

**IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION**

CHIANNE D., *et al.*,

Plaintiffs,

Case No. 3:23-cv-00985-MMH-LLL

v.

JASON WEIDA, in his official capacity
as Secretary for the Florida Agency for
Health Care Administration, and
SHEVAUN HARRIS, in her official
capacity as Secretary for the Florida
Department of Children and Families,

Defendants.

_____ /

**SECRETARY WEIDA AND SECRETARY HARRIS'
RESPONSE TO PLAINTIFFS' MOTION
FOR CLASSWIDE PRELIMINARY INJUNCTION**

INTRODUCTION

A classwide preliminary injunction is inappropriate when the only evidence this Court has to go on is a handful of reason codes, plucked from a handful of notices, that do not begin to tell the whole story about Plaintiffs—let alone about other, unidentified Medicaid recipients in Florida. Even if class certification were appropriate despite the vast diversity of circumstances between class members, Plaintiffs are not entitled to the drastic remedy of a classwide preliminary injunction that requires Florida suddenly to halt its federally mandated re-determination process and reinstate Medicaid coverage for an unknown number of recipients who have already been determined to be ineligible.

First, Plaintiffs are unlikely to succeed on the merits. The Eleventh Circuit has squarely rejected Plaintiffs’ due-process arguments. Time and again, courts have held that standardized notices are sufficient; that due process is judged against the totality of available information, not a single notice (let alone a single “reason code” in a notice); that subjective confusion is irrelevant to the due-process analysis; that actual knowledge defeats a due-process claim; and that all recipients of notice carry a burden of inquiry and diligence. With their bedrock arguments off the table, Plaintiffs’ due-process claim is destined to fail.

For similar reasons, Plaintiffs have not clearly established a substantial likelihood of success on the merits of their Medicaid Act claim. DCF’s notices include ample information about fair hearings and other resources where recipients can learn more about their rights. And reason codes in a vacuum cannot establish a classwide Medicaid Act violation. This Court cannot assess DCF’s compliance with regulatory requirements on

a classwide basis by looking at a list of 86 different reason codes, divorced from any context.

This context is critical to both of Plaintiffs' claims. But Plaintiffs did not disclose to this Court the entire universe of information and communications available to them, and certainly not as to other class members. The communications with and information provided to each Medicaid recipient differs widely on a case-by-case basis. *See* ECF No. 38 at 13–24. But even looking in isolation at what Plaintiffs characterize as “template” notices, Plaintiffs omit key information that contradicts their own claims. For example, the notices provide a post-office box; provide the call center phone number; provide the website at which recipients can find a listing of DCF office addresses; offer fair hearings and discloses Florida's generous 90-day period to request fair hearings; explain that benefits will continue if a fair hearing requested before the effective date of the proposed action; provide information about local community partner agencies that help recipients access services; provide information about other public-assistance programs; and even direct recipients to free legal services (and a call center phone number for that purpose).

Second, preliminary injunctive relief is improper because Plaintiffs have not clearly proven that the class, as a whole, will suffer irreparable injury in the absence of an injunction. The class is simply too diverse to make this showing. Plaintiffs offer no evidence of the number of class members who claim to be eligible for Medicaid, who do not have other health coverage, who have requested or would request a fair hearing, or whose injuries would be prevented by the injunction Plaintiffs demand. Plaintiffs' concession that they have been aware of the challenged codes for years, and their delay

of many months before filing suit, further weigh against a finding of irreparable injury.

Third, the requested injunction harms the public interest because it will require huge expenditures of taxpayer dollars to fund Medicaid services without regard for legal eligibility requirements, will impose a significant administrative burden on DCF that diverts resources from other worthy programs and populations, and would hurl Florida's federally-mandated Medicaid eligibility re-determination process into disarray.

Plaintiffs demand a preliminary injunction—including a disfavored mandatory injunction that does not preserve, but disturbs the status quo—on a classwide basis, and against a State agency. The burden associated with this drastic and extraordinary relief is a heavy one, and Plaintiffs have not come close to carrying it. This Court should deny Plaintiffs' motion.

LEGAL STANDARD

The grant of a preliminary injunction “is the exception rather than the rule, and plaintiff must clearly carry the burden of persuasion.” *United States v. Lambert*, 695 F.2d 536, 539 (11th Cir. 1983). To prevail on a motion for preliminary injunction, a plaintiff must clearly establish that: “(1) it has a substantial likelihood of success on the merits; (2) irreparable injury will be suffered unless the injunction issues; (3) the threatened injury to the movant outweighs whatever damage the proposed injunction may cause the opposing party; and (4) if issued, the injunction would not be adverse to the public interest.” *Siegel v. LePore*, 234 F.3d 1163, 1176 (11th Cir. 2000) (en banc). “[W]here the government is the party opposing the preliminary injunction, its interest and harm merge with the public interest.” *Swain v. Junior*, 958 F.3d 1081, 1091 (11th Cir. 2020).

LEGAL ARGUMENT

I. PLAINTIFFS ARE UNLIKELY TO SUCCEED ON THE MERITS.

a. Mandatory Injunctions Are Disfavored and Subject to a Heightened Burden of Proof.

Plaintiffs request two forms of classwide injunctive relief:¹ reinstatement of terminated benefits, and cessation of future redeterminations. ECF No. 3 at 22. The former alters the status quo by seeking to undo actions—eligibility redeterminations and benefits terminations—that have already occurred. But ordinarily, the purpose of a preliminary injunction is to maintain the status quo—not alter it. *Antoine ex rel. I.A. v. Sch. Bd. of Collier Cnty.*, 301 F. Supp. 3d 1195, 1202–03 (M.D. Fla. 2018); *accord Lambert*, 695 F.2d at 539–40 (court’s inquiry is “confined to that which might occur in the interval between ruling on the preliminary injunction and trial on the merits”). Plaintiffs’ demand to reinstate benefits regardless of eligibility, and to then re-notify those individuals, does not serve this purpose. By design, the requested injunction does not prevent anything from occurring in the interval between now and trial, but requires the unraveling of millions of actions already taken.

An injunction that requires a defendant to affirmatively act—and therefore alters the status quo—is a mandatory injunction, which imposes an even higher burden of

¹ Because Plaintiffs seek only a classwide injunction, certification of a class is a prerequisite to adjudicating Plaintiffs’ motion for a classwide preliminary injunction. *E.g., Colonel Fin. Mgmt. Officer v. Austin*, 622 F. Supp. 3d 1187 (M.D. Fla. 2022); *Tugg v. Towey*, 864 F. Supp. 1201 (S.D. Fla. 1994). Defendants oppose class certification for the reasons stated in their response to that motion, ECF No. 38, and incorporate those arguments here.

persuasion on the movant. *E.g.*, *Oscar Ins. Co. of Fla. v. Blue Cross & Blue Shield of Fla., Inc.*, 360 F. Supp. 3d 1278, 1284 (M.D. Fla. 2019); *Antoine*, 301 F. Supp. 3d at 1202–03; *FHR TB, LLC v. TB Isle Resort LP*, 865 F. Supp. 2d 1172, 1192 (S.D. Fla. 2011). A preliminary injunction that maintains the status quo is an extraordinary, drastic remedy that is inappropriate unless movant is “clearly” entitled to relief. *United States v. Jefferson Cnty.*, 720 F.2d 1511, 1519 (11th Cir. 1983). The standard for mandatory injunctions is even more demanding because they are particularly disfavored in this circuit. *Powers v. Sec’y, Fla. Dep’t of Corr.*, 691 F. App’x 581, 583 (11th Cir. 2017); *Oscar Ins. Co.*, 360 F. Supp. 3d at 1284. Plaintiffs’ burden is further heightened because they seek this extraordinary relief against a state agency in the dispatch of its most central functions. *Gayle v. Meade*, No. 20-21553, 2020 WL 1949737, at *22–23 (M.D. Fla. Apr. 22, 2020); *see also Rizzo v. Goode*, 423 U.S. 362, 378 (1976) (relying on “the principles of federalism which play such an important part in governing the relationship between federal courts and state governments” and reversing district court order that “injected itself by injunctive decree into the internal disciplinary affairs of [a] state agency”).

Because it does not maintain the status quo, Plaintiffs’ demand to reinstate benefits for already-terminated individuals seeks a disfavored mandatory injunction against the State, subject to a heavy burden of proof that Plaintiffs fail to carry.

b. The Record Does Not Establish Plaintiffs’ or Class Members’ Article III Standing.

Plaintiffs’ simultaneous pursuit of class certification and preliminary injunctive relief heightens Plaintiffs’ burden to establish the standing of absent class members. In

Cordoba v. DIRECTV, LLC, 942 F.3d 1259, 1264 (11th Cir. 2019), the Eleventh Circuit explained that “before any form of relief” can be granted to class members, “the court will have to sort out those plaintiffs who were actually injured from those who were not.” While a plaintiff need not typically establish the standing of all absent class members at the class-certification stage, that rule does not apply here, since Plaintiffs are simultaneously seeking classwide injunctive relief. Thus, “the district court will have to determine whether each of the absent class members has standing before they could be granted any relief.” *Id.* Under *Cordoba*, this Court must determine the standing of absent class members before *any* relief is granted. Plaintiffs have failed to clearly establish the standing of all putative class members.

As explained in Defendants’ class-certification response, the named Plaintiffs lack standing. ECF No. 38 at 4–10. For similar reasons, the circumstances of the putative class members are so diverse and individualized that this Court cannot possibly evaluate their standing at this early juncture. Plaintiffs’ cherry-picked, isolated notices do not provide this Court an evidentiary basis to determine whether absent class members are eligible for Medicaid, believe they are eligible for Medicaid, would contest DCF’s determination of ineligibility, or even seek continued Medicaid coverage; whether they received multiple notices, or what information those notices contained; the extent to which individual class members received additional communications from DCF or had actual knowledge of their rights; which class members requested fair hearings; and myriad other questions critical to determining whether the notice language that Plaintiffs

challenged caused each and every class member an injury in fact that the proposed injunction would redress.² *Id.*

In *Soskin v. Reinertson*, 353 F.3d 1242, 1264 (10th Cir. 2004), the Tenth Circuit criticized analogous deficiencies in a plaintiff's demand for classwide preliminary injunctive relief based on the content of Medicaid notices:

[T]he record before us does not reveal[] critical information regarding the notices, such as: (1) Which notice went to what people? (2) Under what circumstances was the notice sent? (3) What other information, if any, had previously been provided to the recipients? (4) Were notices other than the seven challenged by Plaintiffs sent to persons to be terminated? This information is essential to an assessment of whether language in a notice is likely to be misleading to those who actually receive it.

This same lack of information also makes it impossible to determine who, if anyone, is likely to suffer injury in the absence of better notice. It would be inappropriate to issue an injunction with respect to all alien Medicaid recipients if only a fraction are receiving improper notice.

The same questions are unanswered in this case. Plaintiffs have not carried their heavy burden to establish, *before* this Court grants relief, which absent class members suffered a concrete injury, traceable to Defendants, and redressable by the injunction that Plaintiffs demand.

Plaintiffs lack standing for additional reasons. A preliminary injunction is not

² Defendants tried to put this information before the Court, but Plaintiffs would not allow it. Plaintiffs refused to provide DCF with unredacted copies of the Notices they filed with their Motions—and that they ask this Court to rely on—so that DCF could investigate the circumstances of those individuals: for example, the content of additional notices, the information communicated to those individuals by phone or email, whether they requested a fair hearing, and so on. Using this information, DCF intended to present this Court with a more complete set of facts on which to base its decision. Instead, Plaintiffs refused DCF's request, choosing instead to hide the ball. *See* Ex. G (email correspondence between counsel).

necessary to redress an imminent, irreparable injury to Plaintiffs, because their Medicaid was already terminated, and they seek to undo that termination and reinstate benefits—hardly a preservation of the status quo. *Antoine*, 301 F. Supp. 3d at 1202 (denying motion mandatory preliminary injunction that would not “freeze the existing situation,” but would do “[j]ust the opposite” by forcing defendants to “enroll [plaintiffs] in regular public high school, afford them testing, and provide services . . . while this case continues”). And none of the three named Plaintiffs has standing to obtain prospective injunctive relief halting the re-determination process, because their eligibility has already been re-determined. No Plaintiff faces imminent future re-determination, and therefore no Plaintiff has standing to obtain a classwide injunction stopping future re-determinations. *Prado-Steiman ex rel. Prado v. Bush*, 221 F.3d 1266, 1279–80 (11th Cir. 2000) (at least one named plaintiff must “ha[ve] Article III standing to raise each class subclaim. . . . each claim must be analyzed separately, and a claim cannot be asserted on behalf of a class unless at least one named plaintiff has suffered the injury that gives rise to that claim”).

Finally, the proposed injunction extends even beyond members of the class. Plaintiffs ask the Court to halt *all* re-determinations; not merely re-determinations of class members. According to Plaintiffs, the class members are only those who (i) have received or will receive notices that do not use a reason code that references an eligibility factor (subclass A), or (ii) that include the income reason code (subclass B). ECF No. 1 at 6. At its broadest, any injunction must be limited to those class members. *Prado-Steiman*, 221 F.3d at 1279–80. The court cannot prohibit DCF from terminating non-class members—recipients who will receive notices with reason codes that place them

outside the two subclasses. Any extension of relief beyond the class members would defy Article III. *See Lewis v. Casey*, 518 U.S. 343, 349 (1996) (condemning systemwide relief in the absence of cognizable systemwide injuries, explaining that “the distinction between the [the political and judicial branches] would be obliterated if, to invoke intervention of the courts, no actual or imminent harm were needed, but merely the status of being subject to a governmental institution that was not organized or managed properly”).

c. Plaintiffs’ Due Process Claim Fails Under Eleventh Circuit Precedent.

i. Standardized notices satisfy due process.

Plaintiffs’ insistence that individualized notices are required to comply with due process is incorrect. Courts have repeatedly rejected that precise argument, holding that standard, non-individualized notice language satisfies due process. In *Adams v. Harris*, 643 F.2d 995, 997 (11th Cir. 1981), the Eleventh Circuit approved notices of denial that used “stock paragraphs which provide standardized reasons for denial” and rejected the argument that due process or Social Security Act regulations required individualized reasons for denial. In *Jordan v. Benefits Review Board of U.S. Department of Labor*, 876 F.2d 1455, 1459 (11th Cir. 1989), the Eleventh Circuit again approved a standardized notice of denial that checked a box indicating which of three eligibility criteria a claimant failed to meet, referred the claimant to an enclosed guide for general information about eligibility, and summarily advised claimants of the right to submit evidence or request a hearing.

The Eleventh Circuit is not alone. In *LeBeau v. Spirito*, 703 F.2d 639, 641, 643 (1st Cir. 1983), the First Circuit denied preliminary injunctive relief in a challenge to notices the court described as “cursory in language and nearly identical.” And in *Garrett v. Puett*, 707 F.2d 930, 931 (6th Cir. 1983), the court concluded that form notices informing individuals of a reduction or termination of benefits satisfied due process, rejecting the plaintiffs’ argument that “the notices were defective because they did not include the mathematical calculations used by the Department in arriving at the amount” of benefits available to a recipient.

Plaintiffs have not cited a single case that supports their claim that notices of ineligibility must contain individualized information. Neither due process nor Medicaid regulations mandate the recitation of case-by-case, individualized information in notices provided to millions of people.

ii. Personal fair-hearing notice is not required.

Similarly, the Supreme Court and the Eleventh Circuit have repeatedly rejected Plaintiffs’ argument that due process requires *any* notice of fair hearing rights. To be sure, DCF’s notices plainly advise recipients of their fair-hearing rights. *E.g.*, ECF No. 3-2 at 14 (section titled “Fair Hearings,” advising recipients of their right to a hearing, the timeline for requesting a hearing, and directing recipients to free legal services, as well as other resources); ECF No. 3-3 at 13 (same).³ Plaintiffs’ insistence that due process

³ Plaintiff Chianne D. made the most of this notice by requesting a fair hearing upon receipt of her termination notice. Ex. A, Decl. of K. Sarmiento, ¶¶ 14–18.

requires more—when in fact it requires no personal notice of hearing rights at all—is contrary to binding precedent.

In *City of West Covina v. Perkins*, 525 U.S. 234, 240–42 (1999), the Court held that due process does not require notice of remedies and procedures when publicly-available sources communicate this information. When remedies “are established by published, generally available statute statutes and case law,” due process is satisfied. *Id.* The Court found that an individual whose property had been seized was not entitled to personal notice informing him of administrative remedies, reasoning that “[o]nce the property owner is informed that his property has been seized, he can turn to these public sources to learn about the remedial procedures available to him. The [State] need not take other steps to inform him of his options.” *Id.* at 241.⁴

The Eleventh Circuit reaffirmed *West Covina* again in *Arrington v. Helms*, 438 F.3d 1336, 1351–52 (11th Cir. 2006), and found notice of the right to and procedures for a hearing compliant with due process where “Alabama’s statutes, regulations, and publicly available agency manuals provide custodial parents notice of their right to a hearing and the procedures for obtaining one.”

⁴ Plaintiffs’ heavy reliance on *Memphis Light, Gas, & Water Div. v. Craft*, 436 U.S. 1 (1978), is misplaced for the reasons explained in *West Covina* and by the Eleventh Circuit in *Arrington*. *Memphis Light* stands for the proposition that “notice of procedures for protecting one’s property interests may be required when those procedures are arcane and are not set forth in documents accessible to the public,” but “it does not support a general rule that notice of remedies and procedures is required.” *West Covina*, 525 U.S. at 242.

Here, the public sources are available to Plaintiffs and class members include Florida Statutes, administrative regulations, DCF's website, DCF's call centers, and recipients' personal online ACCESS Florida accounts. Ex. A ¶¶ 4–13; Ex. F, Decl. of T. Palmer, ¶ 2.⁵ And of course, the face of the termination notices plainly advises recipients of their right to request a fair hearing in person, in writing, or by telephone. *E.g.*, ECF Nos. 3-2 at 14; 3-3 at 13; 3-4 at 8. Every notice provides the phone number for the call center and informs recipients where on DCF's public website they can find a list of DCF's offices. ECF No. 3-2, 3-3, 3-45; Ex. B., Decl. of A. Pridgeon, ¶¶ 11–15; Ex. C, Decl. of A. Leo, ¶ 2; Ex. D, Decl. of W. Roberts ¶ 31. These sources of fair-hearing information far exceed the requirements of due process under *West Covina* and *Arrington*, and easily satisfy the regulatory requirement to explain “[t]he individual’s right to request a local evidentiary hearing if one is available, or a State agency hearing.” 42 C.F.R. § 431.210(d)(1).

iii. Reasonable notice is evaluated in totality, not in isolation.

When evaluating a due-process claim, information made available to a plaintiff must be evaluated *in pari materia*—not in a vacuum, not based on a single notice, and certainly not based on a single reason code included in a single notice. Plaintiffs’ myopic focus on reason codes cannot support a due-process claim. *See* ECF No. 38 at 13, 16.

⁵ The public is very much aware of DCF’s call center, which received 10,092,996 calls between April 1, 2023 and August 31, 2023 alone, Ex. F ¶ 2. *See Arrington*, 438 F.3d at 1351 n.15 (noting that a call center received “an average of 505,465 calls per month” when describing sources of information available to plaintiffs asserting a due process claim).

To satisfy due process, “notice must be ‘reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections.’” *Jordan*, 876 F.2d at 1459 (quoting *Mullane v. Cent. Hanover Bank & Tr. Co.*, 339 U.S. 306, 314 (1950)); *Arrington*, 438 F.3d at 1349–50 (same). Thus, in *Rosen v. Goetz*, 410 F.3d 919, 931 (11th Cir. 2005), the Court evaluated Medicaid termination notices for compliance with due process and with 42 C.F.R. § 431.210—a Medicaid regulation that Plaintiffs also cite in their motion for preliminary injunction, ECF No. 3 at 6–7. The court rejected the plaintiffs’ argument that a single notice must fulfill all requirements; rather, the totality of information provided was the relevant consideration. 410 F. 3d at 931 (“[T]he very facts that the plaintiffs claim are missing are supplied by the State through a second letter that follows the Termination Notice and that the Termination Notice itself references and brings to the attention of recipients. . . . Due process does not require ‘reasonably calculated’ notice to come in just one letter, as opposed to two.”).

In *Arrington*, the Eleventh Circuit again affirmed that “myriad forms of notice” satisfy due process, and rejected plaintiffs’ due-process claim that focused solely on the contents of a single notice regarding child support payment amounts. 438 F.3d at 1349–51. In finding that the notice afforded to plaintiffs satisfied due process, the court evaluated all sources of information available to the plaintiffs, including the challenged notice; court orders; a payment check stub advising parents of a toll-free, 24-hour telephone hotline and webpage with more information; the opportunity to speak with a child support worker; and the option to call, fax, write, email, or visit an office in-person to obtain

more information. *Id.* at 1350–51. Together with the notice, the court held that these sources “give . . . custodial parents ample information with which to determine whether they have received their full child support payments in a timely manner,” and were “reasonably calculated to inform parents of the action . . . taken.” *Id.* Thus, the due-process claim failed. *Id.* at 1351.

Critically, an *objective* standard determines whether notice is reasonable. In *Jordan*, the Eleventh Circuit made clear that “[t]he question is *not* whether a particular individual failed to understand the notice but whether the notice is reasonable calculated to apprise intended recipients, *as a whole*, of their rights.” 876 F.2d at 1459 (emphases supplied); *Coleman v. Dir., OWCP*, 345 F.3d 861, 865 (11th Cir. 2003) (same, quoting *Jordan*, 876 F.2d at 1459); *accord Arrington*, 438 F.3d at 1352 (quoting *West Covina*, 525 U.S. at 1240) (“[T]he sophistication of the affected individuals and the health and safety implications of the deprivation, standing alone, are not sufficient to impose an affirmative notice obligation on government officials.” (cleaned up)). Plaintiffs emphasize their own subjective confusion over certain Medicaid notices, but their individual comprehension is irrelevant since reasonableness is measured by an objective standard.

DCF’s communications with a Medicaid recipient are not limited to a single notice or reason code, and Plaintiffs’ claims cannot succeed based on an isolated code or notice plucked from a larger universe of communications and information. The Eleventh Circuit rejected this approach in *Rosen* and in *Arrington*. Here, the frequency and substance of communications surrounding termination of Medicaid benefits can differ widely from person to person. Ex. D ¶ 20–31; Ex. E, Decl. of K. Zumaeta, ¶¶ 2–12 *See*

also Ex. A ¶¶ 9–13 (describing individualized pre-hearing conferences between DCF and recipients); Ex. C ¶2. Plaintiffs’ own circumstances make this plain: their written and oral communications with DCF differed, the basis of their eligibility differed, and Chianne D. even requested a fair hearing. *See* ECF No. 38 at 7–10, 15–19. Moreover, in addition to each recipient’s personalized online account, DCF maintains substantial publicly-available information online to apprise individuals of their rights and responsibilities, and to guide individuals to resources. Ex. A ¶¶ 5–7 (describing fair-hearing information available online and through ACCESS); Ex C. ¶¶ 2–3 (describing DCF website and ACCESS Florida system); Ex. D ¶ 31 (describing communications sent through ACCESS). The notice and process available to Medicaid recipients is easily as robust as that approved in *Rosen* and *Arrington*.

Because Plaintiffs’ due process challenge is narrowly focused on reason codes, rather than on the totality of information provided and available to individuals whose benefits are terminated, Plaintiffs’ claim conflicts with Eleventh Circuit precedent and will not succeed on the merits.

iv. Plaintiffs have a burden to inquire and inform themselves.

Consistent with *West Covina*’s recognition that publicly-available information can apprise individuals of their rights, the Eleventh Circuit has placed a burden of inquiry on individual benefit recipients. In *Jordan*, the court found that a plaintiff “who asserts a special problem of comprehension must take the next step to inquire and make his problem known,” and refused to reopen the plaintiff’s claim for benefits on due-process grounds when he “made no effort to inquire or otherwise make known his difficulty.”

876 F.2d at 1460. In reaching this conclusion, the court cited the Second Circuit’s decision in *Soberal-Perez v. Heckler*, 717 F.2d 36, 43 (2d Cir. 1983), which held that “placing a burden of diligence and further inquiry on the part of a non-English-speaking individual served in this country with a notice in English does not violate any principle of due process.” Similarly, in *In re Alton*, 837 F.2d 457, 460–61 (11th Cir. 1988), the court found no due-process violation where the plaintiff, though notified of a bankruptcy proceeding, was not notified of the deadline to file a complaint to prevent the discharge of a debt owed to him. The court explained that, if the plaintiff “had made a minimal effort . . . , he would have realized the outside dates for the filing of his complaint.” *Id.* at 461. But the plaintiff “made no such effort and cannot now properly complain of the consequences of his inaction.” *Id.*; see also *In re Le Ctr. on Fourth, LLC*, No. 19-cv-62199, 2020 WL 12604348, at *3 (S.D. Fla. June 30, 2020), *aff’d*, 17 F.4th 1326 (11th Cir. 2021) (“Once served, the creditor is the one under a duty to inquire; no due process violation exists where the creditor could have protected himself and failed to do so.” (emphasis omitted)). Thus, “notice of facts which would incite a person of reasonable prudence to an inquiry under similar circumstances is notice of all the facts which a reasonably diligent inquiry would develop.” *Soberal-Perez v. Heckler*, 717 F.2d 36, 43 (2d Cir. 1983) (quoting *Commonwealth v. Olivo*, 337 N.E.2d 904, 909 (Mass. 1975)) (marks omitted).

The challenged notices gave Plaintiffs more than enough information to protect their rights, and their questions could be answered through modest diligence. Chianne D.’s inquiries to DCF resulted in her learning the precise basis for DCF’s determination of her and C.D.’s ineligibility and filing a request for a fair hearing. Ex. D ¶¶ 8–19; ECF

No. 38 at 7–10. Plaintiffs’ failure to show whether class members exercised their duty of diligent inquiry—and what information that inquiry would have revealed—defeats a classwide claim based on the subjective confusion of two individuals.

Plaintiffs cannot sit back passively, take no steps to inform themselves of their own rights, and then foist liability on the State. The “entire structure of our democratic government rests on the premise that the individual citizen is capable of informing himself about the particular policies that affect his destiny.” *Atkins v. Parker*, 472 U.S. 115, 131 (1985). DCF’s notices are more than sufficient to “prompt appropriate inquiry if . . . not fully understood,” and are therefore compliant. *Id.*

v. Actual knowledge defeats a due process claim.

A plaintiff’s actual knowledge of his or her rights defeats any due-process claim. *Jordan*, 876 F.2d at 1460 (noting recipient’s actual knowledge of, and participation in, administrative procedures for seeking benefits, and finding no due-process violation). Thus, when an individual has actual knowledge of his or her right to a fair hearing, no due process claim can lie. *Oneida Indian Nation of N.Y. v. Madison Cnty.*, 665 F.3d 408, 436 (2d Cir. 2011) (“Process is not an end in itself, and due process is not offended by requiring a person with actual, timely knowledge of an event that may affect [the person’s] right to exercise due diligence and take necessary steps to preserve that right.” (internal marks and citations omitted)); *Moreau v. FERC*, 982 F.2d 556, 569 (D.C. Cir. 1993), *overruled on other grounds*, *Allegheny Def. Project v. FERC*, 964 F.3d 1 (D.C. Cir. 2020) (“[T]he Due Process Clause does not require notice where those claiming an entitlement to notice already knew the matters of which they might be notified.”); *EEOC v. Pan Am.*

World Airways, Inc., 897 F.2d 1499, 1508 (9th Cir. 1990) (“Actual knowledge of the pendency of an action removes any due process concerns about notice of the litigation.”); *Kalme v. W. Va. Bd. of Regents*, 539 F.2d 1346, 1349 (4th Cir. 1976) (“Although the letter did not inform Kalme of his right to demand a hearing, this oversight was not prejudicial, for he already knew of this right and immediately exercised it.”).

It is impossible to determine at this stage which putative class members had actual knowledge of the basis for the termination of benefits and the process for requesting a fair hearing. But those class members certainly exist: 4,027 individuals have requested fair hearings related to Medicaid ineligibility since April 2023, Ex. A ¶ 2, and they have no cognizable due-process claim. Indeed, Plaintiff Chianne D. had notice of the basis of DCF’s termination of her benefits, Ex. D ¶¶ 2–19, and availed herself of the opportunity to contest DCF’s determination through the fair-hearing process, Ex. A ¶¶ 14–18. Her due-process claim—and the claims of all class members like her—must fail as a result of her actual knowledge and her affirmative steps to avail herself and C.D. of available process. Chianne D.’s actual knowledge and invocation of the fair-hearing process demonstrates once again the highly individualized circumstances from recipient to recipient that render classwide injunctive relief inappropriate.

Plaintiffs failed to show that they are individually able to succeed on the merits of their due process claim, much less that the entire class would succeed on their claims. The circumstances of those individuals are not before this Court, and the Court has no evidence on which to base a finding that the entire class’s due-process rights have been violated.

d. Plaintiffs’ Medicaid Act Claim is Unlikely to Succeed.

Like their due process claim, Plaintiffs’ Medicaid Act claim—which is founded on a small number of discrete Medicaid regulations—fails for multiple reasons: *first*, the regulations on which Plaintiffs’ motion focuses are not actionable under section 1983; *second*, Plaintiffs have not proven that the entire class has sustained a cognizable injury separate and apart from a bare procedural violation; and *third*, even if Plaintiffs could maintain their classwide claim, DCF’s notices are legally sufficient.

i. The Medicaid Regulations on Which Plaintiffs Rely Are Not Actionable Under Section 1983.

Plaintiffs argue that DCF’s notices violate the Medicaid Act because they do not provide a “clear statement of the specific reasons supporting” the termination of benefits, “do not include an explanation of the right to a hearing, which benefits will continue pending the hearing, and the method for obtaining a hearing,” ECF No. 3 at 6–7, including by not advising recipients “how to submit an appeal via online or email options,” *id.* at 12. Setting aside the factual inaccuracy of Plaintiffs’ position (for example, the plain language advising Plaintiffs of their right to a fair hearing, *e.g.*, ECF No. 3-2 at 14, and the reason for termination, like income, *see* ECF No. 38), the regulations on which Plaintiffs rely (namely, 42 C.F.R. §§ 431.205, 431.206, and 431.210, *see* ECF No. 3 at 6–7) are not enforceable under section 1983.

Administrative regulations are not automatically actionable under section 1983, but only when the regulation “merely fleshes out the content” of a right created by statute. *Kissimmee River Valley Sportsman Ass’n v. City of Lakeland*, 250 F.3d 1324, 1326–27

(11th Cir. 2001). A regulation that “imposes new and ‘distinct obligations’ not found in the statute itself . . . is too far removed from the Congressional intent to constitute a federal right enforceable under § 1983.” *Id.* (marks omitted).

The Eleventh Circuit interprets this rule strictly. Congressional intent is the polestar: to find a regulation privately enforceable, “courts must find that Congress has *unambiguously* conferred federal rights on the plaintiff.” *Harris v. James*, 127 F.3d 993, 1010 (11th Cir. 1997) (emphasis in original). When a statute does not dictate the “substance” of a written notice of decision, for example, but merely requires that a decision be in writing, a regulation that dictates the substance of the written decision is not actionable under section 1983. *Yarborough v. Decatur Hous. Auth.*, 931 F.3d 1322, 1325–27 (11th Cir. 2019) (en banc). Similarly, the Eleventh Circuit concluded that a regulation requiring States to provide Medicaid recipients with transportation to Medicaid services did not create a right enforceable under section 1983. *Harris*, 127 F.3d at 1010–12. The court explained that “transportation may be a reasonable means of *ensuring*” that services are provided with reasonable promptness, and that this link alone might sustain the validity of the regulation, but it was not sufficient to “support a conclusion that Congress has unambiguously conferred upon Medicaid recipients a federal right to transportation.” *Id.* at 1012.

As in *Harris* and *Yarborough*, the Medicaid Act says nothing about notices, or about the particular information that States must include in their notices. 42 U.S.C. § 1396a(a)(3) requires States to “provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under the

plan is denied or is not acted upon with reasonable promptness.”⁶ This statute does not even mention notices, let alone dictate the substance of any fair-hearing notice. In fact, no federal statute requires DCF to issue written notices containing specific citations to state law, detailing the circumstances under which benefits continue or are discontinued, or advising recipients that they can submit fair-hearing requests online. These are distinct obligations created in Medicaid regulations—not rights that were “unambiguously conferred” by Congress in the federal Medicaid Act. *Harris*, 127 F. 3d at 1010, 1012.

Thus, the regulations on which Plaintiffs rely are too far removed from the congressional intent to constitute a federal right enforceable under section 1983. A contrary finding would create the absurd result in which DCF has complied with Congress’s statutory mandate by fully apprising recipients, like Chianne D., of the opportunity for a fair hearing, but is nevertheless exposed to liability under section 1983 by not checking boxes found nowhere in the statute, *see Yarborough*, 931 F.3d at 1326 (“Ms. Yarborough’s case was not a challenge to the Authority’s failure to provide a written decision. . . . Thus, even accepting her allegation as true, the hearing officer violated the regulation but not the statute. Her case fails as a result.”). The Eleventh Circuit has explicitly rejected this result. *Id.*

ii. Plaintiffs Failed to Establish a Classwide Article III Injury, and Instead Plead Only a Bare Procedural Violation.

Plaintiffs’ Medicaid Act claim is also unlikely to succeed because Plaintiffs have

⁶ Plaintiffs do not allege that Florida fails to provide an opportunity for fair hearings to individuals determined to be ineligible for Medicaid.

not established an injury-in-fact sufficient to satisfy Article III. In *Spokeo, Inc. v. Robins*, 578 U.S. 330, 341–42 (2016), the Supreme Court held that “a bare procedural violation” is not a concrete harm sufficient to confer standing and that, to establish standing, a plaintiff must establish a cognizable injury traceable to the violation of a procedural requirement. *See also Doe v. Univ. of Mich.*, 78 F.4th 929, 944 (6th Cir. 2023) (“The deprivation of process alone, without some concrete harm flowing from that deprivation, cannot constitute an injury that conveys standing.”).

Here, Plaintiffs allege a bare procedural violation, untethered to any injury to themselves or class members. Even if Plaintiffs were correct that *some* of DCF’s notices omit certain information—like a citation to a state regulation or statute, or an explanation of the circumstances under which benefits continue pending a hearing—no Plaintiff alleges that *these* omissions caused the termination of their Medicaid benefits. Plenty of procedural violations “may result in no harm” at all and thus fail to confer standing. *Spokeo*, 578 U.S. at 342. The present record does not tell this Court which class members received notices that do not comply with all technical aspects of Medicaid regulations; of those, which suffered a concrete injury because of the alleged omission of information specified in the regulations; or how many class members suffered *no* harm as a result of these alleged omissions, akin to the plaintiff in *Spokeo*.

Plaintiffs are a perfect example of this last category of class members who were not harmed by the technical deficiencies they assert. Chianne D. was apprised that her and C.D.’s Medicaid coverage was terminated due to household income and in fact requested a fair hearing. Ex. D ¶¶ 2–19; ECF No. 38 at 7–10. Jennifer V. was notified in

writing that A.V.’s Medicaid coverage was ending due to income, that A.V. was being enrolled in the Medically Needy program as a result, and that she was entitled to a fair hearing to contest DCF’s eligibility determination, Ex. E ¶¶ 12–14; ECF No. 3-3 at 13; *see also* Ex. A ¶¶ 4–8. No Plaintiff claims that the alleged omission of any technical information required by Medicaid regulations is the *reason why* they do not have Medicaid coverage. Thus, no Plaintiffs claim that their injuries are traceable to the “bare procedural violations” they allege, and of course Plaintiffs offer no evidence demonstrating a causal link between any other class member’s injury and an alleged violation of a procedural regulatory requirement. *Soskin*, 353 F.3d at 1264 (condemning lack of evidence establishing the circumstances surrounding Medicaid notices sent to class members; finding that “[i]t would be inappropriate to issue an injunction with respect to all alien Medicaid recipients if only a fraction are receiving improper notice”); *see also Jacobson v. Fla. Sec’y of State*, 974 F.3d 1236, 1253 (11th Cir. 2020) (“To satisfy the causation requirement of standing, a plaintiff’s injury must be fairly traceable to the challenged action of the defendant, and not the result of the independent action of some third party not before the court.” (internal marks omitted)).

Without evidence of traceability, Plaintiffs lack standing to obtain classwide relief. *Cordoba*, 342 F.3d at 1271–72 (finding a lack of traceability when there was “no causal chain linking the failure” of defendants to the injuries asserted on behalf of certain class members).

iii. DCF's Notices Comply with the Law.

Finally, DCF's notices satisfy the Medicaid regulations' requirements. As explained above, *see also* ECF No. 38, the fair-hearing language in the notices is a sufficient "explanation" for purposes of 42 C.F.R § 431.210. And as to the requisite "clear statement of the specific reasons supporting the intended action," this Court cannot make a classwide determination of whether that requirement is satisfied from a one-dimensional review of 86 different reason codes. Prior communications with recipients are also highly relevant to whether a statement is "clear." For example, a reason code might be "clear" to individuals who received a prior notice telling them that their coverage will be terminated if they do not provide certain information, while out of context, the same reason code might not be "clear."

Even if technical violations exist on a case-by-case basis, Plaintiffs cannot demonstrate that these technical violations cause a classwide risk harm justifying a preliminary injunction against the State. DCF sends multiple communications and notices to recipients regarding eligibility re-determinations and the termination of benefits. Ex. D ¶¶ 20–31; Ex. C. ¶¶ 2–3; Ex. B ¶¶ 11–15. Those communications contain a host of information, from the reason for termination, to phone numbers and websites to access for more information, to apprising the recipient of hearing rights, to advising recipients where they can receive free legal advice, to identifying additional programs and services, and more. DCF maintains a robust website with information about benefits eligibility, fair hearing processes, and other available resources and programs. Ex. D ¶¶ 20–31; Ex. C ¶¶ 2–3; Ex. A ¶¶ 4–7. Recipients have an online account to access and manage their

own information and communications with DCF, and individualized assistance is available to all recipients by telephone. Ex. D ¶¶ 22–25, 28, 31; Ex. C ¶¶ 2–3; Ex. F ¶ 2 (noting that DCF’s call center received more than 10 million calls in five months, between April 1, 2023 and August 31, 2023).

These notices and processes—which Plaintiffs and an untold number of class members availed themselves of—provide multiple avenues for recipients to pursue for more information and to assert their rights, and eliminate the need for a preliminary injunction to remedy scattershot technical violations. *See Rosen*, 410 F.3d at 931; *LeBeau*, 703 F.2d at 643 (affirming compliance with federal regulations when “the notices contained sufficient information concerning the appeal rights of the plaintiffs to support the finding that an administrative legal remedy was reasonable available”); *Adams*, 643 F.2d at 999 (“[A]lthough the reasons given [for denial of benefits] are not as specific as plaintiffs would like, they are consistent with the regulations.”).

II. PLAINTIFFS FAILED TO DEMONSTRATE A LIKELIHOOD OF IRREPARABLE HARM ABSENT AN INJUNCTION.

Plaintiffs generalize and speculate, but do not offer evidence showing that the entire class will suffer irreparable harm absent a preliminary injunction. For example, Plaintiffs offer no evidence of the number of class members who have even a colorable claim of Medicaid eligibility, who do not have access to other health coverage, or who have a present need for health coverage. Without this showing, this Court has no way to evaluate the likelihood of harm to absent class members; how many class members, if any, face such harm; and how many of those class members’ injuries would be prevented

by the injunction Plaintiffs demand.

Similarly, Plaintiffs have not shown that the harm they assert is generalizable across the class. As explained throughout, Medicaid recipients, including those within the class definition, experience vastly different circumstances. *See also* ECF No. 38. Plaintiffs fail to account for those variations, and simply declare that every class member faces the identical risk of harm—even if they are ineligible, even if they do not contest ineligibility, even if they pursued a fair hearing already, even if they prevailed at a fair hearing, even if they are uninterested in disputing their eligibility determination in the future, and even if they have alternative healthcare coverage in place.

Moreover, the risk of irreparable harm is minimal because the notices contain enough information to enable class members to protect their rights. *See LeBeau*, 703 F.2d at 643 (“Although the statements of the intended action, the reasons therefor, and the specific change in law requiring the action are cursory in language and nearly identical in all the notices, the explanation of the appeals process . . . is presented in sufficient detail that the essential elements of notices are present.”). Chianne D. is a perfect example: she received several notices, spoke with DCF on multiple occasions, and pursued—and later withdrew—a fair-hearing request. Ex. D ¶¶ 2–19; Ex. A ¶¶ 14–18.

Plaintiffs’ delay also weighs against a finding of irreparable injury. *See Powers*, 691 F. App’x at 583–84 (a claim of irreparable injury is “undermined by [a plaintiff’s] delay in seeking relief”). Plaintiffs concede that the reason codes on which their claims fixate have been used for many years. ECF No.1 at ¶¶ 5, 19(a)(iii). Plaintiffs themselves received notices, and had their coverage terminated, several months before filing suit. *Id.*

at ¶¶ 101–02, 109, 121–22. These delays are inconsistent with a claim of irreparable injury and a demand for emergency relief: “A delay in seeking a preliminary injunction of even only a few months—though not necessarily fatal—militates against a finding of irreparable harm.” *Wreal, LLC v. Amazon.com, Inc.*, 840 F.3d 1244, 1248 (11th Cir. 2016).

III. THE PUBLIC INTEREST WEIGHS AGAINST A CLASSWIDE INJUNCTION.

The harm to the State and the public interest weighs against granting classwide preliminary injunctive relief. *Swain*, 958 F.3d at 1091 (“[W]here the government is the party opposing the preliminary injunction, its interest and harm merge with the public interest.”). First, the cost and administrative burden associated with Plaintiffs’ extraordinarily broad relief is substantial. *Mathews v. Eldridge*, 424 U.S. 319, 347 (1976) (evaluating the “administrative burden and other societal costs” and noting that “the Government’s interest, and hence that of the public, in conserving scarce fiscal and administrative resources is a factor that must be weighed”).

The scope of classwide relief that Plaintiffs demand is staggering. More than five million Floridians receive Medicaid, and DCF is charged with re-determining eligibility for all of them within 12 months. Since re-determinations resumed in April 2023—as required by the federal government—DCF has conducted nearly 2.5 million redeterminations. Ex. B ¶ 8. Of those, more than 1.7 million individuals were found eligible for Medicaid, nearly 830,000 were found ineligible for Medicaid. *Id.* ¶ 9. More than 4,000 individuals have requested a fair hearing related to Medicaid eligibility since April 2023. Ex. A ¶ 2. Eligibility re-determinations for more than 2 million recipients remain to be completed. Ex. B ¶ 10.

Plaintiffs’ requested injunction upsets the apple cart with respect to millions of people: those who were found ineligible for full Medicaid whom Plaintiffs demand be reinstated, and those for whom eligibility re-determinations would be halted during the pendency of this litigation. Ex. B ¶¶ 6–10. DCF’s administration of a multi-billion-dollar program cannot simply pivot overnight to accommodate chaos of that magnitude.

To put it mildly, the administrative burden associated with reinstatement and delayed re-determination is significant. *See generally* Ex. H, Decl. of L. Anderson. Medicaid eligibility determination is a massive operation. The Medicaid appropriation is the largest single component of Florida’s annual statewide budget, and Florida Medicaid’s annual budget is more than \$38 billion. Ex. H ¶ 4. Compliance with Plaintiffs’ requested injunction will require extensive changes, including changes to multiple systems that support the Economic Self Sufficiency’s (“ESS”) eligibility determinations and communications with recipients. *Id.* ¶ 5. Changing Notices of Case Action to reflect individualized information would require an estimated 28,000 hours of labor—nearly a year and a half of work for ten employees devoting 160 hours per week to the effort. *Id.* ¶¶ 6–7; *see also id.* ¶ 8 (estimating 550 hours of full-time work to implement new fair hearing language on notices, which are used for all ESS programs, not just Medicaid).⁷

Moreover, the cost of paying for Medicaid services, at taxpayer expense, for an

⁷ DCF is currently in the process of modernizing its communications with recipients and overhauling systems to accomplish this goal. These efforts will be delayed, and improvements prolonged, by forced compliance with Plaintiffs’ requested injunction. Ex. H ¶ 9.

untold number of ineligible recipients who have been *determined to be ineligible* is an obvious fiscal burden on the State, to say nothing of the violation of federal law that paying benefits to ineligible recipients requires. Undoing ineligibility determinations and halting ongoing eligibility re-determinations also threatens Florida's compliance with federally-mandated timelines for re-determining Medicaid eligibility. *See* Consolidated Appropriations Act, 2023, Pub. L. 117-328, § 5131, 136 Stat. 4459, 5949 (2022). Congress required States to begin the process of unwinding continuous coverage and re-determining recipients' eligibility for Medicaid, *see id.*, and the federal Centers for Medicare and Medicaid Services thereafter approved Florida's Medicaid eligibility re-determination plan,⁸ Ex. B ¶¶ 4–7. Plaintiffs' requested injunction would force Florida to abandon that re-determination plan and the federally-required timeline it implements. An injunction that forces the State to violate federal law is harmful to the public interest.

Finally, the resources DCF will be forced to divert to comply with Plaintiffs' requested injunction will starve other needy populations and critical programs of resources. DCF administers a broad range of programs to Florida families beyond the administration of public assistance benefits (which includes the Food Assistance Program, the Temporary Cash Assistance Program, and the Office of Homelessness). Ex.

⁸ Florida's Medicaid Re-determination Plan is available online and provides the public with information about the timeline for redetermination, eligibility requirements, the eligibility determination process, communications recipients should expect to receive, the availability of fair hearings, and more: <https://www.myflfamilies.com/sites/default/files/2023-04/Floridas-Plan-for-Medicaid-Redetermination.pdf>.

H ¶¶ 2–3. Some of DCF’s core functions outside these public assistance programs include licensing childcare facilities, investigating allegations of child abuse and neglect, providing a safe environment for children in the State’s dependency system through oversight of the State’s foster care program, and operating the Adult Protective Services Program and Office of Domestic Violence. *Id.* ¶ 2. Operating these programs requires substantial resources, and diverting those resources to Plaintiffs’ pet injunction will be felt immediately. At a minimum, the following pending projects emanating from both the state and federal level will be negatively impacted: Federally Funded Hub upgrade, National Accuracy Clearinghouse upgrade, Pandemic Electronic Benefit Transfer (PEBT), SNAP E&T Change (50-59), Medicare Buy-In changes, Florida Healthy Kids Poverty Level changes, and Relative Care Enhancements. *Id.* ¶ 10.

DCF’s resources are finite, and any funds applied to implementation of the proposed injunction “may in the end come out of the pockets of the deserving, since resources available for any particular program of social welfare are not unlimited.” *Mathews*, 424 U.S. at 348. Florida has an important interest in maintaining “the discretion vested in [it] under state law to allocate scarce resources among” various programs and needy populations. *Swain*, 958 F.3d at 1090. Plaintiffs’ interests are not entitled to priority simply because they decided to litigate. *See id.*

Defendants respectfully request that this Court deny Plaintiffs’ Motion for a Classwide Preliminary Injunction.

Dated October 6, 2023.

/s/ Ashley H. Lukis

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DECLARATION OF KARINA A. SARMIENTO

1. My name is Karina A. Sarmiento. I serve as the Chief of Appeal Hearings in the Office of Inspector General for the Department of Children and Families (DCF). In this capacity, I provide direction to staff and oversee the day-to-day operations of the Appeal Hearings Section, as well as develop rules, policies, procedures, and guidelines to ensure DCF follows federally mandated requirements, and ensure applicants and recipients of public assistance benefits are afforded a timely, fair, and professional administrative hearing, resulting in quality decisions that are consistent with applicable statutes and regulations.

Fair Hearings During Medicaid Redetermination

2. During the Medicaid redetermination period, from April 1, 2023, through September 25, 2023, 4,027 individuals have requested fair hearings regarding Medicaid eligibility.

3. During the same period, 72 fair hearings regarding Medicaid eligibility have been conducted. Thirteen of these hearings have resulted in a reversal of the ineligibility determination, while 59 have affirmed the finding of ineligibility.

Fair Hearings: Information on Requesting Fair Hearings

4. When an individual first applies for Medicaid benefits, DCF provides them with a document entitled "Rights and Responsibilities," Ex. A, which outlines their fair-hearing rights.

5. The same “Rights and Responsibilities” document is presented electronically to Medicaid recipients through ACCESS Florida whenever the individual amends or provides information to DCF. ACCESS Florida is a website that serves as a Self-Service Portal in which Medicaid recipients can apply for benefits, submit documentation, review their information, and receive communications from the Department. ACCESS Florida is available 24 hours a day, seven days a week. Access to DCF’s full website is available through ACCESS Florida as well.

6. DCF’s public website also explains what fair hearings are, <https://www.myflfamilies.com/about/office-inspector-general/appeal-hearings>; Ex. B, and how recipients can request fair hearings, <https://www.myflfamilies.com/about/additional-services-offices/office-inspector-general/appeal-hearings/how-request-public>. Ex. C.

7. DCF’s public website provides a physical address, a phone number, an email address, and an option to submit the request online.

8. DCF representatives also tell recipients about fair hearings and submit requests on their behalf.

Fair Hearings: Prehearing Conference

9. Individuals who request fair hearings are provided with additional case-specific information beyond that contained in their Notices of Case Action.

10. Once a fair hearing is requested, a DCF representative will attempt to contact the recipient in advance of the fair hearing to complete a required prehearing conference.

11. The goal of this prehearing conference is to discuss the challenged decision and the grounds for that decision. Doing so allows the Medicaid recipient an opportunity to ask questions and learn more about DCF's ineligibility determination before the fair hearing even takes place and attempts to resolve the dispute without the need for a fair hearing.

12. State regulations require Medicaid recipients be provided with a copy of all evidence DCF will use at the fair hearing in advance of the fair hearing.

Fair Hearing – Chianne D. and C.D.

13. On June 2, 2023, DCF's Office of Inspector General, Appeal Hearings Section sent Chianne D. written confirmation of her hearing request and provided Chianne D. with information about the hearing. Ex. D.

14. On June 13, 2023, the Office of Inspector General, Appeal Hearings Section sent Chianne D. another notice scheduling the hearing for 11:00 a.m. on July 20, 2023 and providing additional information. Ex. E.

15. On June 16, 2023, Chianne D. asked to reschedule the hearing to an earlier date. Ex. F.

16. The Office of Inspector General, Appeal Hearings Section granted the request and rescheduled the hearing to 1:15 p.m. on July 3, 2023. Ex. G.

17. On June 28, 2023, Chianne D. emailed the Office of Inspector General, Appeal Hearings Section and withdrew her hearing request: "I would like to withdraw my appeal." Ex. H.

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

Executed on October 6, 2023.

A handwritten signature in blue ink, reading "Karina A. Sarmiento", is written over a horizontal line.

Karina A. Sarmiento.
Chief of Appeal Hearings
Office of Inspector General
Department of Children and Families

Exhibit A

65A-1.204. Rights and Responsibilities., 65 FL ADC 65A-1.204

West's Florida Administrative CodeTitle 65. Department of Children and FamiliesSubtitle 65a. Economic Self-Sufficiency ProgramChapter 65A-1. Public Assistance Programs

Rule 65A-1.204, F.A.C.
 Fla. Admin. Code r. 65A-1.204
 65A-1.204. Rights and Responsibilities.

Currentness

(1) An individual has the right to apply for assistance, to have eligibility determined, and if found eligible, to receive benefits. The applicant for or recipient of public assistance must assume the responsibility of furnishing information, documentation and verification needed to establish eligibility. If the information, documentation or verification is difficult for the individual to obtain, the Department must provide assistance in obtaining it when requested or when it appears necessary.

(2) The individual has the right of confidentiality in accordance with subsection (3), below, to receive prompt action, equitable treatment, notification of any case action taken and to receive a fair hearing due to an appeal of case action. The Department provides the individual with Your Rights and Responsibilities, CF-ES 2064, 07/2016, <http://www.flrules.org/Gateway/reference.asp?No=Ref-07159>, incorporated by reference, to explain these and other rights and responsibilities.

(3) All individuals have the right to a confidential relationship with the Department pursuant to the following federal regulations, federal statutes and Florida Statutes: for the Food Assistance Program, [7 U.S.C. § 2020\(e\)\(8\)](#), [7 C.F.R. § 272.1\(c\)](#), Sections 414.295, 414.31, F.S.; for the Medicaid Program, [42 U.S.C. § 1396a\(a\)\(7\)](#), [42 C.F.R. §§ 431.300-431.306](#), Sections 409.902, 414.295, F.S.; and, for the Cash Assistance Program, [42 U.S.C. § 602\(a\)\(1\)\(A\)\(iv\)](#), [45 C.F.R. § 205.50](#), and [Sections 414.106 and 414.295, F.S.](#) Information obtained by the Department is considered confidential state agency material and is not subject to the Freedom of Information Act.

(4) Fair hearings are conducted in accordance with the Department's hearing procedures in Chapter 65-2, F.A.C. The Office of Appeal Hearings Hearing Request, CF-ES 1007, 10/2005, incorporated by reference, can be used to request fair hearings. An individual can also request a fair hearing either orally or in writing without using the form.

(5) Copies of materials incorporated by reference are available from the Economic Self-Sufficiency Headquarters Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, or on the Department's website at <http://www.dcf.state.fl.us/dcfforms/Search/DCFFormSearch.aspx>.

Credits

Adopted Apr. 9, 1992; Amended Nov. 22, 1993; Transferred from 10C-1.204; Amended Dec. 29, 1998, May 9, 2002, Mar. 9, 2003. Amended June 4, 2012; July 18, 2016.

Authority: [409.919](#), [414.45 FS](#). Law Implemented [409.903](#), [409.904](#), [414.095](#), [414.295](#), [414.31 FS](#).

Current with amendments available through August 14, 2023. Some sections may be more current, see credits for details.
 Rule 65A-1.204, F.A.C., 65 FL ADC 65A-1.204

End of Document

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YOUR RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply for help and to have your eligibility decided without us looking at your race, color, sex, age, disability, religion, national origin (place of birth), or political belief. If you have a disability that limits you in any way, please tell us so we can make accommodations to assist you. The Department of Children and Families (DCF) is an equal opportunity provider.
- This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Department of Children and Families, where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.
- Apply for help online through our web application. Or you can turn in a paper application at a local service center or a community partner, or you can mail or fax it. You can turn in an incomplete application (either web or paper), as long as it has your name and address on it, and is signed by you, or another responsible member of your household, or someone acting for you as your authorized or designated representative.
- Be interviewed and notified of your eligibility within 30 days from when you turned in a signed application (90 days for Medicaid if your disability is considered in deciding your eligibility).
- Have DCF staff, or someone else, help you fill out forms. Let us know if you need help getting information we need.
- Receive, or have someone receive for you, the benefits for which you are eligible and be notified quickly of any action we take on your application or any change we make in your benefits.
- Be told about other programs we have that might help you or your family.
- You have the right to ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the Customer Call Center or coming into the office within 90 days from the mailing date of your notice of case action. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.
- Have the information received by us about you or the people in your household protected as required by federal and state laws.
- Name the adult parent of children or someone acting in the role of parent as the payee (the person who will receive your food assistance benefits). If there are no children in your assistance group, then the payee must be the person who earns the most money.

YOU HAVE THE RESPONSIBILITY TO:

(NOTE: You have these same responsibilities if you are applying on behalf of someone else.)

- Give us complete and correct proof of requested information, within the time limits given to you, to determine if you are eligible for help.
- Use your Temporary Cash Assistance benefits to the best benefit of the children in the assistance group. Florida law says anyone who uses the money given for the support of a child or children for some other reason can be fined, sent to jail, or both.
- Declare the U.S. citizenship or noncitizen status of your household members, who are applying for help, by signing the application for assistance. You must provide proof of noncitizen status, from the United States Citizenship and Immigration Services (USCIS), for all persons who are not U. S. citizens for whom you are requesting help. We may ask USCIS to confirm this information. Information received from USCIS may affect your eligibility and amount of benefits. Proof of USCIS status is not required for individuals for whom you are not asking help.

- Apply for benefits from other sources if this application, or information received by us, shows that you might be eligible for those benefits. (This does not apply to the Food Assistance Program.)
- Assign your rights to child support to the state and cooperate with Child Support Enforcement (CSE) in establishing paternity and obtaining support from an absent parent of the children who are in your care, unless you can show CSE good cause for not doing so. (For the Temporary Cash Assistance Program, you must assign your rights to the state. Assigning rights to the state does not apply to the Food Assistance Program.)
- Report any insurance or other health plan which may pay medical costs for you or a member of your household for whom you are asking help. You must also assign the state your rights to any payments from insurance or other health plans, unless you can show us good cause for not doing so. (This applies to anyone asking for or receiving help from the Temporary Cash Assistance, Refugee Assistance or Medicaid Programs.)
- Participate in the work activities of the Food Assistance, Temporary Cash Assistance and Refugee Assistance Employment and Training Programs. This includes registering for employment, unless we have told you that you don't have to do so.
- Report to us, within 5 calendar days, if a child in your family is expected to be out of the home for 30 days or more. (This applies to the Temporary Cash Assistance Program only). Report to us, any change in your situation according to program requirements.

If your household only receives food assistance, you must report when your household's gross monthly income goes higher than the 130% gross income limit for your household size by the 10th day of the month after the month of the change. If your household receives Temporary Cash Assistance and/or Medicaid (with or without food assistance), you must report changes within 10 days, including any change in the household living and/or mailing address. Report any change in the household email address for contact purposes.

- For food assistance an able-bodied adult without dependents is ages 18 through 49; physically or mentally fit for employment; does not live and eat with a child under age 18; is not pregnant; and is not exempt from food assistance general employment program work requirements. Able-Bodied Adults Without Dependents must report when their hours of work fall below 20 hours per week averaged to 80 hours per month.
- Make sure your school age child (ages 6 through 17) attends school. If your child is identified as truant or a drop out, that child may be removed from your Temporary Cash Assistance and your cash benefit amount lowered, unless you can show the child has good cause for missing school. (This applies to the Temporary Cash Assistance Program only.)
- Have a conference with a school official for each school age child (ages 6 through 17) during each semester to talk about the child's schoolwork progress or problems at school. If you fail to have this conference, you may be removed from Temporary Cash Assistance and your cash benefit amount lowered, unless you can show you have good cause for not having the conference. (This applies to the Temporary Cash Assistance Program only.)
- Have your preschool age children's (ages 0 through 4) immunizations up-to-date. (This applies to the Temporary Cash Assistance Program only.)
- Cooperate with state and federal officials when they review your case and answer their questions if you are able.
- Repay the Department of Children and Families for any benefits received for which you are not eligible. The amount owed can be subtracted from your monthly cash assistance payments or food assistance benefits until the entire amount is paid back. If a Medicaid overpayment occurs, you will have to personally repay the amount.
- Give us the Social Security Number (SSN), or apply for a SSN, for all household members for whom you're asking help. This applies to the Food Assistance, Temporary Cash Assistance, and Medicaid Programs. You do not have to apply for or give us a SSN for any household members for whom help is not being requested. However, you may have to give us income and asset information about those individuals for us to determine the eligibility of other household members for who help is requested.

THE DEPARTMENT OF CHILDREN AND FAMILIES HAS THE RIGHT TO:

- Contact anyone necessary to decide your eligibility for help or any other person for whom you are applying or receiving help.
- Use computer matches with other agencies to confirm the amount of income and assets available to you and the individuals for whom you're applying or receiving help. Your benefit amount may be changed based on this information.
- Apply a 48 month limit on the number of months families can receive Temporary Cash Assistance benefits. This limit applies to families with at least one eligible adult, unless he or she qualifies for an exemption or is granted a hardship extension by the Regional Workforce Board.

THE AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) HAS THE RIGHT TO:

- Release medical and Medicaid benefit information to insurance companies or other health plan carriers making medical payments so that they can bill for health care services received by members of the Medicaid assistance group. (This does not apply to the Food Assistance or Temporary Cash Assistance Programs.)
- Get payment for medical expenses from sources other than Medicaid, such as insurance companies or other health plan carriers. (This does not apply to the Food Assistance or Temporary Cash Assistance Programs.)
- Collect and review copies of medical and financial information about health care costs paid by Medicaid.
- Be repaid for Medicaid payments made for a person who is receiving money from a judgment, award, settlement, insurance or some other legally responsible source. The person, the person's attorney or the person's insurance company must tell AHCA about all possible payments from any of these sources.
- File a claim against a deceased Medicaid recipient's estate for repayment of the Medicaid debt. Receiving Medicaid benefits, by a person age 55 or older, creates a debt to AHCA for the amount of Medicaid payments made before the

person's death. The person representing the estate must tell AHCA's Estate Recovery Unit, when the process begins for approval of the will by the court. (This does not apply to Medicare Savings Programs.)

FLORIDA FRAUD LAW INFORMATION

Any person (including the designated or authorized representative) who knowingly does not tell the truth, hides information, pretends to be someone else, does not give all the information needed about themselves, the person(s) they are applying for, or other people in their home, or does anything else unlawful in order to get state or federal public assistance benefits is guilty of a crime and will be punished as state or federal law allows. Further, any person (including the designated or authorized representative) who knowingly does not report a change in circumstances in order to continue to receive such aid or benefits which they should not get, or more benefits than they should get, is guilty of a crime and will be punished as state or federal law allows. Any person who purposely helps another person to do any of the above acts is guilty of a crime, and will be punished as federal and state law allows. This information is located in Section 414.39, Florida Statutes. You can get more information about this law in the local public assistance office or on the Internet.

Exhibit B



Hurricane Idalia Information and Updates

Learn About Medicaid Redetermination

< Office of the Inspector General

Appeal Hearings

Appeal Hearings

The Appeal Hearings Section conducts administrative fair hearings for applicants and recipients of public assistance and child welfare programs, disqualification hearings, and nursing home discharge hearings on behalf of the Department. The office also conducts hearings for applicants and recipients of the Medicaid Waiver Program for the Agency for Persons with Disabilities (APD) and limited hearings for the Department of Revenue, the Department of Health (DOH), and the Department of Elder Affairs (DOEA). The parties to the appeal include a petitioner, who requested the appeal, and a respondent, who is responding to the hearing request. Most hearings are conducted telephonically, however, federal regulations give applicants and recipients a right to an in-person hearing. The purpose of a fair hearing is to afford due process in accordance with the U.S. Constitution. The goal of this section in fulfilling the Department's mission is to ensure that administrative hearings are conducted timely, fairly, professionally, and objectively, thereby resulting in quality decisions that are consistent with the laws and regulations.

The Department is required to provide an opportunity for an administrative hearing to any applicant or recipient when its action, intended action, or failure to act would adversely affect the individual or family's eligibility for an amount or type of public assistance benefits; or when action on a claim for such assistance or services is unreasonably delayed. A request for a public assistance fair hearing can be made at a local Department office, the Customer Call Center (CCC), or directly to the Appeal Hearings Section. There is a time limit in which an appeal can be made, depending on program rules. For the Supplemental Assistance Program (SNAP), Cash Assistance, and Medicaid programs, a fair hearing must be requested within 90 days of the Notice of Case Action.

The section reports directly to the Inspector General and employs dedicated full-time hearing officers to conduct hearings; this ensures independence and complies with federal regulations requiring a hearing officer to be a headquarters-level employee. Each hearing officer is a trained, knowledgeable, independent, and neutral adjudicator who had no involvement in the initial determination. The hearing officer makes a written decision on the appeal based on the evidence developed on the record and the program rules and regulations. The written decision is in the form of a Final Order issued to all the parties within federally established deadlines. If the final decision is unfavorable to the non-agency party, an appeal may be requested within a limited time to the appropriate District Court of Appeals (DCA).

Headquarters

Office of Inspector General



Suite 400-I
Tallahassee, FL 32303-4190
Phone (850) 488-1429
Email: appeal.hearings@myflfamilies.com

Services



General Information



About Us



Emergency Numbers

Abuse Hotline	1-800-962-2873
Domestic Violence Hotline	1-800-500-1119
Disaster Distress Helpline	1-800-985-5990

[Accessibility](#) [Privacy Statement](#)



2415 North Monroe Street, Suite 400, Tallahassee, FL 32303-4190

2023 Florida Department of Children & Families

Exhibit C

Apply for Benefits



- Services
- Resource Library
- News and Events
- About
- Contact Us

Hurricane Idalia Information and Updates

Learn About Medicaid Redetermination

[Home](#) | [About](#) | [Additional Services & Offices](#) | [Office of the Inspector General](#) | [Appeal Hearings](#) | [How to Request a Public Assistance Hearing](#)

Office of the Secretary
Office of the General Counsel
Office of the Inspector General
Accreditation
Appeal Hearings
Authorities and Resources
How to Request a Public Assistance Hearing
Online Request for a Public Assistance Hearing
Self-Help Forms
Frequently Asked Questions
Community Alliances
Contact Information

How to Request a Public Assistance Hearing

Request a public assistance hearing on any action taken by the Department of Children and Families (DCF) on your claim for Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA), and/or Medicaid benefits.

You may send the request in writing by sending regular mail or emailing us at the contact information below **or** you may call in the request at the phone number below **or** use the online form.

Mail to

Appeal Hearings Section
2415 North Monroe Street, Suite 400-I
Tallahassee, Florida 32303-4190

Email

appeal.hearings@myflfamilies.com


Call

[\(850\) 488-1429](tel:(850)488-1429)

Online

Send the request using the online form

Apply for Benefits



Services ▾

Resource Library

News and Events ▾

About ▾

Contact Us

Publications and Reports

Office of Civil Rights

Contracted Client Services

Services

Background Screening

Hope Florida

Child and Family Services

Licensing

General Information

Contracted Client Services

DCF Training

Office of Civil Rights

Publications & Forms

About Us

Contact Us

Request Public Records

Strong Families Tax Credit

Careers

Emergency Numbers

Abuse Hotline

1-800-962-2873

Domestic Violence Hotline

1-800-500-1119





Disaster Distress Helpline

1-800-985-5990

Accessibility

Privacy Statement

2415 North Monroe Street, Suite 400, Tallahassee, FL 32303-4190



2023 Florida Department of Children & Families

Exhibit D



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

Date: 06/02/2023

To: Office of Economic Self Sufficiency

From: Karina Sanchez, Chief
Office of Appeal Hearings

Subject: Request for Hearing

RE: D. [REDACTED], CHIANNE
Appeal # [REDACTED]
Circuit 04, Duval - 16
Unit: 88210
Family Medically Needy Program
SSA# or Case #: [REDACTED]

A hearing request was received in our office via the FLORIDA computer system. If a Notice of Case Action has not already been sent to this office, please submit one immediately.

Please begin preparing for the hearing. All evidence to be submitted during the hearing must be sent to the hearing officer and the customer to be received seven days before the hearing. Please number the pages of any evidence you submit.

Please send correspondence to:
Office of Appeal Hearings
Suite I, Room 129
2415 North Monroe Street
Tallahassee, FL 32303-4190

The office telephone number is 850-488-1429.
The fax number is 850-487-0662.



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

06/02/2023

ACKNOWLEDGEMENT OF HEARING REQUEST

CHIANNE D. [REDACTED]

JACKSONVILLE, FL [REDACTED]

APPEAL NO. [REDACTED]

A request for hearing filed by you, or on your behalf, was received by this office on 06/02/2023. This request is related to your request for benefits through the Family Medically Needy Program.

Enclosed is information about the fair hearing process. You will receive by separate mail, a written notice from the hearing officer scheduling the hearing. If you have filed a request for hearing in more than one program, the hearing officer may schedule them to be conducted at the same time.

There are two different ways hearings are held. One, all individuals attend the hearing by telephone. Two, all individuals appear before the hearing officer in a local office. Most hearings are conducted by telephone. If you do not want your hearing to be conducted by telephone, please contact the Office of Appeal Hearings by telephone or in writing to let the hearing office know of your preference. The Notice of Hearing will tell you how the hearing has been scheduled.

Please begin preparing for the hearing. All evidence to be submitted for your appeal must be sent to the hearing office and to the Department/Agency. Please number the pages of any evidence you submit. Any question about the hearing process as well as the copy of the evidence for the hearing office should be sent to the Office of Appeal Hearings, 2415 N. Monroe St., Suite I, Rm I-129 Tallahassee, FL 32303-4190, telephone (850) 488-1429, Fax (850) 487-0662, email Appeal.Hearings@myflfamilies.com.

Please send a copy of your evidence to the Department/Agency contact. If you have any questions about your case, you should contact the Department/Agency contact. The contact is: Rosanna Mey, ESS Supervisor, 5920 Arlington Expressway, Jacksonville, FL 32211, Phone (904) 485-9498, Fax (904) 723-5389..

Copies Furnished To:

Exhibit E

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

CHIANNE D. [REDACTED]
[REDACTED]
JACKSONVILLE, FL [REDACTED]
PETITIONER,

APPEAL NO. [REDACTED]

CASE NO. [REDACTED]

Vs.
FLORIDA DEPT OF CHILDREN AND FAMILIES

CIRCUIT: 04 (Duval) RESPONDENT.

NOTICE OF HEARING BY TELEPHONE

The Department has received a request for a fair hearing regarding eligibility for or receipt of benefits from the Family Medically Needy Program. The hearing is scheduled to be conducted by telephone. Please call in on: **Thursday, July 20, 2023 TIME: 11:00 AM CALL NUMBER: By telephone conference call 1 (888) 585-9008, Conference Room: 862-454-523 then #, Security Code: 6007**

No later than 10 days prior to Hearing, Respondent must contact Petitioner to discuss the issue under appeal and explore resolution of the matter pursuant to Florida Administrative Code Rule 65-2.049(2).

Instructions for using the conference number are attached. This number will only work at the assigned time. If you need to contact the hearing officer at another time or have trouble completing this call, please call (850) 488-1429.

This is a formal hearing held under the authority delegated to the hearing officer in Chapter 409, F.S. and the Florida Administrative Code, section 65 2.042, et seq. The hearing will be electronically recorded.

The parties in a fair hearing are the applicant/recipient, referred to as the petitioner, and the Department/Agency referred to as the respondent. The parties have the right to: present their own case; be represented by an authorized representative; bring witnesses; and present documents. In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the hearing officer no later than seven days prior to the hearing.

The hearing will be conducted with all individuals and the hearing officer appearing by phone. The parties will need to call the hearing officer at the number listed above at the date and time of the hearing. Both parties should send any evidence they wish to present at the hearing to the hearing officer and the other party at least seven days prior to the hearing. However, you are allowed to submit evidence at any point before or during the hearing. Let it be noticed that any evidence submitted less than seven days prior to hearing could cause the need for a continuance so that the receiving party has time to review and consider potentially new information. The petitioner should send the copy for Department/Agency to: Rosanna Mey, ESS Supervisor, 5920 Arlington Expressway, Jacksonville, FL 32211, Phone (904) 485-9498, Fax (904) 723-5389..

If the petitioner or his/her authorized representative cannot appear at the hearing, that person must contact the Office of Appeal Hearings by telephone at (850) 488-1429 or by e-mail at appeal.hearings@myflfamilies.com immediately. If the petitioner or the authorized representative fails to appear for the hearing as scheduled in this notice, without good cause, the appeal will be considered abandoned. If the petitioner has an authorized representative attend the hearing, for the petitioner, the authorized representative is required to have a written statement from the petitioner authorizing the representative to act for the petitioner.

DONE AND ORDERED this 6/13/2023 in Tallahassee, Florida.

FILED

Jun 13 2023

Jacqueline Carter, Hearing Officer
2415 N Monroe St
Suite I, Rm 129
Tallahassee, FL 32303-4190
850 488 1429 Fax 850 487 0662

Office of Appeal Hearings
Dept. of Children and Families

Copies Furnished To: CHIANNE D. [REDACTED] PETITIONER

Office of Economic Self Sufficiency

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

CHIANNE D. [REDACTED]

JACKSONVILLE, FL [REDACTED]

PETITIONER,

Vs.

FLORIDA DEPT OF CHILDREN AND FAMILIES
CIRCUIT: 04 Duval
UNIT: 88210

RESPONDENT.

APPEAL NO. [REDACTED]

CASE NO. [REDACTED]

CERTIFICATE OF SERVICE

This is to certify that a copy of the attached notice or order was provided to Petitioner at the above address and to the following individuals by either regular U.S. or electronic mail:

Office of Economic Self Sufficiency

I HEREBY CERTIFY that these copies were furnished on June 13, 2023.

/s/ Crystal Jarvis

Crystal Jarvis

Agency Clerk, Office of Appeal Hearings

Department of Children and Families

Suite I, Room 129, 2415 North Monroe Street, Tallahassee, FL 32303-4190

DCF-000032

Exhibit F



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

Date: June 18, 2023

To: Office of Economic Self Sufficiency

From: Karina Sanchez, Chief
Office of Appeal Hearings

Subject: Information regarding the named individual

RE: D. [REDACTED], CHIANNE
Appeal # [REDACTED]
Circuit 04, Duval - 16
Unit: 88210 Service Site: 64401
Family Medically Needy Program
SSA# or Case #: [REDACTED]

The attached information on this case is provided for your information.

If you have any questions you may contact this office at 850-488-1429.
Request submitted on FLORIDA by: Z13459.

Please send correspondence to:
Office of Appeal Hearings
Suite I, Room 129
2415 North Monroe Street
Tallahassee, FL 32303-4190

The office telephone number is 850-488-1429.
The fax number is 850-487-0662.
The office email address is: Appeal.Hearings@myflfamilies.com

Jones, Brandy D

From: Chianne D. [REDACTED] <[REDACTED]>
Sent: Friday, June 16, 2023 4:10 PM
To: HQW.IG.Appeal.Hearings
Subject: Appeal Number [REDACTED] Chianne D. [REDACTED]

CAUTION: This email originated from outside of the Department of Children and Families. Whether you know the sender or not, do not click links or open attachments you were not expecting.

Hello,

I am unable to attend the meeting on Thursday July 20, 2023 at 11:00 am. Is there any availability before the 17th of July? I start work after that date and will be in training during that time.

Thank you

Chianne D. [REDACTED]
[REDACTED]

Exhibit G

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

CHIANNE D. [REDACTED]
[REDACTED]
JACKSONVILLE, FL [REDACTED]
PETITIONER,

APPEAL NO. [REDACTED]

CASE NO. [REDACTED]

Vs.

FLORIDA DEPT OF CHILDREN AND FAMILIES

CIRCUIT: 04 (Duval)

RESPONDENT.

NOTICE OF CONTINUANCE AND RESCHEDULING

A request to reschedule the hearing in the above case is being granted. The original hearing has been continued. The hearing is rescheduled for:

Monday, July 3, 2023 TIME: 1:15 PM CALL NUMBER: By telephone conference call 1 (888) 585-9008, Conference Room: 862-454-523 then #, Security Code: 6007 PLEASE NOTE THIS HEARING HAS BEEN MOVED FORWARD BASED ON PETITIONERS REQUEST, THIS IS THE NEW HEARING DATE AND TIME, THE HEARING ON 07/20/2023 IS CANCELLED No later than 10 days prior to Hearing, Respondent must contact Petitioner to discuss the issue under appeal and explore resolution of the matter pursuant to Florida Administrative Code Rule 65-2.049(2).

The hearing will be conducted with all individuals and the hearing officer appearing by phone. The parties will need to call the hearing officer at the number listed above at the date and time of the hearing. Both parties should send any evidence they wish to present at the hearing to the hearing officer and the other party at least seven days prior to the hearing. However, you are allowed to submit evidence at any point before or during the hearing. Let it be noticed that any evidence submitted less than seven days prior to hearing could cause the need for a continuance so that the receiving party has time to review and consider potentially new information. The petitioner should send the Department/Agencys copy to :

Rosanna Mey, ESS Supervisor, 5920 Arlington Expressway, Jacksonville, FL 32211, Phone (904) 485-9498, Fax (904) 723-5389..

If the petitioner or his/her authorized representative cannot call in for the hearing, that person must contact the Office of Appeal Hearings by telephone at (850) 488-1429 or by e-mail at appeal.hearings@myflfamilies.com immediately. If the petitioner or the authorized representative fails to call in for the hearing as scheduled in this notice, without good cause, the appeal will be considered abandoned. If the petitioner has an authorized representative attend the hearing, for the petitioner, the authorized representative is required to have a written statement from the petitioner authorizing the representative to act for the petitioner.

DONE AND ORDERED this 6/20/2023 in Tallahassee, Florida.

Jacqueline Carter, Hearing Officer
2415 N Monroe St
Suite I, Rm 129
Tallahassee, FL 32303-4190
850 488 1429 Fax 850 487 0662

FILED

Jun 20 2023

Office of Appeal Hearings
Dept. of Children and Families

Copies Furnished To: CHIANNE D. [REDACTED] PETITIONER

Office of Economic Self Sufficiency

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

CHIANNE D. [REDACTED]

JACKSONVILLE, FL [REDACTED]

PETITIONER,

Vs.

FLORIDA DEPT OF CHILDREN AND FAMILIES
CIRCUIT: 04 Duval
UNIT: 88210

RESPONDENT.

APPEAL NO. [REDACTED]

CASE NO. [REDACTED]

CERTIFICATE OF SERVICE

This is to certify that a copy of the attached notice or order was provided to Petitioner at the above address and to the following individuals by either regular U.S. or electronic mail:

Office of Economic Self Sufficiency

I HEREBY CERTIFY that these copies were furnished on June 20, 2023.

/s/ Crystal Jarvis

Crystal Jarvis

Agency Clerk, Office of Appeal Hearings

Department of Children and Families

Suite I, Room 129, 2415 North Monroe Street, Tallahassee, FL 32303-4190

DCF-000036

Exhibit H



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

Date: June 29, 2023

To: Office of Economic Self Sufficiency

From: Karina Sanchez, Chief
Office of Appeal Hearings

Subject: Information regarding the named individual

RE: D. [REDACTED], CHIANNE
Appeal # [REDACTED]
Circuit 04, Duval - 16
Unit: 88210 Service Site: 64401
Family Medically Needy Program
SSA# or Case #: [REDACTED]

The attached information on this case is provided for your information.

If you have any questions you may contact this office at 850-488-1429.
Request submitted on FLORIDA by: Z13459.

Please send correspondence to:
Office of Appeal Hearings
Suite I, Room 129
2415 North Monroe Street
Tallahassee, FL 32303-4190

The office telephone number is 850-488-1429.
The fax number is 850-487-0662.
The office email address is: Appeal.Hearings@myflfamilies.com

Jones, Brandy D

From: Chianne D. [REDACTED] <[REDACTED]>
Sent: Wednesday, June 28, 2023 4:40 PM
To: HQW.IG.Appeal.Hearings
Subject: Withdrawal

CAUTION: This email originated from outside of the Department of Children and Families. Whether you know the sender or not, do not click links or open attachments you were not expecting.

I would like to withdraw my appeal. Appeal Number [REDACTED] Chianne D. [REDACTED]. Scheduled for July 13, 2023.

Chianne D. [REDACTED]
[REDACTED]

DECLARATION OF ANGELA PRIDGEON

1. My name is Angela Pridgeon. I serve as the Senior Management Analyst Supervisor in the Economic Self Sufficiency (ESS) Medicaid Policy Unit for the Department of Children's and Families (DCF). In this capacity, I am responsible for the oversight of policy guidance issued by the Department ensuring operational procedures and system supports are consistent with federal laws, policies, and regulations.

Medicaid Redetermination

2. During the COVID-19 public health emergency, Florida provided continuous Medicaid coverage as required by federal guidance.

3. Because of this, Florida saw a significant increase in the number of individuals and families seeking Medicaid assistance, from 3.8 million enrolled in March 2020 to 5.5 million in November 2022.

4. As a result of Congress's enactment of the Consolidated Appropriations Act of 2023, the Public Health Emergency related continuous-coverage provision for Medicaid recipients ended March 31, 2023, and DCF returned to the standard Medicaid renewal process.

5. The federal Centers for Medicare and Medicaid Services (CMS) allows state Medicaid agencies up to 12 months to complete Medicaid reviews from the end of the continuous-coverage period.

6. Florida created a Medicaid Re-determination plan that provides the public with information about the timeline for redetermination, eligibility requirements and the eligibility determination process the types of communications recipients should expect to receive, the availability of fair hearings, among other information.

7. The federal Centers for Medicare and Medicaid Services approved Florida's Medicaid eligibility re-determination plan.

8. Since Medicaid eligibility re-determinations resumed in April 2023, DCF has conducted more than 2.5 million re-determinations.

9. Of those, more than 1.7 million individuals were found eligible for Medicaid, nearly 830,000 were found ineligible for Medicaid.

10. More than two million redeterminations are scheduled to occur between October 2023 and March 2024.

Local Community Partners and ESS Storefronts and Lobbies

11. Local community partner agencies help DCF provide access to public-assistance services.

12. Many notices, such as those sent to Chianne D., C.D., and A.V., inform Medicaid recipients that "Local community partner agencies are available to help you apply for services" and explain how recipients can locate one: "go to www.myflorida.com/accessflorida under 'Find Us'. You can search by zip code or county." Ex. A., at DCF-000020; Ex. B, at DCF-000070.

13. The search feature on DCF's public website informs Medicaid recipients that there are 27 local community partner agencies in Duval County, and 268 in Miami-Dade County. See <https://access-web.dcf.state.fl.us/CPSLookup/search.aspx>.

14. Medicaid recipients can access the ACCESS system at any Local Community Partner location.

15. In addition, there are at least four DCF customer service centers (which are called ESS Storefronts and Lobbies) in Miami-Dade County and one in Duval County.

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

Executed on October 5, 2023.

A handwritten signature in blue ink, reading "Angela Pridgeon", is written over a horizontal line.

Angela Pridgeon
Senior Management Analyst Supervisor
ESS Medicaid Policy Unit
Department of Children and Families

Exhibit A

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



April 24, 2023

Case: [REDACTED]

Phone: (386) 481-9210

CHIANNE D. [REDACTED]
[REDACTED]
JACKSONVILLE FL [REDACTED]

Dear Chianne D. [REDACTED]

The following is information about your eligibility.

Food Assistance

Your Food Assistance application/review dated March 21, 2023 is **denied** for the following months:

Name	Mar, 2023	Apr, 2023	May, 2023	Jun, 2023
S.D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible

Reason: YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.31

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. If you need to complete a recertification, you have until the end of your current certification period to complete the interview without having to submit a new application. However, if your case is already denied or closed because you missed your interview, you must reapply, if your certification period has ended.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Please report if anyone in your household receives an approval of public assistance or Supplemental Security Income (SSI).

Free legal services are available at floridalawhelp.org.

Medicaid

Your Medicaid application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023	Jun, 2023
S.D. [REDACTED]	Ineligible	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
S.D. [REDACTED]	Ineligible
Chianne D. [REDACTED]	Enrolled
Father/Husband [REDACTED]	Ineligible
Share of Cost	\$4833.00

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To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S.D.	Ineligible	Ineligible
C.D.	Ineligible	Ineligible
Chianne D.	Ineligible	Ineligible
Father/Husband	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

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Share of Cost	\$4833.00

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Medically Needy

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Name	Apr, 2023	May, 2023
S.D. [REDACTED]	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

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For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid for Unborn Babies:

If you are pregnant, your unborn baby was given a Medicaid Identification number and was added to Medicaid. The baby's benefits will begin when we are notified of the birth and the card is activated. You will get a notice when this happens.

You will receive a Medicaid Gold card with the unborn baby's name listed as Babyof (your name). Give a copy of the card to the hospital and any doctors or providers who will be treating your baby. You can use this card until you receive a new one with the baby's name.

Call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to report the birth of your baby as soon as possible.

Medicaid for Newborn Babies:

Your newborn baby is eligible for Medicaid starting June 01, 2023

If you received a Medicaid card for the baby before birth, you can use that card until you receive a new one. If you do not receive a new card with the baby's name within 30 days, call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to request one.

If you want any other benefits for the baby, you will need to complete an application.

If you were in a Medicaid HMO in the month of your baby's birth and your baby had a Medicaid number before birth, your baby was assigned to your HMO when Medicaid started.

If your baby did not have a Medicaid card before birth, contact the Statewide Medicaid Managed Care Help Line toll free at 1-877-711-3662; Telecommunications device for the deaf (TDD) 1-866-467-4970 or visit the website at www.flmedicaidmanagedcare.com to learn more about healthcare and HMO options for your baby.

Name	Jun, 2023
	Ongoing
S.D. [REDACTED]	Eligible
Chianne D. [REDACTED]	Ineligible

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You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not

eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

C.D. [REDACTED]

Chianne D. [REDACTED]

Father/Husband [REDACTED]

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.095

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

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If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

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For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, AD-3027](#), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.



If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilite pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Exhibit B

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



May 16, 2023

Case: [REDACTED]

Phone: (305) 506-3470

JENNIFER V. [REDACTED]

MIAMI FL [REDACTED]

Dear Jennifer V. [REDACTED]

The following is information about your eligibility.

Medically Needy

Your estimated share of cost has gone down from \$6213.00 to \$6042.00 per month effective June 01, 2023.

Name	Status
Jennifer V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from \$5619.00 to \$5547.00 per month effective June 01, 2023.

Name	Status
H.V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
D.C. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
J.C. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
L.V. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 07, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
A.V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible
Share of Cost	\$5646.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 07, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
A.V. [REDACTED]	Ineligible	Ineligible
A.C. [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

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If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

A.V. [REDACTED]

H.V. [REDACTED]

Jennifer V. [REDACTED]

A.C. [REDACTED]

D.C. [REDACTED]

J.C. [REDACTED]

L.V. [REDACTED]

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida/. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF-000069

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

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DECLARATION OF ALLISON LEO

1. My name is Allison Leo. I serve as the Communications and Legislative Liaison in the Office of Economic Self Sufficiency (ESS) for the Department of Children's and Families (DCF). In this capacity, I handle the coordination of media inquiries, legislative inquiries, and manage public record requests, thereby ensuring the smooth operation of the Office of Economic Self Sufficiency and promoting effective communication with key stakeholders, including those related to Medicaid Redeterminations. My role involves coordinating and disseminating information regarding Medicaid Redeterminations.

2. Communications from DCF to Medicaid recipients routinely apprise recipients of resources available to them, ranging from information on obtaining assistance from DCF or Local Community Partners in completing their applications and submitting information, Ex. A, DCF-000018, to other potential coverage options, such as the Federally Facilitated Marketplace, and the Florida KidCare Program, and explaining the "share of cost" coverage options, Ex. A, at DCF-000013-14, 18, as well as resources for free legal services. Ex. A., DCF-000020. These notices are replete with exhortations to call the "ACCESS Florida Customer Call Center toll free" at the number provided, Ex. A, at DCF-000018, and explanations of how to access information from various internet websites or the ACCESS Florida system. Ex. A, at DCF-000018. Exhibit A contains 38 references to websites.

3. DCF's public website contains information about accessing Medicaid.

For example:

- a. The website features videos and training presentations aimed at educating Medicaid recipients on the use of the ACCESS Florida system, covering topics such as:
 - i) Creating and managing the online account;
(<https://www2.myflfamilies.com/pt/CreateandManagetheOnlineAccount/story.html>)
 - ii) Applying for, renewing, and changing benefits;
(<https://www2.myflfamilies.com/pt/ApplyforReneworChangeBenefits/story.html>)
 - iii) Uploading and viewing documents and notices;
(<https://www2.myflfamilies.com/pt/UploadandViewDocumentsNoticesandCards/story.html>)
 - iv) Accessing email notifications and online notices;
(<https://www2.myflfamilies.com/pt/OnlineEmailNot/story.html>).
- b. The website provides an explanation of the redetermination process along with a compilation of frequently asked questions, including other potential coverage options and information on how to locate a Healthcare Navigator who may be able to help the Medicaid recipient;

- c. The website identifies and explains the populations for whom DCF determines Medicaid eligibility. The following information is provided verbatim on DCF's publicly available website:

i) Parents and caretaker relatives of children:

The Parents and other caretaker relatives of children up to age 18 who live with them may be eligible for Medicaid if the family's countable income does not exceed certain income limits.

Individuals who receive Temporary Cash Assistance (TCA) are eligible for Medicaid. Individuals who are eligible for TCA, but choose not to receive it, may still be eligible for Medicaid.

Families who lose Medicaid eligibility due to earned income may be eligible for up to twelve (12) additional months of Medicaid, if they meet certain requirements.

Families that lose Medicaid eligibility due to the receipt of alimony may be eligible for four (4) additional months of Medicaid.

ii) Children

Parents and caretakers may apply for Medicaid on behalf of children under age 21 living in their home, if the family income is under the limit for the age of the child. There is no requirement for a child to reside with an adult caretaker to qualify for Medicaid.

Children eligible for Medicaid may enroll in the Child Health Check-up Program. This program provides regularly scheduled health checkups, dental screenings, immunizations and other medical services for children. For information on the Child Health Check-up Program, visit the Agency for Health Care Administration's information page at <https://ahca.myflorida.com/>

Families may also apply for medical assistance for children through Florida KidCare.

iii) Pregnant Women

A pregnant woman may qualify for Medicaid if her family's countable income does not exceed income limits. For pregnant women who do not

meet the citizenship requirements for Medicaid, see the information below about Emergency Medical Assistance for Non-Citizens.

Presumptively Eligible Pregnant Women (PEPW) is temporary coverage for prenatal care only and eligibility is determined by Qualified Designated Providers (QDP) based on limited information from the pregnant woman. During the temporary coverage period, the pregnant woman will need to submit an application to have her ongoing Medicaid eligibility determined.

Women with family income over the limit for Medicaid may qualify for the Medically Needy Program. For more information, see the Family-Related Medicaid Factsheet.

iv) Former Foster Care Individuals

Individuals who are under age 26 may receive Medicaid if they were in foster care under the responsibility of the State and receiving Florida Medicaid when they aged out of foster care. There is no income limit for this program.

v) Non-Citizens with Medical Emergencies

Non-citizens, who are Medicaid eligible except for their citizenship status, may be eligible for Medicaid to cover a serious medical emergency. This includes the emergency labor and delivery of a child. Before Medicaid may be authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition. The proof also must include the date(s) of the emergency.

vi) Aged or Disabled Individuals not Currently Eligible

Medicaid for low-income individuals who are either aged (65 or older) or disabled is called SSI-Related Medicaid.

Florida residents who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid coverage from the Social Security Administration. There is no need to file a separate ACCESS Florida Application unless nursing home services are needed.

Individuals may apply for regular Medicaid coverage and other services using the online ACCESS Florida Application and

submitting it electronically. If long-term care services in a nursing home or community setting are needed, the individual must check the box for HCBS/Waivers or Nursing Home on the Benefit Information screen. HCBS/Waiver programs provide in-home or assisted living services that help prevent institutionalization.

Medicare Savings Programs (Medicare Buy-In) help Medicare beneficiaries with limited finances pay their Medicare premiums; and in some instances, deductibles and co-payments. Medicare Buy-In provides different levels of assistance depending on the amount of an individual or couple's income. Individuals may apply for Medicare Buy-In coverage only by completing a Medicaid/Medicare Buy-In Application.

Print the form, complete it and mail or fax it to a local Customer Service Center.

Individuals eligible for Medicaid or a Medicare Savings Program are automatically enrolled in Social Security's Extra Help with Part D (Low Income Subsidy) benefit for the remainder of the year. An individual may also apply directly with Social Security for the Medicare Extra Help Program. Individuals who do apply directly for the Medicare Extra Help Program have the option of having the same application consideration for the Medicare Savings Program. If the individual takes the option of having the Medicare Extra Help Program application considered for the Medicare Savings Program, the Social Security Administration will send information electronically to Florida and the individual will be contacted.

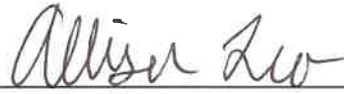
More information about Medicaid programs for aged or disabled individuals is available in the SSI-Related Fact Sheets. Information for Medicaid providers who need to communicate with DCF about SSI-Related Medicaid eligibility status is contained in the SSI-Related Provider Communication Guide.

Income and asset limits may be found on the SSI-Related Programs Financial Eligibility Standards. Important information for individuals seeking Medicaid for long-term care services in a nursing home or community setting is available in the Qualified Income Trust Fact Sheet.

<https://www.myflfamilies.com/medicaid>

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

Executed on October 5, 2023.

A handwritten signature in cursive script, reading "Allison Leo", written in black ink over a horizontal line.

Allison Leo,
Communications and Legislative
Liaison,
Office of Economic Self Sufficiency
Department of Children and Families

Exhibit A

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



April 24, 2023

Case: [REDACTED]

Phone: (386) 481-9210

CHIANNE D. [REDACTED]
[REDACTED]
JACKSONVILLE FL [REDACTED]

Dear Chianne D. [REDACTED]

The following is information about your eligibility.

Food Assistance

Your Food Assistance application/review dated March 21, 2023 is **denied** for the following months:

Name	Mar, 2023	Apr, 2023	May, 2023	Jun, 2023
S.D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible

Reason: YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.31

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. If you need to complete a recertification, you have until the end of your current certification period to complete the interview without having to submit a new application. However, if your case is already denied or closed because you missed your interview, you must reapply, if your certification period has ended.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Please report if anyone in your household receives an approval of public assistance or Supplemental Security Income (SSI).

Free legal services are available at floridalawhelp.org.

Medicaid

Your Medicaid application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023	Jun, 2023
S.D. [REDACTED]	Ineligible	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
S.D. [REDACTED]	Ineligible
Chianne D. [REDACTED]	Enrolled
Father/Husband [REDACTED]	Ineligible
Share of Cost	\$4833.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S.D.	Ineligible	Ineligible
C.D.	Ineligible	Ineligible
Chianne D.	Ineligible	Ineligible
Father/Husband	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

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For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
S.D.	Ineligible
C.D.	Enrolled
Father/Husband	Ineligible
Share of Cost	\$4833.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

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To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

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What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month

are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

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What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S.D. [REDACTED]	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid for Unborn Babies:

If you are pregnant, your unborn baby was given a Medicaid Identification number and was added to Medicaid. The baby's benefits will begin when we are notified of the birth and the card is activated. You will get a notice when this happens.

You will receive a Medicaid Gold card with the unborn baby's name listed as Babyof (your name). Give a copy of the card to the hospital and any doctors or providers who will be treating your baby. You can use this card until you receive a new one with the baby's name.

Call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to report the birth of your baby as soon as possible.

Medicaid for Newborn Babies:

Your newborn baby is eligible for Medicaid starting June 01, 2023

If you received a Medicaid card for the baby before birth, you can use that card until you receive a new one. If you do not receive a new card with the baby's name within 30 days, call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to request one.

If you want any other benefits for the baby, you will need to complete an application.

If you were in a Medicaid HMO in the month of your baby's birth and your baby had a Medicaid number before birth, your baby was assigned to your HMO when Medicaid started.

If your baby did not have a Medicaid card before birth, contact the Statewide Medicaid Managed Care Help Line toll free at 1-877-711-3662; Telecommunications device for the deaf (TDD) 1-866-467-4970 or visit the website at www.flmedicaidmanagedcare.com to learn more about healthcare and HMO options for your baby.

Name	Jun, 2023
	Ongoing
S.D. [REDACTED]	Eligible
Chianne D. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not

eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

C.D. [REDACTED]

Chianne D. [REDACTED]

Father/Husband [REDACTED]

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.095

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

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Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

DECLARATION OF WILLIAM ROBERTS

1. My name is William Roberts. I serve as a Government Operations Consultant in the Economic Self Sufficiency (ESS) Medicaid Policy Unit for the Department of Children and Families (DCF). In this capacity, I am tasked with, among other things, researching and analyzing specific service requests as well as ensuring operational and system supports are consistent with applicable laws, policies, and regulations.

Chianne D. and C.D.

2. On February 27, 2023, DCF sent Chianne D. a written notice to inform her that DCF had “reviewed her Medicaid eligibility and determined that you are no longer eligible for Medicaid Coverage,” but that, “[t]o make sure you have Medicaid coverage during the COVID-19 Pandemic Health Emergency we will keep your Medicaid coverage open until the end of the month the federal government determines the emergency is over.” Ex. A, at DCF-000072.

3. Chianne D. requested to receive notices electronically through ACCESS Florida in lieu of receiving mailed paper copies. Ex. B.

4. Chianne D. received text messages to the number she had on file with DCF—in addition to other forms of communication—alerting her that Medicaid renewals were beginning and encouraging her to log into their ACCESS account and renew. Ex. C.

5. From February 2023 through September 2023, Chianne D. received at least nine emails generated by the ACCESS Florida system alerting her that she had new notices (including the April 24, 2023 notice) about her and C.D.'s case for review. An example of a system generated email to alert Medicaid recipients of a new notice in their ACCESS Florida account is attached as Exhibit I.

6. In late March 2023, Chianne D. registered her User Account Activity on ACCESS Florida using her married name, confirmed her preference to continue to receive notices through email as opposed to U.S. mail, and changed the email address to which the notifications should be sent.

7. Before late March 2023, the User Details created by Chianne D. in ACCESS Florida utilized her maiden name and a different email address.

8. Chianne D. spoke by phone with DCF representatives at least five times between May 30, 2023 and June 1, 2023, for more than an hour and a half.

9. During those conversations, DCF informed Chianne D. multiple times why she and her daughter, C.D., were determined to be ineligible for Medicaid.

10. Exhibits D1-D5 to this declaration are transcripts of recorded conversations between Chianne D. and DCF Call Center representatives.

11. DCF's representatives informed Chianne D. by phone that DCF's determination of ineligibility was based on her household's income:

- a. "your income is too high," Ex. D1, at 5:8;
- b. "it's because of the amount of income that you guys have coming in," Ex. D2, at 7:2-3;

- c. “[i]t was due to the income,” *id.* at 7:23;
 - d. “you’re over the income for regular Medicaid for her,” *id.* at 7:24-25;
 - e. “[h]ousehold income is too high,” *id.* at 11:2-3;
 - f. “due to income,” Ex. D3, at 5:9;
 - g. “[i]t’s because of income, ma’am,” *id.* at 11:17 ;
 - h. “[t]he reason that she doesn’t qualify is . . . based on income,” *id.* at 12:7-9;
 - i. “[y]our income is too high to receive full Medicaid,” Ex. D4, at 9:23-24.
12. DCF representatives told Chianne D. the amount of income on which DCF relied was \$5,418.28—the gross pay received by her husband over the four-week period preceding the application date:
- j. “We use your gross pay for the last four weeks before any deduction.” Ex. D3, at 5:12-13.
 - k. “I have \$5,418.28.” *Id.* at 5:18.
 - l. “[H]is income is \$5,418 a month.” Ex. D4, at 3:17.
 - m. “What we did was[,] we verified his income through a database, and this was reported income in the system. So we have to rely on that because that’s based on his employer. Based on his employer, that’s what his earnings were.” *Id.* at 4:21-25.
 - n. “[T]he income that we inputted into the system, that was his last four weeks of earnings based from the date of the application.” *Id.* at 5:8-10.

o. “[S]howing . . . income at \$5,418. . . . It’s too high for . . . Medicaid.”

Ex. D5, at 3:9-12.

13. One DCF representative provided Chianne D. with a weekly breakdown of the four-week income amount: “[O]n the application, . . . you reported \$800 weekly. . . . [b]ut our system picked up his last four weeks before taxes. March 11 check stub was \$1,352.50, March 4 was \$1,350.77, February 25 was \$1,487, February 18 was \$1,208.” Ex. D3, at 6:5-10.

14. Another DCF representative volunteered to query the database to determine her husband’s most up-to-date income figures: “As of May 20th, his gross was \$1,151; May 13, \$1,510; May 6, \$1,205; and April 22, \$1,137. . . . The income level is \$5,003 a month. And this is the last four weeks now[,] based on today.” Ex. D4, at 6:20-7:7.

15. The specific notice challenged by Chianne D. and C.D. clearly informs them of their right to request a fair hearing. Ex. J, at DCF-000020.

16. Additionally, two DCF representatives who spoke with Chianne D. by phone offered to request a fair hearing for her.

17. One representative explained: “If you want to request a fair hearing, I can submit that for you, and a hearing officer will contact you and go over your case. . . . If you want a hearing because you don’t agree with the findings of your daughter’s Medicaid ending due to income, that would have to go through the hearing department. Is that what you want to do?” Ex. D3, at 20:6-15.

18. The DCF representative explained to Chainne D. what a fair hearing is: “They reevaluate it and go over everything with . . . you. That’s what a fair hearing is. . . . and that’s what I’m doing. . . . [T]he hearing officer will get in touch with you.” Ex. D3, at 24:24-25:3.

19. A second DCF representative who spoke with Chianne D. by phone also confirmed Chianne D.’s request for a fair hearing. Ex. D4, at 14:13-14.

Communications Vary in Frequency and Substance

20. The frequency and substance of communications surrounding termination of Medicaid benefits vary from person to person.

21. DCF sends multiple communication and notices to recipients regarding eligibility re-determinations and termination of benefits.

22. Many Medicaid recipients have an ACCESS Florida account through which they can access and manage their own information and written communications with DCF.

23. 92% of Medicaid applications and determinations are completed through the ACCESS Florida system.

Multiple Channels of Communication

24. The means that DCF employs to provide information to recipients are diverse.

25. Medicaid recipients who are subject to Medicaid redetermination receive information through multiple means, including oral and written communications.

26. Some elements of the State's communications with recipients are standardized and are sent to all recipients.

27. One example of such a communication is the March 20, 2023 communication sent to Chianne D. informing her that it was time to review her case to find out whether her household is still eligible for Medicaid. Ex. E.

28. Other communications, such as oral communications provided by phone, are not standardized and are provided on an individual basis, as are requests for additional information.

29. Medicaid recipients subject to redetermination also receive information through written communications beyond the challenged notices.

30. For example, some Medicaid recipients received prior communications in which DCF requested specific items of information that DCF needed in order to confirm their eligibility. Ex. F. Recipients who did not provide the requested information then received notices informing them of the termination of their Medicaid coverage. Ex. G.

31. Communications to Medicaid recipients routinely contain information advising the recipients of additional means to obtain information about their case beyond written notices. The example below is routinely provided to recipients:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,

- receive email notifications by signing up through your MyACCESS

Account, or

- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Ex. H., at DCF-000070; Ex. E., at DCF-000002.

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

Executed on October 5, 2023.

A handwritten signature in dark ink, appearing to read 'W. Roberts', is written over a horizontal line.

William Roberts,
Government Operations Consultant
ESS Medicaid Policy Unit
Department of Children and Families

Exhibit A

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



February 27, 2023

Case: [REDACTED]

Phone: (904) 485-9899

CHIANNE D. [REDACTED]

JACKSONVILLE FL [REDACTED]

Dear Chianne D. [REDACTED]

The following is information about your eligibility.

Medicaid

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
Father/Husband [REDACTED]	Eligible
Chianne D. [REDACTED]	Eligible

We have reviewed your Medicaid eligibility and determined you are no longer eligible for Medicaid coverage. To make sure you have Medicaid coverage during the COVID-19 Pandemic Health Emergency we will keep your Medicaid coverage open until the end of the month the federal government determines the emergency is over. You must continue to report any changes in your household circumstances while you remain open so we can redetermine their eligibility based on the most up-to-date information once the health emergency ends.

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at <https://dcf-access.dcf.state.fl.us/access/index.do>

Important Information for Food Assistance or Temporary Cash Assistance Recipients:

When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. You can then get into your account with a user name and password of your choice to track the status of your application or review, view notices, report changes, apply for additional benefits, print a temporary Medicaid card (if Medicaid eligible) and view your current level of benefits.

Medicaid for Unborn Babies:

If you are pregnant, your unborn baby was given a Medicaid Identification number and was added to Medicaid. The baby's benefits will begin when we are notified of the birth and the card is activated. You will get a notice when this happens.

You will receive a Medicaid Gold card with the unborn baby's name listed as Babyof (your name). Give a copy of the card to the hospital and any doctors or providers who will be treating your baby. You can use this card until you receive a new one with the baby's name.

Call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to report the birth of your baby as soon as possible.

Medicaid for Newborn Babies:

Your newborn baby is eligible for Medicaid starting April 01, 2023

If you received a Medicaid card for the baby before birth, you can use that card until you receive a new one. If you do not receive a new card with the baby's name within 30 days, call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to request one.

If you want any other benefits for the baby, you will need to complete an application.

If you were in a Medicaid HMO in the month of your baby's birth and your baby had a Medicaid number before birth, your baby was assigned to your HMO when Medicaid started.

If your baby did not have a Medicaid card before birth, contact the Statewide Medicaid Managed Care Help Line toll free at 1-877-711-3662; Telecommunications device for the deaf (TDD) 1-866-467-4970 or visit the website at www.flmedicaidmanagedcare.com to learn more about healthcare and HMO options for your baby.

Name	Apr, 2023
	Ongoing
S.D. [REDACTED]	Eligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

DCF Services:

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- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

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Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Exhibit B

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



==

March 24, 2023

Case: [REDACTED]

Phone: (866) 762-2237

CHIANNE D. [REDACTED]

JACKSONVILLE FL [REDACTED]

Dear CHIANNE D. [REDACTED],

You have chosen to receive notices about your case online. You will **no longer** receive paper notices through the mail. You can view and print your notices at your convenience twenty-four hours a day seven days a week from your My ACCESS Account. Follow the steps below to log in to your My ACCESS Account and view your notices.

If you did not receive your messages, please check the spam box. To prevent your emails from going to spam, add Department of Children and Families email address to your Contact List.

Follow These Easy Steps to View Your Notice

My Notices allows you to view all of the notices that have been created for your case.

Step 1 Using a computer or device with internet access click on this link:

<http://www.myflorida.com/accessflorida/>

Step 2 In the "Access your Benefits" section click on "Login or Create Your MyACCESS Account"

Step 3 In the Returning Users section Enter your user ID & Password

Step 4 Select "Click Here" in the My Notices section

For problems accessing your My ACCESS Account call: **1-866-762-2237**

If you no longer wish to receive email notifications and prefer a paper notice be mailed to you log in to your My ACCESS Account. Select 'click here' for 'You are currently receiving paperless notices. If you would like to receive notices by US mail'.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilite pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

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โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Exhibit C

From	To	Campaign	Body	Status	SentDate
18885307627	[REDACTED]	Text_3_English	Your Medicaid renewal is due! If you do not renew, your coverage could end. Log into your MyACCESS account and renew now! - Department of Children and Families	delivered	2023-04-12T14:30:56-07:00
18885307627	[REDACTED]	Text_2_English	Your Medicaid renewal is due! Log in to your account at https://www.myflorida.com/accessflorida and click â€œRenew My Benefits.â€ Donâ€™t let your coverage end! -Department of Children and Families	delivered	2023-04-04T14:02:53-07:00
18885307627	[REDACTED]	Medicaid Envelope	This is from the Department of Children and Families, notifying you that Medicaid renewals are beginning! Ensure your address is up to date and watch for a yellow stripe notice in the mail. Visit https://www.myflorida.com/accessflorida/	delivered	2023-03-11T06:30:28-08:00

Exhibit D-1

D. Chianne

vs.

AHCA-DCF

Audio Transcription of:

Phone Call - (1)



TRANSCRIPTION OF PHONE CALL

IN RE: D. CHIANNE VS. AHCA-DCF

May 30, 2023 (PM)

Stenographically Transcribed Audio Recording By:
Shelby Rosenberg, Florida Professional Reporter

Job No.: 330267

1 Thereupon,
2 the following proceedings were transcribed from an audio
3 recording:

4 DCF REPRESENTATIVE: "If you're receiving
5 account notifications via U.S. mail, confirm your
6 e-mail address and change your account settings to
7 electronic notices in your My Access account to
8 ensure you receive correspondence in the quickest way
9 and to go green."

10 Good morning. Thank you for calling. This is
11 Marcus. May I ask who's calling, please? Sorry,
12 good evening.

13 MS. D [REDACTED]: Hi. My name is Chianne
14 D [REDACTED].

15 DCF REPRESENTATIVE: Yes, ma'am. May I have
16 your social or your case ID to get started.

17 MS. D [REDACTED]: It's [REDACTED], and I don't
18 have access to my account right now.

19 DCF REPRESENTATIVE: Yes, ma'am, you're fine.
20 Okay. May I -- sorry, your first and last name for
21 me. Ma'am?

22 MS. D [REDACTED]: Can you hear me?

23 DCF REPRESENTATIVE: Yes, I can hear you now.

24 MS. D [REDACTED]: My first name is Chianne,
25 C-h-i-a-n-n-e, D [REDACTED], D- [REDACTED].

1 DCF REPRESENTATIVE: Okay. Ms. D [REDACTED], may
2 I have you verify your date of birth?

3 MS. D [REDACTED]: Mm-hmm. [REDACTED].

4 DCF REPRESENTATIVE: Okay. And may I have you
5 verify your address for me?

6 MS. D [REDACTED]: [REDACTED],
7 Jacksonville, Florida.

8 DCF REPRESENTATIVE: Okay. All right. And how
9 may I help you this morning? I mean this evening,
10 I'm sorry.

11 MS. D [REDACTED]: So I was transferred to a
12 different agent [indiscernible]. So I was calling
13 back to see if I could get [indiscernible] a call
14 back.

15 DCF REPRESENTATIVE: Okay. All right. It's
16 for Medicaid?

17 MS. D [REDACTED]: Yes.

18 DCF REPRESENTATIVE: All right. So for
19 C.D. [REDACTED] and Chianne --

20 MS. D [REDACTED]: Yes.

21 DCF REPRESENTATIVE: I'm sorry. You've got
22 medically needy, and are being renewed until
23 March 31st of 2024.

24 MS. D [REDACTED]: Yeah. So that was -- part of
25 the issue is that on my account, it says that it's

1 expiring tomorrow, and then also on United
2 Healthcare's account as well, they're accounting for
3 it expiring tomorrow as well. So I don't know if
4 maybe something is wrong somewhere. I just want
5 someone to look into it and give me an answer on it.

6 DCF REPRESENTATIVE: Yeah. Last thing I see on
7 here is March the 21st, the last application that was
8 sent in, approved on April 21st at 7:06 a.m. The
9 last notice that we sent you was April the 21st of
10 2023.

11 MS. D [REDACTED]: Yeah, just, like I said,
12 [indiscernible] specifically under my own, and I
13 clicked on information, it says it started May 1st of
14 2023 and it expires May 31, 2023, and then what is
15 concerning is that United Healthcare said they're
16 reporting the same thing, that we're supposed to not
17 be covered by them starting tomorrow.

18 DCF REPRESENTATIVE: Okay. I see March 31st,
19 yeah. So what you'll have to do is go ahead and
20 reapply. That's probably why they got you in the
21 medically needy.

22 MS. D [REDACTED]: Right, because I sent in a
23 recertification in March. So that's why my son,
24 S.D. [REDACTED]'s name, is still being reviewed, because I
25 sent in a recertification for all of us at the same

1 time. So I don't know, maybe there's just a small
2 error somewhere. But yeah, the first lady that I
3 talked to, she said that someone from tier three
4 would be able to edit something in the system if
5 something is an error.

6 DCF REPRESENTATIVE: I'm trying to see. It
7 actually has you in medically needy because it says
8 your income is too high.

9 MS. D [REDACTED]: It says my income was too high
10 for food assistance, I know that, but not for medical
11 assistance. But is there any way you could just
12 transfer me over to a tier three agent, please, so I
13 can put in that callback request, please?

14 DCF REPRESENTATIVE: Okay.

15 MS. D [REDACTED]: Thank you.

16 DCF REPRESENTATIVE: All right. So what I'm
17 going to do right now is transfer you over to a
18 higher agent so they can further assist you with
19 this. With that being said, if there isn't anything
20 else at this current moment or time that I can
21 further assist you with, I would like to say thank
22 you for calling DCF and you have a great day, and I
23 will transfer you over right now.

24 MS. D [REDACTED]: Thank you.

25 (Transcription concluded.)

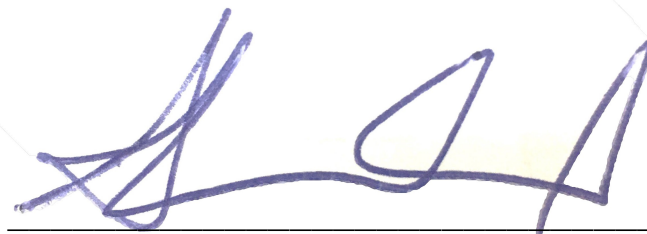
CERTIFICATE OF REPORTER

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STATE OF FLORIDA)
COUNTY OF BROWARD)

I, Shelby Rosenberg, Florida Professional Reporter,
certify that I was authorized to and did
stenographically transcribe the foregoing audio
recording to the best of my ability and that the
transcript is a true and complete record of my
stenographic notes.

Dated this 2nd of October, 2023.



Shelby Rosenberg, Florida Professional Reporter

Exhibit D-2

D. Chianne

vs.

AHCA-DCF

Audio Transcription of:

Phone Call - (2)



TRANSCRIPTION OF PHONE CALL

IN RE: D. CHIANNE VS. AHCA-DCF

May 31, 2023

Stenographically Transcribed Audio Recording By:
Shelby Rosenberg, Florida Professional Reporter

Job No.: 330267

1 Thereupon,
2 the following proceedings were transcribed from an audio
3 recording:

4 DCF REPRESENTATIVE: Thank you for calling DCF.
5 This is Alexis speaking. May I have your name,
6 please.

7 MS. D [REDACTED]: Yes, it's Chianne D [REDACTED].

8 DCF REPRESENTATIVE: And Ms. D [REDACTED], can you
9 go ahead and verify your social for me, please.

10 MS. D [REDACTED]: .

11 DCF REPRESENTATIVE: Okay. One moment. How
12 are you doing today?

13 MS. D [REDACTED]: I'm [indiscernible].

14 DCF REPRESENTATIVE: Well, you can't be like
15 super excited and happy if you have to give us a
16 call. You were probably on hold for, I don't know,
17 two hours. Can you go ahead and verify -- besides
18 all that, can you go ahead and verify your birthday
19 for me, please?

20 MS. D [REDACTED]: Sure. It's [REDACTED].

21 DCF REPRESENTATIVE: Okay. Almost a [REDACTED]
22 baby, but not quite. Okay. And that's D [REDACTED],
23 correct?

24 MS. D [REDACTED]: D [REDACTED].

25 DCF REPRESENTATIVE: Okay, D [REDACTED]. Okay,

1 great. And the reason for your call today?

2 MS. D [REDACTED]: So my account is reflecting
3 something different than what other agents have been
4 telling me. So my account is reflecting that mine
5 and my daughter's insurance drops today on you guys'
6 end.

7 DCF REPRESENTATIVE: Today?

8 MS. D [REDACTED]: Yeah, right, but when I talk to
9 other agents, they're like, "No. In our system, it
10 shows you're still active until 2024." And what I'm
11 worried about is that United Healthcare, also their
12 account is reflecting that we're not active with you
13 guys either. So I just wanted to figure out what was
14 going on.

15 DCF REPRESENTATIVE: Okay. Let's see here.
16 And your daughter, that would be --

17 MS. D [REDACTED]: C.D. [REDACTED].

18 DCF REPRESENTATIVE: Sorry, I was reading.

19 MS. D [REDACTED]: No, you're okay.

20 DCF REPRESENTATIVE: And it's showing inactive,
21 right?

22 MS. D [REDACTED]: Yeah. So on my end, it says
23 that it's closed. So when I click on the
24 information, it says closed.

25 DCF REPRESENTATIVE: Okay. And you said you

1 called Healthy Kids and it's saying that it's also
2 closed, correct?

3 MS. D [REDACTED]: Well, I called United
4 Healthcare, they said that today it's still active,
5 but when I talked to an agent three days ago, two or
6 three days ago, maybe it was last week, they said
7 that it said on their end that it was expiring the
8 31st, which is today.

9 DCF REPRESENTATIVE: Okay.

10 MS. D [REDACTED]: Which I'm sure you're aware of.

11 DCF REPRESENTATIVE: No, I'm not.

12 MS. D [REDACTED]: When I spoke to one of the
13 Medicaid ladies, yes, she tried to transfer me to a
14 tier three agent, which I put in a callback request,
15 and that was at like 10:00 yesterday morning. So I
16 still haven't received a callback from a tier three
17 agent. I'm not sure which tier you'd be.

18 DCF REPRESENTATIVE: So what I'm seeing -- I am
19 a tier three -- so what I'm seeing here is as of the
20 end of this month, you are right, your regular
21 Medicaid is ending. Let me see what Medicaid that
22 was.

23 MS. D [REDACTED]: I told the lady at United
24 Healthcare today that I'm not very good at playing
25 middle man. I don't really know what I'm doing or

1 what everybody is looking for or what's going on, but
2 I'm trying my hardest here.

3 DCF REPRESENTATIVE: So, I mean, you might have
4 gotten some information from us most recently letting
5 you know that they might be down on the emergency
6 Medicaid due to COVID. So what they're doing is
7 reevaluating everyone who has -- because the last two
8 and a half years, they did no eligibility
9 requirements. You had it, you just kept getting it,
10 and they just kept it open because the U.S.
11 government has declared a health emergency. And
12 since nobody can get on it, we get kicked off it
13 while all that was happening. So we know that all
14 ended in March, so apparently COVID just got up and
15 walked away, and therefore as of March 31st,
16 Medicaid, they have grew from serving three million
17 people to six million people over this course. So
18 now they're going back to their regular requirements,
19 and so they're reevaluating everyone, cases that are
20 coming for review, and they're being extended, but
21 not the same type of Medicaid. So let's see here.

22 MS. D [REDACTED]: The most important one is just
23 my daughter being on it and being covered. I mean,
24 she's very medically needy. She has medications that
25 she's on every day that she needs in order to eat and

1 in order to breathe correctly, and she just recently
2 also got approved for a medication that's supposed to
3 help fix her genetic disability.

4 DCF REPRESENTATIVE: [Indiscernible] with
5 social security? That would have been the next step.
6 That, too, should have been the next step, apply for
7 social security for her. C.D. [REDACTED] is two?

8 MS. D [REDACTED]: Sorry, there's like 40
9 different voices -- 40 different places I need to be
10 -- my daughter's social security?

11 DCF REPRESENTATIVE: Oh, no, I don't need her
12 social security, sweetheart. No, no. I was asking
13 you: Have you applied for social security disability
14 for her?

15 MS. D [REDACTED]: We had, but they told us that
16 my husband makes too much, which is odd, because he's
17 the only one working in the house. I don't know what
18 their income requirements are, but I don't see us
19 reaching that. What sucks is that her disability
20 typically unfortunately ends in death, so it's one of
21 those like --

22 DCF REPRESENTATIVE: Okay. So from what I see
23 here, they're right. Everyone except the newborn
24 baby, his Medicaid is open. So yours and your
25 daughter's are now at medically needy, but they're

1 not showing an amount. So yeah, her Medicaid is --
2 her Medicaid is closed, and it's because of the
3 amount of income that you guys have coming in.

4 MS. D [REDACTED]: Okay. So she's medically
5 needy. There's no way we can afford any of the
6 copayments that are on any of her medications. The
7 medication she just got approved for is \$300,000
8 annually. There's no way that anybody could afford
9 to make that copayment.

10 DCF REPRESENTATIVE: Okay. So did you receive
11 the information about her being enrolled into
12 medically needy and did it give you a number in which
13 you can try to reach out for another program?

14 MS. D [REDACTED]: I don't understand why she
15 doesn't qualify for Medicaid. That's
16 [indiscernible]. I don't understand [indiscernible].
17 [Indiscernible] my daughter, so she needs medicine to
18 eat every day. I don't understand what's going on.
19 This is not right.

20 DCF REPRESENTATIVE: Okay. Hey, I absolutely
21 understand what you're saying, and I'm absolutely
22 hearing what you're saying. So my question was to
23 you : It was due to the income, so that's why she
24 was removed, because you're over the income for
25 regular Medicaid for her and they put you at

1 medically needy, which means that every bill that you
2 pay or every bill that you receive for her medicine,
3 you need to send that in -- report that to us so we
4 can open her Medicaid fully. So are you going to the
5 same pharmacy every month for her medication?

6 MS. D [REDACTED]: Yes.

7 DCF REPRESENTATIVE: Okay. So if you can go to
8 the pharmacy and let them know that she's considered
9 medically needy, they can give you an invoice for all
10 her medicine and how much that's going to cost, but
11 I'm quite sure -- I know you said one of them was
12 \$300,000 or something like that, but -- and they can
13 put all her medication on one bill and you can send
14 that in to us and if it exceeds -- meets or exceeds
15 the amount of 4,833, which is \$4,833, that would open
16 her Medicaid for the month, and then any bills that
17 she incurs during that month will be billed and paid
18 by Medicaid. There's also Florida KidCare. You can
19 apply with them for medical coverage for her for
20 little or no cost depending on income. Ma'am, are
21 you still there? You're breaking up. I can't hear
22 you.

23 MS. D [REDACTED]: Yeah, I was [indiscernible].

24 DCF REPRESENTATIVE: It's Florida KidCare.

25 MS. D [REDACTED]: What about her medical daycare

1 that she goes to? How am I supposed to bill that
2 invoice to you guys?

3 DCF REPRESENTATIVE: Her medical daycare?

4 MS. D [REDACTED]: She attends a medical daycare,
5 she attends a medical daycare. That \$300,000
6 medication that she got approved for, that is
7 delivered directly to my house. The problem is that
8 that the [indiscernible] treatment that she takes,
9 that's billed through Publix, that's received through
10 Publix.

11 DCF REPRESENTATIVE: Okay. So the information
12 that you received which let you know that you're
13 medically needy, there's important information on
14 that letter.

15 MS. D [REDACTED]: On which letter?

16 DCF REPRESENTATIVE: You should -- if you
17 haven't received it yet -- let me take a look here
18 and look in the documents and see if you received it
19 letting you know that your medical plan had changed
20 and that you were no longer eligible for Medicaid and
21 that you were under medically needy. You haven't
22 received that information letter? It should be on
23 your My Access account.

24 MS. D [REDACTED]: I'm pretty sure that I switched
25 it to paper notification so that way I had a paper

1 trail of what I was gathering from you guys.

2 DCF REPRESENTATIVE: But you can still go to
3 your My Access account and see a copy of that letter.

4 MS. D [REDACTED]: I understand that. I
5 understand that you're just doing your job. I have a
6 [REDACTED]-month-old son, I'm training to go into the
7 military, I'm a full-time student, and I have a
8 daughter who's in daycare full-time as well as a
9 household to take care of. I don't have time to be
10 checking an account every single day, I can't, I
11 literally physically cannot. So when I asked for
12 paper, it's because I wanted to make sure that I was
13 getting physical copies of anything that you guys
14 notify me of. And again, I understand you're doing
15 your job, but me just checking an account is not a
16 viable solution.

17 DCF REPRESENTATIVE: I'm going to go into your
18 My Access account and see when that notification was
19 sent out to you. This letter was sent out to you on
20 -- they said it was sent out to you on April 24th
21 letting you know the status of your application and
22 eligibility.

23 MS. D [REDACTED]: So why is my son who is a
24 newborn ineligible?

25 DCF REPRESENTATIVE: He's ineligible for

1 medically needy. He's -- I'm going backwards, bear
2 with me. Household income is too high. Household
3 income is too high.

4 MS. D [REDACTED]: So, I mean, do I basically have
5 to be dirt poor in order for my medically needy
6 daughter to get correct assistance?

7 DCF REPRESENTATIVE: Ma'am, I'm not qualified
8 to answer that question.

9 MS. D [REDACTED]: I know. So I just need to know
10 the process of what we're going to be going through
11 every month now. So whenever I receive a bill, do I
12 send it to you --

13 DCF REPRESENTATIVE: Yes.

14 MS. D [REDACTED]: Hold on, please. Do I send it
15 right then and there or do I accumulate all of the
16 bills at the end of the month and then send it?

17 DCF REPRESENTATIVE: No. As soon as you get
18 it, you send it to us, because what we're trying to
19 do is reach that \$4,000 amount. It's kind of like a
20 copay, but not necessarily, and then it will open up
21 the Medicaid for full Medicaid after that amount has
22 been met each month. You don't have to pay the bill,
23 all you have to do is receive the bill and send it to
24 us.

25 MS. D [REDACTED]: Okay. And then it's going to

1 be redetermined on a month-to-month basis if she's
2 still reaching that \$4,800?

3 DCF REPRESENTATIVE: If she's meeting that
4 \$4,800, her Medicaid will be turned on and any bills
5 after that for the rest of the month. That's why
6 it's important for you to get any bills to us at the
7 beginning of the month so we can open up so any
8 visits or medications or anything else that she gets
9 that month will be covered by Medicaid.

10 MS. D [REDACTED]: And this is something that I'm
11 going to have to do every single month so that way
12 she's covered every single month?

13 DCF REPRESENTATIVE: Yes, ma'am, it is.

14 MS. D [REDACTED]: Okay. If I have any other
15 questions, I'll call you guys back on a later date.
16 I appreciate your help. Thank you.

17 (Transcription concluded.)

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CERTIFICATE OF REPORTER

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STATE OF FLORIDA)
COUNTY OF BROWARD)

I, Shelby Rosenberg, Florida Professional Reporter,
certify that I was authorized to and did
stenographically transcribe the foregoing audio
recording to the best of my ability and that the
transcript is a true and complete record of my
stenographic notes.

Dated this 2nd of October, 2023.

A handwritten signature in blue ink, appearing to read 'Shelby Rosenberg', is written over a horizontal line. The signature is stylized with large, sweeping loops.

Shelby Rosenberg, Florida Professional Reporter

Exhibit D-3

D. Chianne

vs.

AHCA-DCF

Audio Transcription of:

Phone Call - (3)



TRANSCRIPTION OF PHONE CALL

IN RE: D. CHIANNE VS. AHCA-DCF

June 1, 2023

Stenographically Transcribed Audio Recording By:
Shelby Rosenberg, Florida Professional Reporter

Job No.: 330267

1 Thereupon,
2 the following proceedings were transcribed from an audio
3 recording:

4 DCF REPRESENTATIVE: Good morning. My name is
5 Mrs. Butler. May I have your social, please?

6 MS. D [REDACTED]: Yeah. My social is

7 .

8 DCF REPRESENTATIVE: Name and birthday?

9 MS. D [REDACTED]: My name is Chianne D [REDACTED].
10 I was born [REDACTED].

11 DCF REPRESENTATIVE: Thank you. How can I help
12 you today?

13 MS. D [REDACTED]: So I just wanted to go through
14 with you -- and I didn't catch your name, what's your
15 name?

16 DCF REPRESENTATIVE: Mrs. Butler.

17 MS. D [REDACTED]: Okay. So I just wanted to go
18 through this last notification with you, my
19 daughter's denial.

20 DCF REPRESENTATIVE: Okay. What's your
21 daughter's name?

22 MS. D [REDACTED]: It's really everybody's denial,
23 but my daughter's name is C [REDACTED].

24 DCF REPRESENTATIVE: Okay. One moment. So
25 C [REDACTED], she has Share of Cost for Medicaid right

1 now. She doesn't have full Medicaid. She still has
2 coverage, just not the same type of coverage.

3 MS. D [REDACTED]: That's what I want to talk
4 about. I want to talk about specifically the last
5 notification that was sent.

6 DCF REPRESENTATIVE: Okay. What's your
7 question about it?

8 MS. D [REDACTED]: Well, it's actually -- so I
9 went over everything that was in that notification
10 last night. So I'll start with the very first denial
11 on April 1, 2023. She was denied Medicaid benefits
12 due to income being too high and receiving same
13 assistance from another program, right?

14 DCF REPRESENTATIVE: Mm-hmm, yes.

15 MS. D [REDACTED]: So first of all, there was no
16 law that was supporting that decision that was cited.
17 Do you see that?

18 DCF REPRESENTATIVE: I'm listening. Was that
19 it?

20 MS. D [REDACTED]: I'm going through everything
21 with you. And then I want to know: What other
22 program are we receiving assistance from?

23 DCF REPRESENTATIVE: There's no other program.
24 It's basically -- the full Medicaid that she had was
25 the other program, the full Medicaid ended s,o she's

1 now enrolled into Share of Cost. That's what that
2 means.

3 MS. D [REDACTED]: It says specifically that we
4 were receiving the same assistance from another
5 program.

6 DCF REPRESENTATIVE: That's what that means.
7 Receiving benefits from another program means she's
8 now under Share of Cost.

9 MS. D [REDACTED]: I can't hear you at all.

10 DCF REPRESENTATIVE: Receiving benefits from
11 another program means she's now under a different
12 Medicaid category.

13 MS. D [REDACTED]: What other Medicaid category
14 was she under?

15 DCF REPRESENTATIVE: Share of Cost. I said she
16 was under a different category, which was full
17 Medicaid, now she's under Share of Cost Medicaid.
18 That's what the other program is referring to.

19 MS. D [REDACTED]: I understand, but the reason
20 for the original denial was because we were receiving
21 the same assistance from another program.

22 DCF REPRESENTATIVE: I told you what that
23 means. It's not saying she has insurance elsewhere.
24 What that means is she was under full Medicaid, which
25 was another program, she was under a different

1 category. Now she has Share of Cost Medicaid, which
2 is a new category. That's what that means.

3 MS. D [REDACTED]: So now I want to know -- okay,
4 so she got denied because she was on Medicaid
5 originally, and --

6 DCF REPRESENTATIVE: That's not what I said. I
7 said she was under a different Medicaid category,
8 which was full Medicaid. So now she's under a new
9 category, Share of Cost, due to income.

10 MS. D [REDACTED]: Well, now I want to know how
11 was the income determined? And two --

12 DCF REPRESENTATIVE: We use your gross pay for
13 the last four weeks before any deductions.

14 MS. D [REDACTED]: Right. How did you guys come
15 across that income and what was the amount that was
16 reported?

17 DCF REPRESENTATIVE: I have \$5,000 for
18 [REDACTED] Father/Husband. I have \$5,418.28.

19 MS. D [REDACTED]: For the month?

20 DCF REPRESENTATIVE: Yes, ma'am.

21 MS. D [REDACTED]: How did you guys determine
22 that?

23 DCF REPRESENTATIVE: One moment. So when you
24 applied, his income was very high, and we used the
25 last four weeks of pay that was on the application,

1 which was the gross pay, so we --

2 MS. D [REDACTED]: Because I never sent any pay
3 stubs.

4 DCF REPRESENTATIVE: You didn't have to, it
5 came up on the application. So on the application,
6 it was reported, you reported \$800 weekly, that's
7 what you reported, but our system picked up his last
8 four weeks before taxes. March 11th, check stub was
9 \$1,352.50, March 4th was \$1,350.77, February 25th was
10 \$1,487, February 18th was \$1,208.

11 MS. D [REDACTED]: How was that verified?

12 DCF REPRESENTATIVE: Our system.

13 MS. D [REDACTED]: Okay. So moving on. The Share
14 of Cost, so on April 21, 2023, she was denied and
15 approved five different times. Is that by the same
16 case manager?

17 DCF REPRESENTATIVE: Say that again.

18 MS. D [REDACTED]: On April 21, 2023, she was
19 approved and denied five different times on that
20 notification that was sent to me. Was that by the
21 same case manager?

22 MS. D [REDACTED]: You were denied on the 21st.
23 It wasn't five different times.

24 MS. D [REDACTED]: No. I'm looking at it. It was
25 approved, denied, approved, denied, for medically

1 needy.

2 DCF REPRESENTATIVE: When it says denied,
3 that's talking about the different category.

4 MS. D [REDACTED]: No. It says approved for
5 medically needy, denied for medically needy, approved
6 for medically needy, denied for medically needy,
7 repeatedly.

8 DCF REPRESENTATIVE: Okay. For the month of
9 May, she has full Medicaid, April, full Medicaid. So
10 it's going to say denied for medically needy for
11 those two months.

12 MS. D [REDACTED]: No, ma'am. Are you looking at
13 the same notification that I am?

14 DCF REPRESENTATIVE: I am.

15 MS. D [REDACTED]: So on April 21, 2023, literally
16 the next subsection, it says approved for
17 mechanically needy, and then it gives me the Share of
18 Cost. So the next subsection, it says denied for
19 medically needy April 21, 2023. It says that,
20 correct?

21 DCF REPRESENTATIVE: Right. That is because
22 she had full Medicaid in April.

23 MS. D [REDACTED]: That doesn't make any sense.
24 It's because it said denied for April and May.

25 DCF REPRESENTATIVE: Right, because she had

1 full Medicaid those two months.

2 MS. D [REDACTED]: My issue is that she was
3 approved -- after she was denied, she was approved
4 again and then denied again. How is that easy to
5 follow for any family?

6 DCF REPRESENTATIVE: Well, I just explained
7 that to you, ma'am. I'm not sure why you're not
8 understanding it. She didn't qualify for medically
9 needy in April and May because she has full Medicaid.

10 MS. D [REDACTED]: But she was approved and denied
11 and then approved and denied.

12 DCF REPRESENTATIVE: You're not understanding
13 what the letter is saying. What it's saying is she
14 was approved for medically needy effective June. If
15 you look down, it's going to say June 2023 ongoing
16 and it's going to give you the information on there
17 that she qualifies effective June, then it says
18 Medicaid listed below ending May 31st.

19 MS. D [REDACTED]: So what's the reason --

20 DCF REPRESENTATIVE: That means she went from
21 one category to the next due to your household
22 income.

23 MS. D [REDACTED]: It says denied for medically
24 needy, correct?

25 DCF REPRESENTATIVE: For what month, ma'am?

1 I'm not sure why you're not getting it.

2 MS. D [REDACTED]: Maybe it's because none of you
3 have explained this correctly to me.

4 DCF REPRESENTATIVE: I explained it. That
5 letter explained it to you.

6 MS. D [REDACTED]: I'm going to go through my list
7 of questions. It says Share of Cost is \$4,833. How
8 is that determined?

9 DCF REPRESENTATIVE: It's determined by income.

10 MS. D [REDACTED]: Okay. So it's determined by
11 income. Share of Cost is determined by income, but
12 not by what her cost of medications are monthly?

13 DCF REPRESENTATIVE: No.

14 MS. D [REDACTED]: Okay. I already know what the
15 amount of income was that we reported. You said that
16 his amount of income was \$5,000 a month. How did you
17 get Share of Cost at almost \$5,000 a month if his
18 income was reported as \$5,000?

19 DCF REPRESENTATIVE: I didn't say \$5,000. I
20 said \$5,418.28.

21 MS. D [REDACTED]: Okay. So \$5,400, and you guys
22 determined that the Share of Cost should be almost
23 \$5,000 based on his income of \$5,400?

24 DCF REPRESENTATIVE: Right.

25 MS. D [REDACTED]: That sounds like a reporting

1 error. Going on to the next one. The state says
2 that the equal Share of Cost may be eligible to be
3 fully covered. Under what circumstances would they
4 not be eligible to be covered?

5 DCF REPRESENTATIVE: I don't understand.
6 What's your question?

7 MS. D [REDACTED]: I don't understand how you
8 don't understand that question.

9 DCF REPRESENTATIVE: She has Share of Cost --

10 MS. D [REDACTED]: In that subsection it says --
11 I'm quoting -- it says, "The state's equal Share of
12 Cost may be eligible to be fully covered." Under
13 what circumstances would it not be eligible to be
14 covered?

15 DCF REPRESENTATIVE: If you don't meet the
16 Share of Cost.

17 MS. D [REDACTED]: So if we don't meet the Share
18 of Cost, that's the only way that it wouldn't be
19 covered?

20 DCF REPRESENTATIVE: That's correct.

21 MS. D [REDACTED]: Perfect. So April 1, 2023, she
22 was denied for medically needy for April and May due
23 to receiving the same assistance from other programs
24 citing Law R65A --

25 DCF REPRESENTATIVE: You don't have to read it

1 to me, ma'am.

2 MS. D [REDACTED]: I'm reading off this log to you
3 because --

4 (Simultaneous speaking)

5 MS. D [REDACTED]: You do not have to speak over
6 me. I'm trying to work through this with you because
7 I have a --

8 DCF REPRESENTATIVE: I already told you why she
9 didn't have Share of Cost in May and April.

10 MS. D [REDACTED]: I understand. Now we're going
11 through what the specific law is for the reason that
12 you dropped her. The specific law is R65A-1.702. I
13 want to know what that specific law is, what it
14 states, and what the subsection says, because I'm
15 looking at the law.

16 DCF REPRESENTATIVE: We explained why she
17 doesn't have it. It's because of income, ma'am.

18 MS. D [REDACTED]: No, ma'am. Right here it says
19 receiving same assistance from other programs and --
20 the cited reason -- the cited reason is this law. I
21 want to know what this specific law is and what the
22 subsection is, what that law says and what the
23 subsection is.

24 DCF REPRESENTATIVE: Ma'am, if you have
25 questions about the law that DCF has based on your

1 daughter being denied over income, I would submit a
2 callback for you and someone will call you and go
3 over that with you.

4 MS. D [REDACTED]: Why are not able to tell me
5 that?

6 DCF REPRESENTATIVE: Because that's a different
7 department. They'll handle that with you. The
8 reason why she doesn't qualify is not based on her
9 medical condition. It's based on income that your
10 husband is making.

11 MS. D [REDACTED]: Okay.

12 DCF REPRESENTATIVE: You're not understanding
13 that.

14 (Simultaneous speaking)

15 MS. D [REDACTED]: I'm really glad that you said
16 that, because the official benefits ending at the
17 very end of that notification that you sent me, it
18 said that the Medicaid benefits are ending due to
19 receiving same benefits through other program. It
20 says nothing about because of our income
21 restrictions. That's not the same thing.

22 DCF REPRESENTATIVE: Yes, it is.

23 MS. D [REDACTED]: No, it is not.

24 DCF REPRESENTATIVE: Your income, if you look
25 at it --

1 MS. D [REDACTED]: No, ma'am. At the end of the
2 page, it says that our benefits were terminated due
3 to receiving same benefits through other programs,
4 not because of income restrictions. I want to tell
5 you that at the very top of this, you guys did not
6 state any law for your original denial --

7 DCF REPRESENTATIVE: Okay.

8 MS. D [REDACTED]: -- which makes everything after
9 it null and void.

10 DCF REPRESENTATIVE: I already went through all
11 of that with you. If you want someone to go over
12 with that with you, ma'am, I'll have to send an
13 e-mail and have someone else call you.

14 MS. D [REDACTED]: I do want you to know that I
15 have reached out to legal representation for this. I
16 need you to understand -- actually, we're still going
17 through this, because I'm not done. So I want to
18 know who the case manager was that was assigned to
19 our cases.

20 DCF REPRESENTATIVE: We don't give out case
21 workers' names.

22 MS. D [REDACTED]: So I can't have the case
23 worker's name that worked on my case? Actually, I
24 need my case -- hold on. I need my case worker's
25 information so that way I do this Share of Cost

1 process. How am I supposed to do a Share of Cost
2 process --

3 DCF REPRESENTATIVE: What process is the Share
4 of Cost? What it is you need to do?

5 MS. D [REDACTED]: The Share of Cost process is
6 literally mailing over all of my information to a
7 case worker. Is it or is it not?

8 DCF REPRESENTATIVE: No. Share of Cost means
9 when you have unpaid medical bills, you fax it over
10 to us. You don't need your case worker's information
11 or processor's information to do that.

12 MS. D [REDACTED]: So can you tell me if it's the
13 same case worker that's been handling our specific
14 case the whole time or has it transferred?

15 DCF REPRESENTATIVE: We have processors. We
16 don't have workers that are attached to your case for
17 the remainder of your time.

18 MS. D [REDACTED]: So how is a denial and approval
19 communicated through different people if one case is
20 transferred [indiscernible]?

21 DCF REPRESENTATIVE: Ma'am, when your case is
22 processed, when you apply, it gets assigned to a
23 processor. Based on your income, your husband's
24 income, the processor's --

25 MS. D [REDACTED]: I don't want to touch on my

1 husband's income anymore -- ma'am, this is not the
2 basis of this conversation.

3 DCF REPRESENTATIVE: I'm going to have to have
4 someone call you back. You have legal
5 representation. We have a department that handles
6 such things.

7 MS. D [REDACTED]: I still have questions about my
8 case. I have not been rude with you. I've been
9 forward with you.

10 DCF REPRESENTATIVE: What's your next question,
11 ma'am?

12 MS. D [REDACTED]: So I already confirmed how the
13 Shared of Cost process works and I spoke with the
14 pharmacist yesterday to see how that works as well.
15 So is there an upfront payment that I have to make
16 with the Shared of Cost process or do I just fill out
17 all the prescriptions and then send you it?

18 DCF REPRESENTATIVE: You don't pay anything as
19 long as the bill comes up to \$4,833.

20 MS. D [REDACTED]: Okay. I still think that
21 that's a reporting error. I want to know if I will
22 receive prescriptions when I call the medications in
23 or when the case manager approves.

24 DCF REPRESENTATIVE: We have to receive unpaid
25 medical bills from the pharmacy.

1 MS. D [REDACTED]: Right, but when will I receive
2 my disabled daughter's prescriptions? When I call it
3 in or when you guys approve it? Ma'am, can I please
4 get through a question without you interrupting me?

5 DCF REPRESENTATIVE: I answered your question,
6 within 72 hours.

7 MS. D [REDACTED]: Within 72 hours I'm able to get
8 my daughter's medication?

9 DCF REPRESENTATIVE: Once we receive the bill.

10 MS. D [REDACTED]: Okay, perfect. So how will her
11 medical daycare, her pe ped (ph.) services be paid?

12 DCF REPRESENTATIVE: I can't answer that
13 question. That's something medical. I cannot
14 discuss anything medical that has to do with your
15 child.

16 MS. D [REDACTED]: Everything about this is
17 medical.

18 DCF REPRESENTATIVE: Okay. I can't discuss
19 anything medically concerning your child, ma'am.

20 MS. D [REDACTED]: I'm asking you how a specific
21 service would be paid for. How is that medical?

22 DCF REPRESENTATIVE: [Indiscernible] then they
23 can tell you. So I'll give you that phone number.

24 MS. D [REDACTED]: Perfect, okay. So I mean, I
25 guess that would go for her chest compression device

1 as well. So I want to know if there's been any
2 referral made for C [REDACTED]'s case to be transferred
3 to Florida KidCare?

4 DCF REPRESENTATIVE: Yes. When they have
5 Shared of Cost it goes over to Florida KidCare.

6 MS. D [REDACTED]: What is the specific date that
7 you, DCF, referred her to Florida KidCare?

8 DCF REPRESENTATIVE: The 24th of last month.

9 MS. D [REDACTED]: No, ma'am, because yesterday
10 the representative that I spoke to told me that I had
11 to take -- that I had to call Florida KidCare, that
12 you guys had not.

13 DCF REPRESENTATIVE: Ma'am, when a child is
14 denied for Medicaid, the system automatically sends
15 the application over to Florida KidCare. That's how
16 it works.

17 MS. D [REDACTED]: I can't hear you at all.

18 DCF REPRESENTATIVE: The application was
19 automatically sent over to Florida KidCare, ma'am,
20 upon denial. So they should have her information.

21 MS. D [REDACTED]: They don't.

22 DCF REPRESENTATIVE: Did you call Florida
23 KidCare, ma'am?

24 MS. D [REDACTED]: I am in contact with them, yes.
25 Her information was not sent.

1 DCF REPRESENTATIVE: Did they receive the
2 application?

3 MS. D [REDACTED]: Can I please get through this?
4 Her information was not transferred over to Florida
5 KidCare, which is a directed violation of the Social
6 Security Act.

7 DCF REPRESENTATIVE: The system automatically
8 sends it over. We can send out another one. What's
9 your next question, ma'am?

10 MS. D [REDACTED]: So yesterday -- so why was I
11 not notified by any case manager or anybody at DCF to
12 let me know that you guys were relinquishing a child
13 who's protected by ADA, the Americans with
14 Disabilities Act?

15 DCF REPRESENTATIVE: We did send a letter out
16 on the 24th, ma'am.

17 MS. D [REDACTED]: I never received a physical
18 letter. I keep track of every letter that I've ever
19 gotten, first of all. Second of all, I asked why I
20 had not been called by somebody at DCF to let me know
21 that a medically disabled child was being dropped
22 from insurance, so that way there could be due
23 process done so she was still insured.

24 DCF REPRESENTATIVE: We do not call within that
25 notice.

1 MS. D [REDACTED]: So you're telling me that you
2 guys do not have any kind of process for disabled
3 people?

4 DCF REPRESENTATIVE: That's not what I said.

5 MS. D [REDACTED]: That's exactly what you just
6 said.

7 DCF REPRESENTATIVE: We don't call when
8 someone's Medicaid changes. We send out a notice of
9 case action.

10 MS. D [REDACTED]: Even disabled children?

11 DCF REPRESENTATIVE: What's your next question,
12 ma'am? I already answered that.

13 MS. D [REDACTED]: You do understand that's
14 discrimination.

15 DCF REPRESENTATIVE: I already answered you.

16 MS. D [REDACTED]: So I just want to point out
17 that the notification that I have had no law citing
18 the original reason. It changed its mind six
19 different times within the same setting, and our
20 daughter who's protected under the ADA should not
21 have been dropped without proper due diligence.

22 Now, I do want to point out real quick, real
23 quick -- so underneath the law cited for the original
24 denial for medically needed, R658-1.702, Subsection
25 6, it says you must reevaluate this case if benefits

1 were terminated incorrectly or Shared of Cost is
2 calculated incorrectly. And I'm telling you I
3 believe something was done incorrectly. That's by
4 law.

5 DCF REPRESENTATIVE: So, ma'am, you have a
6 couple options. If you want to request a fair
7 hearing, I can submit that for you, and a hearing
8 officer will contact you and go over your case. If
9 you want to speak to a supervisor, that can be done
10 also. I would have to submit a request and someone
11 will call you. If you want a hearing because you
12 don't agree with the findings of your daughter's
13 Medicaid ending due to income, that would have to go
14 to the hearing department. Is that what you want to
15 do?

16 MS. D [REDACTED]: Most of this is what -- this is
17 not because my husband makes too much. I understand
18 -- no, please don't interrupt me. What I am saying
19 -- will you listen to me, please --

20 (Simultaneous speaking)

21 MS. D [REDACTED]: What I'm saying is I am not
22 doing this because we're being dropped because my
23 husband makes too much. If that was the reason, then
24 fine, but the thing is that nobody contacted me at
25 all to let me know that my daughter, who's protected

1 under the Americans with Disabilities Act, who is a
2 disabled child, was being dropped from insurance.
3 And when I called Tuesday at 10:00 a.m., I was told
4 by a tier one agent that we were still cleared for
5 insurance through 2024. So no no matter what you
6 guys sent me over a website or what you guys sent me
7 possibly in the mail that I never received, all of
8 your agents have been telling me for weeks to
9 disregard any message because we were fine and we
10 were still covered.

11 So now I'm at the point where yesterday, my
12 daughter was dropped from insurance because I have
13 been getting shotty information. That's wrong and
14 it's immoral and it's borderline illegal. So my
15 point is that underneath this law, you guys have to
16 reevaluate her case underneath this law that you guys
17 cited yourself, Subsection 6, you have to reevaluate
18 it because I am telling you you reported something
19 wrong.

20 DCF REPRESENTATIVE: That would be a hearing
21 request. So I can submit that for you, ma'am.

22 MS. D [REDACTED]: It is not. If you --

23 DCF REPRESENTATIVE: Ma'am, 24 minutes going
24 in, I'm not getting anywhere on this call.

25 (Simultaneous speaking)

1 DCF REPRESENTATIVE: Someone will call you,
2 ma'am, because --

3 MS. D [REDACTED]: No, I am listening. I am
4 listening. I just actually did my due diligence.

5 (Simultaneous speaking)

6 DCF REPRESENTATIVE: [Indiscernible] the policy
7 states if you disagree with the findings, you have
8 the right to request a fair hearing. That's what I
9 can do for you, but I'm not going to sit on the phone
10 and go over each and everything on the phone.

11 MS. D [REDACTED]: That's your job.

12 DCF REPRESENTATIVE: No. We have other people
13 waiting and there's a process. If you disagree --

14 (Simultaneous speaking)

15 MS. D [REDACTED]: I want you to know I've been
16 recording this conversation this whole time, Mrs.
17 Butler.

18 DCF REPRESENTATIVE: That's fine.

19 MS. D [REDACTED]: You just told me that it's not
20 your job to go through every single part of this
21 notification --

22 DCF REPRESENTATIVE: That's not what I said.

23 MS. D [REDACTED]: Yes, it is. I want you to
24 repeat what you said to me then.

25 DCF REPRESENTATIVE: You disagree with your

1 husband's income, so I advised you your rights. The
2 letter says if you disagree, you have the right to a
3 fair hearing.

4 MS. D [REDACTED]: Ma'am, I want you to repeat the
5 part that you just said to me.

6 DCF REPRESENTATIVE: I'm not doing that, ma'am.

7 MS. D [REDACTED]: You're not going to repeat the
8 part where you told me it's not your job --

9 DCF REPRESENTATIVE: That's not what I said.

10 MS. D [REDACTED]: You said there's other people
11 that are waiting, right? So my daughter's case who
12 is disabled is not as important? Is that what you
13 said to me?

14 DCF REPRESENTATIVE: No, ma'am. You're putting
15 words in my mouth.

16 MS. D [REDACTED]: No, ma'am. Actually I just
17 repeated exactly what you said, that there are other
18 people that are waiting and you don't have time to go
19 through every single part of this notification.

20 DCF REPRESENTATIVE: I said there's other
21 people that are waiting. I can't stay on the phone
22 with you for 20 minutes for something you don't agree
23 with and I cannot change.

24 MS. D [REDACTED]: So you have a policy that says
25 you can't stay on the phone for over 20 minutes?

1 DCF REPRESENTATIVE: Yes, because I'm not
2 getting anywhere with you, ma'am. We have another
3 department that handles your situation.

4 (Simultaneous speaking)

5 MS. D [REDACTED]: I'm just making sure your
6 system is recording everything that I've said.

7 DCF REPRESENTATIVE: It needs to go through the
8 hearing department. That's not my department. Once
9 I submit the hearing, the hearing officer will
10 contact you and go over the application with you, but
11 I cannot keep doing that on the phone. Ma'am, we
12 have people waiting.

13 (Simultaneous speaking)

14 DCF REPRESENTATIVE: You disagree with the
15 finding, so someone will call you and go over the
16 case with you, ma'am.

17 MS. D [REDACTED]: I literally read the law to you
18 that you have to submit it for reevaluation.

19 DCF REPRESENTATIVE: That's exactly what I said
20 I was doing, but --

21 MS. D [REDACTED]: No. You said you can submit it
22 for a hearing, not a reevaluation.

23 DCF REPRESENTATIVE: That's what a fair hearing
24 is. They reevaluate it and go over everything with
25 it you. That's what a fair hearing is, that's what

1 your letter says, and that's what I'm doing. The
2 worker will contact you, the hearing officer will get
3 in touch with you, ma'am, but I can't keep staying on
4 the phone and go over things with you I can't change.
5 Your husband has income, I can't make that change.
6 You need to talk to somebody in the fair hearing
7 department. They'll contact you. That's all I can
8 do.

9 MS. D [REDACTED]: Fine. We got denied because my
10 husband makes too much, that's fine, but a child
11 who's disabled, has no effective communication from
12 DCF about her case, that is abuse and neglect of a
13 disabled person.

14 DCF REPRESENTATIVE: Ma'am, I can't discuss
15 your child's medical situation, medical condition. I
16 can't do that.

17 MS. D [REDACTED]: So you have a policy that
18 prohibits you from talking about my child's medical
19 [indiscernible] --

20 DCF REPRESENTATIVE: I'm not a doctor. I'm not
21 a medical professional.

22 MS. D [REDACTED]: You work for an insurance that
23 literally approves and denies my daughter's medical
24 stuff. That makes no sense. Thank you, Mrs. Butler.
25 This whole conversation was recorded. Thank you.

1 (Transcription concluded.)

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STATE OF FLORIDA)
COUNTY OF BROWARD)

I, Shelby Rosenberg, Florida Professional Reporter,
certify that I was authorized to and did
stenographically transcribe the foregoing audio
recording to the best of my ability and that the
transcript is a true and complete record of my
stenographic notes.

Dated this 2nd of October, 2023.

A handwritten signature in blue ink, appearing to read 'Shelby Rosenberg', is written over a horizontal line. The signature is stylized with large, sweeping loops.

Shelby Rosenberg, Florida Professional Reporter

Exhibit D-4

D. Chianne

vs.

AHCA-DCF

Audio Transcription of:

Phone Call - (4)



TRANSCRIPTION OF PHONE CALL

IN RE: D. CHIANNE VS. AHCA-DCF

June 1, 2023

Stenographically Transcribed Audio Recording By:
Shelby Rosenberg, Florida Professional Reporter

Job No.: 330267

1 Thereupon,
2 the following proceedings were transcribed from an audio
3 recording:

4 MS. D [REDACTED]: Hello?

5 DCF REPRESENTATIVE: Good afternoon. May I
6 speak to Mrs. Chianne [REDACTED]?

7 MS. D [REDACTED]: Who's calling?

8 DCF REPRESENTATIVE: Ms. Morrison. Are you Ms.
9 [REDACTED]?

10 MS. D [REDACTED]: Who are you?

11 DCF REPRESENTATIVE: Ms. Morrison. Are you Ms.
12 [REDACTED]?

13 MS. D [REDACTED]: No. My last name is no longer
14 [REDACTED].

15 DCF REPRESENTATIVE: [REDACTED].

16 MS. D [REDACTED]: That would be my maiden name.

17 DCF REPRESENTATIVE: Are you Chianne or Chianne?
18 I don't know how to pronounce your first name, I
19 apologize.

20 MS. D [REDACTED]: Chianne, yes.

21 DCF REPRESENTATIVE: Chianne, my name is Ms.
22 Morrison. I'm calling from the Department of
23 Children and Families. You called in and spoke to
24 one of our representatives this morning and requested
25 a hearing.

1 MS. D [REDACTED]: Mm-hmm.

2 DCF REPRESENTATIVE: Okay. How can I help you
3 about that?

4 MS. D [REDACTED]: [Indiscernible].

5 DCF REPRESENTATIVE: Okay. Are you able to
6 speak at this time?

7 MS. D [REDACTED]: Yes, I am.

8 DCF REPRESENTATIVE: Okay. My my name is Ms.
9 Morrison. I'm calling from the Department of
10 Children and Families. You called our call center
11 earlier and spoke to one of our representatives in
12 regard to your medical coverage. He or she was
13 advised it was based on your Shared of Cost and the
14 Shared of Cost amount is based on income. Do you
15 agree with the income level that we have calculated
16 in your case here where [REDACTED] is working for a
17 construction service, his income is \$5,418 a month in
18 income?

19 MS. D [REDACTED]: No.

20 DCF REPRESENTATIVE: No, that's incorrect?

21 MS. D [REDACTED]: No. He does not get paid that
22 monthly. His paychecks fluctuate.

23 DCF REPRESENTATIVE: So for the last four
24 weeks, what we did was we received the last four
25 weeks of income when the application was determined.

1 We don't just put in the income, we have the income
2 when you provide proof of verification of income. So
3 what it does is it looks at the four weeks of the
4 most current income based on pay frequency, and that
5 has to be inputted into the system.

6 MS. D [REDACTED]: I don't know what weeks it's
7 accounting for. That's incorrect.

8 DCF REPRESENTATIVE: Well, let me check it out
9 really quick. I might have to send it back to the
10 processing team. I will inform you in just a moment.
11 Does he receive wages?

12 MS. D [REDACTED]: Outside of that?

13 DCF REPRESENTATIVE: No. Through the
14 construction job.

15 MS. D [REDACTED]: Yes. He gets paid.

16 DCF REPRESENTATIVE: Wages. So it looks like
17 here, it's showing that he works an average of
18 40 hours a week, which is -- maybe a little over
19 40 hours a week -- I think that's 40 hours a week.
20 He works 160 hours a month, let's see -- so he works
21 about 40 hours a week. What we did was we verified
22 his income through a database, and this was reported
23 income in the system. So we have to rely on that
24 because that's based on his employer. Based on his
25 employer, that's what his earnings were. So we had

1 to --

2 MS. D [REDACTED] Y: When was it verified?

3 DCF REPRESENTATIVE: This was verified through
4 the public work member system through his employer.

5 MS. D [REDACTED]: When?

6 DCF REPRESENTATIVE: Well, there was an
7 application out there in March, that was determined
8 in April, and the income that we inputted into the
9 system, that was his last four weeks of earnings
10 based from the date of the application through his
11 employer.

12 MS. D [REDACTED]: Okay. So what you guys did is
13 you assumes that my -- you got that information that
14 my husband made that much that month -- that month is
15 a month directly after my son was born. My husband
16 worked every single Saturday that month.

17 DCF REPRESENTATIVE: So it was like he was
18 working overtime?

19 MS. D [REDACTED]: Yes, to make up for the amount
20 of time that he had taken off so he could be with me
21 in February.

22 DCF REPRESENTATIVE: Well, if he worked an
23 average of 40 hours a week, and he may have worked
24 overtime within the four weeks that we have based on
25 the data found, we have to count that income because

1 it was consistent at the time of your application,
2 but if that's no longer in effect where the income is
3 not that much, you can provide his last four weeks of
4 pay.

5 MS. D [REDACTED]: Yes, I can do that, because he
6 does not make that much.

7 DCF REPRESENTATIVE: Let me see if I can pull
8 it up on the work number. Let me see if I can pull
9 it up.

10 MS. D [REDACTED]: Granted, sure, maybe he does
11 make too much, but I know for a damn fact that he
12 does not make \$5,400 a month --

13 DCF REPRESENTATIVE: If he had overtime during
14 that time frame, he worked, and it's considered
15 income when it comes to public assistance, okay? So
16 let me take a look at the system here to be able to
17 locate -- to be able to find from this last four
18 weeks of income today. So as of today, today is
19 June 6th, so -- I was able to retrieve that
20 information. Give me just a moment. As of May 20th,
21 his gross was \$1,151, May 13th, \$1,510, May 6th,
22 \$1,205, and April 22nd, \$1,137. So we add all that
23 together --

24 MS. D [REDACTED]: You're calculating his gross?

25 DCF REPRESENTATIVE: Yeah, it's always based on

1 gross when it comes to state programs. So you're
2 looking at the gross income and we add those four
3 weeks up based on his pay frequency, because it's
4 weekly, we add it up, that would be the countable
5 income. So I'm going to add that up. The income
6 level is \$5,003 a month, and this is the last four
7 weeks now based on today. The income that we're
8 calculating here at that time was \$5,418, but I do
9 see during the application review, the income was a
10 little bit higher, so we were looking at \$5,418.28,
11 so it will go down to \$5,000 for the income, but it
12 will change your -- it will decrease your Shared of
13 Cost down to about -- the difference of the \$418, but
14 it will still be in the \$5,000s based on the income.

15 MS. D [REDACTED]: So -- the thing is monthly, you
16 can track it, that monthly, it fluctuates like that.
17 So either way -- so how exactly is Shared of Cost
18 calculated? Because like that number almost -- I
19 don't understand how the Shared of Cost is almost
20 matching what his supposed income is.

21 DCF REPRESENTATIVE: Well, I can explain to you
22 how the program works if that's what you're not
23 familiar with.

24 MS. D [REDACTED]: I understand how the program
25 works. The number that you guys came to, that 5,000

1 --

2 DCF REPRESENTATIVE: You want to know where it
3 comes from? It comes from his income, and \$20 of it
4 is disregarded.

5 MS. D [REDACTED]: I understand that it comes from
6 the income, but what I'm saying is that you guys had
7 his --

8 DCF REPRESENTATIVE: Go ahead.

9 MS. D [REDACTED]: I'm just -- just give me a
10 moment.

11 DCF REPRESENTATIVE: Hello?

12 MS. D [REDACTED]: I'm sorry, I have children to
13 take care of. If you'll give me a moment and work
14 with me, that will be great. What I said is you guys
15 have his income as \$5,400 a month, but then Shared of
16 Cost ended up being \$4,800 a month, what I'm not
17 understanding is how the Shared of Cost number got
18 calculated to a number that basically was matching
19 his income.

20 DCF REPRESENTATIVE: It's not matching his
21 income. First of all, it's based strictly off the
22 income, and the income level exceeds way higher than
23 to be eligible for a Medicaid program. Now, we can
24 refer you to --

25 MS. D [REDACTED]: I already have somebody working

1 on the Florida KidCare, and technically DCF is
2 already supposed to refer her over to Florida
3 KidCare, but there was no account made for her, which
4 is a violation of so many laws.

5 DCF REPRESENTATIVE: So who do you want to
6 refer the Florida KidCare? The children --

7 MS. D [REDACTED]: No. I don't think that you're
8 understanding my question. I do understand why that
9 number is so astronomical. I understand that you're
10 telling me --

11 DCF REPRESENTATIVE: Well, that factor here, we
12 don't understand what to tell you more. It's based
13 on your income level. That is the factor.

14 MS. D [REDACTED]: Can you tell me the formula
15 that you guys use to calculate that?

16 DCF REPRESENTATIVE: Exactly. Again, I'll
17 explain it to you, just like I advised you earlier,
18 we take based on his pay frequency, based on date of
19 app, based on the current four weeks of pay your
20 husband made, it looks at that income, adds it all
21 together, where that income amount is, then it looks
22 at whatever the state standard is, it puts you in a
23 Shared of Cost program. Your income is too high to
24 receive full Medicaid. What it does is it takes your
25 gross income of [REDACTED] Father/Husband income and the state

1 adjusts \$20, they call it disregard, and the
2 difference will be the Shared of Cost amount. That's
3 how it's calculated.

4 MS. D [REDACTED]: So it only disregards \$20?

5 DCF REPRESENTATIVE: That's correct. That's
6 legislative policy and procedure. That's correct.

7 MS. D [REDACTED]: Okay. So good to know -- it's
8 good to know that the original determination was
9 wrong anyway.

10 DCF REPRESENTATIVE: No, it wouldn't be wrong.
11 It was correct. He made a little bit more income
12 then, unfortunately.

13 (Simultaneous speaking)

14 MS. D [REDACTED]: His money is always going to
15 fluctuate because of the type of work he works in.
16 He does not have a base pay.

17 DCF REPRESENTATIVE: Well, it looks like he's
18 averaging over \$5,000 a month regardless.

19 MS. D [REDACTED]: Sure, it's gross, but what he's
20 grossing is not what he's taking home, and I
21 understand that that's what you guys take into
22 effect.

23 DCF REPRESENTATIVE: That's correct.

24 MS. D [REDACTED]: I understand that's what you
25 guys calculate, but no, consistently that is not what

1 he brings home every month, and that's evident from
2 March to today. From March to May, he made a \$300
3 difference.

4 DCF REPRESENTATIVE: No, he made 400 --
5 probably right at \$400 difference to what he made
6 prior. When this was determined, he had made a
7 little bit more income.

8 MS. D [REDACTED]: Right, that's not consistent.
9 That's my point. Whatever number you guys are using,
10 it's never going to be consistent. Do you guys have
11 a different way of calculating this for people who
12 get paid commission?

13 DCF REPRESENTATIVE: No, ma'am. It's all about
14 the income. The state has minimum criteria on state
15 income levels, that's why you can be referred to the
16 Affordable Care Act for further assistance or better
17 medical services if it doesn't work for you for the
18 Shared of Cost breakdown through the state, but that
19 is the margin, that's their guideline.

20 MS. D [REDACTED]: Okay. Well, when it was being
21 determined that everybody was going to be dropped
22 from Medicaid and there's a disabled child that's on
23 there, there should have been some attempt to make
24 sure that she was still on insurance.

25 DCF REPRESENTATIVE: I don't see no one

1 disabled on the account. No one --

2 MS. D [REDACTED]: My daughter C.D. [REDACTED] is
3 disabled.

4 DCF REPRESENTATIVE: Is she receiving social
5 security through the state of Florida?

6 MS. D [REDACTED]: No, she does not receive social
7 security, but she is respiratorily disabled as well
8 as nutritionally.

9 DCF REPRESENTATIVE: Okay. The income is the
10 factor, yes, ma'am.

11 MS. D [REDACTED]: I understand that, but you guys
12 are supposed to make sure that her application,
13 because she is medically needy, gets over to KidCare,
14 to Florida KidCare.

15 DCF REPRESENTATIVE: I see that was done
16 already, but I'll take a look, because maybe they
17 didn't do it correctly.

18 MS. D [REDACTED]: That's a violation of the
19 Social Security Act. My daughter is now uninsured.

20 DCF REPRESENTATIVE: No, she's insured. She
21 has Shared of Cost, and any type of medical coverage
22 when a child is eligible through the state program,
23 they go back and retro the medical services of unpaid
24 medical expenses. And right now, she's just in a
25 Shared of Cost, but I'm going to see here if S.D. [REDACTED]

1 -- it looks like here --

2 MS. D [REDACTED]: No, C.D. [REDACTED]

3 DCF REPRESENTATIVE: C.D. [REDACTED] she's Shared of
4 Cost. Let me see here -- it looks like it went
5 through today, so it might be an overnight process.

6 MS. D [REDACTED]: Yeah. She was referred today
7 because I had to reach out to an advocate in order to
8 get ahold of you guys in order to create that
9 account. Here is the thing, she got dropped
10 yesterday from April 26th supposedly when I was
11 informed, which I was not properly informed about my
12 disabled daughter being dropped from Medicaid and
13 into a different program. From April 26th until
14 yesterday someone had ample opportunity to do what
15 they legally had to do, again, according to the
16 Social Security Act, to help this child who's
17 protected under the ADA, Americans with Disabilities
18 Act, to ensure that she was in an insurance program,
19 and you guys --

20 DCF REPRESENTATIVE: She is in an insurance
21 program. She is. When you applied for services --
22 not for the transferring part, but for medical
23 services or medical type of services from another,
24 that happened, but regardless, she was covered all
25 the way around. It's just that you weren't expecting

1 the Shared of Cost based on this. If there was some
2 kind of misunderstanding in some way, however it
3 happened or whatever happened, I personally apologize
4 for this, but she's covered regardless.

5 MS. D [REDACTED]: Here is the thing. On the
6 notice you guys sent us, if you read the bottom, it
7 says on the notice that you sent me, that DCF sent
8 me, it literally states that if DCF does not send her
9 information over to Florida KidCare or to SSM is a
10 directed violation of the 1943 Securities Act, Social
11 Security Act.

12 DCF REPRESENTATIVE: So the information has
13 already been sent over today. So I'll put your case
14 in for hearing.

15 (Simultaneous speaking)

16 MS. D [REDACTED]: I reached out to an advocate.
17 I need you to understand and be a little human for a
18 moment. My daughter --

19 DCF REPRESENTATIVE: First of all, Mrs.
20 C.D. [REDACTED] we fully understand. Second of all, you
21 have to allow us to advise us what was done here,
22 because you're inquiring about this. Now I just
23 advised you here, based on your husband's income --
24 and I do see here that it was processed or sent today
25 through Florida Healthy Kids today, I've advised you

1 that, then I asked you, because you kept going on and
2 on -- and we understand, we do -- then I asked you
3 would you like to request a hearing, and you said
4 yes, and that's what is going to happen. So you will
5 hear from a hearing officer. We are not brushing you
6 off for anything. We've answered all your questions
7 here. You can still request a hearing, that's
8 totally up to you.

9 MS. D [REDACTED]: Telling me that I'm going on
10 and on in regards to you guys doing illegal activity
11 when it comes to my daughter is not okay.

12 DCF REPRESENTATIVE: I will send it on over to
13 the hearing department and they will call you back.
14 They will call you back and discuss anything you'd
15 like in reference to your case action, okay?

16 MS. D [REDACTED]: Aren't you the hearing
17 department?

18 DCF REPRESENTATIVE: The hearing department,
19 that's what you request, right?

20 MS. D [REDACTED]: Right. Which department are
21 you a part of?

22 DCF REPRESENTATIVE: We're a part of the call
23 center, the call center in Florida.

24 MS. D [REDACTED]: Okay. So my issue is with the
25 gross negligence regarding my daughter's case. If we

1 get paid too much, then fine. If we get dropped from
2 Medicaid and she's not eligible, then fine, but DCF
3 has done exponentially illegal activities regarding
4 my disabled daughter's insurance.

5 DCF REPRESENTATIVE: Well, there's no more to
6 discuss in that matter because you requested a
7 hearing, and I just advised you how it was done now
8 and today, and you've requested a hearing, and you
9 can address all of that with that department once
10 that hearing officer contacts you in regards to the
11 medical services, okay?

12 MS. D [REDACTED]: Yes. The medical services are
13 laughable. Thank you. Have a good one.

14 DCF REPRESENTATIVE: You, too.

15 (Transcription concluded.)

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STATE OF FLORIDA)
COUNTY OF BROWARD)

I, Shelby Rosenberg, Florida Professional Reporter,
certify that I was authorized to and did
stenographically transcribe the foregoing audio
recording to the best of my ability and that the
transcript is a true and complete record of my
stenographic notes.

Dated this 2nd of October, 2023.

A handwritten signature in blue ink, appearing to read 'Shelby Rosenberg', is written over a horizontal line. The signature is stylized with large, sweeping loops.

Shelby Rosenberg, Florida Professional Reporter

Exhibit D-5

D. Chianne

vs.

AHCA-DCF

Audio Transcription of:

Phone Call - (5)



TRANSCRIPTION OF PHONE CALL

IN RE: D. CHIANNE VS. AHCA-DCF

June 1, 2023

Stenographically Transcribed Audio Recording By:
Shelby Rosenberg, Florida Professional Reporter

Job No.: 330267

1 Thereupon,
2 the following proceedings were transcribed from an audio
3 recording:

4 DCF REPRESENTATIVE: Good afternoon. My name
5 is Susan. May I have your first and last name,
6 please.

7 MR. [REDACTED]: Hi, Susan. My name is [REDACTED]
8 [REDACTED]. I'm calling as an authorized rep for Chianne
9 D. [REDACTED].

10 DCF REPRESENTATIVE: Thank you so much, Mr.
11 [REDACTED]. May I have the client's case number or
12 social, please?

13 MR. [REDACTED]: Social is [REDACTED].

14 DCF REPRESENTATIVE: Perfect. One moment,
15 please. All right. How can I help you today?

16 MR. [REDACTED]: I'm calling because I wanted to
17 follow up on the case in general for the family.
18 Chianne was told that a child in the case, C.D. [REDACTED],
19 was denied for Medicaid coverage back in April, and
20 we wanted to make sure that she was referred over to
21 Florida Healthy Kids.

22 DCF REPRESENTATIVE: For S.D. [REDACTED] and --

23 MR. [REDACTED]: No, for C.D. [REDACTED].

24 DCF REPRESENTATIVE: Okay. I was going to say,
25 S.D. [REDACTED] is not quite old enough. But let me see what

1 they did with C.D. [REDACTED]. It just says authorized
2 Medicaid. I can't see where they did or didn't -- I
3 can certainly run it and send it over. That's not a
4 problem.

5 MR. [REDACTED]: I'm curious, too, about what's
6 being counted for income and what sources of income
7 are in the budget.

8 DCF REPRESENTATIVE: Absolutely. Give me one
9 second. They're showing Father/Husband's income at \$5,418.
10 Let me see if there's more. It looks like that's all
11 they're showing. That's all they're showing is his
12 income only. It's too high for the Medicaid. Okay.
13 They should have sent it on over. I would give
14 Florida KidCare a call probably tomorrow and see if
15 it updates, okay?

16 MR. [REDACTED]: Okay.

17 DCF REPRESENTATIVE: That should do it for you,
18 dear.

19 MR. [REDACTED]: All right. Perfect. Thank you so
20 much.

21 DCF REPRESENTATIVE: You're welcome, dear.
22 Have a good day.

23 MR. [REDACTED]: You, too.

24 DCF REPRESENTATIVE: Buh-bye.

25 (Transcription concluded.)

CERTIFICATE OF REPORTER

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STATE OF FLORIDA)
COUNTY OF BROWARD)

I, Shelby Rosenberg, Florida Professional Reporter,
certify that I was authorized to and did
stenographically transcribe the foregoing audio
recording to the best of my ability and that the
transcript is a true and complete record of my
stenographic notes.

Dated this 2nd of October, 2023.

A handwritten signature in blue ink, appearing to read 'Shelby Rosenberg', is written over a horizontal line. The signature is stylized with large, sweeping loops.

Shelby Rosenberg, Florida Professional Reporter

Exhibit E

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

State of Florida
Department of Children and Families



March 20, 2023

Case: [REDACTED]

Phone: (866) 762-2237

CHIANNE D. [REDACTED]
[REDACTED]
JACKSONVILLE FL [REDACTED]

Dear Chianne D. [REDACTED],

The following is information about your eligibility.

It is time to review your case to find out if your household is still eligible for Medicaid and/or Medically Needy.

You or your authorized representative must reapply to keep getting Medicaid or stay enrolled in Medically Needy. If you have completed a review or returned an interim contact form within the last 30 days, you do not need to reapply now.

You can complete your review online at our website at www.myflorida.com/accessflorida using your MY ACCESS Account. Your My ACCESS Account renewal will already include information you told us about your household, so it is fast and easy. If there has been a change in your household's situation, please update the information.

If you have not already set up an account, you will need your case number to register for a My ACCESS Account. That number is noted on the top of this form. After registering, you can get into your account with the username and password you choose. There are questions and answers and even videos to help you complete your review at www.myflfamilies.com/Medicaid.

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Office in your area for assistance. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center 850-300-4323 for assistance.

Additional Information for Food Assistance or Temporary Cash Assistance Recipients:

When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review for that program(s).

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.



If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Exhibit F

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



August 28, 2023

Case:

Phone:

Fax : (866) 296 - 9964

ACCESS Number:

Dear

The following is information about your eligibility.

Once you receive your case number you can go to www.myflorida.com/accessflorida to activate your My ACCESS Account. You will be able to get case status information. You will also be able to print a temporary Medicaid card if you are eligible for Medicaid.

We need the following information by September 07, 2023.

Other - please see comments below

* Please submit the last FOUR WEEKS OF PAYCHECKS

Please return or fax the information to the return address or fax number listed above. If you need help getting this information, let us know right away.

If you do not contact us or provide the requested information, we will be unable to determine your eligibility. We will deny your application or your benefits may end.

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

من إعاقة، يرجى إخبارنا. نتاح المساعة

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

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850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen ed ak lang avek lot ed ak sevis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perche non parli la lingua o hai una disabilita? Mettiti in contatto con noi. Su richiesta, e possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jezeli masz trudnosci ze zrozumieniem j zyka angielskiego, poniewaz nie m6wisz w tym j zyku lub jestes osob6 z niepe-lnosprawnoscig, prosimy o kontakt. Bezp-latna pomoc j zykowa, a takze inne formy wsparcia sg dost pne na zyczenie. 850-300-4323

Se voce tiver dificuldade para entender ingles porque nao fala ingles ou tern uma deficiencia, informe-nos disso. Um assistente de linguagem gratuito e outros auxilios e servii;os estao disponiveis mediante solicitai;ao. 850-300-4323

Ecm'1 y sac eCTb TPYAHOCH1 C noHV!MaHV!eM aHrrrnlilcKoro fl3b1Ka, noTOMY 4TO Bbl He rosopviTe Ha HeM V!JIVI SiBJifleTeCb nvi40M C opaHV!4eHHblMVI B03MO>KHOCTS1MVI, AaliTe HaM 3HaTb. 5ecnnaTHble ycnyn fl3blKOBOil noAAep>KKVI V!JIVI Apyas:i noMOL4b AOCTynHbl no 3anocy. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el ingles porque no sabe el idioma o porque tiene una discapacidad, haganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

[illegible]

如因不會說英文或罹患殘疾而無法理解，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。

Neu quy vi g p kh6 khan de hieu tieng Anh vi quy vi khong n6i tieng Anh hay bi khuyet t H, vui long cho chung toi biet. TRQ' giup ngon nga, mien phi hay cac dich vu va ho trQ' khac du'Q'C cung cap khi c6 yeu cau. 850-300-4323

Exhibit G

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



September 7, 2023

Case:

Phone:

Dear

The following is information about your eligibility.

Medically Needy

Your Medically Needy application/review dated August 02, 2023 is **denied** for the following months:

Name	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023	Sep, 2023
Charles	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
Brittany	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
Adeline	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible

Name	Oct, 2023
Charles	Ineligible
Brittany	Ineligible
Adeline	Ineligible

Reason: WE DID NOT RECEIVE PROOF OF EARNED INCOME NECESSARY TO DETERMINE ELIGIBILITY

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community . To locate a DCF Office, go to

www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies .

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to submit a new application if you provide the verification documents required within 60 days from the day you originally turned in your application. If you do not provide all the verification required within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verification.

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medicaid

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name	Status
Brittany	Ineligible
Adeline	Eligible
Charles	Eligible

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at <https://dcf-access.dcf.state.fl.us/access/index.do>

Important Information for Food Assistance or Temporary Cash Assistance Recipients:

When it is time for your food assistance or Temporary Cash Assistance review, you will receive a separate notice telling you what to do in order to complete your review.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, 1492870218, to activate your My ACCESS Account. You can then get into your account with a user name and password of your choice to track the status of your application or review, view notices, report changes, apply for additional benefits, print a temporary Medicaid card (if Medicaid eligible) and view your current level of benefits.

Options for Healthcare

Below you will find several options where you may be able to obtain health care for yourself and your family if you are not eligible for Medicaid.

Florida KidCare



If you have children under 18 and your child no longer qualifies for Medicaid, Florida KidCare is a low-cost option to keep your children covered with high-quality health and dental insurance. We will automatically share your information with Florida KidCare (floridakidcare.org) and they will send you a letter about how to sign up. Many families pay just \$15 or \$20 a month to cover all qualifying children in the household. Keep an eye out for a notice from Florida KidCare.

Federally Subsidized Health Programs



[Healthcare.gov](https://www.healthcare.gov) provides health insurance, including low-cost subsidized income-based plans. You can also contact their call center at 1-800-318-2596 (TTY: 1-855-889-4325). You can start your application now to obtain coverage as soon as possible. Answer "Yes" when asked if anyone has been found not eligible or had coverage terminated for Medicaid or Children's Health Insurance in the last 90 days.

Healthcare Navigators



Healthcare Navigators provide free services to individuals who need help to find the best health insurance options within the Federal Marketplace. The Florida Chief Financial Officer provides a list of Florida-registered and federally certified Navigators at myfloridacfo.com. You can contact these organizations directly at any time.



The Florida Chief Financial Officer webpage also provides a resource guide on Health Insurance and HMO Overview at myfloridacfo.com.

Federally Qualified Health Centers (FQHCs) and Look-Alikes (LALs)



FQHCs are not insurance but health care providers who provide medical care for clients with limited or no health insurance. Services are offered on a sliding scale based on income. You can locate FQHCs and LALs by State at data.hrsa.gov.

Commercial Coverage



Provides health care coverage (including employer sponsored or private) for a monthly fee, and coordinate care for clients through a defined network of physicians and hospitals. The Florida Chief Financial Officer's website provides guidance on purchasing insurance at myfloridacfo.com.

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

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Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

من إعاقة، يرجى إخبارنا. نتاح المساعة

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

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Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen ed ak lang avek lot ed ak sevis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perche non parli la lingua o hai una disabilita? Mettiti in contatto con noi. Su richiesta, e possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오.
요청 시 무료 언어 지원 또는 기타 보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jezeli masz trudnosci ze zrozumieniem j zyka angielskiego, poniewaz nie m6wisz w tym j zyku lub jestes osob6 z niepe-lnosprawnoscig, prosimy o kontakt. Bezp-latna pomoc j zykowa, a takze inne formy wsparcia sg dost pne na zyczenie. 850-300-4323

Se voce tiver dificuldade para entender ingles porque nao fala ingles ou tern uma deficiencia, informe-nos disso. Um assistente de linguagem gratuito e outros auxilios e servii;os estao disponiveis mediante solicitai;ao. 850-300-4323

Ecm'1 y sac eCTb TPYAHOCH1 C noHV!MaHV!eM aHrrrnlilcKoro fl3b1Ka, noTOMY 4TO Bbl He rosopviTe Ha HeM V!JIVI SiBJifleTeCb nvi40M C opaHV!4eHHblMVI B03MO>KHOCTS1MVI, AaliTe HaM 3HaTb. 5ecnnaTHble ycnyn fl3blKOBOiil noAAep>KKVI V!JIVI Apyas:i noMOL4b AOCTynHbl no 3anocy. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el ingles porque no sabe el idioma o porque tiene una discapacidad, haganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

[illegible]

如因不會說英文或罹患殘疾而無法理解，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。

Neu quy vi g p kh6 khan de hieu tieng Anh vi quy vi khong n6i tieng Anh hay bi khuyet t H, vui long cho chung toi biet. TRQ' giup ngon nga, mien phi hay cac dich vu va ho trQ' khac du'Q'C cung cap khi c6 yeu cau. 850-300-4323

Exhibit H

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



May 16, 2023

Case: [REDACTED]

Phone: (305) 506-3470

JENNIFER V. [REDACTED]

MIAMI FL [REDACTED]

Dear Jennifer V. [REDACTED]

The following is information about your eligibility.

Medically Needy

Your estimated share of cost has gone down from \$6213.00 to \$6042.00 per month effective June 01, 2023.

Name	Status
Jennifer V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from \$5619.00 to \$5547.00 per month effective June 01, 2023.

Name	Status
H.V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
D.C. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
J.C. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
L.V. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 07, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
A.V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible
Share of Cost	\$5646.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 07, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
A.V. [REDACTED]	Ineligible	Ineligible
A.C. [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

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For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

A.V. [REDACTED]

H.V. [REDACTED]

Jennifer V. [REDACTED]

A.C. [REDACTED]

D.C. [REDACTED]

J.C. [REDACTED]

L.V. [REDACTED]

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

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For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF-000069

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

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Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
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For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

Exhibit I

Notice of Case Action (Ref#: [REDACTED])

S Department of Children and Families, ACCESS Florida Program <donotreply.acc.test@myflfamilies.com>
To [REDACTED]

Reply Reply All Forward [REDACTED]

A new notice about your case is ready for you to review. Log in to your My ACCESS Account and follow the steps below.



Follow These Easy Steps to View Your Notice

My Notices allows you to view all of the notices that have been created for your case.

Step 1 Using a computer or device with internet access click on this link:
<http://www.myflorida.com/accessflorida/>

Step 2 In the "Access your Benefits" section click on "Login or Create Your MyACCESS Account"

Step 3 In the Returning Users section Enter your user ID & Password

Step 4 Select "Click Here" in the My Notices section

For problems accessing your My ACCESS Account call: **1-866-762-2237**

Please **DO NOT REPLY TO THIS E-MAIL**, as this mailbox is not monitored for activity.

If you no longer wish to receive email notifications and prefer a paper notice be mailed to you log in to your My ACCESS Account. Select 'click here' for 'You are currently receiving paperless notices. If you would like to receive notices by US mail'.

DCF-000257

Exhibit J

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



April 24, 2023

Case: [REDACTED]

Phone: (386) 481-9210

CHIANNE D. [REDACTED]
[REDACTED]
JACKSONVILLE FL [REDACTED]

Dear Chianne D. [REDACTED]

The following is information about your eligibility.

Food Assistance

Your Food Assistance application/review dated March 21, 2023 is **denied** for the following months:

Name	Mar, 2023	Apr, 2023	May, 2023	Jun, 2023
S.D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible

Reason: YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.31

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. If you need to complete a recertification, you have until the end of your current certification period to complete the interview without having to submit a new application. However, if your case is already denied or closed because you missed your interview, you must reapply, if your certification period has ended.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Please report if anyone in your household receives an approval of public assistance or Supplemental Security Income (SSI).

Free legal services are available at floridalawhelp.org.

Medicaid

Your Medicaid application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023	Jun, 2023
S.D. [REDACTED]	Ineligible	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible	Ineligible

Reason: YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM
YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S),

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
S.D. [REDACTED]	Ineligible
Chianne D. [REDACTED]	Enrolled
Father/Husband [REDACTED]	Ineligible
Share of Cost	\$4833.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S.D. [REDACTED]	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

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For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally

turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 21, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
S.D.	Ineligible
C.D.	Enrolled
Father/Husband	Ineligible
Share of Cost	\$4833.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

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The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month

are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 21, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
S.D. [REDACTED]	Ineligible	Ineligible
C.D. [REDACTED]	Ineligible	Ineligible
Chianne D. [REDACTED]	Ineligible	Ineligible
Father/Husband [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid for Unborn Babies:

If you are pregnant, your unborn baby was given a Medicaid Identification number and was added to Medicaid. The baby's benefits will begin when we are notified of the birth and the card is activated. You will get a notice when this happens.

You will receive a Medicaid Gold card with the unborn baby's name listed as Babyof (your name). Give a copy of the card to the hospital and any doctors or providers who will be treating your baby. You can use this card until you receive a new one with the baby's name.

Call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to report the birth of your baby as soon as possible.

Medicaid for Newborn Babies:

Your newborn baby is eligible for Medicaid starting June 01, 2023

If you received a Medicaid card for the baby before birth, you can use that card until you receive a new one. If you do not receive a new card with the baby's name within 30 days, call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 to request one.

If you want any other benefits for the baby, you will need to complete an application.

If you were in a Medicaid HMO in the month of your baby's birth and your baby had a Medicaid number before birth, your baby was assigned to your HMO when Medicaid started.

If your baby did not have a Medicaid card before birth, contact the Statewide Medicaid Managed Care Help Line toll free at 1-877-711-3662; Telecommunications device for the deaf (TDD) 1-866-467-4970 or visit the website at www.flmedicaidmanagedcare.com to learn more about healthcare and HMO options for your baby.

Name	Jun, 2023 Ongoing
S.D. [REDACTED]	Eligible
Chianne D. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not

eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

C.D. [REDACTED]

Chianne D. [REDACTED]

Father/Husband [REDACTED]

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S414.095

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.



If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

DECLARATION OF KAIT ZUMAETA

1. My name is Kait Keller Zumaeta. I serve in the position of Government Operations Consultant II in the Economic Self Sufficient (ESS) Medicaid Policy Unit for the Department of Children's and Families (DCF). In this capacity, I provide policy and technical assistance to the regional staff of the ESS program.

Reason Codes

2. "Reason codes" are numbers that correspond to common or standard reasons for actions taken by DCF, including, but not limited to, eligibility determinations.

3. DCF uses approximately 576 reason codes in relation to the Medicaid program. DCF uses approximately 86 of these reason codes to inform recipients of their ineligibility for Medicaid.

4. During the redetermination process, DCF has made a point to instruct its Processors to select the most specific reason code available.

5. Sometimes, being as specific as possible means selecting multiple reason codes.

6. Thus, reason codes are often used in combination with other reason codes.

7. DCF instructs its Processors to use more specific reason codes together with less specific reason codes.

8. Not every Medicaid recipient who is subject to redetermination and determined to be ineligible for Medicaid receives the same reason code. The reason code provided varies depending on the recipient's circumstances.

9. The following reason codes are among the 86 reason codes used by DCF to inform recipients of their ineligibility for Medicaid:

- a. 186 = "NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM."
- b. 347 = "WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM."
- c. 386 = "WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM."

10. Medicaid recipients who are subject to Medicaid redetermination may have received more information than just a reason code.

11. Sometimes, the notice that informs Medicaid recipients of DCF's determination of ineligibility (known as a Notice of Case Action), contains information about the basis of ineligibility separate and apart from the reason code.

12. For example, the May 16, 2023 notice regarding A.V. stated that her Medicaid benefits would terminate on May 31, 2023, but that she would be enrolled in the Medically Needy program effective June 2023. Ex. A, at DCF-000066, 68. While the reason code did not reference an eligibility factor, the notice explained that

“[i]ndividuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid.” *Id.* at DCF-000067. It further explained: “We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.” *Id.* at DCF-000066.


Plaintiff Specific Information: A.V.

13. A.V.’s Medicaid was not scheduled to be redetermined until February 2024.

14. The application that triggered the May 16, 2023 denial contested by A.V. was submitted through Florida Healthy Kids and did not identify A.V. as an individual requesting Medicaid.

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

Executed on October 5, 2023.



Kait Keller Zumaeta,
Government Operations Consultant II
ESS Medicaid Policy Unit
Department of Children and Families

Exhibit A

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action

State of Florida Department
of Children and Families



May 16, 2023

Case: [REDACTED]

Phone: (305) 506-3470

JENNIFER V. [REDACTED]

MIAMI FL [REDACTED]

Dear Jennifer V. [REDACTED]

The following is information about your eligibility.

Medically Needy

Your estimated share of cost has gone down from \$6213.00 to \$6042.00 per month effective June 01, 2023.

Name	Status
Jennifer V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from \$5619.00 to \$5547.00 per month effective June 01, 2023.

Name	Status
H.V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

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Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
D.C. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
J.C. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

Medically Needy

Your estimated share of cost has gone down from \$5718.00 to \$5646.00 per month effective June 01, 2023.

Name	Status
A.C. [REDACTED]	Ineligible
L.V. [REDACTED]	Enrolled

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

You must report changes in your household circumstances within 10 days. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. If you have access to a computer, you may report your changes online at the ACCESS Florida web site www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-866-762-2237, or by mail to the return address at the top of this notice.

We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid.

Medically Needy

Your application for Medically Needy dated April 07, 2023 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

Name	Jun, 2023 Ongoing
A.V. [REDACTED]	Enrolled
A.C. [REDACTED]	Ineligible
Share of Cost	\$5646.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

To learn more about how the Medically Needy Program can help you with your medical expenses, please read the attached information.

The Medically Needy program can help pay for Medicaid-covered services. Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid. A certain amount of medical bills must be incurred each month before Medicaid is approved. This is your "share of cost".

What is "Share of Cost"? Your "share of cost" is the amount of medical bills that you must have before Medicaid can pay any of your other incurred medical bills for you. Your "share of cost" works like a deductible on a health insurance policy. Your "share of cost" is based on your family's monthly income. Your "share of cost" may be "estimated" based on your statement of your family's monthly income. You must incur medical expenses equal to the amount of your "share of cost" each month before you can become eligible for Medicaid for the rest of the month.

How does it Work?

Before using any medical services, you must be sure the provider is willing to accept Medicaid as payment. Each month certain medical expenses, called "allowable medical expenses" which you owe or have paid during the month are counted toward your "share of cost". Bills paid in the prior three months may also be allowable. When your allowable medical expenses are equal to your "share of cost" you may be eligible for Medicaid for the rest of that month. The use of paid bills may result in more than one month in which your share of cost could be met. We will determine eligibility for the earliest possible month, unless you tell us you want eligibility determined for a specific month. If your "share of cost" was estimated, your family's income must be verified before Medicaid can pay any bills.

The following example is how "share of cost" works. If your "share of cost" is \$800 and you go to the hospital on May 10th and receive a bill for \$1000, you have met the "share of cost" and are Medicaid eligible from May 10th through May 31st. If the bill from May 10th is a Medicaid covered service received from a Medicaid provider, Medicaid will pay the bill. This is only an example.

What Medical Expenses Cannot Be Used To Meet your "Share of Cost"?

- Premiums for insurance policies that pay you money when you are in the hospital or when the payment is not intended to pay for medical expenses.
- First aid supplies and medicine chest supplies such as adhesive bandages, alcohol, cold remedies, etc.

What Do I Need To Do?

You need to provide proof of your medical expenses to an ACCESS Florida office. You or your Medicaid provider can do this by fax, mail, or in person.

Please include:

- the amount of the expense;
- the date the expense was incurred; and
- the date and amount of any payments that you have made for the expense

Medically Needy

Your Medically Needy application/review dated April 07, 2023 is **denied** for the following months:

Name	Apr, 2023	May, 2023
A.V. [REDACTED]	Ineligible	Ineligible
A.C. [REDACTED]	Ineligible	Ineligible

Reason: YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

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For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on May 31, 2023.

Name

A.V. [REDACTED]

H.V. [REDACTED]

Jennifer V. [REDACTED]

A.C. [REDACTED]

D.C. [REDACTED]

J.C. [REDACTED]

L.V. [REDACTED]

Reason: YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702

For Medicaid, if you complete your review and return all information we asked you to give us by the 90th day after the date listed in the sentence above, we will redetermine eligibility and you will not have to file a new application.

You can complete your review online at <http://www.myflorida.com/accessflorida/> using your My ACCESS Account. If you need to turn in paper documents, mail them to:
ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478

If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner go to www.myflfamilies.com/community-partner-list. To locate a DCF Office, go to www.myflfamilies.com/access-service-centers.

If you are unable to complete your review online, you may call our ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for assistance.

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida/. You will need your case number, [REDACTED], to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

If members of your household are not eligible for Medicaid, they may be able to get coverage from the Florida KidCare Program for children under 19 or the Federally Facilitated Marketplace (FFM). In accordance with section 1943 (b)(1)(D) of the Social Security Act, DCF is required to forward potentially eligible applications to Florida KidCare or the FFM for review. Once your information is in the possession of the FFM the State of Florida no longer has the ability to ensure its security. You do not need to submit a new application. Please check your My ACCESS Account at <http://www.myflorida.com/accessflorida/> to see if your application has been forwarded to Florida KidCare or the FFM.

For information about the Florida KidCare Program, visit the website at www.floridakidcare.org or call (888) 540-5437.

For information about the FFM, visit the website at www.healthcare.gov/marketplace or call (800) 318-2596.

If you missed your food assistance interview, it is your responsibility to contact the Department of Children and Families ACCESS Florida office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

For applications, if you completed the interview (if required) by the 30th day after the application date, you do not need to give us a new application if you give us all the verification we asked for within 60 days from the day you originally turned in your application. If you do not give us all the verification we asked for within 60 days from the day you originally turned in your application, you will have to complete a new application.

For reviews, if you completed the interview (if required) by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications.

Free legal services are available at floridalawhelp.org.

DCF-000069

DCF Services:

For information about your case, you may access your case information quickly and securely:

- through My ACCESS Account at www.myflorida.com/accessflorida,
- receive email notifications by signing up through your MyACCESS Account, or
- call the ACCESS Customer Call Center at (850) 300-4DCF (4323).

Fair Hearings: If you disagree with the decision we have made, you have the right to ask for a hearing before a state hearings officer. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into an office within 90 days from the date at the top of this notice. If you ask for a hearing before the effective date of this notice, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits if the hearing decision is not in your favor.

If you need information about free legal services, call the ACCESS Customer Call Center toll free at (850) 300-4DCF (4323) for a listing of legal services in your area or you can visit www.floridalawhelp.org.

Information on other services that may be helpful to you can be found at www.dcf.state.fl.us/programs/access/. Local community partner agencies are available to help you apply for services. To find one near you, go to www.myflorida.com/accessflorida under "Find Us". You can search by zip code or county.

Other information that may help you:

- To register or update your voter registration, you can visit www.registertovoteflorida.gov or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$59,187 in 2022? You may be eligible for an Earned Income Tax Credit up to \$6,935. For more information on where to find free tax assistance in your area call the IRS at 1-800-829-1040.
- You may be eligible to receive monthly discounts on your phone bill through Florida's Lifeline Assistance Program. Call your phone company or the Florida Public Service Commission at 1-800-342-3552 for more information.
- If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Florida Child Support Program at (850) 488-KIDS (5437).

For Florida Relay 711 or TTY services, call 1-800-955-8771.

Nondiscrimination Policy:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Department of Children and Families where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at : http://www.fns.usda.gov/snap/contact_info/hotlines.htm. To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS) write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537- 7697 (TTY). This institution is an equal opportunity provider.

If you have difficulty understanding English because you do not speak English or have a disability, please let us know. Free language assistance or other aids and services are available upon request. 850-300-4323

إذا واجهتك صعوبة في فهم اللغة الإنجليزية لأنك لا تتحدث الإنجليزية أو تعاني من إعاقة، يرجى إخبارنا. تتاح المساعدة اللغوية المجانية أو أي مساعدات وخدمات أخرى عند الطلب. 850-300-4323

Si vous avez des difficultés à comprendre l'anglais parce que vous ne parlez pas anglais ou en raison d'un handicap, veuillez nous en informer. Une assistance linguistique ou d'autres types d'aides et de services sont disponibles gratuitement sur demande. 850-300-4323

Wenn Sie Schwierigkeiten haben, Englisch zu verstehen, weil Sie die Sprache nicht kennen oder weil Sie eine Behinderung haben, lassen Sie uns dies bitte wissen. Kostenlose Sprachmittlung sowie andere Hilfsmittel und Leistungen sind auf Anfrage erhältlich. 850-300-4323

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે. 850-300-4323

Si ou gen difikilte pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

Hai problemi a capire l'inglese perché non parli la lingua o hai una disabilità? Mettiti in contatto con noi. Su richiesta, è possibile ricevere assistenza linguistica o altri servizi e tipi di supporto in maniera gratuita. 850-300-4323

영어를 할 줄 모르거나 장애 때문에 영어를 이해하기가 어려우시면 당국에 알려주십시오. 요청 시 무료 언어 지원 또는 기타보조 도구 및 서비스를 이용하실 수 있습니다. 850-300-4323

Jeżeli masz trudności ze zrozumieniem języka angielskiego, ponieważ nie mówisz w tym języku lub jesteś osobą z niepełnosprawnością, prosimy o kontakt. Bezpłatna pomoc językowa, a także inne formy wsparcia są dostępne na życzenie. 850-300-4323

Se você tiver dificuldade para entender inglês porque não fala inglês ou tem uma deficiência, informe-nos disso. Um assistente de linguagem gratuito e outros auxílios e serviços estão disponíveis mediante solicitação. 850-300-4323

Если у вас есть трудности с пониманием английского языка, потому что вы не говорите на нем или являетесь лицом с ограниченными возможностями, дайте нам знать. Бесплатные услуги языковой поддержки или другая помощь доступны по запросу. 850-300-4323

Ukoliko imate poteškoće u razumevanju engleskog jezika, bilo zbog toga što ne govorite engleski jezik ili zbog hendikepa, obavestite nas o tome. Besplatna jezička podrška i druge vrste pomoći i usluga su dostupne na zahtev. 850-300-4323

Si tiene dificultades para entender el inglés porque no sabe el idioma o porque tiene una discapacidad, háganoslo saber. Puede solicitar ayuda con el idioma u otras ayudas y servicios gratuitos. 850-300-4323

Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

หากมีปัญหากับการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ

โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

如因不會說英文或罹患殘疾而無法理解英文，請告訴我們。收到申請後，我們會提供免費語言協助或者其他協助和服務。 850-300-4323

Nếu quý vị gặp khó khăn để hiểu tiếng Anh vì quý vị không nói tiếng Anh hay bị khuyết tật, vui lòng cho chúng tôi biết. Trợ giúp ngôn ngữ miễn phí hay các dịch vụ và hỗ trợ khác được cung cấp khi có yêu cầu. 850-300-4323

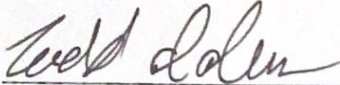
DECLARATION OF TODD PALMER

1. My name is Todd Palmer. I serve as the Operations Manager in the Economic Self Sufficiency (ESS) Call Center for the Department of Children's and Families (DCF). In this capacity, I oversee the daily operations of the three main offices for the Customer Call Center, as well as manage the data team for the Customer Call Center.

2. From April 1, 2023, through August 31, 2023, the DCF Call Center received 10,092,996 calls.

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

Executed on 09/29/2023.

 10/06/2023

Todd Palmer
Operations Manager
ESS Call Center
Department of Children and Families

Ashley Hoffman Lukis

From: Katy DeBriere <debriere@floridahealthjustice.org>
Sent: Tuesday, September 12, 2023 12:45 PM
To: Tim Moore, Jr.
Cc: Amanda Avery; Andy Bardos; Ashley Hoffman Lukis; Christopher.Torres@ahca.myflorida.com; Jane Perkins; Lynn Hearn; McGinley, Andrew; Miriam Harmatz; Miriam Heard; Sarah Grusin
Subject: Re: Chianne D. v. Weida, 3:23 cv 985 | Service of Sealed Document
Attachments: ~WRD000.jpg; image001.jpg

This message originated outside of GrayRobinson.

Thank you for the clarification, Tim.

Plaintiffs do not agree to provide unredacted versions of the notices. Defendants did not request unredacted copies of these notices when the parties agreed to the narrow document exchange in advance of class certification. Nor do we believe the unredacted notices are necessary for Defendants to respond to the Class Certification motion. Those notices are being used for the limited purpose of establishing that DCF relies on template notices that contain materially similar language to those Plaintiffs received. DCF has ample ability to probe that fact without revealing the identities of the individuals who received these particular notices. For instance, DCF has access to its own notice templates and policies governing the production of notices.

Furthermore, there has been no protective order entered in the case. Federal laws require protecting personal identifying information regarding Medicaid recipients. *See* 42 U.S.C. §1396a(a)(7)(A) (prohibiting disclosure of Medicaid applicants' and recipients' information); 42 C.F.R. § 431.300 (prohibiting disclosure of Medicaid applicants' and recipients' information); and 45 C.F.R. § 205.50 (prohibiting disclosure of information concerning applicants and recipients of public assistance generally). Thus, disclosure of the identity of these individuals in discovery could subject them to "annoyance, embarrassment, oppression, or undue burden or expense." Fed. R. Civ. Pro. 26(c).

Sincerely,

Katy DeBriere

Legal Director
Florida Health Justice Project
www.floridahealthjustice.org

(352) 496-5419
debriere@floridahealthjustice.org

On Tue, Sep 12, 2023 at 8:22 AM Tim Moore, Jr. <tim.moore@gray-robinson.com> wrote:

Thank you Katy,

You are correct, we did receive the documents in the attached email. I'm asking about exhibits 2-8, 2-9, 2-10, 2-11, 2-12, 2-13, 3-5, 3-6, 3-7, 3-8, 3-10, and 3-11. Do you have unredacted versions of those exhibits?

Tim Moore, Jr.
Shareholder

T 850.577.9090
F 850.577.3311



GrayRobinson, P.A. • 301 South Bronough Street, Suite 600, Tallahassee, Florida 32301



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From: Katy DeBriere <debriere@floridahealthjustice.org>

Sent: Tuesday, September 12, 2023 7:39 AM

To: Tim Moore, Jr. <tim.moore@gray-robinson.com>

Cc: Amanda Avery <avery@healthlaw.org>; Andy Bardos <Andy.Bardos@gray-robinson.com>; Ashley Hoffman Lukis <ashley.lukis@gray-robinson.com>; Christopher.Torres@ahca.myflorida.com; Jane Perkins <perkins@healthlaw.org>; Lynn Hearn <hearn@floridahealthjustice.org>; McGinley, Andrew <andrew.mcginley@myflfamilies.com>; Miriam Harmatz <harmatz@floridahealthjustice.org>; Miriam Heard <heard@healthlaw.org>; Sarah Grusin <grusin@healthlaw.org>

Subject: Re: Chianne D. v. Weida, 3:23 cv 985 | Service of Sealed Document

This message originated outside of GrayRobinson.

I already provided those given to the Court to the Defendants. I will reforward those now to you.

On Tue, Sep 12, 2023 at 7:26 AM Tim Moore, Jr. <tim.moore@gray-robinson.com> wrote:

Good morning Katy,

Would you please also give us unredacted versions of the exhibits filed in support of the Motion for Class Certification and Preliminary Injunction?

Tim Moore, Jr.
Shareholder

T 850.577.9090
F 850.577.3311

GrayRobinson, P.A. • [301 South Bronough Street, Suite 600, Tallahassee, Florida 32301](#)

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On Sep 6, 2023, at 11:36 AM, Katy DeBriere <debriere@floridahealthjustice.org> wrote:

This message originated outside of GrayRobinson.

Dear Counsel,

Attached please find a document filed under seal today which contains the full names of the Plaintiffs and Next Friends per the Court's order (Dkt. 26). I have also included the notice of electronic filing of the sealed document.

Thank you.

Sincerely,

Katy

Katy DeBriere

Legal Director

Florida Health Justice Project

www.floridahealthjustice.org

(352) 496-5419

debriere@floridahealthjustice.org

<Chianne D._notice under seal of plaintiffs' names.pdf>

<Electronic Case Filing _ U.S.pdf>

DECLARATION OF LAQUETTA ANDERSON

1. My name is LaQuetta Anderson. I serve as the Senior Management Analyst Supervisor for the Department of Children's and Families (DCF) Office of Information Technology (OIT). In this capacity, I serve as the liaison between OIT and the Economic Self Sufficiency Office by coordinating project requirements, project estimates, and project management activities. I also ensure vendors have all the necessary information needed to accomplish system enhancements, maintenance, and repair. I am routinely involved in testing projects, troubleshooting technical issues, and assisting with project implementations.

2. In addition to the administration of public assistance benefits, DCF provides a wide range of services to many populations, including families who are working to stay safely together, families who are working to reunite, foster care, youth and young adults transitioning from foster care to independence, and the elderly. DCF fulfills these responsibilities through a host of program, including by

- a. licensing childcare facilities to ensure a healthy and safe environment for children in childcare settings, such as day care;
- a. providing a safe living environment for children in the State's dependency system through the oversight of the State's Foster Care program;
- b. preventing further harm to vulnerable adults who are victims of abuse, neglect, exploitation or self-neglect through the operation of the Adult Protective Services Program;

- c. preventing domestic violence and supporting survivors and their families thought the Office of Domestic Violence;
- d. investigating allegations of child abuse or neglect by a caregiver; and
- e. overseeing the licensure and regulation of all substance abuse providers in the state.

3. DCF administers public assistance benefits for more than just Medicaid. For example, the Food Assistance Program helps individuals and families purchase nutritional foods needed to maintain and promote good health. The Temporary Cash Assistance program provides financial assistance to pregnant women in their third trimester and families with dependent children to assist in the payment of rent, utilities and other household expenses. The Office of Homelessness serves as a single point of contact in state government for agencies, organizations, and stakeholders, that serve the homeless population.

4. The annual appropriation for Florida Medicaid is the largest single component of the annual budget of Florida State Government. Florida Medicaid's annual budget is more than \$38 billion.

5. Compliance with the requests contained in the Plaintiffs' motion for preliminary injunction, ECF No. 3, will require extensive changes to DCF's redetermination process, including changes to multiple systems that support the Economic Self Sufficiency's eligibility determinations and communications with recipients.

6. Adding more detailed information on the notice of case action is no small task nor a quick and inexpensive endeavor. To display the more detailed information on Notices of Case Action—including the specific, individualized information relied upon—as requested by Plaintiffs, system and application changes must be developed, implemented, and tested. Some of these include modifying the information captured and stored relating to the failed Medicaid assistance groups; modifying the Eligibility Determination and Benefit Calculation to capture the new individualized reasons for a determination of ineligibility and populate the more detailed reason codes; modifying the Medicaid Rules engine—the system that governs the processing decisions; modifying the authorization process to transmit additional details to the system that generates the notice of case action; modifying the process within the notice system to populate additional details for failure and format the information in a manner compatible with printing; modifying the notice templates to add additional text and failure reason information in all termination and denial notices.

7. Making these revisions outlined in paragraph 6 above is estimated to require more than 28,000 hours. Assuming 10 full time equivalents (FTEs) worked 160 hours a week on the project, it would require nearly a year and a half to complete.

8. The existing “notice of fair hearings” language is utilized on all notices for all programs within ESS—not just Medicaid. Revising, implementing, and testing the any revision to the existing text will require over 550 FTE hours.

9. DCF has embarked on a process to modernize its communications with recipients. This process includes replacement of the eligibility and case management

system that triggers notices to recipients as well as the system that that generates the notices to recipients. The current system DCF uses to generate notices will be replaced as part of this modernization effort. Compliance with the injunction by making revisions to DCF's current eligibility and case management systems and notice system will necessarily prolong and delay DCF's ability to complete the process of replacing those systems.

10. DCF will be forced to divert resources to comply with Plaintiffs' requested injunction. The resources—both financial and personnel—required to comply with Plaintiffs' requested injunction will necessarily come at the expense of DCF's other mission-critical projects for the State's needy populations. The following pending projects emanating at both the state and federal level will be negatively impacted: Federally Funded Hub upgrade, National Accuracy Clearinghouse upgrade, Pandemic Electronic Benefit Transfer (PEBT), SNAP E&T Change (50-59), Medicare Buy-In changes, Florida Healthy Kids Poverty Level changes, and Relative Care Enhancements.

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

Executed on October 6, 2023.

LaQuetta Anderson

LaQuetta Anderson
Senior Management Analyst Supervisor
Office of Information Technology
Department of Children and Families