

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

Chianne D., et al.,

Plaintiffs,

v.

Case No. 3:23-cv-985

Jason Weida, et al.,

Defendants.

\_\_\_\_\_/

**Plaintiffs' Reply in Support of Class Certification**

Plaintiffs have a filed “a paradigmatic Rule 23(b)(2) case” in which “meaningful, valuable injunctive relief . . . is indivisible, benefitting all members of the (b)(2) Class at once,” *Berry v. Schulman*, 807 F.3d 600, 609 (4th Cir. 2015) (cleaned up). As shown below, Defendants’ arguments are without merit.

**I. Plaintiffs have standing.**

Defendants do not contest A.V.’s standing to represent Subclass A.<sup>1</sup> C.D. and Chianne have standing to represent Subclass B. They lost coverage on June 1, 2023. It is true that Chianne enrolled C.D. in CHIP coverage starting July 1 and, since filing this case, her own erroneously terminated Medicaid coverage has been reinstated. Dkt. 2-6 ¶ 25; Ex. 1, Chianne 2nd Decl. ¶ 16. However, the gap in coverage was more than a procedural injury, and it flows directly from the flawed notice. Chianne did not

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<sup>1</sup> “[O]ne named class representative [with] Article III standing to raise each class claim,” suffices. *Prado-Steiman ex rel. Prado v. Bush*, 221 F.3d 1266, 1279-80 (11th Cir. 2000). *Cordoba v. DIRECTV, Ltd. Liab. Corp.*, 942 F.3d 1259 (11th Cir. 2019), which Defendants cite for the proposition that every class member must demonstrate standing is inapposite, as it concerns Fed. R. Civ. P. 23(b)(3).

understand the notice, including how to maintain coverage. Dkt. 2-6 ¶¶ 10-16, 18. Proper notice would have enabled her to determine whether C.D. was eligible for Medicaid or CHIP and take steps to preserve uninterrupted coverage—either by requesting a pre-termination appeal of the Medicaid denial notice or by ensuring a smooth transfer to CHIP. *See Mullane v. Cent. Hanover Bank & Tr. Co.*, 339 U.S. 306, 314 (1950) (notice must enable enrollee to “choose for himself whether to appear or default, acquiesce or contest.”); *Kimble v. Solomon*, 599 F.2d 599, 604 (4th Cir. 1979) (notice must enable individual to adequately plan for loss of coverage). Without adequate notice, Chianne was swept up in a prolonged, confusing effort to try to figure out what to do. Calls to the DCF call center on May 30 and 31, when she could have filed an appeal and maintained C.D.’s coverage, provided no additional clarity. Call center agents gave conflicting information about C.D.’s eligibility, Dkt. 38-1 at 30, and parroted generic language from the notices that her income was “too high.” Dkt. 38-1 at 24, 34, 38. When Chianne asked for the income standard, the agent said they were “not qualified to answer that question.” *Id.* at 38. Neither agent mentioned an appeal, and one agent improperly advised her to “reapply.” *Id.* at 23.

As a result of the delay, Chianne’s Medicaid appeal was filed too late to preserve C.D.’s Medicaid coverage,<sup>2</sup> and CHIP coverage did not start until July. Chianne spent

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<sup>2</sup> Plaintiffs acknowledge that the facts about Chianne’s appeal were mistakenly omitted from the initial pleadings by Plaintiffs’ counsel and counsel apologize for this omission. They also assure this Court that the statement included in the complaint that “[i]f Chianne had understood the status of C.D.’s Medicaid eligibility and that C.D. would retain Medicaid coverage pending the appeal, she would have submitted an appeal on C.D.’s behalf” is accurate. Defendant’s quote of this paragraph, Dkt. 38. at 7, omits the fundamental distinction between a pre-termination appeal with continued benefits and a post-termination appeal without. *See also* Ex. 1, 2nd Chianne Decl. ¶ 8.

June juggling numerous responsibilities to care for C.D., who could not attend her usual medical daycare and had to visit the emergency room to get treatment for a persistent cough. As a result, Chianne incurred medical bills and medical debt during the month of June. Dkt. 2-6 ¶¶ 20-24. Once Chianne confirmed C.D.’s CHIP coverage would begin in July, she withdrew the Medicaid appeal because, at that point, she did not believe a hearing could offer any relief. Ex. 1, Chianne 2nd Decl. ¶ 11. Critically, Chianne still had no notice and no idea she could challenge her own loss of postpartum coverage. *Id.*; Dkt. 2-6 ¶¶ 29-30. A ruling from this court that the notice was inadequate and interfered with Chianne’s ability to exercise her hearing rights would enable Chianne to use existing DCF procedures to seek reimbursement for C.D.’s June bills, redressing the injuries they still suffer, and ensure that when Chianne’s postpartum coverage ends in February 2024, she will receive adequate pre-termination notice.

Defendants also challenge C.D.’s standing because she is not currently Medicaid eligible. The Eleventh Circuit rejected this argument in *Turner v. Ledbetter*. “[b]ecause the state did not terminate the recipients in accordance with federal notice requirements, the recipients’ entitlement to aid was not affected,” even where those individuals were no longer eligible. 906 F.2d 606, 609 (11th Cir. 1990). Moreover, C.D. is entitled to have services “reinstate[d] and continue[d]” where the required notice was not provided. 42 C.F.R. § 431.231(c). Defendants’ position “would frustrate the federal regulations by allowing the state to violate the . . . requirement of adequate notice, and at the same time claim to have legally terminated [Medicaid] recipients.” *Turner*, 906 F.2d at 609. Thus, C.D. remains entitled to Medicaid.

## II. The evidence establishes numerosity of Subclass A.

Focusing solely on numerical evidence, Defendants contest the numerosity of Subclass A. But, Plaintiffs “need not show the precise number of members in the class.” *Evans v. U.S. Pipe & Foundry*, 696 F.2d 925, 930 (11th Cir. 1983). The question is whether joinder of all class members would be impracticable in view of their number and other relevant factors. *Phillips v. Joint Legis. Comm.*, 637 F.2d 1014, 1022 (5th Cir. Unit A Feb. 1981). These other factors, which Defendants ignore, make joinder of individuals in Subclass A “extremely difficult or inconvenient,” *Leszczynski v. Allianz Ins.*, 176 F.R.D. 659, 669 (S.D. Fla. 1997): geographic diversity, judicial economy, and the impossibility of joining future, unknown class members. *See* Dkt. 2 at 13.

Moreover, the numerical evidence in the record supports numerosity. It is undisputed that DCF continues to use the same list of pre-pandemic reason codes and that, prior to the pandemic, codes falling within Subclass A’s definition were used millions of times. *Id.* at 12-13. Plaintiffs have presented post-pandemic notices that show that these reason codes are still used in isolation. *See* Dkt. 3 at 19-20 (citing Exs. 5, 8, 10-13). Taken together, “one can reasonably infer that the number of these individuals across the entire state is not insignificant.” *Meza v. Marstiller*, No. 3:22-cv-783, 2023 WL 2648180, \*9 (M.D. Fla. Mar. 27, 2023). Defendants offer no data in rebuttal—though that data is available to them. In fact, in their preliminary injunction response, Defendants acknowledge that relief would require undoing “millions” of actions, Dkt. 39. at 15, implying the scope of the Subclasses far exceeds 40 people.

### **III. Varied responses to Defendants’ notices do not defeat commonality.**

#### **A. Defendants conflate 23(b)(3) and 23(b)(2) requirements.**

Defendants rely on Rule 23(b)(3) cases, but those classes are subject to a more stringent standard for establishing commonality than 23(b)(2) classes. “Because these rules establish different threshold certification requirements and different procedural safeguards. . . it is important that courts insist on the proper treatment of different types of classes.” *AA Suncoast Chiropractic Clinic, P.A. v. Progressive Am. Ins. Co.*, 938 F.3d 1170, 1174 (11th Cir. 2019).<sup>3</sup> A (b)(2) class “does not require that all the questions of law and fact raised by the dispute be common, or that the common questions of law or fact ‘predominate.’” *Vega*, 564 F.3d at 1268. “[A]ll that is required is the identification of one common question.” *Meza*, 2023 WL 2648180, at \*9.

#### **B. Defendants’ notices rely on standardized language, raising common legal and factual questions.**

Defendants contend that the whole notice is relevant to Plaintiffs’ claims. Dkt. 38 at 15. Plaintiffs agree, and in their initial motion analyzed the notices as a whole, flagging uniform omissions: no description of what facts DCF relied on and no description of the standard or criteria against which eligibility is measured. Dkt. 2 at 7, 16. Plaintiffs also challenge the fair hearing paragraph included in every notice. *Id.* at 7-8, 17. Defendants do not contest the uniformity of these aspects of the notices.

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<sup>3</sup> Each case Defendants cite concerned a 23(b)(3) class and applied the predominance standard. *See Pop’s Pancakes, Inc. v. NUCO2*, 251 F.R.D. 677; *O’Neil v. The Home Depot U.S.A., Inc* 243 F.R.D. 469 (S.D. Fla. 2006); *Marko v. Benjamin & Brothers, LLC*, No. 6:17-cv-001725, 2018 WL 3650117 (M.D. Fla. May 11, 2018) (Kelly, Mag.). In *Marko*, the plaintiffs included a request for a (b)(2) class, but the court’s decision did not acknowledge the (b)(2) standard and applied the predominance test.

These commonalities are more than enough to generate a single common question.

Defendants suggest dissimilarities among Subclass A's notices by pointing to language referencing income in A.V.'s notice. First, this reference does not cure the common omissions identified above. Second, this language does not clarify the eligibility factor used to find A.V. ineligible. According to Defendants, the language indicates that A.V.'s "Medicaid benefits would terminate, but also that she would be enrolled in the Medically Needy program" starting in June. But the language they cite refers to "your" income, and the placement on the page is confusing about who "your" is: the language appears underneath a section describing eligibility of other household members (A.C. and L.V.). *See* Dkt. 2-5 at 9. Two pages later, the notice indicates that A.V. is *ineligible* for Medically Needy for the two preceding months. *Id.* at 11. As the families' income had not meaningfully changed in that time, they might reasonably infer that A.V.'s change in eligibility was based on something else particularly because the only "Reason[s]" supplied underneath A.V.'s name are that "YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM," and "YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP." *Id.* at 11-12. This notice hardly makes clear A.V. is ineligible, let alone why.

And practically speaking, the notices draw attention to the reason codes, which appear in all capital letters after the word "Reason." Individuals in Subclass A, whose reason codes identify no factor at all, share additional common questions of fact about the effect of that particular omission, even when looking at the notice as a whole.

Defendants also point to variations in the reason codes covered by Subclass A. But by definition, each of those reason codes shares the same feature: they fail to identify an eligibility factor DCF used to make its decision. They are thus materially similar for purposes of commonality. *See, e.g., Bennett v. Boyd Biloxi, LLC*, No. CV 14-0330, 2016 WL 2743527, at \*2 (S.D. Ala. May 11, 2016) (finding commonality where telephone communications contained “the same or materially similar language.”); *H & T Fair Hills, Ltd. v. All. Pipeline L.P.*, 2021 WL 2526737, at \*6 (D. Minn. June 21, 2021) (finding commonality where contract language was not uniform but was “materially similar”). The reason codes Defendants cite on page 16 are not encompassed by Subclass A—each identifies some eligibility factor used in the decision: child support cooperation, whether the enrollee is alive, or whether an enrollee requested that coverage end.<sup>4</sup>

**C. Defendants’ standardized practice satisfies commonality,  
notwithstanding individual factual variations.**

The consistency of Defendants’ notices—and the one-stroke injunctive relief Plaintiffs seek—is what holds the classes together. Defendants urge, however, that factual differences that occur before or after the receipt of the challenged notice overcome commonality. Were that so, classes challenging notices would be rare. But they are not. *See* Dkt. 2 at 14-15. That is because notice claims turn on whether *Defendants’* policies and practices for generating notice are adequate as a whole, not on

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<sup>4</sup> Should the Court desire further clarity, the definition of Subclass A could be modified to include these three items in the list of eligibility factors.

class members' individual or subjective responses. *See Lightfoot v. D.C.*, 246 F.R.D. 326, 337 (D.D.C. 2007) ("Plaintiffs do not need to demonstrate that particular individuals were deprived due process but rather that, as applied to the class as a whole, the [Defendant] did not afford adequate due process"). The Court need not consider individual class members' subjective understanding of or response to the notice.<sup>5</sup> Nor does the Court have to address whether each class member remains eligible. *See Fuentes v. Shevin*, 407 U.S. 67, 87 (1972) ("The right to be heard does not depend upon an advance showing that one will surely prevail at the hearing."); *Kapps v Wing*, 404 F.3d 105, 116-117 (2nd Cir. 2005) ("in cases involving the termination of benefits, federal courts do not ask whether the plaintiffs are . . . no longer eligible. Instead, the focus . . . is on the adequacy of the procedures used to make that determination").

Thus, the common questions in this case focus on Defendants' policies and procedures governing the notices, *e.g.*: Do the notice templates have placeholders for the information required by the due process clause and Medicaid regulations? What administrative burden would DCF face in adding specificity to the notices? Are the notices reasonably calculated to inform the intended recipients?

Factual variations in what happens *after* the final notice is sent, or in how the notice impacts other class members, likewise, do not erase the common questions. *See Warth v. Seldin*, 422 U.S. 490, 502 (1975) (Plaintiffs do not need to show "that injury

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<sup>5</sup> Defendants rely on *Jordan v. Benefits Rev. Bd. of U.S. Dep't of Lab.*, which confirms: "The question is not whether a particular individual failed to understand the notice but whether the notice is reasonably calculated to apprise intended recipients, as a whole, of their rights." 876 F.2d 1455, 1459 (11th Cir. 1989).



has been suffered by other, unidentified members of the class...”). Indeed, this Court recently rejected a similar argument in *Meza*, explaining that “[w]hile the ramifications resulting from the lack of coverage . . . may differ among class members, given that Plaintiffs do not seek damages in this action, these factual differences do not preclude certification of the class.” 2023 WL 2648180, at \*10. *See also Hernandez v. Medows*, 209 F.R.D. 665, 671 (S.D. Fla. 2002) (finding commonality despite fact that, following the denial without notice, “different factual scenarios occur: some recipients eventually receive the drug after a period of delay, and some receive a generic or other substitute; some recipients receive no medication.”).<sup>6</sup> Commonality is satisfied here.

#### **IV. Plaintiffs’ claims are typical of the class.**

Defendants’ arguments on typicality reiterate their commonality arguments. Plaintiffs’ claims are typical of the class because they received the same notice language. *See J.M. by & through Lewis v. Crittenden*, 337 F.R.D. 434, 450 (N.D. Ga. 2019) (typicality met based on form notice though one named plaintiff experienced no coverage gap). And as with commonality, typicality “may be satisfied despite substantial factual differences . . . when there is a ‘strong similarity of legal theories.’” *Murray v. Auslander*, 244 F.3d 807, 811 (11th Cir. 2001). Nor should the Court accept Defendants’ complaints about their inability to investigate the claims of other class

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<sup>6</sup> As explained more fully in Plaintiffs’ Preliminary Injunction Reply, whether individuals receive other communications prior to the final decision is not relevant because those other communications do not purport to say anything about DCF’s final eligibility decision. That said, if Defendants contend they have a policy to issue multiple notices communicating DCF’s final eligibility decision, whether that policy in fact exists would be an additional factual question common to each subclass. *See Lightfoot*, 246 F.R.D. at 337 (“The issues to be resolved . . . are what policies and practices the District actually applied . . . and whether those policies and practices are sufficient under *Mathews v. Eldridge*.”).

members. Notably, Defendants had Kimber Taylor's information but make no mention of her.

**V. The class definition is clear.**

Defendants assert that the class definition is unclear. But whether the notice contains a reason code or not and which reason code it contains are "objective facts capable of determination." *Meza*, 2023 WL 2648180, at \*7. The definition of eligibility factors within Subclass A clarifies which reason codes are or are not encompassed by the definition. And, as to Subclass B, whether a reason code mentions "income" or not, is straightforward. That said, for clarity, Plaintiffs have attached as an exhibit a list of reason codes they believe are captured by the class definitions.<sup>7</sup> See Ex. 2.

Dated: October 16, 2023

Respectfully submitted,

By: /s/ Sarah Grusin

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<sup>7</sup> Plaintiffs chose not include the exact language of the reason codes in the class definition to protect against the possibility of post-filing changes that might arguably remove individuals from the class. without resolving the underlying dispute—*e.g.*, swapping "income is too high" for "over income" or "make too much money."

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**Index of Exhibits to  
Plaintiffs' Reply in Support of Class Certification**

<b>Exhibit Number</b>	<b>Title of Exhibit</b>
1	Second Declaration of Chianne D.
2	Highlighted List of Reason Codes

## SECOND DECLARATION OF CHIANNE D.

I, Chianne D., hereby declare under the pains and penalties of perjury that the following is true and correct and based on personal knowledge.

1. I am a Plaintiff in the case of *Chianne D., et al. v. Weida, et al.*, Case No. 3:23-cv-00985-MMH-LLL (M.D. Fla., Aug. 22, 2023). I submitted a declaration in this case dated August 19, 2023.

2. We still cannot afford to pay the medical bills from June 2023 when C.D. didn't have any health coverage. I believe the bills have gone into collections which is an overwhelming thought.

3. I have reviewed the declaration of William Roberts, and the attachments, including transcripts of some of my calls with the Department of Children and Families (DCF).

4. I don't specifically remember seeing the February 27, 2023 notice attached to Mr. Roberts declaration at Doc. 38-1, Ex. A. Looking at it now, it is confusing. And it doesn't say anything about the eligibility status of my daughter, C.D. She is not listed on the notice at all.

5. I don't believe that the attachments to Mr. Roberts' declaration include all of the phone calls I made during this time period. Before the first call Mr. Roberts included, I had already spoken with another lady who said a "tier three" representative would be able to edit something in the system if there is an

error. The first transcript Mr. Roberts attached is when I called back because I didn't hear back from the tier three representative. (Doc. 38-31, pp. 22, 3:12-14, 24, 5:2-5).

6. I remember that during my calls with DCF, representatives gave me conflicting information. I believe there are other earlier calls between me and DCF where a DCF representative told me my daughter was enrolled through 2024. I referenced that statement on later calls with DCF, when I said "So my account is reflecting something different than what other agents have been telling me;" "...when I talk to other agents, they're like, 'No. In our system it shows you're still active until 2024.' " (Doc. 38-41, Ex. D-2, 3:2-3:10). I also tried to explain on one call that "...your agents have been telling me for weeks to disregard any message because we were fine and still covered." (Doc. 38-1, D-3, 21:8-21:10).

7. I see now from the transcripts that the call described in my August 19<sup>th</sup> declaration—where the DCF agent was unable to answer my questions—took place on June 1<sup>st</sup>, not May 30<sup>th</sup>. Before reading the transcripts, I had conflated several of my calls to DCF. I was transferred or told I would be called back several times during these calls which makes the calls run together in my mind.

8. I do remember that when I read the April 24th notice, I did not understand that I had the right to request a hearing to appeal the termination. And I definitely did not understand that Medicaid for me and my daughter could continue



at least through the outcome of the hearing if I filed an appeal before our Medicaid was terminated. If I had known to request this before our coverage ended, I would have.

9. I didn't submit any paperwork to request an appeal. I think the call center representative submitted a request for me after the June 1<sup>st</sup> call.

10. I did get an acknowledgement of the appeal and the date for a hearing. I knew that the date wouldn't work for me, though, because I was scheduled to start a new job. I also wanted to resolve any mistakes as quickly as possible. That is why I asked for an earlier hearing date.

11. I withdrew the appeal after my daughter was enrolled in KidCare. At the time I dismissed the appeal, I couldn't identify any mistakes. I had no idea I may still be eligible for postpartum Medicaid. Even after all of my struggles with DCF, they never said anything about my potential Medicaid eligibility as a postpartum mother.

12. Mr. Roberts' declaration includes a second call transcript dated June 1, 2023. (Doc. 38-1, Ex. D-5). Mr. Roberts suggests that this was a call between me and DCF. (Doc. 38-1, ¶10). That is not correct. Joni Hughes, at C.D.'s medical daycare, referred me to a man named Jarvis at the Player's Center for Child Health who she said has been known to help people get back on Medicaid.

13. My understanding is that Jarvis's entire job is to assist families like me with Medicaid applications. I first spoke with Jarvis on June 1, 2023. I signed a document allowing him to call DCF on my behalf to figure out what was going on. He also had my ACCESS login information, but he told me he could not determine whether there was a mistake about C.D.'s eligibility by looking at the information in ACCESS, including our notices. The fifth transcript reflects the call between him and a DCF agent. I was not on that call.

14. When I found out C.D. and I were losing coverage, I also tried checking my ACCESS account to figure out what was happening. What I remember is that the information in ACCESS did not align with my initial phone calls with the DCF call center about C.D.'s eligibility. A redacted screenshot of a portion of my ACCESS account is attached to my declaration as Exhibit A.

15. As far as I know, my ACCESS account does not provide any information about the income DCF used to determine we were ineligible (other than looking at the applications and renewals I submitted) or what the income limit is for a family our size. And I don't think there's any way to see in my ACCESS account any information about what other potential categories of Medicaid eligibility exist and the eligibility criteria for those categories. I didn't see anything in my ACCESS account about postpartum coverage. What I can see from my ACCESS account is notices that date back to 2020, some of the applications and

renewals I sent to DCF for Medicaid and food assistance, and a history of the family's eligibility.

16. After this lawsuit was filed, DCF reinstated my Medicaid.

17. S.D. was born in February 2023. Now that I know about continuous coverage for postpartum moms and babies, S.D. and I think we should be eligible for full Medicaid until February 2024. It is my understanding we will have our eligibility redetermined at that time.

Oct 16, 2023  
Date: \_\_\_\_\_

  
Chianne D. [redacted] (Oct 16, 2023 10:05 EDT)


Chianne D., Declarant



# Exhibit A

access florida login - Search x Individual Medicaid Eligibility Hi: x

https://dcf-access.dcf.state.fl.us/access/benefitHistory.do?seqKey=UmhZeXIUSzNqWFE9&performAction=init&benefitType=MA&showMensaje=true&sastab=bca7cacb-2130-4f0b-8df1-0bb8099307bb

 **ACCESS Florida** [English | Español | Kreyòl](#)  
[Click here for Help](#)

Hello CHIANNE, You are logged in.

[Manage My Account](#) [Logout](#) [Print](#)

[Back to Benefit Summary](#) [Report My Changes](#) [Apply for Additional Benefits](#) [Case Closure](#)

**My Benefits** **My Applications**

**Individual Medicaid Eligibility History**

**Case Information**

**Case Number** [REDACTED] **Head of the Household** CHIANNE [REDACTED]

**Individual Medical Assistance Amount History**

Medical Assistance Benefit Amount History for CHIANNE F. D. [REDACTED]

Coverage Begin Date	Coverage End Date	Status	Coverage Type	Share of Cost	Patient Responsibility	Information
08/01/2023	08/31/2023	ENROLLED	MEDICALLY_NEEDY	4418	0	<a href="#">click here</a>
07/01/2023	07/31/2023	ENROLLED	MEDICALLY_NEEDY	4833	0	<a href="#">click here</a>
06/28/2023	06/30/2023	OPEN	MEDICALLY_NEEDY	0	0	<a href="#">click here</a>
06/01/2023	06/27/2023	ENROLLED	MEDICALLY_NEEDY	4833	0	<a href="#">click here</a>
05/31/2023	05/31/2023	CLOSED	MEDICAID	0	0	<a href="#">click here</a>
04/01/2023	05/31/2023	OPEN	MEDICAID	0	0	<a href="#">click here</a>
08/01/2022	03/31/2023	OPEN	MEDICAID	0	0	<a href="#">click here</a>

[Back to Benefit Details](#)



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## My Benefits

## My Applications

### My Information

#### Case Information

Case Number

Head of the Household

CHIANNE

#### Current Contact Information

The following information is for CHIANNE F. D.

Living Address

JACKSONVILLE FL

Telephone

Cell Phone

#### Medicaid Status

Coverage Begin Date	Coverage End Date	Status	Status Details	Coverage Type	Share of Cost	Patient Responsibility
05/31/2023	05/31/2023	CLOSED	CLOSED	MEDICAID	0	0

#### Explanation of Case Action

YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM

[Back to Benefit Details](#)





ACCESS Florida

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[Click here for Help](#)

Hello CHIANNE, You are logged in.

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[Back to Benefit Summary](#)
[Report My Changes](#)
[Apply for Additional Benefits](#)
[Case Closure](#)

My Benefits

My Applications

## My Information

## Case Information

Case Number

Head of the Household

CHIANNE

## Current Contact Information

The following information is for CHIANNE F. D.

Living Address

JACKSONVILLE, FL

Telephone

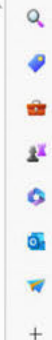
Cell Phone

## Medicaid Status

Coverage Begin Date	Coverage End Date	Status	Status Details	Coverage Type	Share of Cost	Patient Responsibility
08/01/2023	08/31/2023	ENROLLED	ENROLLED	MEDICALLY_NEEDY	4418	0

## Explanation of Case Action

ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST  
Account Transfer to Federally Facilitated Marketplace

[Back to Benefit Details](#)

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**Exhibit Two to Plaintiffs' Reply in Support of Class Certification**

1. The attached exhibit is a duplicate of Exhibit 4 to Plaintiffs' Motion for Class Certification, Dkt. 2-4, and Exhibit 9 to Plaintiffs Motion for a Classwide Preliminary Injunction, Dkt. 3-9, with the addition of highlighting added by Plaintiffs' counsel.

2. Reason codes highlighted with yellow are those falling within Subclass A because they "do not identify the eligibility factor(s) Defendants relied on to determine the individual is ineligible for Medicaid." Dkt. 2 at 1.

3. Reason codes highlighted with green are those falling within Subclass B because they state "the individual or household is over income for Medicaid eligibility but do[] not identify the household income used in the eligibility determination or the applicable income standard." Dkt. 2 at 1-2.

By: /s/ Sarah Grusin

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## Reason Codes used in APPL and CLOS between February 2017 and January 2019

Reason Code	Description	Total
001	AUTOMATIC REDETERMINATION OF ELIGIBILITY	48
010	COST OF LIVING ADJUSTMENT FOR SSI/SSA	32
012	STATEWIDE FOOD STAMP INCREASE	82
013	STATEWIDE INCOME DEDUCTION INCREASE	20
014	RECOUPMENT TO REPAY OVERPAYMENT HAS STARTED OR STOPPED	1
015	DUE TO A CHANGE IN SUPPLEMENTAL SECURITY INCOME (SSI) BENEFIT	1
016	DUE TO A CHANGE IN SOCIAL SECURITY ADMINISTRATION (SSA) BENEFIT	2
018	CHANGE IN FOOD STAMP BENEFITS	9
020	REENROLLED ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	129
021	REOPEN ELIGIBLE ASSISTANCE GROUP IN THE MEDICALLY NEEDY PROGRAM	11
025	APPROVED FOR EMERGENCY BENEFITS FOR HURRICANE KATRINA EVACUEES	1
038	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	2
039	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	18
040	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	15,697,085
041	YOUR HOUSEHOLD IS ELIGIBLE FOR EXPEDITED FOOD STAMPS	4,801
042	ASSISTANCE GROUP IS ELIGIBLE FOR EXPEDITED FOOD STAMPS VERIFICATION IS STILL NEEDED	465,434
043	NEWBORN IS PRESUMPTIVELY ELIGIBLE FOR MEDICAID	52,885
044	ELIGIBLE FOR TWELVE-MONTH PERIOD OF TRANSITIONAL MEDICAID	407,912
045	ELIGIBLE FOR SECOND SIX-MTH PERIOD OF TRANSITIONAL MEDICAID	435
046	ELIGIBLE FOR FOUR MONTHS OF EXTENDED MEDICAID	1,345
047	YOU ARE APPROVED FOR MEDICAID THROUGH THE TICKET TO WORK PROGRAM	4
048	ALL ASSISTANCE GROUP MEMBERS RECEIVE TEMPORARY CASH ASSISTANCE OR SUPPLEMENTAL SECURITY INCOME (SSI)	5
049	SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINED MEDICAID ELIGIBILITY	148
050	ENROLLED IN MEDICALLY NEEDY WITH A SHARE OF COST	1,609,800
051	MONTHLY SHARE OF COST HAS BEEN MET	4,473
052	DECREASE IN INCOME RESULTS IN LOWER SHARE OF COST	252
053	A DECREASE IN YOUR INCOME RESULTS IN A LOWER PATIENT RESPONSIBILITY	11
054	ENROLLED IN MEDICALLY NEEDY WITH AN ESTIMATED SHARE OF COST	183,635
057	RELOCATION ASSISTANCE APPROVED	65
060	CHANGE IN SHELTER AND/OR UTILITY COSTS	7,586
061	NEW OR INCREASED DEPENDENT CARE COSTS	226
062	INCREASE DUE TO NEW OR INCREASED EDUCATIONAL EXPENSES	19
063	INCREASE DUE TO NEW OR INCREASED MEDICAL EXPENSES	187
064	INCREASED CASH ASSISTANCE DUE TO A CHANGE IN SHELTER OBLIGATION	6
065	ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET	18
070	POLICY CHANGE REGARDING THE TREATMENT OF ASSETS	173
080	POLICY CHANGE REGARDING THE TREATMENT OF INCOME	27
081	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE FIRST MONTH OF ENTRY INTO THE FACILITY	1,830
082	YOU MAY KEEP YOUR INCOME TO PAY YOUR FOOD OR SHELTER EXPENSES AT HOME THE MONTH OF YOUR DISCHARGE FROM FACILITY	3,495
090	SOMEONE WITH INCOME LEFT THE ASSISTANCE GROUP	708
091	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	80
092	PERSON(S) ADDED TO THE ASSISTANCE GROUP	8,628
093	YOU HAVE VERIFIED YOUR PREGNANCY	8,425
094	YOU HAVE BEEN PLACED IN A CERTIFIED MEDICAID FACILITY	2,560
095	YOUR BENEFITS WILL REMAIN THE SAME	1,786,818
096	YOU HAVE REQUESTED A HEARING	167
097	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	253
098	THE ASSISTANCE GROUP IS IN A NEW CASE - NO NOTICE GENERATED	77
099	THE ASSISTANCE GROUP HAS MOVED	17,038
100	THE PRIMARY INFORMATION PERSON HAS MOVED FROM YOUR HOUSEHOLD	513
110	DECREASE/LOSS OF EARNED INCOME	14,442
111	THERE IS AN INCREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	10
120	THERE IS A DECREASE OR LOSS OF UNEARNED INCOME	3,331
121	THE WORK AND TRAINING ALLOWANCE HAS BEEN REMOVED	1
122	YOUR TEMPORARY CASH ASSISTANCE HAS ENDED	62
125	PROVISIONAL MEDICAID APPROVED	2,957
140	THERE IS AN INCREASE IN MONTHLY MEDICAL COSTS	905
141	MEDICAL SERVICES SHOULD BE BILLED UNDER PIN #	5
142	MEDICAL SERVICES SHOULD BE BILLED UNDER SSI #	2
143	INDIVIDUALS NOW RECEIVING BENEFITS IN THIS CASE	1,080
144	THIS MEDICAID APPROVAL IS BASED ON YOUR KIDCARE APPLICATION	488
145	A MEDICAID NUMBER HAS BEEN ASSIGNED TO YOUR UNBORN BABY	185,073
146	YOU ARE APPROVED FOR A SPECIAL MEDICAID GROUP FOR BREAST & CERVICAL CANCER TREATMENT	1,811
147	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN APPROVED	11,762
148	YOUR CASH ASSISTANCE PAYMENT HAS INCREASED DUE TO CHILD(REN)'S RELATIVE CAREGIVER PAYMENT APPROVAL	1,791
149	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS UNSUCCESSFUL	11
150	YOUR CLAIM OF UNDUE HARDSHIP IS DENIED	1
151	YOUR TRANSFER OF ASSETS OR INCOME REBUTTAL IS SUCCESSFUL	20
152	YOUR CLAIM OF UNDUE HARDSHIP IS APPROVED	1
154	INELIGIBLE FOR LONG TERM CARE MEDICAID	53
155	ELIGIBLE FOR MEDICAID SERVICES OTHER THAN LONG TERM CARE	5

161	YOUR TIME LIMITS FOR THIS PROGRAM HAVE ENDED.	4,555
162	YOUR HARDSHIP EXTENSIONS HAVE ENDED	24
164	YOU CHOSE THE SEVERANCE BENEFIT INSTEAD OF TEMPORARY CASH	89
165	CALL ABOUT THE \$1000 SEVERANCE BENEFIT	2
166	REPAYMENT OF SEVERANCE BENEFIT IS MORE THAN CASH AMOUNT	2
167	TEMPORARY CASH REDUCED TO REPAY SEVERANCE BENEFIT	2
168	SEVERANCE BENEFIT HAS BEEN DENIED	34
169	YOU ARE NOT A RESIDENT OF FLORIDA	20,613
170	YOU ARE NOT AGE 65 OR OLDER	3,039
171	YOU HAVE INCOME BELOW 88 PERCENT OF THE FEDERAL POVERTY LEVEL	8
172	YOU HAVE INCOME GREATER THAN 120 PERCENT OF THE FEDERAL POVERTY LEVEL	36
173	YOU ARE NOT ELIGIBLE FOR MEDICARE	2,377
174	YOU ARE ENROLLED IN A MEDICARE HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES A PHARMACY BENEFIT	126
175	YOU REQUESTED NOT TO BE ENROLLED	104
176	YOU ALREADY RECEIVED DISASTER FOOD STAMPS FOR SEPTEMBER	26
177	YOU ALREADY RECEIVED REGULAR FOOD STAMPS FOR SEPTEMBER	8
178	FINANCIAL CONSENT NOT RECEIVED FOR REQUIRED INDIVIDUAL(S)	67,718
179	FINANCIAL CONSENT WAS REVOKED	8,674
180	INTENTIONAL PROGRAM VIOLATION - FIRST OFFENSE	377
181	INTENTIONAL PROGRAM VIOLATION - SECOND OFFENSE	40
182	INTENTIONAL PROGRAM VIOLATION - THIRD OFFENSE	26
183	YOU REMAIN INELIGIBLE DUE TO INTENTIONAL PROGRAM VIOLATION	179
184	THE NON-CUSTODIAL PARENT HAS DELINQUENT CHILD SUPPORT PAYMENT(S)	17
185	DID NOT COMPLETE UP-FRONT CHILD SUPPORT COOPERATION	34,387
186	NOT ELIGIBLE BECAUSE CHILD SUPPORT ENFORCEMENT HAS REPORTED YOU FAILED TO COOPERATE WITH THEM	331,990
187	MONTHLY BENEFITS HAVE BEEN REDUCED TO REPAY OVERPAYMENT	77
188	NOT ELIGIBLE BECAUSE OF FAILURE TO COMPLY WITH WORK REQUIREMENTS	24,423
189	ESTABLISHING CLOSED AG FOR BENEFIT RECOVERY REFERRAL	22
190	RESTORATION OF FOOD STAMP BENEFITS COMPLETE	12
191	INCREASE IN CASH BENEFIT BECAUSE RECOUPMENT STOPPED	9
192	FAIL -FINANCIAL CONSENT WAS REVOKED	24
199	INELIGIBILITY DUE TO VALUE OF UNDISCLOSED ASSETS	11,156
201	NO CHILD SUPPORT DISREGARD	65
204	YOUR MEDICALLY NEEDY ENROLLMENT HAS ENDED FOR THIS PERIOD	1,036
210	SEVERANCE BENEFIT APPROVED INSTEAD OF TEMPORARY CASH	386
215	DUE TO A CHANGE IN SUPPLEMENTAL SECURITY INCOME (SSI)	1
218	CHANGE IN FOOD STAMP BENEFITS	2,342
219	CHANGE IN SUNCAP FOOD STAMP BENEFITS	27
220	FAILURE TO COMPLY WITH PERIODIC REPORTING REQUIREMENTS	119
221	FAILURE TO SUBMIT YOUR COMPLETED PERIODIC REPORTING FORM	5
227	WE REVIEWED YOUR CASE, YOU ARE STILL ELIGIBLE FOR MEDICAID, BUT IN A DIFFERENT MEDICAID COVERAGE TYPE	890,797
240	INCOME IS MORE THAN THE 200% GROSS INCOME STANDARD	175,191
241	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	1,081,810
242	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	40,320
243	STATE COLLECTED CHILD SUPPORT IS MORE THAN THE INCOME STANDARD	24
244	INCOME IS MORE THAN THE 130% GROSS INCOME STANDARD	15,746
245	MINIMUM TEMPORARY CASH ASSISTANCE BENEFIT IS \$10	1,823
246	THE ELDERLY DISABLED TEST INCOME IS GREATER THAN 165%	260
247	SEPARATE ASSISTANCE GROUPS GET MORE FOOD STAMPS	332
248	YOUR FOOD AND/OR CASH ASSISTANCE CERTIFICATION PERIOD IS ENDING	3,116,567
249	YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM	1,598,529
250	REFUGEE ASSISTANCE ENDS AFTER YOUR FIRST 8 MONTHS IN THE U.S.A.	6,044
251	ELDERLY OR DISABLED ARE NOT ELIGIBLE FOR SEPARATE STATUS	40
253	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	3,811
254	BENEFITS ARE CHANGED DUE TO RETURNED POSTPONED VERIFICATION	819
255	YOU ARE NOT ELIGIBLE FOR DCF MEDICAID BECAUSE SSA FOUND YOU TO BE ELIGIBLE FOR SSI MEDICAID	110,027
257	RELOCATION ASSISTANCE APPROVED	231
258	TEMPORARY CASH REDUCED TO REPAY RELOCATION ASSISTANCE	66
259	REPAYMENT OF RELOCATION BENEFIT IS MORE THAN TEMPORARY CASH	5
260	INCREASE IN INCOME RESULTS IN A HIGHER SHARE OF COST	285
261	INCREASE IN INCOME RESULTS IN A HIGHER PATIENT RESPONSIBILITY	1,230
262	FAILURE TO MEET SHARE OF COST	151
263	DUE TO INCOME YOU NOW HAVE A SHARE OF COST	4,763
264	VERIFIED INCOME RESULTS IN A HIGHER SHARE OF COST	66
265	TRANSITIONAL/EXTENDED MEDICAID GROUP DID NOT RECEIVE 1931 MEDICAID IN 3 OF THE PAST 6 MONTHS	337
267	INELIGIBLE DUE TO INCARCERATION	4,094
268	FAILED DUE TO AGED OUT OF MEDICAID	4,745
269	FAILED DUE TO SSI INCOME/ELIGIBILITY	1,808
270	INELIGIBLE FOR SUNCAP DUE TO LIVING ARRANGEMENT	5,041
271	INELIGIBLE FOR SUNCAP DUE TO MARITAL STATUS	362
272	INELIGIBLE FOR SUNCAP - NOT FLORIDA RESIDENT	1,405
273	INELIGIBLE FOR SUNCAP - SSI ELIGIBILITY STATUS	6,916
274	INELIGIBLE FOR SUNCAP - SUNCAP PARTICIPATION	404



275	INELIGIBLE FOR SUNCAP - RECEIPT OF EARNED INCOME	222
276	CLOSED DUE TO SUNCAP ELIGIBILITY	1,555
277	MEDICAID DATE MORE THAN SIX MONTHS OLD	488
280	DEPENDENT CARE COSTS HAVE DECREASED	1,836
281	FAILURE TO VERIFY A UTILITY AMOUNT	185
282	YOUR SHELTER OR UTILITY COST(S) IS LOWER	40,594
283	DECREASED BENEFITS DUE TO SHELTER COSTS	1,174
285	HURRICANE KATRINA EVACUEE	32
290	ELIGIBILITY REQUIREMENTS NOT MET	70,130
291	AUTOMATIC REDETERMINATION OF ELIGIBILITY DUE TO WORK SANCTION	22
300	THE VALUE OF YOUR ASSETS IS TOO HIGH FOR THIS PROGRAM	123,579
301	INELIGIBLE DUE TO IMPROPER TRANSFER OF ASSETS	108
302	INELIGIBILITY CONTINUES DUE TO IMPROPER TRANSFER OF ASSETS	4
303	WE DID NOT RECEIVE PROOF OF THE VALUE OF ASSETS	6,830
304	ASSETS HAVE BEEN DISCOVERED WHICH YOU FAILED TO DISCLOSE	933
305	MEDICAID QUALIFYING TRUST EXCEEDS ASSET LIMIT	4
306	FAILED TO MEET FTP ASSET LIMIT	6
319	WITHDRAWN - MCI LINK ERROR	13
320	INCOME FROM RENTAL PROPERTY	37
322	RECEIPT OF LUMP SUM PAYMENT	3
323	LUMP SUM INELIGIBILITY PERIOD CONTINUES	2
324	WE RECEIVED INCOME INFORMATION ON A HOUSEHOLD MEMBER	807
330	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM HAS BEEN DENIED	7
333	TEMPORARY CASH REDUCED TO REPAY STRAP DIVERSION	2
334	STATE TEMPORARY RECOVERY ASSISTANCE PROGRAM APPROVED INSTEAD OF TEMPORARY CASH	3
335	REPAYMENT OF STRAP DIVERSION IS MORE THAN CASH ASSISTANCE	8
336	REPAYMENT OF UPFRONT DIVERSION IS MORE THAN CASH ASSISTANCE	4
337	UPFRONT DIVERSION HAS BEEN DENIED	14
338	TEMPORARY CASH REDUCED TO REPAY UPFRONT DIVERSION	6
339	UPFRONT DIVERSION APPROVED INSTEAD OF TEMPORARY CASH	307
341	PARENT NOT INCAPACITED ANYMORE	87
342	PARENT DID NOT PROVE INCAPACITY	22
343	YOU OR A MEMBER(S) OF YOUR HOUSEHOLD DO NOT MEET THE DISABILITY REQUIREMENT	62,806
344	YOU DID NOT MEET SCHOOL CONFERENCE REQUIREMENTS	73
345	FAILED TO MEET LEARNFARE SCHOOL ATTENDANCE REQUIREMENT	1,239
346	A HOUSEHOLD MEMBER HAS LEFT THE HOME AND CAN NO LONGER BE INCLUDED IN THIS PROGRAM	209,049
347	WE RECEIVED INFORMATION THAT A MEMBER OF YOUR HOUSEHOLD DIED AND WILL NO LONGER BE COVERED BY THIS PROGRAM	85,776
348	CHILDREN ARE NOT LIVING WITH A RELATIVE WITHIN THE REQUIRED RELATIONSHIP	1,570
349	YOU ARE ALREADY RECEIVING BENEFITS FOR THIS PROGRAM	26,702
350	AN INDIVIDUAL IS IN THE SAME CASE BUT A DIFFERENT CATEGORY	22,168
351	YOU RECEIVED BENEFITS IN ANOTHER STATE	2,341
352	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY BE ELIGIBLE	10,725
353	YOUR TIME LIMIT TO RECEIVE FOOD STAMP BENEFITS HAS ENDED	5,406
354	YOU DID NOT VERIFY DISABILITY	640
355	YOU DID NOT PROVIDE PROOF OF FLORIDA RESIDENCY	4,899
356	THERE ARE NO ELIGIBLE CHILDREN THAT LIVE IN YOUR HOME.	8,329
357	YOU NO LONGER LIVE IN AN APPROVED MEDICAID FACILITY	6,743
358	YOU DO NOT MEET THE FLORIDA RESIDENCY REQUIREMENT FOR THIS PROGRAM	246,387
359	YOU DID NOT COOPERATE WITH QUALITY CONTROL	346
360	WE DID NOT RECEIVE PROOF OF IDENTITY FOR YOU OR A HOUSEHOLD MEMBER	83,249
361	YOU OR A HOUSEHOLD MEMBER DO NOT MEET THE CITIZENSHIP REQUIREMENT	107,111
362	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	393
363	YOU DID NOT APPLY FOR A SOCIAL SECURITY NUMBER	2,192
364	YOU DID NOT PROVIDE A SOCIAL SECURITY NUMBER	3,750
365	A HOUSEHOLD MEMBER DOES NOT MEET CITIZENSHIP REQUIREMENTS	38,778
366	YOU DID NOT PROVIDE VERIFICATION OF NONCITIZEN STATUS	3,015
367	NO DEPRIVATION UNEMPL PARENT PGM REQUIREMENT NOT MET	19
368	THE TIME LIMIT FOR YOUR REFUGEE CASH ASSISTANCE BENEFIT HAS RUN OUT	21,680
369	WE RECEIVED INFORMATION THAT ALL THE PEOPLE COVERED BY THIS PROGRAM HAVE DIED	98,465
370	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	123,175
371	YOU DO NOT QUALIFY FOR OUR PROGRAM BECAUSE YOU LIVE IN A PUBLIC INSTITUTION.	14,037
372	YOU DID NOT ACKNOWLEDGE YOUR RIGHTS AND RESPONSIBILITIES	23
373	YOU DID NOT SIGN THE APPLICATION WE RECEIVED	743
374	NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM	2,118,575
375	A CHILD(REN) DOES NOT MEET ELIGIBILITY REQUIREMENTS FOR THIS PROGRAM.	122,487
376	WE DID NOT RECEIVE ADDITIONAL INFORMATION REQUESTED TO CONTINUE FOOD STAMP BENEFITS	6,820
377	INDIVIDUAL IS AN INELIGIBLE STUDENT	22,947
378	YOU DID NOT VERIFY SEPARATE ASSISTANCE GROUP STATUS	138
379	WE HAVE RECEIVED INFORMATION THAT YOUR CHILD(REN) IS NO LONGER LIVING WITH YOU	26,381
380	YOU DID NOT VERIFY IDENTITY FOR EXPEDITED FOOD STAMPS	5,808
381	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	12,723
382	YOU REQUESTED YOUR APPLICATION BE WITHDRAWN	9,431
383	WE RECEIVED YOUR WRITTEN REQUEST TO END THIS BENEFIT	144,655

384	YOU CHOSE NOT TO APPLY FOR THIS PROGRAM	201,856
385	WE RECEIVED YOUR VERBAL REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM	83,532
386	WE RECEIVED YOUR WRITTEN REQUEST TO REMOVE AN INDIVIDUAL FROM THIS PROGRAM.	19,146
387	MAIL SENT TO YOUR LAST KNOW ADDRESS WAS RETURNED AS UNDELIVERABLE	31,517
388	WAGE EARNER QUIT JOB WITHOUT GOOD CAUSE	397
389	WITHDRAWN - NO NOTICE GENERATED	12,231
390	FAILED DUE TO EMPLOYMENT HOURS	50
391	NO APPROPRIATE PLACEMENT	1,874
392	FAILED DUE TO FLORIDA PLACEMENT	46
393	LACK OF APPROPRIATE LANGUAGE ON COURT DOCUMENT	8
394	FAILED DUE TO TITLE IV-E PLACEMENT	10
395	FAILED DUE TO VOLUNTARY RELINQUISHMENT	8
396	CHILD REMOVED FROM HOME DUE TO COURT ORDER	8,249
397	NON TITLE IV-E CHILD PLACED IN FLORIDA BY ANOTHER STATE	5
398	CHILD NOT IN HOME DUE TO VOLUNTARY PLACEMENT	20
399	PERSON IN THE ASSISTANCE GROUP IS ON STRIKE	2
400	YOUR BABY IS NOT ELIGIBLE FOR MEDICAID BECAUSE YOU DID NOT QUALIFY FOR MEDICAID.	22,854
402	FAILED BECAUSE RELATED ASSISTANCE GROUP FAILED	32
403	CHILD AGE 19 OR OLDER	9,321
404	CHILD AGE 21 OR OLDER	19,319
405	AGE INAPPROPRIATE FOR LEVEL OF CARE	10
406	YOU DID NOT COOPERATE WITH MEDICAL INSURANCE REQUIREMENTS	149
407	YOU DO NOT MEET MEDICAL NEED FOR INSTITUTIONAL SERVICES	1,027
408	INDIVIDUAL QUIT JOB OR REDUCED HOURS WITHOUT GOOD CAUSE	46
409	THERE HAS BEEN A CHANGE IN THE LAW OR POLICY	40,570
410	CHILD HAS BEEN ADOPTED	1,420
411	AG CLOSED DUE TO TRANSFER - NO NOTICE GENERATED	46
414	PRESUMPTIVELY ELIGIBLE PREGNANT WOMAN IS IN JAIL	34
415	YOU DID NOT SIGN HOSPICE ELECTION STATEMENT	45
416	YOU DO NOT MEET TERMINAL ILLNESS REQUIREMENT	112
417	REHABILITATION FACILITY IS NO LONGER ABLE TO RECEIVE FOOD STAMPS	2,988
418	HEARING APPEAL HAS BEEN DENIED	4
419	THE PAYEE OF THE ASSISTANCE GROUP HAS CHANGED	172
420	THE RAP/EMPLOYMENT TRAINING REQUIREMENT HAS NOT BEEN COMPLETED	1,410
421	ELIGIBLE CHILD HAS TURNED 18	6,378
422	MINOR PARENT DOES NOT LIVE WITH PARENT OR ADULT	41
423	MEDICARE PART-A PREMIUM PAID BY STATE	96
424	YOU ARE NOW 65. YOU MUST CONTACT THE SOCIAL SECURITY ADMINISTRATION TO APPLY FOR MEDICARE	1,127
425	YOU DID NOT COMPLETE THE REQUIREMENTS FOR OUR FOOD STAMP EMPLOYMENT & TRAINING PROGRAM	5,812
426	FOOD STAMP EMPLOYMENT TRAINING/CSE SANCTION	163
427	YOU ARE NO LONGER ELIGIBLE, BECAUSE THE YOUNGEST CHILD IS 18	11,603
428	YOU DID NOT MEET TEMPORARY CASH ASSISTANCE IMMUNIZATION REQUIREMENTS	2,637
433	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE TEMPORARY CASH ASSISTANCE PROGRAM	72,603
434	RESERVED	107
435	RESERVED	82
436	YOU DID NOT VERIFY SCHOOL ATTENDANCE	78
437	YOU WERE CONVICTED OF A DRUG TRAFFICKING FELONY	402
438	YOU DID NOT REPORT CHILD OUT OF THE HOME	35
439	WAGES SANCTION (FIRST OFFENSE)/CSE NON COOPERATION	5,634
440	WAGES SANCTION (SECOND OFFENSE)/CSE NON COOPERATION	1,327
441	WAGES SANCTION (THIRD OFFENSE)/CSE NON COOPERATION	831
442	THE FLEEING FELON IN YOUR HOUSEHOLD IS NOT ELIGIBLE	144
443	RECEIVED BENEFITS IN TWO OR MORE STATES AT THE SAME TIME	93
446	YOU MAY BE ELIGIBLE FOR HELP WITH YOUR MEDICARE DRUG PLAN COSTS. CALL SSA AT (800) 772-1213	151
447	WE WERE UNABLE TO VERIFY THAT YOU MEET THE CITIZENSHIP REQUIREMENT. PLEASE SEE ATTACHED FACT SHEET.	305
450	YOU DO NOT HAVE ANY MEDICAL BILLS	100
451	YOU NO LONGER NEED CANCER TREATMENT	145
452	YOU NOW HAVE OTHER HEALTH INSURANCE TO COVER YOUR CANCER TREATMENT	159
453	YOU ARE ELIGIBLE FOR MEDICARE. CALL 1-800-633-4227 FOR INFORMATION ABOUT MEDICARE	16,315
454	Medicaid ineligible, your information has been sent to Florida KidCare for review. They will contact you.	1,538
456	WE DID NOT RECEIVE PROOF OF CITIZENSHIP FOR YOU OR A HOUSEHOLD MEMBER.	2,854
457	RELOCATION ASSISTANCE HAS BEEN DENIED	2
458	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US DURING YOUR INTERVIEW.	8,146
459	YOU ARE INELIGIBLE BASED ON INFORMATION YOU GAVE US ON YOUR APPLICATION.	3,598
460	CHILD(REN) ADDED AT ONE-HALF BENEFIT	27
461	CHILD(REN) ADDED AT ZERO BENEFIT	13
465	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - FIRST NON-COMPLIANCE	299,813
466	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - SECOND NON-COMPLIANCE	75,017
467	YOU DID NOT COMPLETE THE WORK REQUIREMENTS FOR THE FOOD ASSI STANCE PROGRAM - THIRD NON-COMPLIANCE	26,782
470	WE DID NOT RECEIVE PROOF OF YOUR EARNED INCOME	423,941
471	WE RECEIVED INFORMATION THAT YOUR EARNINGS HAVE INCREASED	162,055
472	THE \$30.00 EARNED INCOME DISREGARD HAS EXPIRED	76
473	THE 1/3 EARNED INCOME DISREGARD HAS EXPIRED	4

474	THERE IS AN DECREASE IN SELF-EMPLOYMENT BUSINESS EXPENSES	189
481	CASE TRANSFERRED - MOVED TO ANOTHER COUNTY	35
482	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	772
483	MEDICAID INELIGIBLE DUE TO NEW OR INCREASED EARNINGS OF PARENT OR CARETAKER	1,195
490	YOU DID NOT VERIFY UNEARNED INCOME	55,575
491	RECEIPT OF EARNED INCOME	67,882
492	UNEARNED INCOME HAS INCREASED	84,120
493	INCREASE IN SUPPLEMENTAL SECURITY INCOME (SSI)	3,450
494	RECEIPT OF SUPPLEMENTAL SECURITY INCOME (SSI)	8,022
495	INCREASE IN TEMPORARY CASH ASSISTANCE	1,022
496	INCREASE IN REFUGEE ASSISTANCE BENEFITS	18
497	INCREASE IN SOCIAL SECURITY BENEFITS	8,020
498	RECEIPT OF SOCIAL SECURITY BENEFITS	4,550
499	RECEIPT OF VETERANS BENEFITS	66
500	INCREASE IN VETERANS BENEFITS	87
501	INCOME OF BROTHER OR SISTER	1,301
502	YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.	633
503	DEEMED INCOME FROM A SPONSOR	9
504	DEEMED INCOME OF A PARENT OF MINOR CARETAKER	23
505	DEEMED INCOME OF A SPOUSE	87
506	ALIMONY CONTRIBUTED TO MEDICAID INELIGIBILITY	8
507	CASH ASSISTANCE (TCA/RAP) HAS BEEN APPROVED	1,029
508	MEDICAID FAILED DUE TO INITIAL OR INCREASED ALIMONY	21
509	STEP PARENT INCOME	5
510	ESS DOES NOT DECIDE ELIGIBILITY FOR NONRELATIVE CAREGIVER. ESS IS REFERRING YOUR APPLICATION TO CHILD WELFARE.	922
512	ACCOUNT TRANSFER TO FHK	1,081
514	ACCOUNT TRANSFER TO FFM	1,517,296
515	ACCOUNT TRANSFER TO FFM/FHK	654,918
520	YOUR MEDICAID FOR THIS PERIOD IS ENDING	1,250,479
521	REOPENED CASE CLOSED IN ERROR	603
522	YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM	155
523	REDUCTION IN ALLOWABLE MEDICAL EXPENSES	3,848
524	THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED	187,175
525	DID NOT APPLY FOR OTHER BENEFITS FOR WHICH YOU MAY HAVE BEEN ELIGIBLE	3,881
526	YOU FAILED TO COMPLETE AN INTERVIEW NECESSARY FOR US TO DETERMINE YOUR ELIGIBILITY FOR THIS PROGRAM	763,838
527	CONTINUATION OF POST PARTUM MEDICAID	1,482
528	WE DID NOT RECEIVE ALL THE INFORMATION REQUESTED TO DETERMINE ELIGIBILITY	1,132,365
529	SYSTEM CLOSURE OF "OPEN" ASSISTANCE GROUPS	3,854
530	YOUR CASE WAS OPENED IN ERROR AND HAS NOW BEEN CLOSED	67,752
531	CLOSE INDIV/AG/CASE LEFT OPEN IN ERROR-NO NOTICE	1,523
532	WE DID NOT RECEIVE ALL INFORMATION NEEDED TO DETERMINE ELIGIBILITY	8,736
533	ONE-TIME CLOSURE OF OPEN PASSING DATE AG	1,954
534	YOU FAILED TO FOLLOW THROUGH WITH YOUR APPLICATION	470
535	YOU FAILED TO COMPLETE OR FOLLOW THROUGH WITH YOUR MEDICAID RENEWAL.	951,510
591	CHILD PLACED BACK IN HOME	4,273
601	FAILURE DUE TO FAMILY-CAP AG SIZE IS EQUAL TO ZERO	468
604	YOUR APPLICATION FOR RELATIVE CAREGIVER PAYMENTS HAS BEEN DENIED	8
605	YOU NO LONGER HAVE A RELATIVE CAREGIVER ELIGIBLE CHILD IN THE HOME	1,451
606	YOUR RELATIVE CAREGIVER PAYMENT HAS DECREASED DUE TO AN ELIGIBLE CHILD LEAVING THE HOME	40
607	YOUR CASH ASSISTANCE PAYMENT HAS DECREASED DUE TO CHILD(REN)'S LOSS OF RELATIVE CAREGIVER ELIGIBILITY	46
608	RELATIVE CAREGIVER ELIGIBLE CHILD HAS TURNED 18	1,494
609	PARENT OF A RELATIVE CAREGIVER CHILD HAS MOVED INTO THE HOME	214
610	REDUCTION OF CASH BENEFITS DUE TO RELATIVE CAREGIVER ELIGIBILITY	1,105
611	CHILD(REN) DOES NOT MEET RELATIVE CAREGIVER PLACEMENT CRITERIA	229
801	YOU DID NOT REPORT EARNED INCOME RECEIVED BY A MEMBER	399
802	YOU DID NOT REPORT UNEMPLOYMENT BENEFITS RECEIVED BY A MEMBER	23
803	YOU DID NOT REPORT SOCIAL SECURITY INCOME RECEIVED BY A MEMBER	16
804	YOU DID NOT REPORT SUPPLEMENTAL SECURITY INCOME (SSI) RECEIVED BY A MEMBER	4
805	YOU DID NOT REPORT VETERAN'S ADMINISTRATION BENEFITS RECEIVED BY A MEMBER	1
806	YOU DID NOT REPORT CHILD SUPPORT OR ALIMONY RECEIVED BY A MEMBER	7
807	YOU DID NOT REPORT CASH CONTRIBUTIONS RECEIVED BY A MEMBER	3
808	YOU DID NOT REPORT INTEREST INCOME RECEIVED BY A MEMBER	2
810	YOU DID NOT REPORT PENSION OR RETIREMENT BENEFITS RECEIVED BY A MEMBER	3
811	YOU DID NOT REPORT INCOME FROM SCHOLARSHIPS, LOANS OR GRANTS	1
813	YOU DID NOT REPORT SELF EMPLOYMENT INCOME BY A MEMBER	21
815	YOU DID NOT REPORT INCOME RECEIVED BY A STEPPARENT	3
816	YOU DID NOT REPORT ALL ASSETS OR RESOURCES	16
817	YOU DID NOT REPORT THE CITIZENSHIP OR INS STATUS OF A MEMBER	52
818	YOU DID NOT REPORT A PERSON WHO LIVES IN YOUR HOME	263
819	YOU DID NOT REPORT YOUR MARRIAGE	20
820	YOU DID NOT REPORT A CHANGE IN A TIMELY MANNER	21
821	WE DID NOT TAKE TIMELY ACTION ON A REPORTED CHANGE	13
822	WE DID NOT BUDGET YOUR INCOME CORRECTLY OR TIMELY	57

823	WE DIDN'T TAKE TIMELY ACTION TO CANCEL YOUR CASE	14
828	WE DID NOT REMOVE A HOUSEHOLD MEMBER	11
829	CASHIER ERROR RESULTED IN INCORRECT ISSUANCE	33
830	YOU RECEIVED DUPLICATE ASSISTANCE FROM FLORIDA AND ANOTHER STATE	23
831	WE ISSUED FS ID CARD WITH INCORRECT SEQUENCE NUMBER	1
833	YOU RECEIVED DUPLICATE BENEFITS FROM FLORIDA DUE TO AN ERROR BY THE AGENCY	13
834	NO PROGRAM LOSS	1
835	YOU SOLD OR TRIED TO SELL FOOD STAMP BENEFITS	4
836	YOU MISUSED OR TRIED TO MISUSE FOOD ASSISTANCE BENEFITS	1
838	TRANSFER IN FROM ANOTHER STATE IPV WITH CLAIM	6
839	TRANSFER IN FROM ANOTHER STATE IHE WITH CLAIM	1
841	YOU DID NOT REPORT OTHER NON-EARNED INCOME RECEIVED BY A HOUSEHOLD MEMBER	2
842	YOU DID NOT REPORT A MEMBER LEAVING THE HOUSEHOLD	23
844	YOU DID NOT REPORT THAT A MEMBER IS NO LONGER PREGNANT	57
846	YOU DID NOT REPORT INCREASE IN NON-EARNED INCOME	2
849	YOU DID NOT REPORT INCOME FROM RENTAL PROPERTY	4
850	YOU DID NOT REPORT A LUMP SUM PAYMENT RECEIVED BY A MEMBER	1
851	YOU'RE INELIGIBLE BECAUSE CHILDREN LEFT HOME/TURNUED 18/21	672
852	YOU DID NOT REPORT TRANSFER OF PROPERTY	2
853	YOU DID NOT REPORT YOU MOVED OUT OF STATE	70
854	WE ISSUED AN AUXILIARY PAYMENT IN ERROR	3
855	WE DID NOT ACCURATELY BUDGET YOUR EXPENSE	3
856	WE FAILED TO FOLLOW-UP ON ANTICIPATED CHANGES	2
857	REPORTED INFO WAS DISREGARDED OR NOT ACTED ON TIMELY	3
859	WORK SUPPLEMENTATION CONTINUED AFTER PLACEMENT ENDED (IHE)	1
866	INELIGIBLE EMERGENCY FOOD STAMPS IN 2005 (IHE)	1
868	INELIGIBLE IDENTITY THEFT	39
869	YOU DIDN'T REPORT BEING CONVICTED OF DRUG TRAFFICKING (FELONY)	7
871	ADDITIONAL AG IS NO LONGER VALID	41
880	AUX CREATED IN ERROR(AE)	4
881	EARNINGS DISCOVERED THROUGH THE NATIONAL DIRECTORY OF NEW HIRES	1
883	YOU DIDN'T REPORT THE INCARCERATION OF A HOUSEHOLD MEMBER.	99
884	<b>YOU DID NOT MEET THE ELIGIBILITY REQUIREMENTS</b>	14
885	YOU MISREPRESENTED YOUR HOUSEHOLD CIRCUMSTANCES AND/OR SIZE.	301
886	You under-reported the income of a household member.	21
888	BR CASE HAS BEEN CONVERTED IPV(IBRS)	1
891	YOU ARE A FLEEING FELON OR IN VIOLATION OF PROBATION AND PAROLE	2
892	THE AGENCY APPROVED YOUR BENEFITS IN ERROR.	251
902	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE IRMA	3
903	REPLACEMENT OR SUPPLEMENT FA BENEFITS DUE TO HURRICANE IRMA	1
911	WARRANT REPLACEMENT BY ASFMAD	1
920	REPLACEMENT OF FOOD STAMPS DUE TO HURRICANE RITA	1
925	FS ISSUANCE TO BATTERED SPOUSE OF PARTICIPATING AG	1
928	SUPPLEMENTAL FOOD STAMP ISSUANCE	3
935	ISSUE BENEFIT	1
937	INCREASED BENEFIT DUE TO SHELTER COSTS	6
941	RESTORATION BENEFIT DUE TO HEARING DECISION	3
942	RESTORATION BENEFIT DUE TO HEARING DECISION (NO OFFSET)	2
946	WORK FORCE BOARD - TRANSPORTATION	1
948	EMERGENCY FOOD STAMPS DUE TO NATURAL DISASTER	49
949	DSNAP SUPPLEMENTS DO NOT USE FOR REGULAR FA BENEFITS	2
952	REPLACEMENT OF FOOD STAMPS INTERCEPTED AS A RESULT OF EBT	1
955	ASYLUM ASSISTANCE FOR INDIVIDUALS	1
956	ASYLUM ASSISTANCE FOR FAMILIES	1
957	FOOD STAMP RETROACTIVE BENEFITS	1
958	RETROACTIVE BENEFIT	2
963	RELOCATION ASSISTANCE --- EXCESS OVER \$1998	1
964	RELOCATION ASSISTANCE --- EXCESS OVER \$2997	1
972	REPLACEMENT OF FOOD STAMPS DUE TO TROPICAL STORM ISAAC	1
975	DEATH OF A PERSON IN THE ASSISTANCE GROUP	405
976	DEATH OF ALL MEMBERS OF THE ASSISTANCE GROUP	121
977	WRITTEN REQUEST TO REMOVE PERSON FROM ASSISTANCE GROUP	10
978	WRITTEN REQUEST TO CLOSE ASSISTANCE GROUP	226
980	RETURNED MAIL	27
981	CHANGE IN PAYEE	1
982	INTERCEPT TO ISSUE LESSER AMOUNT DUE TO CHANGE	6
983	CHILD VOLUNTARILY PLACED IN FOSTER CARE	2
984	CHILD REMOVED FROM HOME BY COURT ORDER	9
986	HOLD ON BENEFIT DUE TO AGENCY ERROR	19
987	INTERCEPTION AS A RESULT OF EBT	11