



ACTION REQUIRED BY August 24, 2024 [REDACTED]
[REDACTED]
275 E MAIN ST # 3EF
FRANKFORT, KY 40621-1000

Cabinet for Health and
Family Services
Department for Community
Based Services

WE NEED INFORMATION

WHY?

We need more information from you to decide if you can get benefits. We need it by the due date(s) below. **If we do not get it, you may not qualify for State Supplementation.**

WHAT'S NEXT? We need you to submit proof.

FOR [REDACTED]

Proof We Require for State Supplementation	Examples of Proof	Due Date
Proof of No Income	<ul style="list-style-type: none"> Form PAFS-702; or Written statement from someone who knows your situation, is unrelated to you, and who is not a member of your household 	August 24, 2024
Worker comments: LACK OF INCOME VERIFICATION VERIFIED BY THIRD PARTY THAT KNOWS APPLICANTS SITUATION?		
We need more information about your other resource	<ul style="list-style-type: none"> Please call DCBS at 1-855-306-8959 to discuss. 	August 24, 2024
Worker comments: [REDACTED]		

HOW?**Here's what you need to do:**

1 Gather all the proof we require

2 Submit proof to us by picking one of the following options By the **Due Date(s)** listed in the table above:

- **Upload** the documents on Self-Service Portal (<https://kynect.ky.gov/benefits>), **or**
- **Fax** the documents to 502-573-2005 or 502-573-2007, **or**
- Return the documents **in person** to any DCBS office. To find a DCBS office near you go to https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx, **or**
- **Mail** the documents to:
DCBS
P.O. Box 2104
Frankfort, KY 40602

Have questions?

Do not have proof or need help collecting it?
Call us at 1-855-306-8959.

You may be able to get **FREE** legal help. To find out, call your local legal aid office at 1-859-431-8200.

Report Changes:

Any changes in your situation should be reported within 10 days if you receive State Supplementation or 30 days for Medicaid. To report changes, visit kynect.ky.gov/benefits, call DCBS at 1-855-306-8959 or write the changes on lines below and take this form to a DCBS office or mail this form to DCBS at P.O. Box 2104, Frankfort, KY 40602.

I want to report the following changes:

These changes are for the months of:

You Have the Right:

- To quick action whenever you report a change.
- To get a notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your case with DCBS.
- To receive fair treatment.

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

All Applications for assistance are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

You may have rights under section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental condition that limits you, for example an intellectual disability or trouble with the following: learning, substance use, mental health, mobility, hearing, or vision, you may call DCBS at 1-855-306-8959.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or make accommodations.
- We can help you appeal.

Call DCBS for other kinds of help.

If you think we have discriminated against you because of your race, color, religion, sex (including sexual orientation and gender identity), national origin, or disability, you may file a complaint.

- Office of Human Resource Management EEO Compliance Branch
275 E Main St, 5C-D Frankfort, KY 40621
1-502-564-7770 ext. 4107
- U.S. Dept. of Health & Human Services Office of Civil Rights
Atlanta Federal Center, Suite 16T70
61 Forsyth ST, SW Atlanta, GA 30303-8909
404-562-7886 or (TDD) 404-562-7884

Follow These Rules:

- Use the medical card only for the person listed on that card.
- Do NOT let someone else use your medical card.
- Do NOT give false information or hide information to get medical coverage.
- If you have other insurance, please provide this along with your Medicaid card to your medical providers.

If you break these rules, you may be prosecuted for fraud.

Hearing Deadlines:

Do you disagree with a decision we made about your benefits? If so, you may ask for a hearing **within 30 days** from the date of this notice.

Want to continue your benefits?

If you want to continue your existing benefits, ask for a hearing **within 10 days** from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision or your current certification period ends, whichever occurs first. You may have to pay back these benefits if the decision is not in your favor.

If you want your benefits to continue, please include the following sentence in your written request: "I want my same benefits continued."

How do I ask for a Hearing?

- From your personal page at kynect.ky.gov/benefits; or
- Call DCBS at 1-855-306-8959; or
- Fill in the lines below and return it to DCBS; or

Return to:
Families and Children Administrative Hearing Branch
Division of Administrative Hearings
105 Sea Hero Rd, Suite 2
Frankfort, KY 40601

I want a hearing because:

Signature _____ Date _____

What will happen at the Hearing?

- You may tell your point of view or bring a friend, relative, or lawyer to speak for you.
- You may bring witnesses and papers to help explain your situation.
- The hearing officer will decide what the State will do after hearing from both sides.
- If you disagree with the hearing officer's decision we will tell you what options you have next.

EPSDT Helps Keep Your Children Healthy:

EPSDT is Early and Periodic Screening, Diagnostic, and Treatment. This program provides routine preventative services for children under 21 with a Medicaid card. EPSDT may find and treat hidden health problems. If your medical provider finds a potential health concern, they may help find a doctor or clinic for treatment. The Medicaid program will consider covering any medically needed service found through EPSDT. Contact your primary care provider or local health department to ask for a check-up.