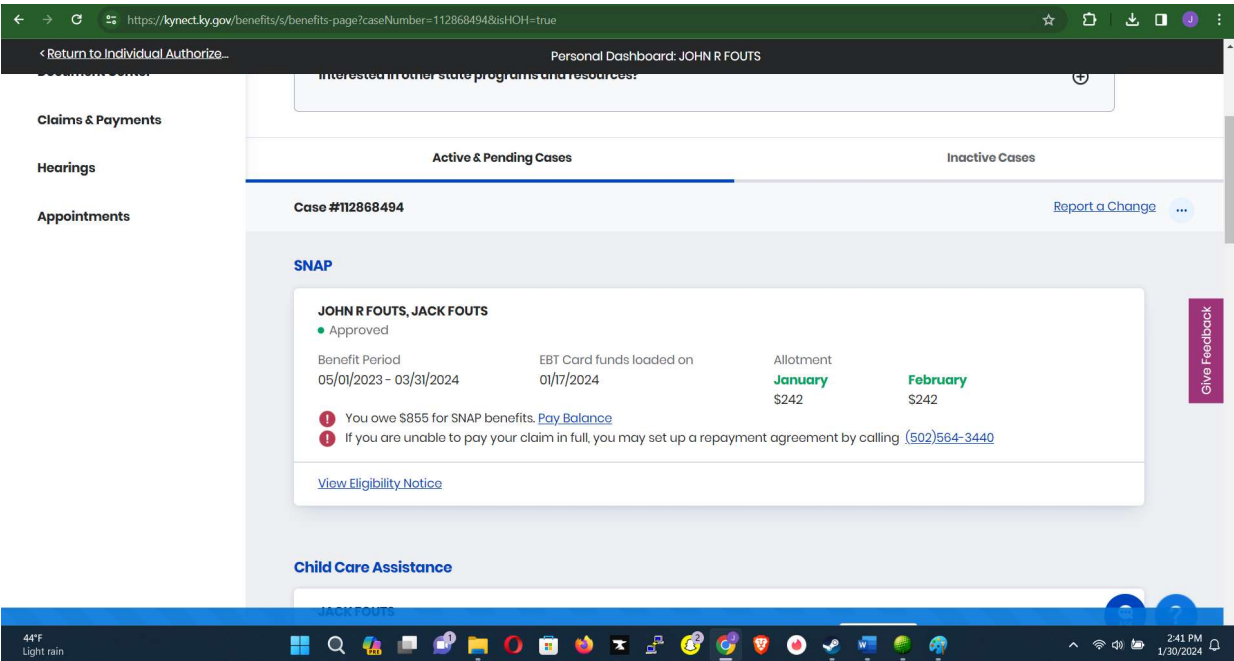
On Fri, Jan 26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

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The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or having a disability, as defined in 9210 KAR 3:010, Section 1(9) or (11). The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manual defines "disabled" as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The SNAP operations Manual defines elderly as, "An individual age 60 or older." The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

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The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

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I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, January 25, 2024 5:36 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

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Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

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"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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"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: I still cannot see my child's information -- when is the eta for the resolution of that?
Date: Tuesday, January 30, 2024 2:49:35 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

They say they don't handle that.

On Tue, Jan 30, 2024 at 2:44 PM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Mr. Fouts,

As I stated in my previous email, you will need to contact 800-635-2570 and select the option for Self Service Portal for further assistance.



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, January 30, 2024 2:41 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: I still cannot see my child's information -- when is the eta for the resolution of that?

Please let me know. Since it has been months, I am pretty frustrated that it has not been resolved.

--

"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: [Clark, Krystal - FNS](#)
Subject: Re: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?
Date: Tuesday, January 30, 2024 2:49:21 PM
Attachments: [image001.png](#)
[image.png](#)

Krystal,

I tried to call you but the phone number asks for an extension for which you do not list one.

Yes - I wish to make a rebuttal. Clearly.....the people at CHFS cannot even read or interpret the rules that they themselves cite.....

I have highlighted below the applicable....for the rebuttal.... I also wish to ask you how I can retain legal counsel to continue to pursue the matter.

See below....

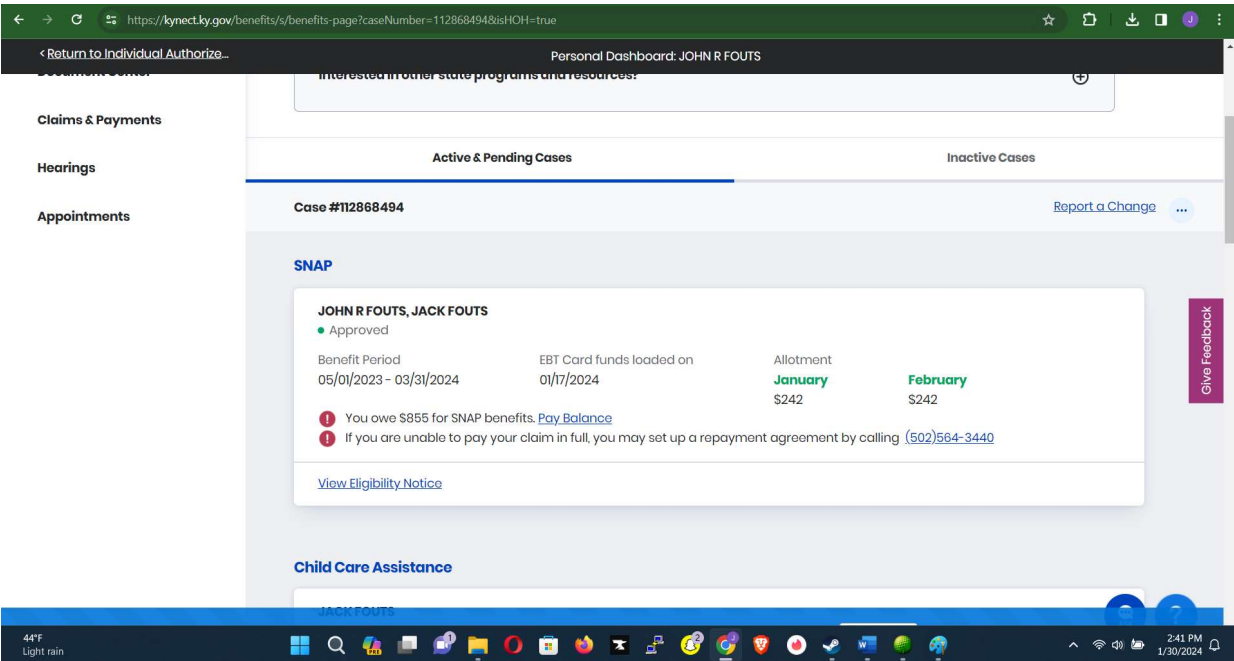
On Fri, Jan
26, 2024 at 12:47 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Good morning Mr. Fouts:

I received the agency's response to your complaint on January 18, 2024. I had an opportunity to review the response and summarized it below for your convenience.

In your complaint you claim Kentucky Cabinet for Health and Family Services (KY CHFS), discriminated against you based on age and disability when they in September 2023: 1. sent you a claim adjustment letter stating that you were overpaid \$585.00 in SNAP benefits due to a calculation error and 2. did not allow certain medical deductions. KY CHFS denies any discriminatory action based on age and disability and provided the following response to your claims:

With regard to point 1 above....if they are saying I was overpaid by \$585....why does the system say I owe \$855???? That is hundreds of dollars more. I do not agree that I owe ANYTHING. In fact, THEY OWE ME - and I CAN PROVE IT LEGALLY.



With regard to point 2...yes - they continue to discriminate against me based on age and disability.

(1) The Agency applied a claim adjustment in the amount of \$585.00 to your case due to SNAP benefits overpayments issued to you for income that was not counted or was reported incorrectly for the months of July 2022 to August 2022. The Agency complied with its statutes and regulations regarding claim identification, claim adjustments, and claim processing in reducing your benefits due to overpayment, as defined in 921 KAR Chapter 3. 921 KAR 3:050. The Agency contends they did not discriminate against you based on age or disability in the administration of SNAP.

The above highlighted in red is exactly what proves that THEY DID DISCRIMINATE AGAINST ME, AND THEY continue to do so each and every month.

Most recently, my SNAP benefits were reduced to \$242 per month with no explanation -- I still have not received any letter about why.....

(2) To qualify for a monthly standard medical deduction or verified actual medical expenses the household member must meet the definition of being elderly or having a disability, as defined in 9210 KAR 3:010, Section 1(9) or (11). The Agency, through its action, followed the SNAP Operations Manual that complies with the terms of the governing regulations and statutes. The SNAP operations Manual defines "disabled" as an individual determined eligible for or receives the following benefits: Supplemental Security Income, State Supplementation, Disability Retirement Benefits from a Federal, State, or local governmental agency, Annuity Payments under the Railroad Retirement Act, Veteran Service Based Status, and/or Disability related medical assistance under Title XIX of the Social Security Act including a determination by the Medical Review Team (MRT) that the person is disabled. The SNAP operations Manual defines elderly as, "An individual age 60 or older." The Agency contends you did not meet either of these definitions and as such, did not qualify as a member eligible for medical deductions.

If you wish to submit a rebuttal to support your claims please forward it to me by February 8, 2024. Any additional information submitted will be taken into consideration before issuing a decision in this matter. If you have any questions or concerns do not hesitate to contact me by email at krystal.clark@usda.gov.

I meet the definition of having a disability as defined in 9210 KAR 3:010 Section 1(9) or (11). The agency apparently does not understand the language in the law because it very clearly states that "including a determination by the Medical Review Team that the person is disabled..."

The MRT at DCBS / branch of CHFS -- determined me to be disabled.....so I meet the definition of the statute.....which means they continue to discriminate against me. I have not submitted monthly expenses for medical because they refuse to consider them even though they are legally required to do so or they are discriminating based on age and disability.....

Also, I recently had my administrative trial by judge for federal SSA, and was granted a favorable decision with back pay dating to June 30, 2022.....meaning I was also federally qualified as disabled thus furthering and reinforcing other parts of the statute when I had already met qualifying criteria for the medical expenses to be considered based on the MRT decision alone!

I have responded in red. What are my legal options? How do I find counsel to pursue litigation at this time?

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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

Sent: Thursday, January 25, 2024 5:36 PM

To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Subject: [External Email]Check on status of case....it has been longer than 30 days....I believe....who is above this level that I can talk to about this issue? The Office of the President?

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;

Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Krystal,

I know you are just a messenger in between me and the powers that be... Please provide me with a status update. It is not fair for an agency to set rules that they must respond within a certain time frame and then just bend the rules if they don't want to get back in that amount of time....you know what I mean?

Also - I have had medical expenses for each and every month that are not considered by SNAP/Medicaid/USDA/FNS etc.... we are talking about a lot of money over a year's period of time....a simple solid example of one is the mileage reimbursement that is supposedly covered as a reimbursable medical expense....I am waiting to get a response from this office before I submit the other expenses for the rest of the year....and if I continue to be unable to gain a response -- I will be contacting the next highest level -- what 'is' the next highest level that I can communicate with?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

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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: I still cannot see my child's information -- when is the eta for the resolution of that?
Date: Tuesday, January 30, 2024 2:40:42 PM

Please let me know. Since it has been months, I am pretty frustrated that it has not been resolved.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: FW: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc... 1662598CW
Date: Tuesday, January 30, 2024 2:30:38 PM
Attachments: [image001.png](#)

Has there been any response yet on any of the matters?

Provider Directory to see who is in network?

Drug Formulary?

Prior Authorizations not being honored?

Medications being discontinued that are still approved via prior authorization? IVIG....

John

On Mon, Jan 29, 2024 at 10:25 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.

Our office has sent a request to the Department for Medicaid Services for assistance. We will follow-up with you once we receive a response.

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



CONFIDENTIALITY NOTICE:

This e-mail 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 the sender immediately by reply e-mail and destroy all copies of the original message.

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

Sent: Friday, January 26, 2024 6:54 PM

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

Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...

First -- I need a drug formulary showing what items are covered on my plan. MedImpact refuses to give me that information even though I am a member. They say I can only speak to Medicaid Member services about it.

They transfer me to Medicaid Member Services and Medicaid Member Services tells me only MedImpact can give me information about the plan.

I have called 7 times now this week and had the same experience each time even with supervisors handling the calls on each side.

DCBS states I need to contact Medicaid Member Services.

So I need this to be cleared up IMMEDIATELY as I need to know what drugs are covered by the insurance plan I am on. It is not okay to be secretive about coverage.....

Also prior authorizations that have been approved, are being denied and not honored.....and I have had to pay out of pocket for some...and need to get reimbursed.....or forego medications that are medically necessary that several different types of physicians at different institutions say I need to be on like IVIG....that also has a PA that is still valid but not being covered or honored by MedImpact....it is not okay to detrimentally and adversely impact my health by withholding medically necessary medications that have valid PAs on file that are approved!

I am ready to hire an attorney at this point....so if you are unable to help me...I need to know legal steps I can take to resolve the issues. IVIG is prescribed to me presently by Gastroenterology. Neurology has also prescribed it in the past for me.....Rheumatology and Immunology also say that IVIG is medically necessary....so the neurologist is at Norton.....the Gastroenterologist is at U of L....the Rheumatologist is at U of L....and the Immunologist is at UK. Again...withholding treatment that is absolutely critical to my health is not okay....neither is not honoring approved prior authorizations....

I have attached a receipt for Adderall which my father had to pay for since the PA was not being honored. There is an approved PA through MedImpact and also through Magellan for it. I've attached both. I've attached all PAs through MedImpact....

I need to be able to access a member portal for MedImpact also which I am also being denied access to by MedImpact....

Please note: I have included the approved PAs for IVIG and for Adderall and many other medications through MedImpact that should still be valid....

I have included a PA approved for adderall through Magellan also....

There is an injunction in place to prevent patients on IVIG from being discontinued immediately because of the dangers that has.....Medicaid tried to do this last year in 2023 when the injunction was issued by a judge....you all / MedImpact -- suddenly stopped / discontinued the medication for me immediately after being on it for 2.5 years and my body has been crashing.....

Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"Shining" in Service,

John R. Fouts, MBA

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From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: I cannot get answers from MedImpact nor from Medicaid Member Services nor from DCBS about anything related to pharmacy benefits -- PAs are not being honored that are approved etc...
Date: Friday, January 26, 2024 6:54:21 PM
Attachments: [2024-01-26-Current-Listing-of-MedImpact.pdf](#)
[MedImpact1-Page-9.pdf](#)
[MedImpact1-Page-5.pdf](#)
[MedImpact1-Page-8.pdf](#)
[MedImpact1-Page-6.pdf](#)
[MedImpact1-Page-7.pdf](#)
[MedImpact1-Page-3.pdf](#)
[MedImpact1-Page-2.pdf](#)
[MedImpact1-Page-1.pdf](#)
[MedImpact1-Page-4.pdf](#)

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medications through MedImpact that should still be valid....

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Can the Attorney General look into this??

Is that who I need to contact? For violation of injunction by judge?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: Something changed in the last hour b/c I can now see the waiver dashboard section....BUT.....I still cannot see Jackie's information on the first page where I am an authorized rep....
Date: Tuesday, January 16, 2024 2:14:04 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

I have done that and it got me nowhere. I spent 6 or 7 hours on the phone doing that...

On Tue, Jan 16, 2024 at 8:54 AM Cline, Maddison (CHFS DMS DCA)
<Maddison.Cline@ky.gov> wrote:

I have been advised that you will need to contact 800-635-2570 and select the option for Self Service Portal for further assistance.



Maddison Cline

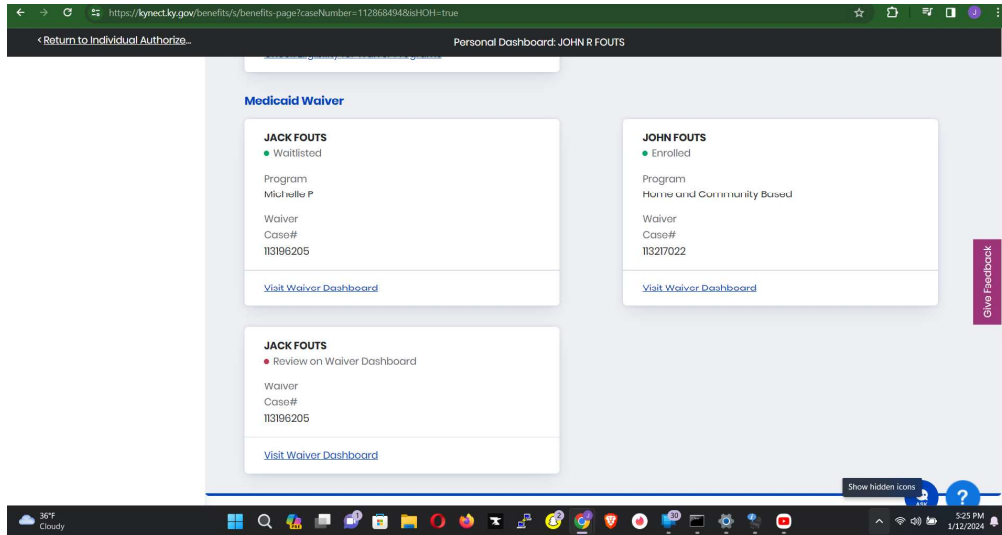
Medicare/Medicaid Specialist II
Department for Medicaid Services

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: Friday, January 12, 2024 5:28 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: Something changed in the last hour b/c I can now see the waiver dashboard section....BUT.....I still cannot see Jackie's information on the first page where I am an authorized rep....

That was the whole reason I called in to begin with in early November.....how can we get it fixed????



Jackie has a different case number because of SSI being received. I need to be able to see the information for Jackie's other case number.....argh.....

I appreciate your help, but I am truly at the end of my nerves here.....literally.....I have a nerve problem so that really isn't that funny actually.....

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

--

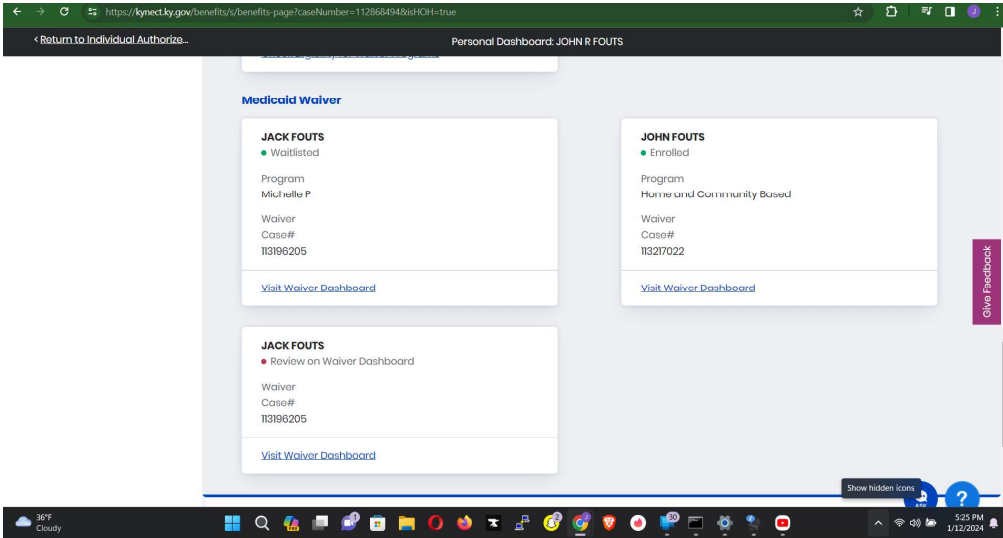
"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Something changed in the last hour b/c I can now see the waiver dashboard section....BUT.....I still cannot see Jackie's information on the first page where I am an authorized rep....
Date: Friday, January 12, 2024 5:28:11 PM
Attachments: [image.png](#)

That was the whole reason I called in to begin with in early November.....how can we get it fixed????



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I appreciate your help, but I am truly at the end of my nerves here.....literally.....I have a nerve problem so that really isn't that funny actually.....

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: The issue is still not fixed -- please help..... 2024-01-11 -- do I need to contact the Governor since it has been since early November that this has been an issue?
Date: Friday, January 12, 2024 4:02:59 PM
Attachments: [image001.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)
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[image001.png](#)
[image003.png](#)
[image006.png](#)
[image005.png](#)
[image004.png](#)
[image007.png](#)

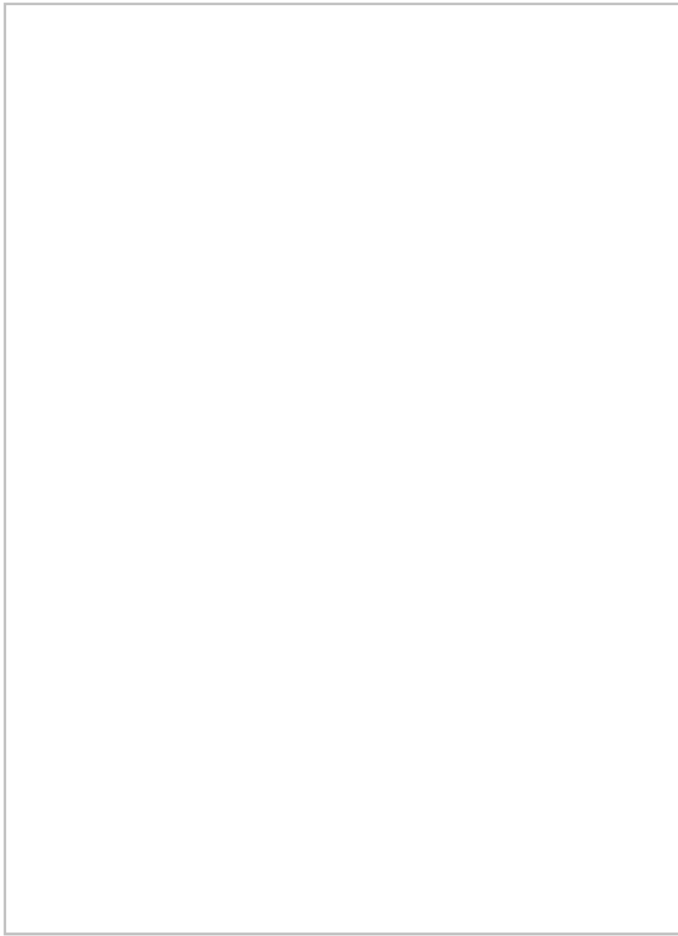
I am not able to...that does not show me the waiver dashboards or other self ability to change items.

On Fri, Jan 12, 2024, 4:01 PM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Good afternoon,

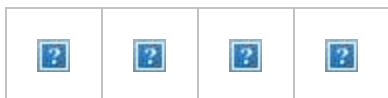
Our Tech Support team have reviewed this again. They are reporting that all issues should be resolved.

On the left side of your screen, you should have a Benefit tab. You should be able to view more information under this.



<https://www.chfs.ky.gov/agencies/dms/Pages/kynectben.aspx> this link has guides to navigating KYNECT.

If you continue to have issues please contact 800-635-2570 and use option 6.



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

|

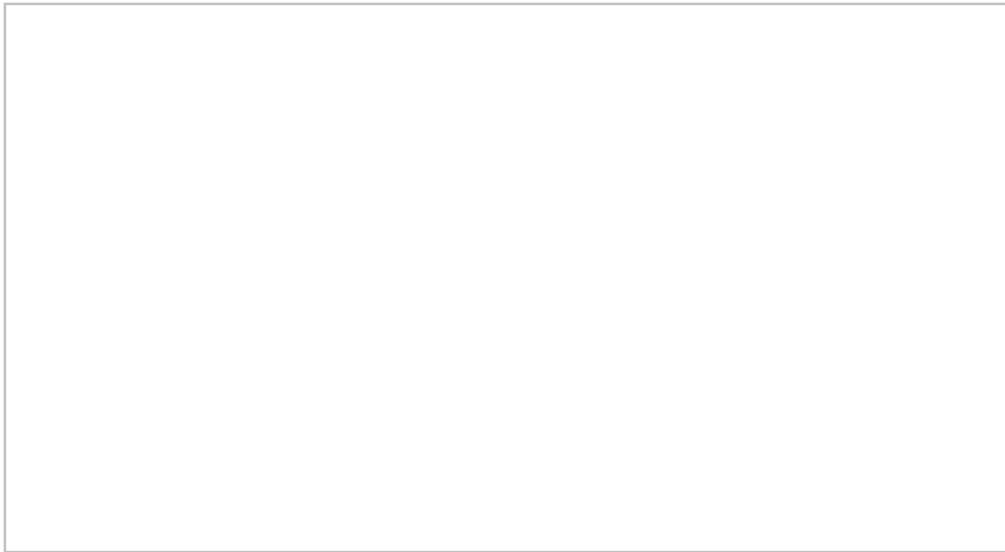
From: John Fouts <fouts.john@gmail.com>

Sent: Thursday, January 11, 2024 4:06 PM

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

Subject: The issue is still not fixed -- please help..... 2024-01-11 -- do I need to contact the Governor since it has been since early November that this has been an issue?





--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Thank you for your continued help -- could you send me a list of kynectors please? 2024.01.12
Date: Friday, January 12, 2024 3:57:59 PM

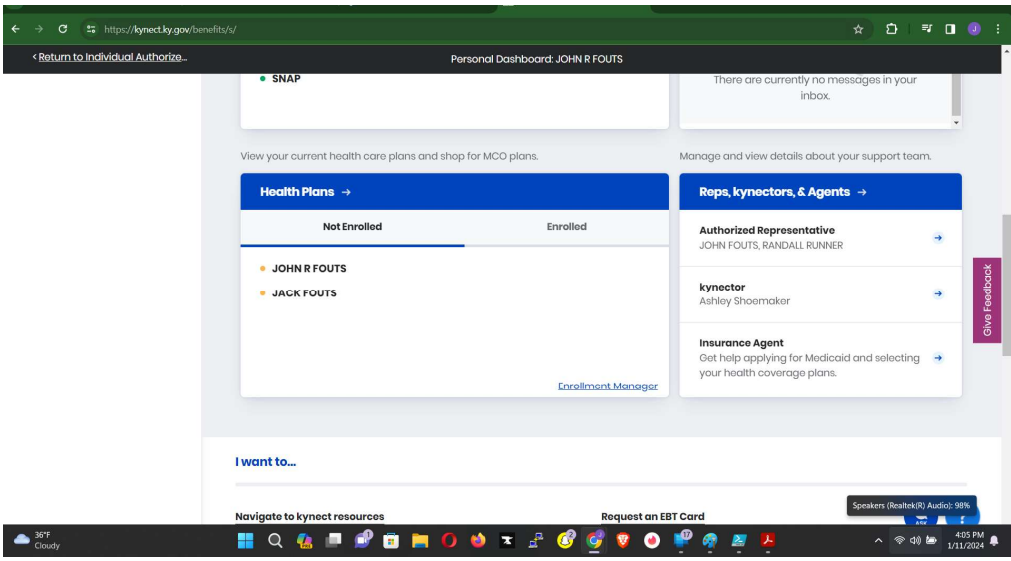
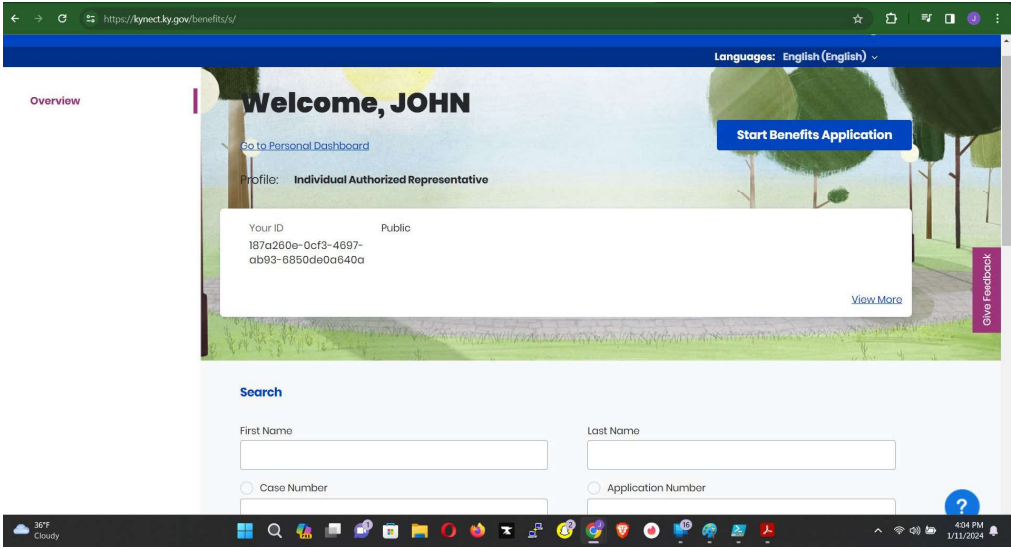
I am having trouble getting a list.

I'm also getting things several times per week in the mail from chfs with sometimes the same and sometimes different...and/or reductions, and the dates are different...

I need someone to help me. It is as if my eligibility is being run over and over and over and over and over again and I have no idea why or what is going on.

John

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: The issue is still not fixed -- please help..... 2024-01-11 -- do I need to contact the Governor since it has been since early November that this has been an issue?
Date: Thursday, January 11, 2024 4:06:19 PM
Attachments: [image.png](#)
[image.png](#)



--

"Shining" in Service,
John R. Fouts, MBA
Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: [External Email]Re: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts -- Following Up -- Again -- 2023-12-29
Date: Friday, December 29, 2023 12:18:46 PM
Attachments: [image001.png](#)
[USDA FNS-Civil Rights Division Program Discrimination Complaint - Fo....eml \(14.2 MB\).msg](#)

Krystal,

I downloaded the other forwarded email I sent to you, saved it as an EML file...which should contain all email data including attachments. Please confirm receipt.

John

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

From: **Clark, Krystal - FNS** <krystal.clark@usda.gov>
Date: Wed, Dec 27, 2023 at 7:08 PM
Subject: RE: [External Email]Re: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts
To: John Fouts <fouts.john@gmail.com>

Good day Mr. Fouts:

Thank you for letting me know. I did not receive any of the attachments. You may need to resend the information in several emails for it to go through.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

From: John Fouts <fouts.john@gmail.com>
Sent: Friday, December 22, 2023 9:00 PM
To: Clark, Krystal - FNS <krystal.clark@usda.gov>
Subject: [External Email]Re: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts

You don't often get email from fouts.john@gmail.com. [Learn why this is important](#)

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

I just re-sent it Krystal....it has something like 45 attachments - that could be why...

On Fri, Dec 22, 2023 at 11:05 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

From: Clark, Krystal - FNS
Sent: Tuesday, December 19, 2023 9:25 AM
To: Fouts.john@gmail.com
Subject: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts

Complaint Number: 2024-12-00015258

Complainant: John Fouts

Dear John Fouts:

My name is Krystal Clark, and I am an Equal Opportunity Investigator with USDA, FNS, Civil Rights Division. Our agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs.

I am contacting you regarding the complaint of discrimination you filed with our office against Kentucky Cabinet for Health and Family Services (CHFS). To continue processing your complaint, I must conduct an interview with you to obtain clarification regarding your allegations, as well as discuss the next steps in the investigation process including the possibility of resolution. Please reply to this email with your availability and the best contact number where I can reach you. I am available on Wednesday, December 20, 2023, at 11:00 AM (EST) to discuss this matter if it works with your schedule. If you have any questions do not hesitate to contact me by email at krystal.clark@usda.gov. I look forward to speaking with you soon.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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John R. Fouts, MBA

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"Shining" in Service,

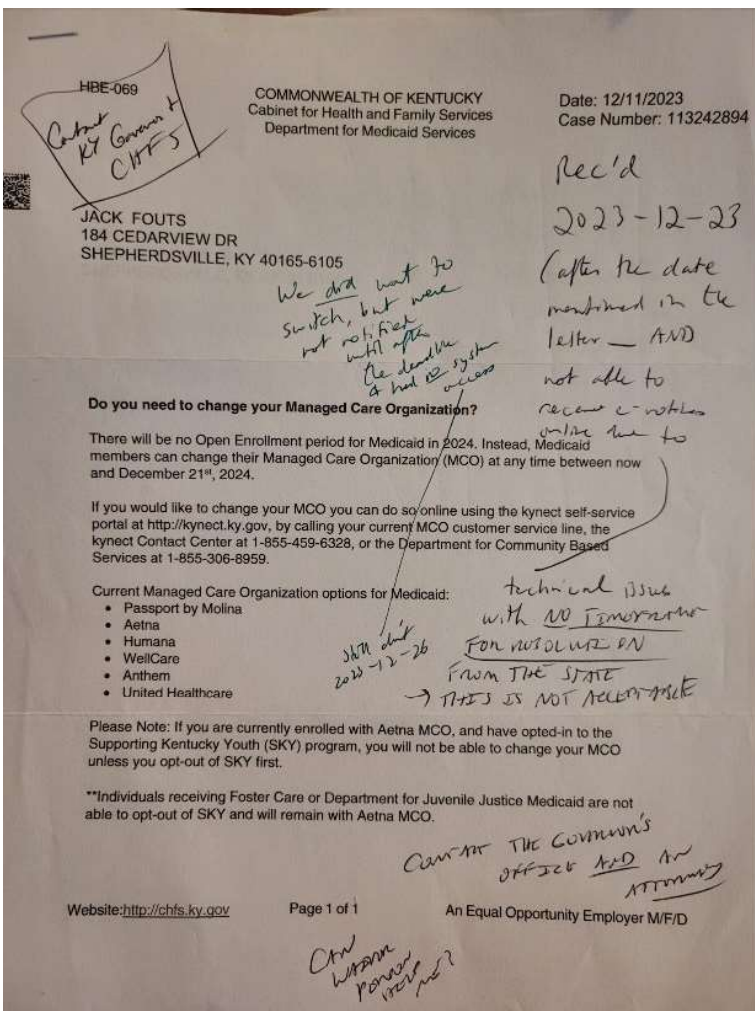
John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Need diff MCO for child - did not get notice about deadline until after deadline had passed....don't have access to self service portal info - the state of KY can't figure out how to fix their own technical glitches
Date: Friday, December 29, 2023 12:11:47 PM
Attachments: [image.png](#)

Due to technical glitches, the state of KY has been unable to fix the problem that is not allowing me to see information for me or my child online, and so, I am forced to rely on snail mail that seems to only unreliably come from the state of KY - other places seem to send mail that gets delivered fine - but for some reason - mail from the state often doesn't make it here....

I received a notice on Dec. 23rd that if we want to change MCO, that the deadline is Dec. 21. That IS NOT OKAY. What is the process to make the change of MCO for my child in this situation?



--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Are you able to tell me what is required for the SCL waiver application for my child (Jackie Fouts) -- legal name Jack Fouts? Is there a way to see waiting list position too for Jackie for Michelle P. Waiver?
Date: Friday, December 29, 2023 10:12:27 AM
Attachments: [image.png](#)

Maddison,

Please see questions in subject line. As always, I thank you for your help.

Also - are you able to see if I have any to-dos or notifications? As I am not able to see that information??

Can you tell me if there are any waiver requirements for the HCBS that I, for myself, need to complete? I often don't receive mail that was supposedly mailed out from state offices...so it is of great concern to me.

Also - can you direct me of who I need to contact for this situation? We wanted to change my child's MCO....but had no information on deadline....the date that we received the actual letter was December 23rd, 2023....stating that any changes had to be made by December 21, 2023.....we received notification of a deadline that had to be met 2 days after the deadline had passed....that isn't okay...

HBE-069
Contract
Ky Commonwealth
CHFS

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Medicaid Services

Date: 12/11/2023
Case Number: 113242894

JACK FOUTS
184 CEDARVIEW DR
SHEPHERDSVILLE, KY 40165-6105

Rec'd
2023-12-23

We did want to
switch, but were
not notified
until after
the deadline
& had 12 occasions

(after the date
mentioned in the
letter - AND)

not able to
receive e-notices
online due to

Do you need to change your Managed Care Organization?

There will be no Open Enrollment period for Medicaid in 2024. Instead, Medicaid members can change their Managed Care Organization (MCO) at any time between now and December 21st, 2024.

If you would like to change your MCO you can do so online using the kynect self-service portal at <http://kynect.ky.gov>, by calling your current MCO customer service line, the kynect Contact Center at 1-855-459-6328, or the Department for Community Based Services at 1-855-306-8959.

Current Managed Care Organization options for Medicaid:

- Passport by Molina
- Aetna
- Humana
- WellCare
- Anthem
- United Healthcare

technical issue
with NO Enrollment
FOR RESIDENCE IN
FROM THE STATE
→ THIS IS NOT ACCEPTABLE

Please Note: If you are currently enrolled with Aetna MCO, and have opted-in to the Supporting Kentucky Youth (SKY) program, you will not be able to change your MCO unless you opt-out of SKY first.

**Individuals receiving Foster Care or Department for Juvenile Justice Medicaid are not able to opt-out of SKY and will remain with Aetna MCO.

Contract The Governor's
office had an
attorney

Can
I
have
more
info?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: I need proof that I am covered - I am not able to access that information in the system - BlinkRX Pharmacy says that they have called Medicaid several times and keep getting told my account is not active
Date: Wednesday, December 27, 2023 4:26:23 PM

They are telling BlinkRX that I am not covered by Medicaid...but I am....I verified they had the horse card on file...and they do...can you help?

John

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Re: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts
Date: Saturday, December 23, 2023 12:00:06 AM
Attachments: [image001.png](#)

I just re-sent it Krystal....it has something like 45 attachments - that could be why...

On Fri, Dec 22, 2023 at 11:05 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

From: Clark, Krystal - FNS
Sent: Tuesday, December 19, 2023 9:25 AM
To: Fouts.john@gmail.com
Subject: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts

Complaint Number: 2024-12-00015258

Complainant: John Fouts

Dear John Fouts:

My name is Krystal Clark, and I am an Equal Opportunity Investigator with USDA, FNS, Civil Rights Division. Our agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs.

I am contacting you regarding the complaint of discrimination you filed with our office against Kentucky Cabinet for Health and Family Services (CHFS). To continue processing your complaint, I must conduct an interview with you to obtain clarification regarding your allegations, as well as discuss the next steps in the investigation process including the possibility of resolution. Please reply to this email with your availability and the best contact number where I can reach you. I am available on Wednesday, December 20, 2023, at 11:00 AM (EST) to discuss this matter if it works with your schedule. If you have any questions do not hesitate to contact me by email at krystal.clark@usda.gov. I look forward to speaking with you soon.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Clark, Krystal - FNS](#)
Subject: Fwd: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts -- John R. Fouts -- 2023-12-19
Date: Friday, December 22, 2023 11:59:20 PM
Attachments: [image001.png](#)
[image.png](#)
[2023-12-14-FNS-USDA-Mediation-DCBS-JRF-SNAP-CHFS-Case-Rand-Paul-Discrimination-Age-Disability.pdf](#)
[USDA-May-2022-Food-Cost-Chart.pdf](#)
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[2023-07-13-Snap-Amount-Reduced-Because-Receiving-KTAP.pdf](#)
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[Gmail - Case 1622619 -- Fwd TANF \(KTAP\) SNAP Medicaid - Kentucky Resident with PA Able Account - Please see information below regarding the PA Able Account \(5 3 ABLE Checking Account\) that my child Jack has.pdf](#)
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[SNAP benefits are available to all eligible households regardless of race.docx](#)
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[2023-03-01-SNAP-Dispute-Of-Overpayment-Fouts.pdf](#)
[2022-09-26-GlutenSensitivityLetter-Dr-Stocker.pdf](#)
[2023-03-03-Disability-Consultant-Psychiatrist-Fischkoff-Letter-Stating-I-Am-Disabled-Summary-Page-9.pdf](#)
[2020-07-10-Dr-Murphy-ServiceAnimal-Letter.pdf](#)
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[2023-12-19-Norton-MyChart-Current-Symptoms-Listing.pdf](#)
[2023-12-19-U-Of-L-MyChart-Current-Symptoms-Listing.pdf](#)

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

From: **John Fouts** <fouts.john@gmail.com>
Date: Tue, Dec 19, 2023 at 1:07 PM
Subject: Re: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts -- John R. Fouts -- 2023-12-19
To: Clark, Krystal - FNS <krystal.clark@usda.gov>

Hi Krystal.

I have attached many documents that were part of this -- please take what you need, and feel free to leave the rest - or whatever works to help you process this on your end.

My eyes are very much killing me right now, so I am going to try to close them for an hour or so and see if that helps - sometimes it does - sometimes it doesn't....

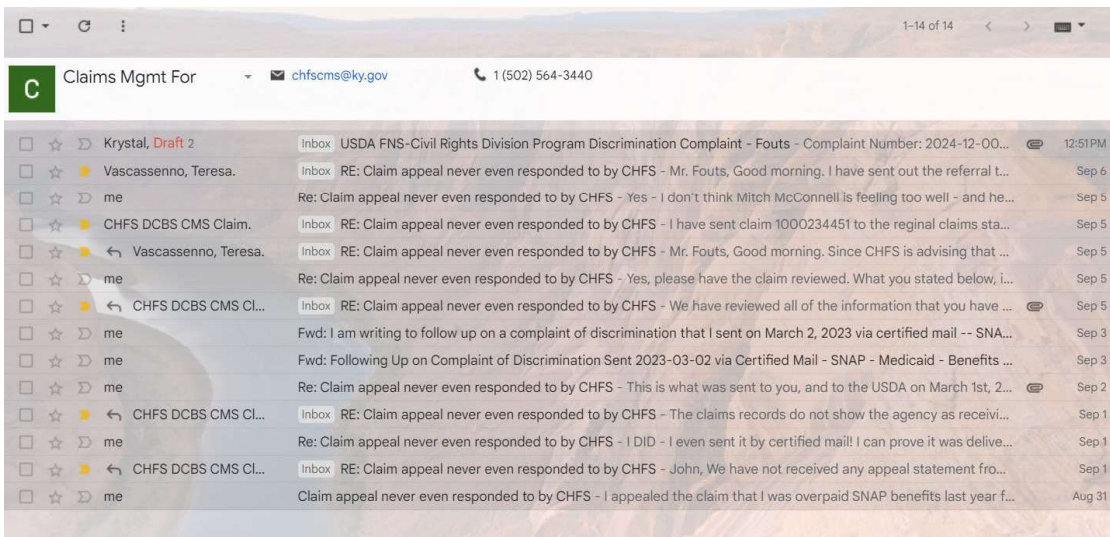
I included the digital correspondence I could find. I do have print correspondence somewhere, but could not find it right now.

I'm 44. I have several disabilities. I have attached my current listing of diagnoses so you can see why I have the disabilities that I have...I also recently became eligible and accepted into the Home and Community Based Services Medicaid Waiver program here in Kentucky.

The medical expenses did not even encompass ALL medical expenses -- but see below as to what was provided previously.

Please confirm receipt, and please have a happy holiday.

John



On Tue, Dec 19, 2023 at 12:25 PM Clark, Krystal - FNS <krystal.clark@usda.gov> wrote:

Complaint Number: 2024-12-00015258

Complainant: John Fouts

Dear John Fouts:

My name is Krystal Clark, and I am an Equal Opportunity Investigator with USDA, FNS, Civil Rights Division. Our agency processes complaints of discrimination concerning FNS Nutrition Assistance Programs.

I am contacting you regarding the complaint of discrimination you filed with our office against Kentucky Cabinet for Health and Family Services (CHFS). To continue processing your complaint, I must conduct an interview with you to obtain clarification regarding your allegations, as well as discuss the next steps in the investigation process including the possibility of resolution. Please reply to this email with your availability and the best contact number where I can reach you. I am available on Wednesday, December 20, 2023, at 11:00 AM (EST) to discuss this matter if it works with your schedule. If you have any questions do not hesitate to contact me by email at krystal.clark@usda.gov. I look forward to speaking with you soon.

Respectfully,

	Krystal Clark Equal Opportunity Specialist/Investigator Civil Rights Division Food and Nutrition Service Phone: (703) 605-0261 Email: krystal.clark@usda.gov
--	---

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"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: I need proof that I am receiving the Medicaid HCBS Waiver (that I am approved for it) -- but I am not able to view any of my information on KYNECT - can you please send me something? It is urgent -- 2023-12-21
Date: Friday, December 22, 2023 2:23:38 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

The thing is - I first notified KOG and several other help desks of the issue in late November, and have not heard anything....

I don't know if it will work (the screenshot), but it is better than nothing. Please send.

Have a Merry Christmas Maddison. Will you please let me know once the issue is resolved?

John

On Fri, Dec 22, 2023 at 1:31 PM Cline, Maddison (CHFS DMS DCA)
<Maddison.Cline@ky.gov> wrote:

Good afternoon,

Our Tech Support team are still working on a resolution. I apologize for the delay with this issue. Unfortunately with the holidays some things are slightly delayed.

I can provide a screenshot of our waiver system showing that you are enrolled in HCB, if that will work for you?



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: Thursday, December 21, 2023 3:04 PM

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

Subject: I need proof that I am receiving the Medicaid HCBS Waiver (that I am approved for it) -- but I am not able to view any of my information on KYNECT - can you please send me something? It is urgent -- 2023-12-21

This is for my disability case with SSA, and the judge needs the information ASAP. I have to get it to my rep as quickly as possible so he can get it to the judge for my disability trial.

I am not able to get any of my information from the KYNECT portal unfortunately.

What is the way to expedite the issue of fixing that? Should I contact the Governor's office? Because having no time frame for resolution, and me not getting any kind of notifications, and not being able to access any information for several weeks is not okay...

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: [Clark, Krystal - FNS](#)
Subject: Re: USDA FNS-Civil Rights Division Program Discrimination Complaint - Fouts -- John R. Fouts -- 2023-12-19
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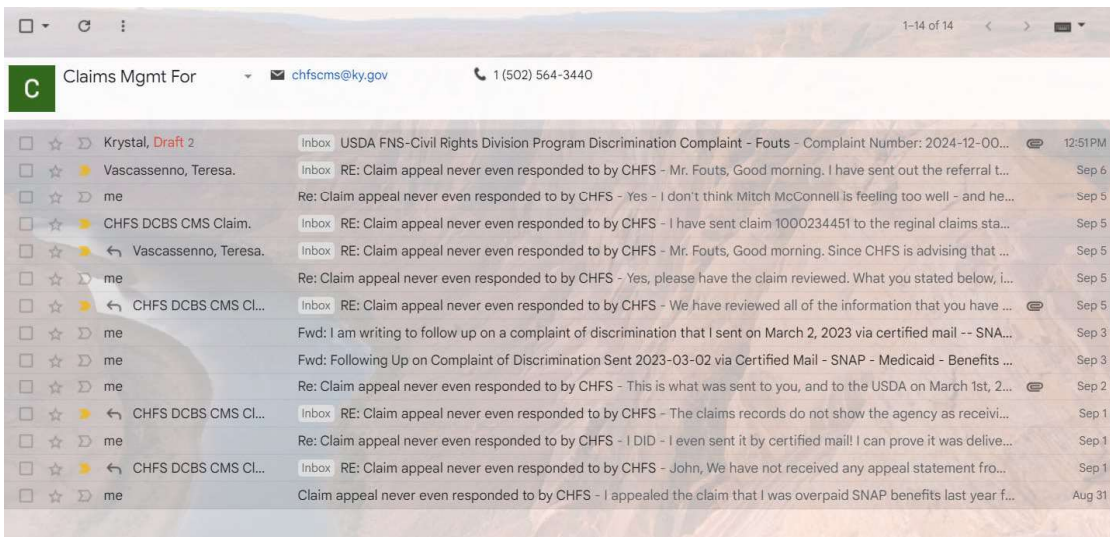
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John



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Complainant: John Fouts

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against Kentucky Cabinet for Health and Family Services (CHFS). To continue processing your complaint, I must conduct an interview with you to obtain clarification regarding your allegations, as well as discuss the next steps in the investigation process including the possibility of resolution. Please reply to this email with your availability and the best contact number where I can reach you. I am available on Wednesday, December 20, 2023, at 11:00 AM (EST) to discuss this matter if it works with your schedule. If you have any questions do not hesitate to contact me by email at krystal.clark@usda.gov. I look forward to speaking with you soon.

Respectfully,



Krystal Clark

Equal Opportunity Specialist/Investigator

Civil Rights Division

Food and Nutrition Service

Phone: (703) 605-0261

Email: krystal.clark@usda.gov

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"Shining" in Service,

John R. Fouts, MBA

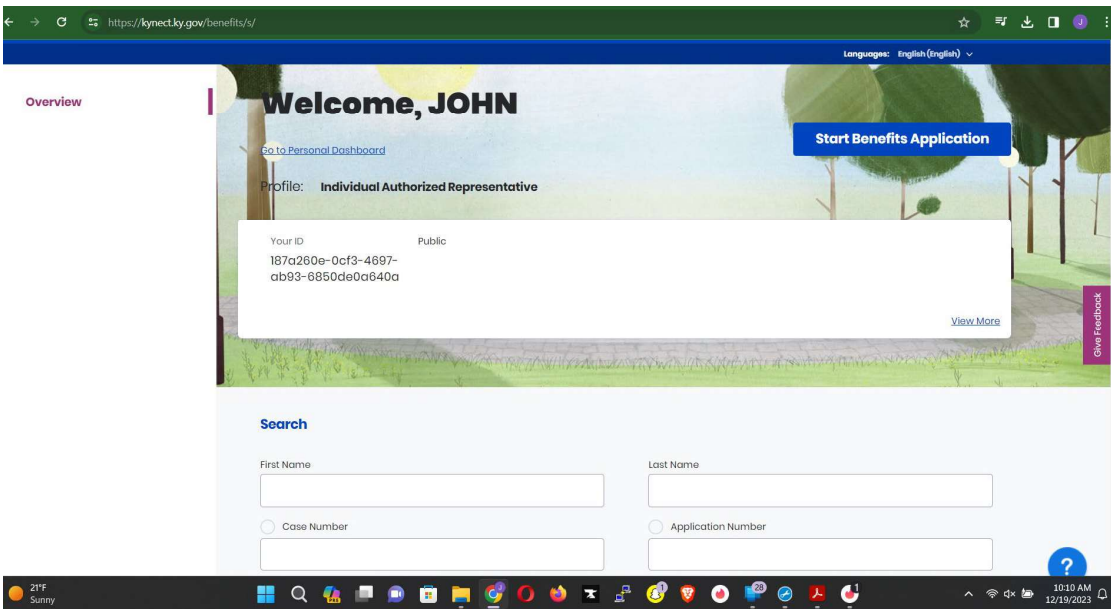
Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Is there any update on the self service portal thing not working for my case?? I need to be able to access my child's information and my own information. Today is 2023-12-19
Date: Tuesday, December 19, 2023 10:12:33 AM
Attachments: [image.png](#)
[image.png](#)

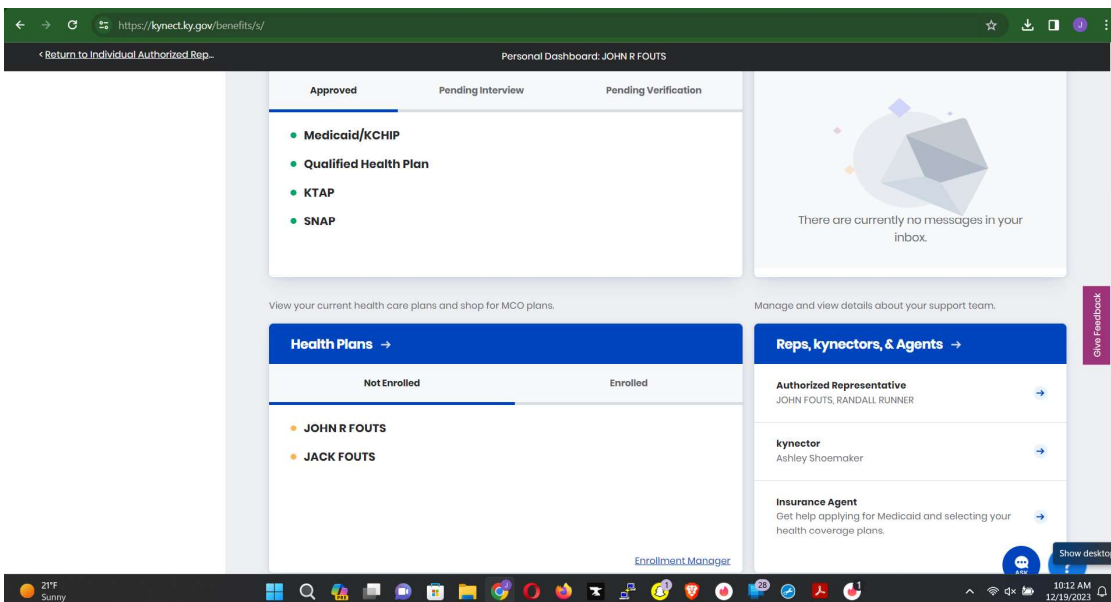
Hi Maddison.

Is there any update?

This is still what I see when I log in:



Still no access to medicaid waiver dashboards....



I have no idea if there are any to-dos or notices or anything etc...

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [Cline, Maddison \(CHFS DMS DCA\)](#)
Subject: Re: Need help -- waiver dashboards still missing -- still not able to access my child's information.... see screenshots -- 2023-12-11
Date: Wednesday, December 13, 2023 12:47:22 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image004.png](#)
[image007.png](#)
[image005.png](#)
[image002.png](#)
[image006.png](#)
[image003.png](#)

I have been trying to get it resolved for over 2 weeks, so hopefully they'll be able to help. Thank you for sending it to them.

John

On Wed, Dec 13, 2023, 12:37 PM Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov> wrote:

Good afternoon,

I have sent this to our tech support team. As soon as I get a response I will follow up.

They usually ask for at least 3 days for review and response. That time may be slightly longer with the holiday season.



Maddison Cline

Medicare/Medicaid Specialist II
Department for Medicaid Services

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

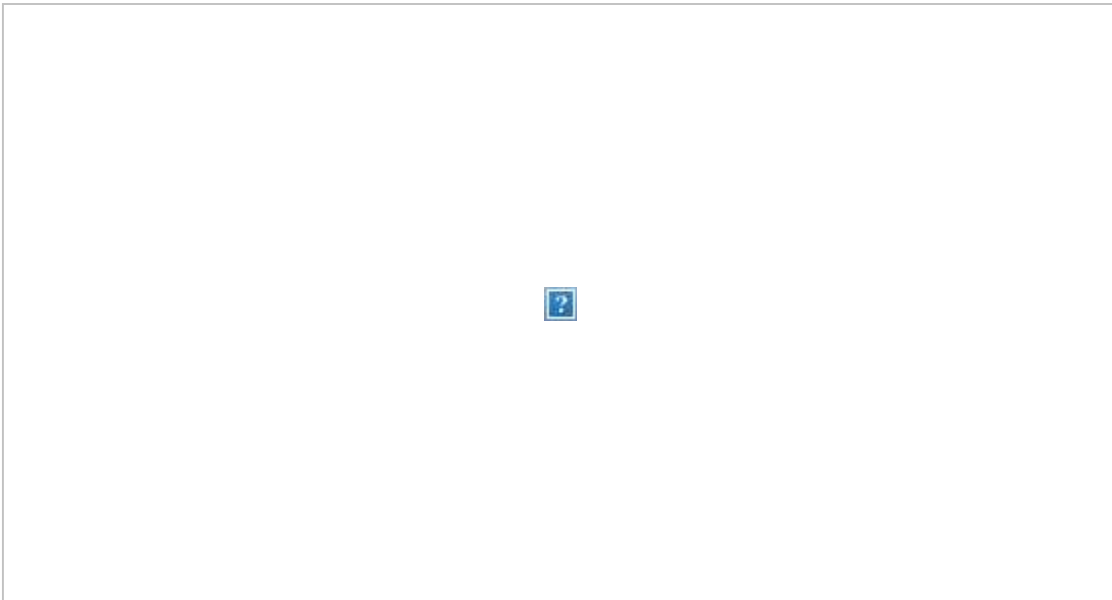
Frankfort, Kentucky 40621
(502) 564-7540 x 2091

From: John Fouts <fouts.john@gmail.com>
Sent: Monday, December 11, 2023 4:09 PM
To: Cline, Maddison (CHFS DMS DCA) <Maddison.Cline@ky.gov>
Subject: Need help -- waiver dashboards still missing -- still not able to access my child's information.... see screenshots -- 2023-12-11

Maddison,

I don't know why, but I still cannot see my child's information OR the medicaid waiver dashboards....

I see this when I log in:





I NEED to be able to see the information for my child, and also the medicaid waiver and self service portal for the medicaid waiver dashboards for me and my child and other benefits.....do I need to contact the Governor's Office for help? I need this to get resolved. You have been truly helpful in the past. Can you help with this please?

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246

From: [John Fouts](#)
To: [CHFS Listens](#)
Subject: Re: Where can I see the specific legal statues for ESAP in Kentucky?/1656877SW
Date: Monday, December 11, 2023 2:58:08 PM
Attachments: [image001.png](#)

I've read through the regulations, and I do not understand why I am not being offered ESAP as a benefit....

What can I do?

On Fri, Dec 8, 2023 at 1:03 PM CHFS Listens <CHFS.Listens@ky.gov> wrote:

Good afternoon 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.

The new regulations for the ESAP program can be found in Title 921 | Chapter 003 | Regulation 095REG. You can visit: [KY General Assembly- ESAP](#), for the document pertaining to ESAP. You can also visit <https://www.chfs.ky.gov/agencies/dcbs/dfs/nab/Pages/esap.aspx>.

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: Thursday, December 7, 2023 4:11 PM
To: CHFS Listens <CHFS.Listens@ky.gov>
Subject: Where can I see the specific legal statues for ESAP in Kentucky?

Please let me know ASAP.

--

"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: Where can I see the specific legal statues for ESAP in Kentucky?
Date: Thursday, December 7, 2023 4:10:52 PM

Please let me know ASAP.

--

"Shining" in Service,

John R. Fouts, MBA

Fax. 502.996.8246