

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

Chianne D., et al.,

Plaintiffs,

v.

Case No. 3:23-cv-00985

Jason Weida, in his official capacity  
as Secretary for the Florida Agency  
for Health Care Administration, et al.,

Defendants.

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**PLAINTIFFS' AMENDED MOTION FOR AND  
MEMORANDUM IN SUPPORT OF CLASS CERTIFICATION**

**PLEASE TAKE NOTICE** upon all the papers filed herein,<sup>1</sup> Plaintiffs move the Court for an order granting Plaintiffs' motion pursuant to Federal Rule of Civil Procedure 23 on behalf of a statewide class and two subclasses defined as:

All Florida Medicaid enrollees who are members of either of the two subclasses listed below and who, on or after March 31, 2023, have been or will be found ineligible for Medicaid coverage.

**Subclass A:** Individuals issued a written notice that includes no reason code or only uses reason code(s) that do not identify the eligibility factor(s) Defendants relied on to determine the individual is ineligible for Medicaid. For purposes of this definition, eligibility factors are age, residency, income, assets or other non-cash resources, receipt of Social Security Administration benefits, Medicare enrollment, citizenship, immigration status, or Social Security Number, disability status, pregnancy, and incarceration status.

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<sup>1</sup> Plaintiffs refer to evidence previously filed on the docket by ECF number. Additional evidence relied upon in support of this motion is cited to as labeled in the attached Appendix, filed as Exhibit 1 hereto.

**Subclass B:** Individuals issued a written notice that relies on a reason code that states the individual or household is over income for Medicaid eligibility but does not identify the household income used in the eligibility determination or the applicable income standard.

Undersigned counsel also move the Court for appointment as class counsel pursuant to Federal Rule of Civil Procedure 23(g).

## **MEMORANDUM OF LAW**

### **INTRODUCTION**

Plaintiffs have 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). The case challenges the standardized notices that Defendants use to inform people that they are losing Medicaid coverage. Among other things, the notices do not provide a clear statement explaining the intended action or the legal or factual basis for the action. For example, the notices do not clearly state which household members are losing Medicaid coverage. They include no individualized information about the enrollees who are losing coverage. They include contradictory statements about coverage and rely on standardized “reason codes” that communicate only an ultimate conclusion.

With the end of pandemic-related Medicaid continuous coverage, Defendants are redetermining Medicaid eligibility and using the challenged notices to inform hundreds of thousands of people that they have lost Medicaid coverage. Medicaid enrollees, including the named Plaintiffs, have been unable to understand whether and

why their coverage is ending, thus preventing them from successfully appealing Defendants' decision and/or maintaining their benefits pending that appeal. Plaintiffs allege these notices violate the Due Process Clause of Constitution and the Medicaid Act's "fair hearing" requirements.

Class certification is appropriate: Florida Medicaid enrollees have identical constitutional and statutory rights to adequate notice, and the standardized notices issued to class members share the same flaws and omissions. Given the standard course of Defendants' conduct and its significant statewide impact, Plaintiffs have moved the Court for an order certifying this case as a class action pursuant to Rules 23(a) and 23(b)(2) of the Federal Rules of Civil Procedure.

### **BACKGROUND**

In general, an individual's Medicaid eligibility is redetermined every twelve months. *See* 42 U.S.C. § 1396a(a)(10); 42 C.F.R. § 435.916(a)(1), (b), (d). However, during the COVID-19 pandemic, in exchange for enhanced federal funding, states were prohibited from terminating Medicaid coverage for almost all enrolled individuals. *See* 42 U.S.C. § 1396d note (Families First Coronavirus Response Act, Pub. L. No. 116-127, § 6008, 134 Stat. 178, 208-209). To obtain the enhanced funding, the Agency for Health Care Administration (AHCA) and the Department of Children & Families (DCF) implemented processes in March of 2020 to maintain enrollees' eligibility. After Congress announced the end of the continuous coverage requirement, Defendants began making Medicaid eligibility determinations in February 2023 and

began terminating individuals effective April 1, 2023.

To determine whether a person is eligible, Defendants are measuring their application for benefits against dozens of eligibility requirements. Of importance here, the individual must fit within a specific population group, such as low-income children; parents and other caretaker relatives; pregnant women; the elderly, blind, or disabled; or individuals under age 26 who were in foster care until age 18. Each of these population groups has different eligibility factors, such as age requirements, income limits, immigration status or citizenship, etc. Some eligibility categories have asset limits. Others do not. Some require individuals to have a disability or receive Social Security Administration or Medicare benefits. Others do not.

As was the case before the pandemic, if Defendants decide that the person is no longer eligible for Medicaid, DCF sends a written notice of action to the entire household using a DCF-designed standardized template. *See* DCF template notice of Medicaid ineligibility (ECF 2-2). The notices can include sections labeled “Medicaid” and/or “Medically Needy.” Underneath each section is a list of household members with the word “eligible,” “enrolled,” or “ineligible” next to each name. If some individuals are listed as “eligible” or “enrolled” and others are listed as “ineligible,” there is no reason given for the disparate decisions. *See* DCF template Medically Needy notice (ECF 2-3).

If all members in the section are listed as “ineligible,” the template notice incorporates one or more reason codes. The reason codes appear after the word “Reason:”. These codes are typically a single phrase pulled from a finite list of options.

See DCF reason codes list (ECF 2-4). Several reason codes do not identify any eligibility factor that Defendants used to terminate the person's Medicaid coverage, for example:

- “YOUR MEDICAID FOR THIS PERIOD IS ENDING”
- “NO HOUSEHOLD MEMBERS ARE ELIGIBLE FOR THIS PROGRAM”
- “YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM”
- “YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP”

*Id.* Other reason codes do identify income as a relevant eligibility factor. *Id.* For instance, when communicating that an individual's income is too high to qualify for Medicaid coverage, Defendants use Reason Code 241, stating: “YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM.” *Id.* at Reason Code 242 (same); *id.* at Reason Code 482 (same); *id.* at Reason Code 502 (same); *see also* Reason Code 253 (“YOUR INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM”); *id.* at Reason Code 522 (same).

The template notice contains no placeholders for individualized information, and none is provided. As a result, Defendants' notices uniformly omit the factual information that served as the basis for Defendants' decision, which can vary widely among the eligibility factors outlined above (*e.g.*, income, age, household size, pregnancy, disability status). There are likewise no placeholders in the notices for the applicable eligibility standards, such as the income limit against which Defendants

measured the household's income. Nor is there any place where Defendants explain which population group(s) an individual was evaluated under, even though some populations—like the postpartum and newborn groups—have special rules entitling them to continuous eligibility despite any fluctuations in income. *See* Am. Compl. ¶¶ 41-42 (describing continuous coverage rules).

Furthermore, all of DCF's notices include the following language regarding how to request a fair hearing: "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." ECF 2-2 at 4; ECF 2-3 at 5. This language omits information regarding how to obtain a hearing including an address to deliver a written request, a phone number to call the "call center," a physical address for any DCF office, or any mention of the availability of requesting online or through email.

Each named Plaintiff received one of these standardized notices indicating they were losing Medicaid coverage. Each notice included reason codes that omitted any explanation about the factual basis for Defendants' decision. The reason codes offered in the May 16, 2023 notice to explain why Plaintiff A.V.'s coverage was ending were "YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP" and "YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM." Jennifer V. Decl., Ex. A at 5-6 (ECF 2-5 at 11-12). After Plaintiff A.V. and her family applied for Medicaid again in December of 2023, DCF sent the family a notice that stated "Reason: Your child(ren) are not eligible for

Medicaid due to your family’s income, but they may be able to get health insurance through Florida KidCare. . . .” *See* Ex. 2, 1/18/24 A.V. Notice at 4.

Similarly, Defendants included two reason codes in the 12-page notice to Plaintiffs Chianne D. and C.D.: “YOUR HOUSEHOLD’S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM,” and “YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM.” Chianne D. Decl., Ex. B. at 2, 4, 6, 8 (ECF 2-6 at 19, 21, 23, 25). Defendants used this later reason code in Kimber Taylor’s notice, along with the code, “YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP. Taylor Notice at 4-5 (ECF 2-7).

Each family did not understand what the notice meant, was confused, and unable to mount a pre-termination appeal. As a result, the families lost time trying to understand the action and, ultimately, lost Medicaid coverage and, with it, critical health care services. Some incurred medical debts. *See generally* Chianne D. Decl. (ECF 2-6), Jennifer V. Decl. (ECF 2-5); Taylor Decl. (ECF 3-12); Ex. 3, 2nd Taylor Decl. The named Plaintiffs are among the hundreds of thousands of enrollees who have lost coverage following receipt of a DCF notice using flawed reason codes. *See* Decl. of Daniel Davis, ¶¶ 3-4 (ECF 76-1).

## **ARGUMENT**

### **I. The Class Representatives Have Standing to Bring these Claims.**

Prior to the Rule 23 class certification analysis, the court must determine that at

least one named class representative has Article III standing to bring each class claim. *Griffin v. Dugger*, 823 F.2d 1476, 1482 (11th Cir. 1987). Plaintiffs must establish three elements: (1) “injury-in-fact” that is concrete and particularized, (2) a “causal connection” between the injury-in-fact and the conduct complained of, and (3) that a favorable decision by a court will redress the injury. *Shotz v. Cates*, 256 F.3d 1077, 1081 (11th Cir. 2001) (internal citations omitted); *see also Spokeo v. Robins*, 136 S. Ct. 1540, 1549 (2016) (discussing the need for concrete and particularized injury when procedural rights are violated), *on remand*, 867 F.3d 1108, 1117 (9th Cir. 2017) (finding standing where plaintiff alleged inaccuracies beyond “mere technical violations . . . too insignificant to present a sincere risk of harm to the real-world interests that Congress chose to protect”), *cert. denied*, 138 S. Ct. 931 (2018). As shown below, the class representatives meet the Article III standing test.

#### **A. Plaintiff A.V.**

Plaintiff A.V. received Medicaid coverage for her medical care since her birth in May 2022. *See* Jennifer V. Decl. ¶¶ 4-5 (ECF 2-5). A.V.’s mother, Jennifer V., received a notice, dated May 16, 2023, intended to notify her that A.V.’s coverage was ending. *Id.* ¶¶ 7-8. The only reason codes appearing under A.V.’s name stated: “YOU OR A MEMBER OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT MEDICAID COVERAGE GROUP” and “YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM.” *Id.* Ex. A at 5-6 (ECF 2-5 at 11-12). Jennifer did not



understand the notice to mean A.V. had been terminated from Medicaid. *Id.* ¶ 11. As a result, Jennifer V. was unable to determine whether an appeal was needed.

A.V. remained without coverage for several months. During that time, her parents skipped her 15-month well-child visit, declined screenings for vision, lead, and anemia, and incurred over \$250 in medical bills. Ex. 4, A.V. Resp. to D's Interrogatories, No. 7. Her parents applied again for health coverage through the Federally Facilitated Marketplace on December 15, 2023. *Id.* at Int. No. 8. Application. When that application was transferred, DCF denied it on January 18, 2024. In a section listing A.V. and two other children, this new notice stated "Your child(ren) are not eligible for Medicaid due to your family's [sic] income, but they may be able to get health insurance through Florida KidCare. . . . To learn how you can enroll them, please call 1-800-821-5437. Make this call soon since their Medicaid is ending." Ex. 2, 1/18/24 A.V. Notice at 4. Once again, the notice confused and frustrated A.V.'s parents. The reference to "Your child(ren)" was unclear, since the notice referred to multiple children. Ex. 4, Int. Resp. No. 8. The notice also said Medicaid "is ending," but A.V. was not enrolled in Medicaid at the time. *Id.* A.V.'s parents could not determine how DCF calculated the family's income and did not know if those calculations were right or wrong. *Id.*

DCF was wrong (just as it was wrong in May of 2023): A.V. is income-eligible for Medicaid in the category for children ages 1-5. *See* Ex. 4, Int. Resp. No. 1. It was not until DCF responded to written discovery in this case regarding the family's household size that DCF's error could be corrected through the intervention of

counsel, ultimately restoring A.V.'s coverage on February 2, 2024. Ex. 6, Email exchange; Ex. 7, Defs' Response to Pls' RFA. Furthermore, A.V. will face redetermination of her Medicaid eligibility and her family the confusion, stress, and anxiety that accompanies Defendants' notice of decision when A.V.'s continuous coverage ends next year. *See Adarand Constructors, Inc. v. Pena*, 515 U.S. 200, 211–12 (1995) (plaintiff who was likely to suffer injury within one-year period had standing). A.V. has standing to represent Subclasses A and B.

**B. Plaintiffs Chianne D. and C.D.**

Chianne D. had Medicaid coverage for herself and her two children—S.D., an infant, and C.D., who is two-years-old and diagnosed with cystic fibrosis. *See* Chianne Decl. ¶¶ 2-5 (ECF 2-6). On March 20, 2023, DCF sent a Notice of Eligibility Review to Chianne informing her that she needed to renew her Medicaid eligibility. Ex. 8, 3/20/23 DCF Notice of Eligibility Review. A day later, she filed for renewal. Ex. 9, 3/21/23 ACCESS Application. On April 4, DCF asked Chianne to submit additional information, which she promptly did a week later. Ex. 10, 4/4/23 DCF Request for Information; Ex. 11, 4/11/2023 Self-Attestation of Loss of Income.

Chianne received a notice, dated April 24, 2023, from DCF that provided conflicting information about the family's Medicaid eligibility. *See* Ex. 1, Chianne Decl. at Ex. B (ECF 2-6 at 18). The notice contained reason codes that stated both "YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM" and "YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE

FROM ANOTHER PROGRAM.” *Id.* Chianne did not understand the action being taken, the reasons for it, or what she could do about it. *Id.* ¶¶ 10, 12-16, 18. For example, she did not understand from the notice that she could preserve uninterrupted coverage—either by requesting a pre-termination hearing or, for C.D., by taking steps to ensure a smooth transition into CHIP coverage. *Id.* ¶¶ 18-19. Had she known she could request a hearing online or via email to preserve coverage during an appeal, she would have taken action immediately. 2nd Chianne Decl. ¶¶ 8-9 (ECF 47-2).

Chianne spent time working to understand the notice and whether a mistake had been made. Calls to the DCF call center in late May—when a request for appeal could have included continuation of Medicaid benefits—contributed to Chianne’s confusion and delayed her ability to decide next steps. *See* Ex. 12, 5/30/2023 AM Call Transcript; Decl. of William Roberts, Exs. D-1, D-2 (ECF 38-1). Critically, in Chianne’s first call to DCF on the morning of May 30th,<sup>2</sup> the DCF case worker told Chianne “yours and CD’s are good, which are medically needy. You both have Medicaid until May of 2024,” that “Yes, the Medicaid has been extended” and further assured that “I’m actually going to transfer this call over so that we can get the Medicaid system updated as well . . . and the benefits will continue.” Ex. 12, 5/30/2023 AM Call at 3:20-24, 6:21-22, 7:15-16; *see also* Roberts Decl., Ex. D-2 at 3:8-10 (ECF 38-1 at 30) (Chianne noted on a subsequent call that “when I talk to other agents, they’re like, ‘No. In our system, it shows you’re still active until 2024.’”).

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<sup>2</sup> The transcript of this first call was first produced to Plaintiffs on January 30, 2024 so it was not included in the parties’ prior briefing. *See generally* Roberts Decl. (ECF 38-1).

Chianne persisted in seeking additional information about DCF's decision. However, call center agents parroted generic language from the notices that her income was "too high." ECF 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.* 38. No one ever mentioned DCF denied Chianne postpartum coverage or explained why. *See generally* Ex. 12, 5/30/2023 AM Call; Roberts Decl., Ex. D (ECF 38-1). Eventually—after her coverage had already ended—a DCF agent did submit a fair hearing request. *See* Roberts Decl., Ex. D-3 at 20-26 (ECF 38-1 at 62-68). But the delay, caused by the confusion of the notice, and exacerbated by her calls to DCF, meant the appeal was filed too late to preserve Medicaid coverage pending the appeal.

Chianne spent the month of June juggling numerous responsibilities to care for C.D., who could not attend medical daycare due to the loss of Medicaid coverage. C.D. also had to visit the emergency room because of a persistent cough and, as a result, Chianne incurred medical debts, which continue to impact the family. 2nd Chianne Decl. ¶ 2 (ECF 47-2); Chianne Decl. ¶¶ 20-24, 32 (ECF 2-6). Once she was able to confirm C.D.'s CHIP coverage would begin in July, Chianne withdrew the Medicaid appeal because, at that point, she did not believe a hearing could offer relief. Chianne 2nd Decl. ¶ 11 (ECF 2-6).

Chianne D. and C.D. have standing to represent Subclass B. Proper notice would have enabled Chianne to challenge her own erroneous loss of overage and to determine whether C.D. was eligible for Medicaid or CHIP and take steps to preserve uninterrupted coverage—either by requesting a pre-termination hearing or, for C.D.,

by ensuring a smooth transition 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.”). Although Chianne’s coverage was restored after this lawsuit was filed, she faces another redetermination at the end of this month, when her 12-month postpartum period ends. 2nd Chianne Decl. ¶ 17 (ECF 47-2). Meanwhile, the family is paying \$248 a month for C.D.’s CHIP coverage. C.D. remains without Medicaid coverage, though under Eleventh Circuit precedent, her “entitlement to aid” was not affected, because DCF “did not terminate [her coverage] in accordance with federal notice requirements.” *Turner v. Ledbetter* 906 F.2d 606, 609 (11th Cir. 1990); *see 31 Foster Child.*, 329 F.3d at 1267 (finding standing when plaintiff “has been denied an alleged entitlement, and . . . is asking for procedural protections [s]he claims have not been provided”).

### **C. Plaintiffs Kimber Taylor and K.H.**

Kimber Taylor began receiving Medicaid after learning she was pregnant in October 2022. *See Taylor Decl.* ¶ 2 (ECF 3-12). Kimber received a notice from DCF, dated April 26, 2023, stating she was eligible for continued Medicaid and coverage of her baby would begin at birth. *Id.* ¶ 7. K.H. was born in May. *Id.* ¶ 3. On June 8, 2023, Kimber received another notice from DCF, this one informing her that her and K.H.’s Medicaid coverage would end at the end of the month. The notice said K.H. was enrolled in Medically Needy but also said Kimber and K.H. would lose coverage at the end of the month. The reason code stated, “YOU OR A MEMBER(S) OF YOUR HOUSEHOLD REMAIN ELIGIBLE FOR MEDICAID UNDER A DIFFERENT

MEDICAID COVERAGE GROUP.” *Id.* ¶¶ 9-11.

Ms. Taylor did not understand what had happened in the 40 intervening days to cause ineligibility, but both she and her newborn were uninsured. The notice did not provide a clear statement of what had changed. *Id.* ¶ 12. Anxious, panicked, frustrated, and confused, Kimber called DCF to get more information. The notice did not explain, and she was not told, about continuous coverage for postpartum women and young children. Kimber believed DCF when the agent insisted Kimber was over income. She was discouraged from requesting a hearing because the notice said, “You will be responsible to repay any benefits if the hearing decision is not in your favor.” *Id.* ¶¶ 13-17; see Tr. 127:16-22 (Defendants’ counsel acknowledging Kimber did not pursue hearing because of recoupment language).

As a result of Defendant’s insufficient notice, Kimber lost her right to continue receiving Medicaid benefits pending appeal. On August 7, 2023, she received another notice, which, at the time, she understood to mean DCF found K.H. and her eligible for coverage. She, therefore, did not appeal. Taylor Decl. ¶ 20 (ECF 3-12); Ex. 3, 2nd Taylor Decl. ¶ XX. However, Kimber now believes her own coverage was not restored: Kimber is pregnant again and incurred a bill from her OB/GYN for pregnancy care received in January 2024. Ex. 3, 2nd Taylor Decl. ¶ XX. The August 7 notice is adding to her confusion: while stating on one page that Kimber is eligible, a later page says she is ineligible because “YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM.” Ex. 5, 8/7/23 Taylor Notice; Ex. 3, 2nd Taylor Decl. ¶ 2. It is too late to appeal either the June or August

notices, but Kimber has submitted yet another Medicaid application to try to restore her Medicaid coverage. *Id.* ¶ 3. In sum, the Defendant’s June 2023 notice of termination has triggered a cascade of coverage loss, an unpaid medical bill, a persistent lack of understanding about the status of her family’s coverage, and ongoing anxiety and frustration over the status of the family’s Medicaid coverage. *See Spokeo*, 867 F.3d at 1117 (recognizing as concrete injuries the “intangible harms” or “anxiety, stress, concern, and/or worry”); *Toste v. Beach Club at Fontainebleau Park Condo. Ass’n, Inc.*, No. 21-14348, 2022 WL 4091738, at \*4 (11th Cir. Sept. 7, 2022) (“[A] plaintiff’s wasted time, in particular, can be a concrete injury for standing purposes”). Kimber and K.H. have standing to represent Subclass A.

## **II. The Proposed Classes Meets the Requirements of Rule 23.**

Class certification is appropriate when (1) the threshold requirements of Rule 23(a) are satisfied, and (2) one of the three requirements under Rule 23(b) has been met. “The Supreme Court has made clear that district courts must grant class certification in ‘each and every case’ where the conditions of Rule 23(a) and (b) are met.” *Cherry v. Domestic Corp.*, 986 F.3d 1296, 1303 (11th Cir. 2021) (quoting *Shady Grove Orthopedic Assocs., P.A. v. Allstate Ins. Co.*, 559 U.S. 393, 398–400 (2010)).

### **A. The proposed classes meet the requirements of Rule 23(a).**

To achieve class certification, Rule 23(a) requires that

(1) the class is so numerous that joinder of all members is impracticable; (2) there are questions of law or fact common to the class; (3) the claims or defenses of the representative parties are typical of the claims or defenses of the class; and (4) the representative parties will fairly and adequately protect the interests of the class.



*Valley Drug Co. v. Geneva Pharm., Inc.*, 350 F.3d 1181, 1187-88 (11th Cir. 2003); Fed. R. Civ. P. 23(a)(1)–(4). Plaintiffs’ satisfy these criteria.

### **1. Numerosity**

The numerosity requirement of Rule 23(a)(1) is satisfied when “the class is so numerous that joinder of all of its members is impracticable.” Fed. R. Civ. P. 23(a)(1). This requirement is “generally [a] low hurdle.” *Vega v. T-Mobile USA, Inc.*, 564 F.3d 1256, 1267 (11th Cir. 2009). “[T]he general rule of thumb . . . is that ‘less than twenty-one is inadequate, more than forty adequate.’” *Manno v. Healthcare Revenue Recovery Grp., LLC*, 289 F.R.D. 674, 684 (S.D. Fla. 2013) (citation omitted).

Defendants’ own data shows the class is sufficiently numerous. According to DCF employee Daniel Davis, as of December 2023, “771,043 enrollees received a Notice of Case Action that used only one or more of the following three reason codes: 227, 249, 520,” that are among those being challenged in Subclass A.<sup>3</sup> Davis Decl. ¶ 4 (ECF 76-1). “Of these 771,043 enrollees, 284,779 remained without full Medicaid coverage in December 2023.” *Id.* Regarding Subclass B, Mr. Davis stated that 102,080 enrollees received a notice with a reason code that contained at least one of the income-related reason codes. *Id.* ¶ 3; *See also* ECF 47-3 (identifying in green highlighting the income-related reason codes). Of course, as redeterminations continue, the number of

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<sup>3</sup> Subclass A encompasses *all* reason codes that fail to specify which eligibility factor renders an individual ineligible (*i.e.*, that fails to specify income, age, disability status etc.). In ECF 47-3, Plaintiffs identified in yellow highlighting the existing reason codes that fall within Subclass A. Because Subclass A includes more reason codes than those in Mr. Davis’s declaration, Subclass A is likely larger.



class members grows.

Other critical indicators for numerosity are also present. *See Walco Invs., Inc. v. Thenen*, 168 F.R.D. 315, 324 (S.D. Fla. 1996) (identifying, *e.g.*, geographic diversity and ability of class to pursue individual suits). Plaintiffs seek prospective injunctive relief that will benefit future Medicaid enrollees. *See Hill v. Butterworth*, 170 F.R.D. 509, 514 (N.D. Fla. 1997). Defendants' policy affects enrollees statewide. *Walco Invs., Inc.*, 168 F.R.D. at 324. Medicaid enrolled class members are, by definition, financially limited in their ability to retain legal representation. *Id.* In sum, joinder of all putative class members is impracticable, and Rule 23(a)(1) is met.

## **2. Commonality**

Commonality ensures all class members have similar claims. *See Meza by & through Hernandez v. Marsteller*, No. 3:22-CV-783-MMH-LLL, 2023 WL 2648180, \*9 (M.D. Fla. Mar. 27, 2023). Thus, class members need to have suffered the same injury, and “their claims must depend upon a common contention . . . that it is capable of classwide resolution” such that “determination of its truth or falsity will resolve an issue that is central to the validity of each one of the claims in one stroke.” *Wal-Mart Stores, Inc. v. Dukes*, 564 U.S. 338, 350, 353 (2001).

Rule 23(a)(2) “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’ over individual issues.” *Vega*, 564 F.3d at 1268. “The requirement is satisfied ‘where plaintiffs allege common or standard conduct by the defendant directed toward

members of the proposed class.” *Meza*, 2023 WL 2648180, \*9 (quote omitted). Indeed, actions “combining challenges to uniform practices with requests for declaratory, or injunctive relief, by their very nature deal with common questions of law and fact.” *Hernandez v. Meadows*, 209 F.R.D. 665, 671 (S.D. Fla. 2002) (citation omitted). Finally, one common question of law or fact is enough to clear the “low hurdle of Rule 23(a)(2).” *Williams v. Mohawk Indus., Inc.*, 568 F.3d 1350, 1356 (11th Cir. 2009).

Here, Plaintiffs allege a standardized course of conduct by Defendants—the use of standardized termination notices that do not provide the clear statement of the factual and legal basis for the action that is required before Medicaid coverage can be terminated. Critically, the notices are the *only* communication DCF affirmatively provides to all enrollees to communicate its final eligibility decision. And those notices share several common features: All of the challenged notices omit both the facts DCF relied upon and the description of the standard used to measure eligibility. The Plaintiffs also challenge the standard fair hearing paragraph in each of their notices. Thus each class member suffered the same *injury*: receipt of an inadequate notice.

The central common question of law for the due process claim is whether DCF’s choice to omit any individualized information or description of applicable standards of eligibility, in the sole communication it affirmatively provides regarding its eligibility decisions, is “reasonably calculated to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections.” *Mullane*, 339 U.S. at 315. Because the relevant standard is an objective test that evaluates “whether the notice is reasonably calculated to apprise intended recipients,

as a whole, of their rights,” this claim is susceptible to class-wide proof. *Jordan v. Benefits Rev. Bd. of U.S. Dep’t of Lab.*, 876 F.2d 1455, 1459 (11th Cir. 1989) (emphasis added). Similarly, for the Medicaid Act claim, the question is whether absent factual information or eligibility standards, the notices satisfy Medicaid’s “fair hearing” requirement to provide “a clear statement of the specific reasons supporting the action.” 42 U.S.C. § 1396a(a)(3); 42 C.F.R. § 431.210(b).

Subclass A shares the additional common question of whether the failure to identify *any* eligibility factor(s) used to reach a decision about an individual’s Medicaid ineligibility—either because the notice includes no reason code at all or because it includes codes that are empty of explanation—can satisfy Defendants’ obligation to provide notice “detailing the reasons for a proposed action.” *Goldberg v. Kelly*, 397 U.S. 254, 267-68 (1970). And for Subclass B, there is also a shared question whether a notice that only states someone’s income is “too high” without identifying the household income or applicable income standards comports with due process or the Medicaid Act. *See Ortiz v. Eichler*, 616 F. Supp. 1046, 1061 (D. Del. 1985), *aff’d*, 794 F.2d 889 (3d Cir. 1986); 42 U.S.C. § 1396a(a)(3); 42 C.F.R. § 431.210(b).

While these questions of fact and law meet the test for commonality, there are other common questions as well. For example, when evaluating whether additional process is constitutionally required, courts consider the administrative burden to the state from the additional procedures. *See Mathews v. Eldridge*, 424 U.S. 319, 347 (1976). Determining what administrative burden Defendants would face from adding additional explanation to the notices will advance each class members’ due process

claim and is readily susceptible to class-wide proof. Likewise, class members' common claims will be advanced by determining whether the notices' description of how to obtain a fair hearing accurately reflects Defendants' policies. Answers to these questions are relevant to each class members' claim that the notices do not "clearly" explain "the availability of an avenue of redress," *Memphis Light, Gas & Water Div. v. Craft*, 436 U.S. 1, 13-14 n.15 (1978), and do not inform enrollees of the "method by which [they] may obtain a hearing." 42 C.F.R. § 431.206(b)(2). Finally, the injunctive relief sought here confirms that the answer to the above questions will resolve Plaintiffs' claims in one stroke. If the Court finds for Plaintiffs', relief would include requiring Defendants to stop terminating Medicaid coverage of class members until they can generate and provide adequate notices to class members. If the Court rules for Defendants, then they can continue to rely on the notices as currently drafted.

Notably, numerous courts have found the commonality requirement met in similar cases. *See, e.g., J.M. ex rel. Lewis v. Crittenden*, 337 F.R.D. 434, 449 (N.D. Ga. 2019) (certifying class raising common question of "whether Defendants' 'Notice of Medicaid Status' letters violate 42 U.S.C. § 1396a(a)(3) of the Medicaid Act and its implementing regulations"); *Hernandez*, 209 F.R.D. at 671 (finding the "overriding common issue of law and fact"—whether the Defendant violated the Medicaid Act and regulations, and the Due Process Clause by failing to ensure adequate notice and fair hearing rights on a uniform basis—was sufficient to meet the commonality requirement); *Melanie K. v. Horton*, No. 1:14-CV-710-WSD, 2015 WL 1308368, \*5 (N.D. Ga. Mar. 23, 2015) (approving settlement in case challenging inadequate notice

of denials and noting that courts “throughout the country routinely certify classes of public benefits applicants in similar cases seeking to challenge a policy, custom, or practice in the administration of . . . benefit programs”).

### 3. Typicality

The typicality requirement is satisfied when the “claims or defenses of the representative parties are typical of the claims or defenses of the class.” Fed. R. Civ. P. 23(a)(3). Courts have found that “the commonality and typicality requirements of Rule 23(a) overlap. Both requirements focus on whether a sufficient nexus exists between the legal claims of the named class representatives and those of individual class members to warrant class certification.” *Prado-Steiman, ex rel. Prado v. Bush*, 221 F.3d 1266, 1278 (11th Cir. 2000). “Class members’ claims need not be identical . . . rather, there need only exist a sufficient nexus . . . between the legal claims of the named class representatives and” the remainder of the class. *Ault v. Walt Disney World Co.*, 692 F.3d 1212, 1216 (11th Cir. 2012) (quotations omitted). A sufficient nexus “exists if the claims or defenses of the class and the class representatives arise from the same event or pattern or practice and are based on the same legal theory.” *Id.* (cites omitted). “The typicality requirement is generally met if the class representative and class members received the same unlawful conduct irrespective of whether the fact patterns that underlie each claim vary.” *Meza*, 2023 WL 2648180, \*10 (cite omitted).

Here, Plaintiffs’ claims are typical of the class. They “possess the same interest” in receiving an adequate notice that contains a clear statement of the intended action and the reason for the action, and they suffer the same injury, namely receipt of an

inadequate notice, as the class members. Moreover, Plaintiffs' claims arise from "the same event or practice or course of conduct that gives rise to the claims of other class members, and . . . are based on the same legal theory." 1 NEWBERG ON CLASS ACTIONS § 3.13 (3d ed. 1992). Like each class member, each Plaintiff's notice failed to provide any individualized information used to make the ineligibility decision or explain the applicable eligibility standards. *Compare* Chianne D. Decl., Ex. B (ECF 2-6); Jenifer V. Decl., Ex. A (ECF 2-5); Taylor Notice. (ECF 2-7); *with* L.M.J. notice (ECF 2-8), G.M. notice (ECF 2-9), A.H. notice (ECF 2-10), M.G. notice (ECF 2-11), L.S. notice (ECF 2-12); F.M. notice (ECF 2-13); *see J.M.*, 337 F.R.D. at 450 (finding typicality due to form notice though one plaintiff experienced no coverage gap).

Further, Plaintiffs A.V. Kimber Taylor, and K.H. represent Subclass A, and their claims, like all Subclass A members, arise from Defendants' use of reason codes that are devoid of explanation as to why an individual is Medicaid ineligible. *Compare* Jennifer V. Decl. at Ex. B (ECF 2-5), Taylor Notice (ECF 2-7) *with* L.M.J. notice (ECF 2-9), A.H. notice (ECF 2-10), M.G. notice (ECF 2-11), L.S. notice (ECF 2-12), F.M. notice (ECF 2-13). Plaintiffs Chianne D., C.D., and A.V. and their claims, like every Subclass B member, arise from Defendants' use of reason codes terminating their Medicaid eligibility that merely stated their income was "too high" without more. *Compare* Chianne D. Decl. at Ex. B (ECF 2-6); Ex. 2, 1/18/24 A.V. Notice *with* L.M. notice (ECF 2-9). All named Plaintiffs, like all class members, received notices that also did not provide a clear explanation of the method for requesting a hearing. As

such, the named Plaintiffs' claims are typical of the class's claims.

#### **4. Adequacy of representation**

Finally, Plaintiffs must show that "the representative parties will fairly and adequately protect the interests of the class." Fed. R. Civ. P. 23(a)(4). This "encompasses two separate inquiries: (1) whether any substantial conflicts of interest exist between the representatives and the class; and (2) whether the representatives will adequately prosecute the action." *Valley Drug Co.*, 350 F.3d at 1189 (citations omitted).

There is no conflict of interest between the class representatives and the absent class members. Every class member seeks to have their right to legally sufficient Medicaid termination notices enforced. The class members' interest in having their rights under federal Medicaid and constitutional law upheld does not interfere with or oppose one another. *Valley Drug Co.*, 350 F.3d at 1189; *see also Amchem Prods., Inc.*, 521 U.S. at 625-26. The requested relief further evidences the lack of conflict as all of the claims in the case involve the same policies and course of conduct by Defendants, and Plaintiffs only seek injunctive and declaratory relief. Am. Compl. at 43-44. Furthermore, the satisfaction of the commonality and typicality requirements, as argued *supra*, provides a strong indication that "the class claims are so interrelated that the interests of the class members will be fairly and adequately protected in their absence." *Amchem Prods., Inc. v. Windsor*, 521 U.S. 591, 626 n.20 (1997).

Finally, class counsel is competent to represent class interests. *See Valley Drug Co.*, 350 F.3d at 1189. Florida Health Justice Project and the National Health Law Program have significant experience litigating Medicaid and due process claims in

federal court. Additionally, all counsel are experienced with prosecuting class actions, and counsel have been working steadily and competently to investigate and prosecute this case. The class interests in this case will be adequately protected.

**B. The proposed class is ascertainable.**

The proposed class must be “adequately defined and clearly ascertainable.” *Karhu v. Vital Pharms., Inc.*, 621 F. App’x 945, 946 (11th Cir. 2015). An adequately defined class is one that enables the district court “to evaluate whether a proposed class satisfies Rule 23(a).” *Cherry*, 986 F.3d at 1303; *Id.* at 1302 (“A class is inadequately defined if it is defined through vague or subjective criteria.”).

Here, class membership is determined by reviewing the particular reason codes (or lack thereof) that appear in the notice issued to an individual. For clarity, Plaintiffs have filed a list of reason codes captured by the class definitions.<sup>4</sup> *See* ECF 47-3. The criteria for class membership are not vague or subjective. In fact, Mr. Davis’s declaration shows that DCF is able to identify the individual class members using data in its possession. Moreover, while not a requirement of class certification, *Cherry*, 986 F.3d at 1303, identification of class members is administratively feasible. As such, the putative class is readily identifiable and ascertainable.

**C. The proposed class satisfies Rule 23(b)(2).**

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<sup>4</sup> Plaintiffs did not include the exact language of the reason codes in the class definition to protect against the possibility of post-filing changes that might remove individuals from the class without resolving the underlying dispute. For example, A.V.’s most recent notice appears to include a new formulation, but still fails to identify the household income used or the applicable income standard, stating “Reason: Your child(ren) are not eligible for Medicaid due to your family’s income, but they may be able to get health insurance through Florida KidCare. . . .” *See* Ex. 2 at 4.



This lawsuit squarely meets the Rule 23(b)(2) requirement that “the party opposing the class has acted or refused to act on grounds generally applicable to the class, thereby making appropriate final injunctive relief or corresponding declaratory relief with respect to the class as a whole.” Fed. R. Civ. P. 23(b)(2). Here, Defendants’ use of standardized notices that lack a clear statement of the reasons for the decision has harmed, or threatens to harm in the future, all class members, and Plaintiffs are seeking injunctive and declaratory relief that would apply to the class as a whole. *See Wal-Mart*, 564 U.S. at 360 (holding that Rule 23(b)(2) is met “when a single injunction or declaratory judgment would provide relief to each member of the class”). The current action is precisely the scenario for which Rule 23(b)(2) was intended. *See DWFII Corp. v. State Farm Mut. Auto. Ins. Co.*, 469 F. App’x 762, 765 (11th Cir. 2012).

### III. CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that the Court grant their Motion for Class Certification and appoint undersigned counsel as class counsel.

Dated: February 20, 2024

Respectfully submitted,

By: /s/ Sarah Grusin

#### **NATIONAL HEALTH LAW PROGRAM**

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 Jane Perkins (admitted *pro hac vice*)  
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#### **FLORIDA HEALTH JUSTICE PROJECT**

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 harmatz@floridahealthjustice.org  
 hearn@floridahealthjustice.org

# **Exhibit 1**

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

Chianne D., et al.,

Plaintiffs,

v.

Case No. 3:23-cv-00985

Jason Weida, in his official capacity  
as Secretary for the Florida Agency  
for Health Care Administration, et al.,

Defendants.

\_\_\_\_\_ /

**APPENDIX OF EXHIBITS FOR PLAINTIFFS' AMENDED  
MOTION AND MEMORANDUM IN SUPPORT OF CLASS CERTIFICATION**

<b>Exhibit Number</b>	<b>Title of Exhibit</b>
Exhibit 1	Appendix
Exhibit 2	1/18/24 A.V. Notice
Exhibit 3	2 <sup>nd</sup> Declaration of Kimber Taylor
Exhibit 4	A.V. Resp. to D's Interrogatories
Exhibit 5	8/7/23 Kimber Taylor Notice
Exhibit 6	Email exchange re: A.V.'s Medicaid Eligibility
Exhibit 7	Defs' Response to Pls' RFA
Exhibit 8	3/20/23 Chianne D. Notice
Exhibit 9	3/21/23 Chianne D. ACCESS Application
Exhibit 10	4/4/23 DCF Request for Information
Exhibit 11	4/11/2023 Self-Attestation of Loss of Income
Exhibit 12	5/30/2023 AM Call Transcript

## **Exhibit 2**

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

**Notice of Case Action**  
State of Florida Department  
of Children and Families



January 18, 2024

Case: [REDACTED]

Phone: (305) 420-3756

HENRY V [REDACTED]  
[REDACTED]  
[REDACTED]

Dear Henry [REDACTED] V [REDACTED]

The following is information about your eligibility.

**Medically Needy**

Your Medically Needy Share of Cost will increase from \$6042.00 to \$6216.00 as of February 01, 2024.

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

Reason: Account Transfer to Federally Facilitated Marketplace

The law that supports this action is:

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

**Did you know you now have an on-line account with us? Go to [www.myflorida.com/accessflorida](http://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](http://www.myflorida.com/accessflorida). You may also report changes by calling the ACCESS Florida Customer Call Center at 850-300-4323, or by mail to the return address at the top of this notice.

**Medically Needy**

Your Medically Needy Share of Cost will increase from \$5547.00 to \$6216.00 as of February 01, 2024.

<b>Name</b>	<b>Status</b>
Henry V [REDACTED]	Enrolled
A [REDACTED] C [REDACTED]	Ineligible
N [REDACTED] C [REDACTED]	Ineligible

Reason: Account Transfer to Federally Facilitated Marketplace

The law that supports this action is:

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

**Did you know you now have an on-line account with us? Go to [www.myflorida.com/accessflorida](http://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 Medically Needy Share of Cost will increase from \$5646.00 to \$6216.00 as of February 01, 2024.

<b>Name</b>	<b>Status</b>
A [REDACTED] C [REDACTED]	Ineligible
N [REDACTED] C [REDACTED]	Ineligible
D [REDACTED] C [REDACTED]	Enrolled

Reason: Your child(ren) are not eligible for Medicaid due to your family's income, but they may be able to get health insurance through Florida KidCare. Most families pay \$20 or less per month for coverage. Florida KidCare is already processing an application for your child(ren). To learn how you can enroll them, please call 1-800-821-5437. Make this call soon since their Medicaid is ending.

Account Transfer to Florida Healthy Kids/Federally Facilitated Marketplace

The law that supports this action is:

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

**Did you know you now have an on-line account with us? Go to [www.myflorida.com/accessflorida](http://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 Medically Needy Share of Cost will increase from \$5646.00 to \$6216.00 as of February 01, 2024.

<b>Name</b>	<b>Status</b>
A [REDACTED] C [REDACTED]	Ineligible
N [REDACTED] C [REDACTED]	Ineligible
J [REDACTED] C [REDACTED]	Enrolled

Reason: Your child(ren) are not eligible for Medicaid due to your family's income, but they may be able to get health insurance through Florida KidCare. Most families pay \$20 or less per month for coverage. Florida KidCare is already processing an application for your child(ren). To learn how you can enroll them, please call 1-800-821-5437. Make this call soon since their Medicaid is ending.

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### **Medically Needy**

Your Medically Needy Share of Cost will increase from \$5646.00 to \$6216.00 as of February 01, 2024.

<b>Name</b>	<b>Status</b>
A [REDACTED] C [REDACTED]	Ineligible
N [REDACTED] C [REDACTED]	Ineligible
L [REDACTED] V [REDACTED]	Enrolled

Reason: Your child(ren) are not eligible for Medicaid due to your family's income, but they may be able to get health insurance through Florida KidCare. Most families pay \$20 or less per month for coverage. Florida KidCare is already processing an application for your child(ren). To learn how you can enroll them, please call 1-800-821-5437. Make this

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<b>Name</b>	<b>Status</b>
A [REDACTED] V [REDACTED]	Enrolled
A [REDACTED] C [REDACTED]	Ineligible
N [REDACTED] C [REDACTED]	Ineligible

Reason: Your child(ren) are not eligible for Medicaid due to your family's income, but they may be able to get health insurance through Florida KidCare. Most families pay \$20 or less per month for coverage. Florida KidCare is already processing an application for your child(ren). To learn how you can enroll them, please call 1-800-821-5437. Make this call soon since their Medicaid is ending.

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**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](http://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 may 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](http://www.floridalawhelp.org).

Information on other services that may be helpful to you can be found at

<https://www.myflfamilies.com/services/public-assistance>.

Local community partner agencies are available to help you apply for services. To find one near you, go to [www.myflorida.com/accessflorida](http://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](http://www.registertovoteflorida.gov) or call the ACCESS Customer Call Center at (850) 300-4DCF (4323)
- Did you earn less than \$63,398 in 2023? You may be eligible for an Earned Income Tax Credit up to \$7,430. 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:**

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), 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. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

**CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS**

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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:** Food and Nutrition Service, USDA

1320 Braddock Place, Room 334, Alexandria, VA 22314; or

2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

For any other information regarding 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: [SNAP hotline](#).

## **CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS**

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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 기타 보조 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



## **SUPPLEMENTAL DECLARATION OF KIMBER TAYLOR**

I, Kimber Taylor, hereby declare under the pains and penalties of perjury that the following is true and correct and based on personal knowledge:

1. In paragraph 20 of my initial declaration (Doc. 3-12), I stated I received a notice from DCF dated August 7, 2023, which informed me my June 29, 2023 application for Medicaid was approved, I was eligible for ongoing Medicaid coverage, and DCF reinstated my Medicaid.
2. I now believe my Medicaid coverage was not reinstated. I am worried DCF only reinstated K.H.'s coverage and not mine. A copy of the August 7, 2023, Notice of Case Action is attached to this declaration. That notice first states both K.H. and I are eligible for Medicaid from July 2023 through September 2023 ongoing, but also states I am "ineligible" for Medicaid for June 2023 because I am "receiving the same type of assistance from another program."
3. I am pregnant again and access to prenatal care is critical. Although I have private insurance, after I became pregnant again, I decided to reapply for Medicaid. I reapplied for Medicaid on January 16, 2024.
4. As of February 16, 2024, DCF had not processed my January 16th application.

5. On January 26, 2024, I visited my OB/GYN for pregnancy care. I received a bill on February 7, 2024 through my patient portal which states I owe \$100 for my January 26th visit. The original cost of the appointment was \$370. I assume that after an insurance discount and insurance payment from my private insurance, I still had a balance of \$100. I thought the balance would be covered by Medicaid. The fact that Medicaid did not pay suggests to me that I am not enrolled in Medicaid.
6. In December 2023, DCF required every Florida Medicaid applicant/beneficiary to create a brand new MyAccess account. When I created my new MyAccess account, none of my information transferred over. The only information in my new MyAccess account is my January 16<sup>th</sup> Medicaid application.
7. I wonder if I should have appealed when I had the opportunity in June 2023 because I am completely confused about the status of my Medicaid eligibility and whether it should have continued from June 2023 (when I received the notice terminating coverage for K.H. and me) through May 2024 (which is the end of my 12-month postpartum Medicaid eligibility period). Not having full health coverage during my pregnancy makes me anxious.

Dated: 16/02/2024

Kimber Taylor  
Kimber Taylor (Feb 16, 2024 10:10 EST)

Kimber Taylor, Declarant

## **Exhibit 4**

**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.

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**PLAINTIFFS' RESPONSES TO DEFENDANTS'  
FIRST SET OF INTERROGATORIES TO A.V.**

Pursuant to Fed. R. Civ. P. 33, Plaintiff A.V., by and through her next friend, Jennifer V. and undersigned counsel, provide responses to Defendants' First Set of Interrogatories to A.V. and states:

**INTERROGATORIES**

**INTERROGATORY NO. 1:** Do you contend that DCF's determination (set forth in the Notice of Case Action) that you are ineligible for Medicaid was incorrect? If so, identify each Medicaid-eligible population group to which [sic] contend you belonged, and, as to each, state the facts that support your claim of eligibility.

**RESPONSE:** Yes, I contend that DCF's determination set forth in the Notice of Case Action dated May 16, 2023, finding A.V. ineligible for Medicaid



was incorrect. A.V. belongs to the Medicaid eligible population group of “children under 19.” See [DCF Program Policy Manual, Section 2030.0902](#). On May 16, 2023, A.V. turned one year old. She resides in a household of eight (8) which includes her parents, Jennifer V. (44) and Henry V. (36), and her siblings Andrew C. (22), D.C. (17), J.C. (14), L.V. (6), and N.C. (19). N.C. receives Supplemental Security Income (SSI). My husband and I claimed these children as dependents on our federal income taxes for 2022 and we file jointly. The 2023 monthly income limit for a one-year-old child under the Medicaid eligible population group of “children under 19” for a household of eight is \$6,110.00. See [DCF Program Policy Manual, Appendix A](#). There is no asset test.

Based on continuous eligibility, A.V. was, at least, eligible through the entire month May 2023 as a newborn born in May 2022. See Fla. Stat. § 409.904(6) (“...a child who has not attained the age of 5 and who has been determined eligible for the Medicaid program is deemed eligible for a total of 12 months regardless of changes in circumstances other than attainment of the maximum age.”). Thus, DCF was required to determine A.V.’s Medicaid eligibility for June 2023 and ongoing using the household’s countable income received in May 2023. See [DCF Program Policy Manual](#), Section 2430.0204 (“[w]hen averaging income, use the most recent consecutive four weeks....”).

A.V.’s total household income in May 2023 was as follows:

	Henry V.	Jennifer V.
5/1/23-5/14/23	\$2354.10	\$392.38

5/15/23-5/28/23	\$2308.18	
5/15/23-5/30/23		\$87.79
5/29/23-6/11/23	\$2262.26	

Henry V. is paid “biweekly (every two weeks)” and “[s]ince eligibility and benefit amounts are issued based on a calendar month; income received other than monthly is to be converted to a monthly amount.” [See DCF Program Policy Manual, Section 2430.0700](#). Jennifer V. is paid “semimonthly.” *Id.* Using DCF’s income conversion method for biweekly payments, Henry V.’s biweekly income for May 2023 was \$2,331.14 (“if income is received biweekly, add two pay periods and divide by two to get the biweekly average.”). [See DCF Program Policy Manual, Section 2430.0509](#). Jennifer V.’s semimonthly income for May 2023 was \$240.10 (“if income is received semimonthly, add two pay periods and divide by two to get the semimonthly average.”). There is no other household income. Therefore, the monthly countable income for purposes of A.V.’s June Medicaid eligibility was \$5,142.48  $((\$2,331.14 \times 2) + (\$240.10 \times 2))$ . [See DCF Program Policy Manual, Section 2430.0700](#). \$5,142.48 is below the income limit for A.V.’s Medicaid population category and thus she remained eligible for Medicaid in June 2023 and ongoing.

Importantly, if DCF had correctly found A.V. eligible for Medicaid in May 2023, A.V. would receive one year of continuous coverage and would not need to renew her eligibility again until May 2024. *See Fla. Stat. § 409.904(6)*.

**INTERROGATORY NO. 2:** Were you or Jennifer V. confused by—or did you or Jennifer V. have questions about—the Notice of Case Action? If so, describe all efforts that you (or anyone on your behalf) made to obtain clarification or additional information and the outcome of those efforts.

**RESPONSE:** Yes, I was confused by and had questions about the Notice of Case Action. Upon my first review of the Notice of Case Action, I did not realize that it was a notice informing me A.V.'s Medicaid was being terminated because the notice also said that A.V. was eligible for Medicaid through a different coverage group. I thought that the notice may be telling me A.V. was being switched to a new Medicaid managed care plan. I was further confused by the fact that only A.V. and N.C. were on Medicaid, but it listed everyone in our household as losing Medicaid coverage.

Once we learned from A.V.'s pediatrician's office that A.V. lost insurance coverage, we began to try and figure out what happened.

Around the same time, I was overwhelmed and asked my husband, Henry V., to help determine what went wrong especially because he had control over our federally facilitated marketplace (FFM) and the Florida Healthy Kids Corporation (FHKC) accounts. Henry V. called A.V.'s Medicaid managed care plan (Aetna), FFM, and FHKC to try to figure out why A.V.'s Medicaid had been terminated and how to connect her to health insurance. He did not receive any useful information but instead was told to call DCF.

He did not call DCF because every time I tried to reach them, I could not get in touch with a human. I would wait on hold and get looped through the

automated system. The options on the automated system that I needed were not offered. I would ask to speak with a live person and then it would put me on hold – I would wait sometimes up to an hour and then would hear a click and the line would disconnect. I do not remember how many times I tried to call DCF.

When Henry called FHKC, they specifically told Henry to open a new account in DCF's ACCESS system and file a new Medicaid application for A.V. We did not take those steps, however, because I was concerned it would create more confusion.

At some point, I reached out to Florida Health Justice Project for assistance because we could not figure out how to get A.V. back on Medicaid.

**INTERROGATORY NO. 3:** Did you (or anyone on your behalf) request a fair hearing to contest DCF's determination (set forth in the Notice of Case Action) that you are ineligible for Medicaid? If so, state the date on which the fair hearing was requested and describe the fair-hearing process and its outcome. If not, explain why a fair hearing was not requested.

**RESPONSE:** No, no one requested a fair hearing to contest DCF's determination set forth in the May 16<sup>th</sup> Notice of Case Action finding A.V. ineligible for Medicaid. A fair hearing was not requested because I decided the more sensible approach to resolving my confusion about her Medicaid eligibility was to participate in this litigation and seek reinstatement through the preliminary relief. This is because I did not know whether DCF was correct about its decision and I did not know what I would say at a hearing. I also wanted to

participate in litigation because I wanted to ensure other people do not experience the frustration and confusion we have.

**INTERROGATORY NO. 4:** Do you contend that DCF must make changes to its notices of case action? If so, describe specifically each change that you contend DCF must make.

**RESPONSE:** Yes, I contend that DCF must make changes to its notices of case action. The notices need to be clear about the action the agency is taking. For example, on my May 16<sup>th</sup> Notice of Case Action, it needed to say which member of the household was receiving Medicaid and for each person actually enrolled, why it was ending. It also needs to include the amount of income DCF uses to determine eligibility, the income limit for each household member and the number of people DCF thinks are in the household. The notices should also explain the eligibility rules for Medicaid, including if there are different rules for different groups. The fair hearing language should be edited to ensure that individuals understand how to request a hearing, including by emailing the DCF Office of Appeal Hearings or using the link on DCF's webpage. It should not say that you "will" have to repay benefits if that is not true because that feels threatening and would make us hesitate to request a hearing.

**INTERROGATORY NO. 5:** State all facts that support your assertion that you (or Jennifer V.) "spent hours on the phone attempting to obtain clarity."

ECF No. 3 at 1–2. Your answer should identify the date and duration of each telephone call, the person who initiated the telephone call, all participants to the telephone call, the substance of your inquiries, and the information provided to you.

**RESPONSE:** I cannot recall specific dates, times, and duration during each telephone call I had with state agencies or state agency contractors about the termination of A.V.'s Medicaid in May 2023. I know that me or my husband contacted: DCF, A.V.'s Medicaid managed care plan, FHKC, the FFM, and A.V.'s pediatrician's office to discuss A.V.'s coverage. I do not know the names of the individuals I or Henry V. spoke to at DCF, the managed care plan, FHKC, the FFM, or the pediatrician's office.

Regarding the pediatrician's office call, I know that we went to A.V.'s one-year well-check on May 30, 2023. At that time, the pediatrician told us they were out of a vaccine and to try again in one to three weeks. So, we then scheduled an appointment for that vaccine on June 6, 2023. Between May 31st and June 6th, I received a call from the pediatrician's office notifying me that A.V. did not have insurance and therefore they had to cancel the June 6th appointment. I think that call was under 5 minutes. I was surprised and confused when I learned this information.

Additionally, regarding my attempts to contact DCF, as stated above, many of the calls were made to DCF but I was put on hold after having to go through a series of automated messages and then would be disconnected. These calls occurred

between the date of on or about June 8, 2023, to around the end of July 2023. We called DCF at least three times. I was never able to connect with a person at DCF. Those calls were a minimum of forty-five minutes. I remember the length of these calls because as time would pass while I was on hold, the experience trying to get meaningful information from the call would become more and more distressing. This led me to the question, if I cannot get meaningful information, how am I supposed to rectify any mistake on my side or on DCF's side?

Regarding Henry V.'s calls with FHKC, I do remember that FHKC told Henry to call DCF and specifically to open a new account in DCF's ACCESS system and file a new Medicaid application only for A.V. As I stated earlier, I did not think this was a good idea and may lead to more confusion, so we did not open a new account. I know there were many calls, but I do not know the length of the calls.

Regarding Henry V.'s calls with the Medicaid managed care plan, I believe that calls were half an hour to an hour. That call was to check the status of A.V.'s eligibility.

Regarding Henry V.'s calls with the FFM, I know that the substance was to discuss what happened to our application for insurance coverage, including A.V. The FFM told him to call DCF.

We did not get any useful information about why A.V.'s coverage had ended during any of the calls.

**INTERROGATORY NO. 6:** Do you contend that your income did not

exceed the applicable income limits when DCF determined in the Notice of Case Action that you are ineligible for Medicaid? If so, state all facts that support your contention.

**RESPONSE:** Yes. Please see my detailed response to Interrogatory No. 1.

**INTERROGATORY NO. 7:** Do you contend that you “cannot afford necessary health care” (ECF No. 3 at 2)? If so, state all facts that support your contention.

**RESPONSE:** Yes. A.V. has been healthy but we have incurred out-of-pocket payments for her health care that we have had to put on a credit card. We skipped A.V.’s fifteen-month well-check in August 2023 because we could not afford to pay out of pocket. During the week of November 6, 2023, we took A.V. for a sick visit because I was worried she was getting an ear infection. We incurred an out-of-pocket expense of \$136.00 for that visit. The office then returned to us \$44.00 of the \$136.00 so the total out of pocket cost was \$92.00.

Additionally, A.V. had a well-check on November 30, 2023. I declined the standard vision screen during this appointment as well as a lead test, and anemia test to save money and because the pediatrician said it would be okay to defer to a later time. The pediatrician’s office discounts the cost of care for self-pay patients, so the total visit was \$177.00.

I believe A.V. is also missing a vaccine. Without all of her vaccines, I will be unable to enroll her in daycare which impacts my ability to work.

At the time we incurred these expenses, we did not have the money to



afford them out of pocket. If we did not have a credit card, there is no way we could have afforded this care.

**INTERROGATORY NO. 8:** Describe all efforts you (or anyone on your behalf) has made to secure healthcare coverage since you received the Notice of Case Action; all healthcare coverages, including private insurance and public-assistance programs, that you have had since your Medicaid coverage was terminated; and the periods of time during which you had each healthcare coverage.

**RESPONSE:** See responses to Interrogatories Nos. 2 and 5 above. In addition to those efforts, we have made the following efforts: on August 22, 2023, we filed this lawsuit requesting that A.V.'s coverage be reinstated. Once it was determined A.V. would not be placed back on to Medicaid quickly through preliminary relief, we filed an application on December 15, 2023 through the FFM because it was open enrollment. The FFM notice noted that A.V. was likely not Medicaid eligible based on that month's countable household income of \$6,142.00. In response, Henry V. contacted the marketplace hotline to determine whether A.V. had been found eligible for the Children's Health Insurance Program administered by FHKC. The FFM representative stated she saw a letter dated December 17, 2023 to the FFM from FHKC which said that A.V. had been denied CHIP enrollment. The FFM representative further stated that we should expect a letter in the mail from FHKC. Henry V. checked our FHKC account after his call with the FFM representative. A.V.'s name was listed in the FHKC account but

under her name, the account said, “Please contact the call center at 1-888-540-KIDS (5437) for more information.” When Henry V. called as instructed, he was told that he needed to upload paystubs from November 2023. Henry V. completed that task on December 22, 2023. Henry was told that, after the paystubs were uploaded, FHKC would tell him next steps via email. On January 16, 2024, he received two notices FHKC notices. One notice said that Daniel C., Julia C., and Lydia V. were eligible for KidCare at a \$15.00 per month premium. The other notice stated A.V. was denied Florida KidCare eligibility because she was being referred to Medicaid.

On January 18, 2024, we received a notice of case action from DCF finding that A.V. was enrolled in medically needy with a share of cost in the amount of \$6,216.000. This notice was addressed to Henry V. The notice is confusing. It says “Your child(ren) are not eligible for Medicaid...” but does not identify which child or children to which the notice is referring. Additionally, the FHKC notice says A.V. cannot have KidCare because she was referred to Medicaid, but the DCF January 18<sup>th</sup> notice suggests that A.V. can enroll in KidCare. It is also confusing because it suggests that A.V.’s and Andrew’s Medicaid is ending but neither are currently enrolled in Medicaid. Similarly, it suggests that Natalie’s Medicaid is ending but she receives Supplemental Security Income and automatically gets Medicaid as a result. The notice also does not contain the income DCF used to make this decision, the income standard that applies to each person in our household, or how many members they are counting as part of that household. I remained confused by this notice.

There is a second notice from DCF dated January 18, 2024, that is addressed to me but that one only has Andrew C. and Natalie C. and it says that their medically needy enrollment ends on January 31, 2024 because they are receiving the same type of assistance from another program. I have no idea what that means. Natalie needs health insurance and I am terrified about making a mistake with her Medicaid.

**INTERROGATORY NO. 10:** Do you contend that DCF did not mail the Notice of Case Action to you (or Jennifer V.) on or about May 16, 2023? If so, state all facts that support your contention.

**RESPONSE:** I do not know if DCF mailed or did not mail the May 16, 2023, Notice of Case Action. I know that neither me nor my husband received the Notice of Case Action via mail but, instead, found the notice in our online ACCESS account. I assume that, if it was mailed, we would have received it. I know for sure that I never received an envelope with a yellow stripe.

**INTERROGATORY NO.11:** State all facts that support the following assertion: “I think our income is below the Medicaid limit for young children . . . .” (ECF No. 2-5 ¶ 16).

**RESPONSE:** I think our income is below the Medicaid limit for young children based on the analysis I set forth in Interrogatory No. 1.

I hereby declare, under the pains of the penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Jennifer V.  
Jennifer V. (Jan 20, 2024 23:22 EST)

---

Jennifer V.


# 2023 1 20 Pls Response to Ds First Set of Interrogatories to AV

Final Audit Report

2024-01-21

Created:	2024-01-21
By:	Katy DeBriere (debriere@floridahealthjustice.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAefNH0uHOI2YIUOPHe7xAUfhIHAhH5IfT

## "2023 1 20 Pls Response to Ds First Set of Interrogatories to AV" History

 Document created by Katy DeBriere (debriere@floridahealthjustice.org)  
2024-01-21 - 3:52:30 AM GMT- IP address: 73.148.201.197

 Document emailed to [REDACTED] for signature  
2024-01-21 - 3:52:58 AM GMT

 Email viewed by [REDACTED]  
2024-01-21 - 4:02:28 AM GMT- IP address: 73.204.211.166

 Signer [REDACTED] entered name at signing as Jennifer V.  
2024-01-21 - 4:22:45 AM GMT- IP address: 73.204.211.166

 Document e-signed by Jennifer V. [REDACTED]  
Signature Date: 2024-01-21 - 4:22:47 AM GMT - Time Source: server- IP address: 73.204.211.166

 Agreement completed.  
2024-01-21 - 4:22:47 AM GMT

## **Exhibit 5**

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

## Notice of Case Action

State of Florida Department  
of Children and Families



August 7, 2023

Case: [REDACTED]

Phone: (386) 243-6087

KIMBER TAYLOR  
[REDACTED]

Dear Kimber Taylor

The following is information about your eligibility.

### **Medicaid**

Your application for Medicaid dated June 29, 2023 is **approved**. You are eligible for the months listed below:

Name	Jul, 2023	Aug, 2023	Sep, 2023 Ongoing
K [REDACTED] H [REDACTED]	Eligible	Eligible	Eligible
Kimber Taylor	Eligible	Eligible	Eligible

**Did you know you now have an on-line account with us? Go to [www.myflorida.com/accessflorida](http://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 no later than 10 days after the change occurs.

If you have access to a computer, you may report your changes online at the ACCESS Florida website located at [www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) or by calling the Customer Call Center toll free at (866) 762-2237.

If you enroll in Medicaid managed health care, the Agency for Health Care Administration (AHCA) will send you information about your Medicaid options. If you do not pick a plan on your own, AHCA will enroll you in a plan.

If you get Medicaid for your child(ren) only, you do not have to cooperate with Child Support Enforcement (CSE). However, their services to locate an absent parent, establish paternity, or get child support or medical support are available to you free of charge. If you do not cooperate, it will not affect your children's Medicaid.

Children eligible for the 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 Administrations information page at: <http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml>.

## **Medicaid**

Your Medicaid application/review dated June 29, 2023 is **denied** for the following months:

<b>Name</b>	<b>Jun, 2023</b>
Kimber Taylor	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

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to [www.myflorida.com/accessflorida](http://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](http://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](http://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 30<sup>th</sup> 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.

## 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](https://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](https://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](https://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](https://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](https://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](http://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](http://www.floridalawhelp.org).

Information on other services that may be helpful to you can be found at [www.dcf.state.fl.us/programs/access/](http://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](http://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](http://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](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](mailto: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](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 기타 보조 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 6**





Katy DeBriere <debriere@floridahealthjustice.org>

## RE: AV's Medicaid eligibility

1 message

Andy Bardos <Andy.Bardos@gray-robinson.com>

Fri, Feb 2, 2024 at 10:11 AM

To: Katy DeBriere <debriere@floridahealthjustice.org>

Cc: Ashley Hoffman Lukis <ashley.lukis@gray-robinson.com>, "Tim Moore, Jr." <tim.moore@gray-robinson.com>, Sarah Grusin <grusin@healthlaw.org>, Miriam Heard <heard@healthlaw.org>, Amanda Avery <avery@healthlaw.org>, Miriam Harmatz <harmatz@floridahealthjustice.org>, Lynn Hearn <hearn@floridahealthjustice.org>, Jane Perkins <perkins@healthlaw.org>

Hi Katy,

Please see the attached NOCA, which is being mailed to the address provided by the V [REDACTED] family. Thanks,

Andy

**Andy Bardos**  
Shareholder

**T** 850.577.9090  
**D** 850.577.6959  
**F** 850.577.3311



GrayRobinson, P.A. • 301 South Bronough Street, Suite 600, Tallahassee, Florida 32301

**GRAYROBINSON**  
ATTORNEYS | ADVISORS | CONSULTANTS

**From:** Katy DeBriere <debriere@floridahealthjustice.org>

**Sent:** Thursday, February 1, 2024 9:09 AM

**To:** Andy Bardos <Andy.Bardos@gray-robinson.com>

**Cc:** Ashley Hoffman Lukis <ashley.lukis@gray-robinson.com>; Tim Moore, Jr. <tim.moore@gray-robinson.com>; Sarah Grusin <grusin@healthlaw.org>; Miriam Heard <heard@healthlaw.org>; Amanda Avery <avery@healthlaw.org>; Miriam Harmatz <harmatz@floridahealthjustice.org>; Lynn Hearn <hearn@floridahealthjustice.org>; Jane Perkins <perkins@healthlaw.org>

**Subject:** Re: AV's Medicaid eligibility

**This message originated outside of GrayRobinson.**

Thank you, Andy. Please find the requested information attached.

On Wed, Jan 31, 2024 at 3:58 PM Andy Bardos <Andy.Bardos@gray-robinson.com> wrote:

Hi Katy,

If you'd like, you can send the records to me directly in this instance, given the unique circumstances of the case.

Thanks,

Andy

**Andy Bardos**

Shareholder

**T** 850.577.9090

**D** 850.577.6959

**F** 850.577.3311



GrayRobinson, P.A. • 301 South Bronough Street, Suite 600, Tallahassee, Florida 32301

**GRAYROBINSON**  
ATTORNEYS | ADVISORS | CONSULTANTS

**From:** Katy DeBriere <[debriere@floridahealthjustice.org](mailto:debriere@floridahealthjustice.org)>  
**Sent:** Wednesday, January 31, 2024 12:09 PM  
**To:** Andy Bardos <[Andy.Bardos@gray-robinson.com](mailto:Andy.Bardos@gray-robinson.com)>  
**Cc:** Ashley Hoffman Lukis <[ashley.lukis@gray-robinson.com](mailto:ashley.lukis@gray-robinson.com)>; Tim Moore, Jr. <[tim.moore@gray-robinson.com](mailto:tim.moore@gray-robinson.com)>; Sarah Grusin <[grusin@healthlaw.org](mailto:grusin@healthlaw.org)>; Miriam Heard <[heard@healthlaw.org](mailto:heard@healthlaw.org)>; Amanda Avery <[avery@healthlaw.org](mailto:avery@healthlaw.org)>; Miriam Harmatz <[harmatz@floridahealthjustice.org](mailto:harmatz@floridahealthjustice.org)>; Lynn Hearn <[hearn@floridahealthjustice.org](mailto:hearn@floridahealthjustice.org)>; Jane Perkins <[perkins@healthlaw.org](mailto:perkins@healthlaw.org)>  
**Subject:** Re: AV's Medicaid eligibility

**This message originated outside of GrayRobinson.**

Rather than the V [REDACTED] faxing this information to DCF, can I provide directly to you to pass on to your client?

And, as a side note, copies of these paystubs were provided as part of Pls' discovery response served on Defendants on January 22, 2024.

On Wed, Jan 31, 2024 at 11:44 AM Andy Bardos <[Andy.Bardos@gray-robinson.com](mailto:Andy.Bardos@gray-robinson.com)> wrote:

Hi Katy,

Please see the attached notice, which is being mailed to the V [REDACTED] family (their chosen means of communication) and requests verification of Henry's income by February 12.

Please contact me if you have any questions. Thanks,

Andy

**Andy Bardos**

Shareholder

**T** 850.577.9090

**D** 850.577.6959

**F** 850.577.3311



GrayRobinson, P.A. • 301 South Bronough Street, Suite 600, Tallahassee, Florida 32301

**GRAY ROBINSON**  
ATTORNEYS | ADVISORS | CONSULTANTS

This e-mail is intended only for the individual(s) or entity(s) named within the message. This e-mail might contain legally privileged and confidential information. If you properly received this e-mail as a client or retained expert, please hold it in confidence to protect the attorney-client or work product privileges. Should the intended recipient forward or disclose this message to another person or party, that action could constitute a waiver of the attorney-client privilege. If the reader of this message is not the intended recipient, or the agent responsible to deliver it to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is prohibited by the sender and to do so might constitute a violation of the Electronic Communications Privacy Act, 18 U.S.C. section 2510-2521. If this communication was received in error we apologize for the intrusion. Please notify us by reply e-mail and delete the original message without reading same. Nothing in this e-mail message shall, in and of itself, create an attorney-client relationship with the sender.

**From:** Katy DeBriere <[debriere@floridahealthjustice.org](mailto:debriere@floridahealthjustice.org)>

**Sent:** Tuesday, January 23, 2024 9:43 AM

**To:** Andy Bardos <[Andy.Bardos@gray-robinson.com](mailto:Andy.Bardos@gray-robinson.com)>; Ashley Hoffman Lukis <[ashley.lukis@gray-robinson.com](mailto:ashley.lukis@gray-robinson.com)>; Tim Moore, Jr. <[tim.moore@gray-robinson.com](mailto:tim.moore@gray-robinson.com)>

**Cc:** Sarah Grusin <[grusin@healthlaw.org](mailto:grusin@healthlaw.org)>; Miriam Heard <[heard@healthlaw.org](mailto:heard@healthlaw.org)>; Amanda Avery <[avery@healthlaw.org](mailto:avery@healthlaw.org)>; Miriam Harmatz <[harmatz@floridahealthjustice.org](mailto:harmatz@floridahealthjustice.org)>; Lynn Hearn <[hearn@floridahealthjustice.org](mailto:hearn@floridahealthjustice.org)>; Jane Perkins <[perkins@healthlaw.org](mailto:perkins@healthlaw.org)>

**Subject:** AV's Medicaid eligibility

**This message originated outside of GrayRobinson.**

Dear Andy,



As you may know, on December 15, 2023, the V [REDACTED] family applied for health insurance coverage through the marketplace (FFM).

During the four consecutive weeks prior to that application, Henry was paid:

- 10/30/23-11/12/23: 1742.22
- 11/13/23-11/26/23: 1383.69
- 11/27/23-12/10/23: 2090.95

His biweekly pay was therefore \$1737.32. Multiplying that by 2, the total amount of Henry V.'s countable income to determine December Medicaid eligibility is \$3474.64.

Jennifer's pay for November 2023 was:

- 11/1/23-11/14/23: 1375
- 11/15/23-11/30/23: 1112.

Therefore, Jennifer's total countable income was \$2487. Adding \$2487.00 to Henry's November pay of \$3474.64, the total is \$5961.64. This amount is under the Medicaid income limit for a household of 8 (\$6110).

So for January 2024, AV is Medicaid eligible. This is likely why, when the FFM transferred the application to FHKC, FHKC sent notice to A.V. that her KidCare application was denied and being transferred to Medicaid for an eligibility determination.

Unfortunately, DCF denied A.V.'s Medicaid application On January 18, 2024. We ask that your client review its determination for correctness.

Thank you.

Sincerely,

Katy DeBriere

Legal Director

Florida Health Justice Project

[www.floridahealthjustice.org](http://www.floridahealthjustice.org)

(352) 496-5419

[debriere@floridahealthjustice.org](mailto:debriere@floridahealthjustice.org)



**AV NOCA 02.02.2024.pdf**  
261K

## **Exhibit 7**

**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.

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**SECRETARY HARRIS' ANSWERS TO PLAINTIFFS' FIRST  
SET OF REQUESTS FOR ADMISSION TO SECRETARY HARRIS**

Pursuant to Federal Rule of Civil Procedure 33, Defendant, the Secretary of Children and Families (“DCF”), answers Plaintiffs’ First Set of Requests for Admission to Defendant Shevaun Harris, Secretary for the Department of Children and Families, dated December 21, 2023.

**GENERAL STATEMENT**

DCF objects to the extent that Plaintiffs’ definitions and instructions purport to impose obligations different from or additional to the requirements of—or to limit the discretion of answering parties under—the Federal Rules of Civil Procedure or this Court’s Local Rules or Handbook on Civil Discovery

Practice. For example, Instruction No. 12 differs from—and Instruction No. 11 exceeds—the requirements of the Federal Rules of Civil Procedure and this Court’s Local Rules or Handbook on Civil Discovery Practice.

**REQUESTS FOR ADMISSION**

**REQUEST NO. 1:** Admit that C.D. was enrolled in Medicaid in May 2023.

**ANSWER:** DCF understands this request to ask whether C.D. was a Medicaid enrollee in May 2023—not whether C.D.’s initial enrollment in Medicaid occurred in May 2023. With that understanding, this request is admitted.

**REQUEST NO. 2:** Admit that Chianne D. was enrolled in Medicaid in May 2023.

**ANSWER:** DCF understands this request to ask whether Chianne D. was a Medicaid enrollee in May 2023—not whether Chianne D.’s initial enrollment in Medicaid occurred in May 2023. With that understanding, this request is admitted.

**REQUEST NO. 3:** Admit that C.D. was terminated from Medicaid on May 31, 2023.

**ANSWER:** Admitted that C.D. was terminated from Medicaid on May 31, 2023, and enrolled in the Medically Needy program effective June 1, 2023.

**REQUEST NO. 4:** Admit that Chianne D. was terminated from Medicaid on May 31, 2023.

**ANSWER:** Admitted that Chianne D. was terminated from Medicaid on May 31, 2023, and enrolled in the Medically Needy program effective June 1, 2023.

**REQUEST NO. 5:** Admit that Defendant reinstated Chianne D. to Medicaid in September 2023.

**ANSWER:** Admitted that DCF reinstated Chianne D. to Medicaid in September 2023, effective retroactively to June 1, 2023.

**REQUEST NO. 6:** Admit that Kimber Taylor was terminated from Medicaid on June 30, 2023.

**ANSWER:** Admitted.

**REQUEST NO. 7:** Admit that DCF sent a NOCA to Kimber Taylor dated August 7, 2023 that stated her and her son, K.H., were eligible for Medicaid from July 2023 to September 2023, ongoing.

**ANSWER:** Admitted.

**REQUEST NO. 8:** Admit that A.V. was enrolled in Medicaid in May 2023.

**ANSWER:** DCF understands this request to ask whether A.V. was a Medicaid enrollee in May 2023—not whether A.V.’s initial enrollment in Medicaid occurred in May 2023. With that understanding, this request is admitted.

**REQUEST NO. 9:** Admit that DCF determined A.V.’s eligibility for Medicaid in May 2023.

**ANSWER:** Admitted.

**REQUEST NO. 10:** Admit that the income DCF used to determine A.V.’s eligibility for Medicaid in 2023 is the income listed in DCF-000229 through DCF-000247.

**ANSWER:** Denied.

**REQUEST NO. 11:** Admit that, in April 2023, for purposes of determining A.V.’s Medicaid eligibility, her standard filing unit was eight people.

**ANSWER:** Admitted.

**REQUEST NO. 12:** Admit that DCF terminated A.V.’s Medicaid eligibility on May 31, 2023.

**ANSWER:** Admitted that A.V. was terminated from Medicaid on May 31, 2023, and enrolled in the Medically Needy program effective June 1, 2023.

/s/ Andy Bardos

Andy Bardos (FBN 822671)

James Timothy Moore, Jr. (FBN 70023)

Ashley H. Lukis (FBN 106391)

GRAYROBINSON, P.A.

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Tallahassee, Florida 32301

Telephone: 850-577-9090

andy.bardos@gray-robinson.com

tim.moore@gray-robinson.com

ashley.lukis@gray-robinson.com

*Attorneys for Defendants*

**CERTIFICATE OF SERVICE**

I certify that, on January 22, 2024, this document was served electronically on all counsel identified on the Service List that follows.

/s/ Andy Bardos  
Andy Bardos (FBN 822671)  
GRAYROBINSON, P.A.



**SERVICE LIST**

Katherine DeBriere  
FLORIDA HEALTH JUSTICE PROJECT  
300 Richmond Street  
Jacksonville, Florida 32205  
debriere@floridahealthjustice.org

Miriam Harmatz  
FLORIDA HEALTH JUSTICE PROJECT  
3793 Irving Avenue  
Miami, Florida 33133  
harmatz@floridahealthjustice.org

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Sarah Grusin  
Jane Perkins  
Miriam Heard  
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NATIONAL HEALTH LAW PROGRAM  
1512 E. Franklin Street, Suite 110  
Chapel Hill, North Carolina 27541  
grusin@healthlaw.org  
heard@healthlaw.org  
avery@healthlaw.org  
perkins@healthlaw.org

## **Exhibit 8**

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

State of Florida  
Department of Children and Families



March 20, 2023

Case: 1647806364

Phone: (866) 762-2237

CHIANNE [REDACTED]

Dear Chianne [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](http://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](http://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](http://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](http://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](http://www.floridalawhelp.org).

Information on other services that may be helpful to you can be found at [www.dcf.state.fl.us/programs/access/](http://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](http://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](http://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](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](mailto: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](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 기타 보조 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 9**

## Department of Children and Families

## ACCESS Management System

User ID: Z18310

User Name: K ZUMAETA

Circuit: 07

District: 12

Admin:

September 5, 2023 3:57 PM

ACCESS #: [REDACTED]

Case/App #: [REDACTED]

Rcvd Date: 03/21/2023

Status: Disposed

Action: ADD

Help



- ID Discovered
- Authenticated
- Release of Financial Information: Authorized

## Application Information

ACCESS # [REDACTED] E-Signature Completed 03/21/2023 Application Source Self Service Portal  
Location N/A Partner ID/Admin/Unit [REDACTED]

## Summary Recap

Household Summary reviewed and updated? Yes  
Other Household Summary reviewed and updated? Yes  
Asset Summary reviewed and updated? Yes  
Other Asset Summary reviewed and updated? Yes  
Employment Summary reviewed and updated? Yes  
Other Income Summary reviewed and updated? Yes  
Expenses Summary reviewed and updated? Yes  
Other Expenses Summary reviewed and updated? Yes

## Application Summary

## PIP Name

First Name Chianne Middle Initial [REDACTED] Last Name D [REDACTED] Suffix [REDACTED]

## Household Living Address

Number [REDACTED] Unit [REDACTED] Direction 1 [REDACTED]  
Street Name [REDACTED] Suffix DR Direction 2 [REDACTED]  
Apartment # [REDACTED] Address Line 2 [REDACTED]  
City JACKSONVILLE State FL Zip Code [REDACTED]  
Full Street Address [REDACTED]

## Phone Numbers

Home Phone [REDACTED] Work Phone [REDACTED]  
Cell Phone [REDACTED]

## Miscellaneous

Language English Email [REDACTED]@gmail.com  
Language Spoken English Interpreter No  
Hearing Communication Assistance N/A Visual Communication Assistance N/A  
Preferred method of receiving notices Email Release of Financial Information Authorized  
Rights and Responsibility Reviewed Yes Statement of Understanding Reviewed Yes  
HIPAA Statement Reviewed Yes Register to Vote No

## Benefit Information

## Who is Applying

- ☐ Applying for myself  
☒ Applying for myself and my family  
☐ Applying for another individual  
☐ Applying as Certified Counselor

## Type of Benefit Selected

- ☒ Food Assistance  
☐ Cash assistance for myself and my family  
☐ Cash assistance for a child the court's placed with me  
☐ Cash assistance for a child that is not mine but is related to me  
☐ Cash assistance for Refugees  
☒ Family Medicaid [Eligibility Results](#)  
☒ SSI-Related Medicaid

DCF-000171



- ☐ Nursing Home Medicaid Coverage  
☐ HCBS/Waivers  
☐ Hospice  
☐ Medicare Savings Plan  
☐ SSI Ex Parte

**Expedited Food Assistance Detail**Potentially eligible for Expedited Food Stamp services ☒ No

Gross Monthly Income  Rent or Mortgage Amount   
Liquid Assets  Heat/Cool   
Migrant Information  
Migrant or Seasonal farm worker  Income terminated   
New Source of income  Pay date   
Amount

**Household Summary****Household List**

First Name	Middle Initial	Last Name	Suffix	SSN	DOB	Sex	Applying	Comments
						M	No	N/E
Chianne						F	Yes	N/E
						F	Yes	N/E
						M	Yes	N/E

**Household Relationships**

Name	Relationship	P & P
(24) is Chianne's (24)	Husband	Yes
(24) is's (2)	Father	Yes
(24) is's (0)	Father	Yes
Chianne (24) is's (2)	Mother	Yes
Chianne (24) is's (0)	Mother	Yes
(2) is's (0)	Sister	Yes

**Tax Relationships**

Name	Tax Dependent of	Filing Taxes	Filing Jointly	OOTH Individuals
	N/A	Yes	Yes	No
Chianne	N/A	Yes	Yes	No
		No	No	N/A
		No	N/A	N/A

**Individual Information**Marital Status ☒ MarriedLiving Arrangement ☒ Home/Apartment/Trailer ☒ Removed ☒ N/A ☒ Returned ☒ N/ACountry Of Birth Race Ethnic Background ☒ Not Hispanic or Latino ☒ Applying for Medicaid ☒ No**FDSH Verification Summary**

SSA

SSN 

Failure Reason Code

☒ N/A

DCF-000172

Date of Birth <input type="text"/> Verified Deceased <input type="text"/> N/A Incarceration <input type="text"/> Not Verified	
---	--

Citizenship/Alien Status

Citizenship  Verified Source  SSA

If status Not Verified click on the details icon

Customer Authentication  N/A

Employment Income Status

Employment Income  No Match Source  FDSH

Medicaid Income Amount  N/A



TWN Verification Summary

Employment Income Status

Employment Income  Verified Source  TWN

Cash Income Amount  5824.65 FA Income Amount  5824.65

Demographic, employer or income mismatch check TWN wages verification data pop up page

 Chianne D 

Marital Status  Married

Living Arrangement  Home/Apartment/Trailer Removed  N/A Returned  N/A

Country Of Birth  United States

Race  White

Ethnic Background  Not Hispanic or Latino Applying for Medicaid  Yes

FDSH Verification Summary

SSA

SSN  Verified Failure Reason Code  N/A

Date of Birth  Verified Deceased  N/A Incarceration  Not Verified

Citizenship/Alien Status

Citizenship  Verified Source  SSA

If status Not Verified click on the details icon

Customer Authentication  Authenticated

Employment Income Status

Employment Income  No Match Source  FDSH




Medicaid Income Amount  N/A

TWN Verification Summary

Employment Income Status

Employment Income  No Match Source  TWN

Cash Income Amount  N/A FA Income Amount  N/A

 C  D 

Marital Status  Single-never married

Living Arrangement  Home/Apartment/Trailer Removed  N/A Returned  N/A

Country Of Birth  United States

Race  White

Ethnic Background  Not Hispanic or Latino Applying for Medicaid  Yes

## FDSH Verification Summary

## SSA

SSN 

Failure Reason Code

Date of Birth  Deceased  Incarceration 

## Citizenship/Alien Status

Citizenship  Source 

If status Not Verified click on the details icon

Customer Authentication

## Employment Income Status

Employment Income  Source Medicaid Income Amount Marital Status Living Arrangement  Removed  Returned Country Of Birth 

Race

Ethnic Background  Applying for Medicaid 

## FDSH Verification Summary

## SSA

SSN 

Failure Reason Code

Date of Birth  Deceased  Incarceration 

## Citizenship/Alien Status

Citizenship  Source 

If status Not Verified click on the details icon

Customer Authentication

## Employment Income Status

Employment Income  Source Medicaid Income Amount 

## Household Information

Florida Resident  US Military Emancipated Minor  Foster Child  Renal Dialysis Human Trafficking  Immunization  Child Health Care Check 

Aged out of foster care verified by Florida Safe Families Network (FSFN)

Received food assistance, cash or Medicaid in another state

Fleeing the law due to a felony or probation or parole violation

Convicted of drug trafficking felony or trading food assistance

Convicted of receiving benefits in more than one state at the same time



Children limited or prevented in any way in ability to do things most children of the same age can do.

Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.

DCF-000174




Children that need or use more medical care, mental health or educational services than usual for children of the same age.	<input type="text" value="N/A"/>
Member of a federally recognized tribe	<input type="text" value="N/A"/>
Name of the tribe	<input type="text" value="N/A"/>
Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs	<input type="text" value="N/A"/>
Eligible to receive services from the Indian Health Service, a tribe health program, or urban Indian Health Program or through referral from one of these programs	<input type="text" value="N/A"/>

---

 Chianne D 



Florida Resident	<input type="text" value="Yes"/>	US Military	<input type="text" value="N/A"/>		
Emancipated Minor	<input type="text" value="N/A"/>	Foster Child	<input type="text" value="N/A"/>	Renal Dialysis	<input type="text" value="No"/>
Human Trafficking	<input type="text" value="N/A"/>	Immunization	<input type="text" value="N/A"/>	Child Health Care Check	<input type="text" value="N/A"/>
Aged out of foster care verified by Florida Safe Families Network (FSFN)	<input type="text" value="N/A"/>				
Received food assistance, cash or Medicaid in another state	<input type="text" value="No"/>				
Fleeing the law due to a felony or probation or parole violation	<input type="text" value="No"/>				
Convicted of drug trafficking felony or trading food assistance	<input type="text" value="No"/>				
Convicted of receiving benefits in more than one state at the same time	<input type="text" value="No"/>				
Children limited or prevented in any way in ability to do things most children of the same age can do.	<input type="text" value="N/A"/>				
Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.	<input type="text" value="N/A"/>				
Children that need or use more medical care, mental health or educational services than usual for children of the same age.	<input type="text" value="N/A"/>				
Member of a federally recognized tribe	<input type="text" value="N/A"/>				
Name of the tribe	<input type="text" value="N/A"/>				
Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs	<input type="text" value="N/A"/>				
Eligible to receive services from the Indian Health Service, a tribe health program, or urban Indian Health Program or through referral from one of these programs	<input type="text" value="N/A"/>				

---

 C  D 

Florida Resident	<input type="text" value="Yes"/>	US Military	<input type="text" value="N/A"/>		
Emancipated Minor	<input type="text" value="No"/>	Foster Child	<input type="text" value="No"/>	Renal Dialysis	<input type="text" value="No"/>
Human Trafficking	<input type="text" value="N/A"/>	Immunization	<input type="text" value="N/A"/>	Child Health Care Check	<input type="text" value="Yes"/>
Aged out of foster care verified by Florida Safe Families Network (FSFN)	<input type="text" value="N/A"/>				
Received food assistance, cash or Medicaid in another state	<input type="text" value="No"/>				
Fleeing the law due to a felony or probation or parole violation	<input type="text" value="N/A"/>				
Convicted of drug trafficking felony or trading food assistance	<input type="text" value="N/A"/>				
Convicted of receiving benefits in more than one state at the same time	<input type="text" value="N/A"/>				
Children limited or prevented in any way in ability to do things most children of the same age can do.	<input type="text" value="Yes"/>				
Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.	<input type="text" value="No"/>				
Children that need or use more medical care, mental health or educational services than usual for children of the same age.	<input type="text" value="Yes"/>				
Member of a federally recognized tribe	<input type="text" value="N/A"/>				
Name of the tribe	<input type="text" value="N/A"/>				
Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs	<input type="text" value="N/A"/>				
Eligible to receive services from the Indian Health Service, a tribe health program, or urban Indian Health Program or through referral from one of these programs	<input type="text" value="N/A"/>				

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Florida Resident	<input type="text" value="Yes"/>	US Military	<input type="text" value="N/A"/>		
Emancipated Minor	<input type="text" value="No"/>	Foster Child	<input type="text" value="No"/>	Renal Dialysis	<input type="text" value="No"/>





DCF-000175

Human Trafficking	<input type="text" value="N/A"/>	Immunization	<input type="text" value="N/A"/>	Child Health Care Check	<input type="text" value="Yes"/>
Aged out of foster care verified by Florida Safe Families Network (FSFN)					<input type="text" value="N/A"/>
Received food assistance, cash or Medicaid in another state					<input type="text" value="No"/>
Fleeing the law due to a felony or probation or parole violation					<input type="text" value="N/A"/>
Convicted of drug trafficking felony or trading food assistance					<input type="text" value="N/A"/>
Convicted of receiving benefits in more than one state at the same time					<input type="text" value="N/A"/>
Children limited or prevented in any way in ability to do things most children of the same age can do.					<input type="text" value="No"/>
Children that need or get special therapy such as physical, mental health, occupational, speech therapy, treatment or counseling for emotional, developmental or behavioral problems.					<input type="text" value="No"/>
Children that need or use more medical care, mental health or educational services than usual for children of the same age.					<input type="text" value="No"/>
Member of a federally recognized tribe					<input type="text" value="N/A"/>
Name of the tribe					<input type="text" value="N/A"/>
Received services from the Indian Health Service, a tribal health program, or urban Indian Health Program or through referral from one of these programs					<input type="text" value="N/A"/>
Eligible to receive services from the Indian Health Service, a tribe health program, or urban Indian Health Program or through referral from one of these programs					<input type="text" value="N/A"/>


Name	Citizen	Disability	Pregnancy	School	Alias Name/SSN	Hospice	Waiver
[REDACTED]	Yes	No	N/A	No	No	N/A	N/A
Chianne D [REDACTED]	Yes	No	No	Yes	Yes	N/A	N/A
C [REDACTED]	Yes	Yes	No	No	No	N/A	N/A
[REDACTED]	Yes	No	N/A	No	No	N/A	N/A

Name	Out of US Past 30 Days	SSI in past/not now
[REDACTED]	No	No
Chianne D [REDACTED]	No	No
C [REDACTED]	No	No
[REDACTED]	No	No

#### Certification of Identity

	[REDACTED]	Identity Certified	<input type="text" value="N/A"/>
	Chianne [REDACTED] Douberley	Identity Certified	<input type="text" value="N/A"/>
	Charlotte [REDACTED] Douberley	Identity Certified	<input type="text" value="Yes"/>
	[REDACTED]	Identity Certified	<input type="text" value="Yes"/>

#### Disability Details


	C [REDACTED] D [REDACTED]
Disability Established	<input type="text" value="Yes"/>
Denied by SSA/SSI	<input type="text" value="No"/>
Disability Denial Date	<input type="text" value="N/E"/>
Appeal Denial in Last Year	<input type="text" value="No"/>
Health Condition Changed since Denial	<input type="text" value="No"/>
Ever Received and then Stopped Receiving SSI or SSA	<input type="text" value="No"/>
Able to Purchase and Prepare Meals?	<input type="text" value="N/E"/>
Incapacity or disability to last more than 30 days?	<input type="text" value="N/E"/>
Incapacity or disability to last more than 12 months?	<input type="text" value="N/E"/>

Disability Pamphlet reviewed?

#### School Details

DCF-000176



	Chianne D [REDACTED]				
School Name	University of Phoeni	District	N/E	School Conf Attended	N/A
School Type	Other	Attendance	Full-time	School Conf Date	N/A
Completion Date	N/E	Who Attended	N/A		
Higher Learning Participating in Work Study Program	N/E				
Education level	N/A				


## Case Information

Interested in Lifeline Assistance	No	Currently have Phone Service	N/E
Name on Phone Bill	N/E	Case previously closed	N/A


## Asset Summary

Name	Liquid Assets	Life Insurance	Vehicle	Real Estate/Property	Business Assets	Asset Transfer	Cash Settlement
[REDACTED]	Yes	No	Yes	No	No	No	No
Chianne D [REDACTED]	No	No	No	No	No	No	No
C [REDACTED]	No	No	No	No	No	No	No
D [REDACTED]	No	No	No	No	No	No	No

## Liquid Asset Details

	[REDACTED]		
Type of Asset	Checking account	Bank or Company Name	
Account #		Value	80.00
Jointly Owned With	No One	Percentage Owned	
Designated for Burial	No	Amount Designated	0.00

## Vehicle Details

	[REDACTED]				
Year	2016	Make	Nissan	Amount Owed	
Model	Rogue	Type	Automobile	Vehicle Usage	Household Transportation
Licensed	Yes	Has access to and use of this vehicle	Yes		
Jointly Owned With	No One	Percentage Owned			

## Employment Summary

Name	Current	Past	Self	Room & Board Income	Strike	Refused a Job	SWICA Response	SWICA Detail
[REDACTED]	Yes	Yes	No	No	No	No	No	
Chianne D [REDACTED]	No	No	No	No	No	No	No	
C [REDACTED]	No	No	No	No	No	No	No	
D [REDACTED]	No	No	No	No	No	No	No	

## Current Employment Income Details

	[REDACTED]				
Begin Date	02/25/2023	Amount of Pay	800.00	Tips Not Included in Pay	
Pay Frequency	Other	Hours Worked per Month	160		

DCF-000177

## FDSH Verification Summary

Income Verified ☒ Yes Verification Source ☒ N/A Reasonable Compatibility met ☒ N/A  
Medicaid Income Amount ☒ N/A

## TWN Verification Summary

Income Verified ☒ Yes Verification Source ☒ TWN  
Cash Income Amount ☒ 5824.65 FA Income Amount ☒ 5824.65

## Comments

Employer Name Phone Employer Address 

## Past Employment Income Details



Begin Date  Amount of Pay  Tips Not Included in Pay   
Pay Frequency ☒ Bi-weekly Hours Worked per Month

## Comments

Employer Name Phone Employer Address End Date  Final Pay Date Income Amount (before Deductions) Received in the Current Month Income Amount (before Deductions) Expected Next Month 

## Comments

## Other Income Summary

Name	Social Security Income	Supplemental Security Income	Worker's Compensation/Disability/Sick Benefits	Alimony/Child Supplement
	No	No	No	No
Chianne D.	No	No	No	No
C.	No	No	No	No
	No	No	No	No

Name	Income from another Agency/Assistance from another State/Money from another Person	Dividends/Interest Income Qualified Trust/Estate Trust Fund	Educational Aid
	No	No	N/E
Chianne D.	No	No	Yes
C.	No	No	N/E

DCF-000178

Name	Income from another Agency/Assistance from another State/Money from another Person	Dividends/Interest Income Qualified Trust/Estate Trust Fund	Educational Aid
[REDACTED]	No	No	N/E

Name	Unemployment Compensation	UC Verification Response	UC Verification Detail
[REDACTED]	No	No	[REDACTED]
Chianne D. [REDACTED]	No	No	[REDACTED]
C. [REDACTED] D. [REDACTED]	No	No	[REDACTED]
[REDACTED]	No	No	[REDACTED]




  

Name	Pub Retirement/RR Retirement/Civil Service Annuity/Union Funds/Pensions	Reparation Payment/Black Lung Benefits	Training Allowance/Educational Stipends
[REDACTED]	No	No	No
Chianne D. [REDACTED]	No	No	No
C. [REDACTED] D. [REDACTED]	No	No	No
[REDACTED]	No	No	No

Name	Veteran's Benefits/Military Allotment	Home Care for the Elderly or Home Care for Disabled Adults	Other Source	Application for Other Benefits
[REDACTED]	No	No	No	No
Chianne D. [REDACTED]	No	No	No	No
C. [REDACTED] D. [REDACTED]	No	No	No	No
[REDACTED]	No	No	No	No

## Educational Aid Details

 Chianne D. [REDACTED]
Type <input type="text" value="Loan"/> Begin Date <input type="text" value="05/01/2022"/>
Amount of Income <input type="text" value="54560.00"/> End Date <input type="text" value="06/01/2026"/>
 Chianne D. [REDACTED]
Type <input type="text" value="Tuition"/> Begin Date <input type="text" value="05/01/2022"/>
Amount of Income <input type="text" value="54560.00"/> End Date <input type="text" value="06/01/2026"/>
 Chianne D. [REDACTED]
Type <input type="text" value="Books / Supplies"/> Begin Date <input type="text" value="05/01/2022"/>
Amount of Income <input type="text" value="3000.00"/> End Date <input type="text" value="06/01/2026"/>

## Expense Summary

Name	Medicare	Housing	Utility	Child/Adult Daycare	Room & Board	Heating and Cooling Costs
[REDACTED]	No	Yes	Yes	No	No	Yes
Chianne D. [REDACTED]	No	No	No	No	No	No
C. [REDACTED] D. [REDACTED]	No	No	No	No	No	No
[REDACTED]	No	No	No	No	No	No

Name	Homeless	Support Payments	Medical Expense Details	Past Medical Expenses	Blind Work-Related Expenses	Tax Deductions
[REDACTED]	No	No	N/E	N/E	No	No
Chianne D. [REDACTED]	No	No	N/E	Yes	No	No
C. [REDACTED] D. [REDACTED]	No	No	N/E	Yes	No	N/A
[REDACTED]	No	No	N/E	Yes	No	N/A

DCF-000179



Received Low Income Housing Energy Assistance (LIHEAP)

Does anyone have health insurance?

Has anyone in your home been offered health insurance through their current employer but declined coverage?

Informational only - Do not enter in FLORIDA

## Household Expense Details



Shelter Expense Type

Monthly Amount

Who Pays Part of this Expense

How Much do They Pay

Section 8

HUD

Comments

## Utility Expense Details



Utility Expense Type

Monthly Amount

Who Pays Part of this Expense

How Much do They Pay

Section 8

HUD

Comments



Utility Expense Type

Monthly Amount

Who Pays Part of this Expense

How Much do They Pay

Section 8

HUD

Comments

## Past Medical Expense Details



Chianne D

Months



C D

Months



DCF-000180

Months

Feb

## **Exhibit 10**

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

## Notice of Case Action

State of Florida Department  
of Children and Families



April 04, 2023

Case: 1647806364

Phone: (386 ) 481 - 9210

Fax : (866 ) 619 - 5720

ACCESS Number: [REDACTED]

Chianne [REDACTED]  
[REDACTED]

Dear Chianne [REDACTED]

The following is information about your eligibility.

**Once you receive your case number you can go to [www.myflorida.com/accessflorida](http://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 April 14, 2023.

\*Proof of loss of income, last pay date and all income received in the month of 03/2023 using the "Verification Of Employment /Loss Of Income" form or provide a letter from your job  
Other - please see comments below

Proof of loss of income HALLS GAS SERVICE

Requested items with an asterisk (\*) must be provided if you are applying for food assistance.

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-000005



**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](http://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](http://www.floridalawhelp.org).

Information on other services that may be helpful to you can be found at [www.dcf.state.fl.us/programs/access/](http://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](http://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](http://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](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](mailto: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](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 기타 보조 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

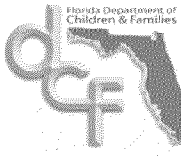
Kung kayo ay may kahirapan sa pag-intindi ng Ingles dahil hindi kayo nagsasalita ng Ingles o kayo ay may kapansanan, mangyaring ipaalam sa amin. Maaaring humiling ng libreng tulong sa wika o iba pang mga tulong at serbisyo. 850-300-4323

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



# VERIFICATION OF EMPLOYMENT/LOSS OF INCOME

Date: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In order to determine the eligibility of \_\_\_\_\_ for public assistance,  
 please assist us by answering the questions below and returning this form to us by \_\_\_\_\_.

Case Name

1647806364

Case Number/Cat/Seq.

Office Address / Phone Number:

## ☐ Section I – GENERAL INFORMATION

1. Name of Employee: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Job Title: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

3. Number of Hours Worked Per Week: \_\_\_\_\_ Number of Days Worked Per Week: \_\_\_\_\_

4. A. How often is/was the employee paid? ☐ Day ☐ Week ☐ Bi-Weekly ☐ Monthly  
 B. Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_ ☐ Other \_\_\_\_\_  
Hr./Day/Wk./etc. (Explain)

5. Date current employment began: \_\_\_\_\_ Date previously employed: \_\_\_\_\_

6. Does/did employee receive tips? ☐ Yes ☐ No *(If yes, please show tips in Section III.)*

7. Is/was employment seasonal? ☐ Yes ☐ No If yes, season begins: \_\_\_\_\_ ends: \_\_\_\_\_

8. Is/was the employee covered by health insurance? ☐ Yes ☐ No  
 If yes, name of insurance company: \_\_\_\_\_

9. Number of dependents covered: \_\_\_\_\_

10. Does/did the employee participate in any type of payroll savings plan or profit sharing? ☐ Yes ☐ No  
 If yes, what is the balance? \$ \_\_\_\_\_

11. Does the person perform their job duties: ☐ in their home ☐ in your home ☐ N/A

## ☐ Section II – LOSS OF INCOME

1. Date employment ended: \_\_\_\_\_

2. Reason for termination: \_\_\_\_\_

3. Is the loss of income ☐ Permanent or ☐ Temporary? If temporary, when do you expect the employee to return to work? \_\_\_\_\_

4. Date employee received final check: \_\_\_\_\_ Gross amount: \$ \_\_\_\_\_  
*(Please list last 4 weeks in Section III.)*

5. Will employee receive any vacation pay, retirement refund, or other? ☐ Yes ☐ No  
 If yes, what type? \_\_\_\_\_ Date received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Is employee eligible for any type of benefits from your company, such as extended insurance coverage, workers' compensation, or other? ☐ Yes ☐ No If yes:  
 A. Name of insurance company: \_\_\_\_\_  
 B. Reason for benefits: \_\_\_\_\_



Case Name \_\_\_\_\_

1647806364

Case Number/Cat/Seq. \_\_\_\_\_

☐ **Section III – RECORD OF PAY RECEIVED**

List the gross amounts and dates of checks or cash, which were paid for the last four weeks in the space below.

Pay Period Ending	Date Pay Received	GROSS Earnings	No. of Regular Hours Worked	Rate of Pay	No. of Overtime Hours	Rate of Pay for Overtime	Tips \$\$	Earned Income Credit (EIC)

If hours or rate of pay has varied in the above period, please state why.

☐ **Section IV – EMPLOYER INFORMATION**

**What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.**

Signature of Employer \_\_\_\_\_

Employer's Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Telephone Number \_\_\_\_\_

If applicable, enter "ext." and extension number

Address \_\_\_\_\_

Date Completed \_\_\_\_\_

\* Pursuant to 42 C.F.R. § 435.910, the Department is requesting you provide the social security number (SSN), but you are not required to provide us the SSN under the law. However, if you give us the SSN we can determine eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification, income and eligibility verification and other purposes related to administration of our programs.

# **Exhibit 11**

4-11-2023  
I, [REDACTED] attest to the fact that [REDACTED]  
[REDACTED] left Hall's Gas on October 5, 2021.

[REDACTED]  
[REDACTED] @dwlwithtrading.com  
904-945-0554  
Case No. #1647806364

## **Exhibit 12**

D. Chianne

vs.

AHCA-DCF

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Audio Transcription of:

Phone Call - (8)

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TRANSCRIPTION OF PHONE CALL

IN RE: D. CHIANNE VS. AHCA-DCF

May 30, 2023 (AM)

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. My name is Casey. Who do I have  
11     the pleasure of speaking with today?

12            MS. D[REDACTED]: Hi. Name is Chianne D[REDACTED].

13            DCF REPRESENTATIVE: Hello, Ms. Chianne. How  
14     are you.

15            MS. D[REDACTED]: I'm good. How are you?

16            DCF REPRESENTATIVE: I'm good. Ms. Chianne,  
17     may I access your case today by case number or  
18     social, please?

19            MS. D[REDACTED]: Sure. It's -- my social is  
20     .

21            DCF REPRESENTATIVE: Ms. Chianne, your social  
22     was                    ?

23            MS. D[REDACTED]: Yes.

24            DCF REPRESENTATIVE: And what's your name and  
25     date of birth, again, please for verification?

1 MS. D[REDACTED]: So I don't know if it still has  
2 my maiden name, which would be [REDACTED] is the  
3 last name. My date of birth is [REDACTED]. I  
4 tried to change it so it would reflect my married  
5 name, which is D[REDACTED], D-[REDACTED].

6 DCF REPRESENTATIVE: I have both here.

7 MS. D[REDACTED]: Oh, okay, good. Cool.

8 DCF REPRESENTATIVE: And Ms. Chianne, can you  
9 also provide for me the address on file?

10 MS. D[REDACTED]: It should be [REDACTED]  
11 [REDACTED], Jacksonville, Florida.

12 DCF REPRESENTATIVE: Okay. And Ms. Chianne,  
13 how may I assist you?

14 MS. D[REDACTED]: My Access Florida says that my  
15 daughter and I's coverage date ends today  
16 essentially, and I wanted to see what was going on  
17 with that. And then it also says that my son's  
18 coverage is still up for recertification with you.  
19 So I just wanted to kind of see what was going on.

20 DCF REPRESENTATIVE: Okay. So I see that  
21 S.D. [REDACTED]'s Medicaid looks like it was scheduled to end  
22 April 30th of 2024. Yours and C.D. [REDACTED]'s are good,  
23 which are medically needy. You both have Medicaid  
24 until May of 2024.

25 MS. D[REDACTED]: Okay. Well, when I talked to



1 United Healthcare I think a few days ago, they said  
2 that it was requesting on their end as well that it  
3 was going to end today. So what I did is I went to  
4 medical assistance, I went to the details, and I  
5 clicked on the information section next to each of  
6 our names and it will select on my end and I guess  
7 United Healthcare's end as well that it ends, that it  
8 was only open from 5/1 to 5/30 or the 31st of this  
9 year. So I have upcoming appointments with my  
10 daughter, I just wanted to make sure that we were all  
11 good.

12 DCF REPRESENTATIVE: This is very conflicting,  
13 because I show one thing, but then a whole nother  
14 website shows me something different. Hold on. I'm  
15 looking at everybody's.

16 MS. D [REDACTED]: You're fine.

17 DCF REPRESENTATIVE: And you said that you did  
18 create a new application or a renewal?

19 MS. D [REDACTED]: Yeah. So I guess that's where  
20 his recertification came from. It would have been  
21 the beginning of May. At the beginning of May, I had  
22 sent in a recertification on the Medicaid website for  
23 us.

24 DCF REPRESENTATIVE: And that very well may  
25 still be pending. Now, I show that -- hold on,

1     there's S.D. [REDACTED], and then I have baby of -- so you  
2     have a newbie, a baby-baby, right?

3             MS. D [REDACTED]: Yeah, that's S.D. [REDACTED].

4             DCF REPRESENTATIVE: Okay. Did you ever call  
5     in and report his birth?

6             MS. D [REDACTED]: I never called, but when I did  
7     the recertification -- can you hear me? Sorry.

8             DCF REPRESENTATIVE: Yeah, I can hear you.

9             MS. D [REDACTED]: Wherever I did the  
10    recertification, I did put in that he was born, which  
11    is I think why his name changed from baby of to  
12    S.D. [REDACTED] on my end.

13            DCF REPRESENTATIVE: I see S.D. [REDACTED]. Hold on.  
14    I'm going in to look at your actual application.

15            MS. D [REDACTED]: Okay.

16            DCF REPRESENTATIVE: Bear with me just a  
17    moment, please.

18            MS. D [REDACTED]: You're okay.

19            DCF REPRESENTATIVE: Okay. All right. I'm  
20    still -- I'm trying to figure this out. I'm sorry.

21            MS. D [REDACTED]: You're okay. It's fine.

22            DCF REPRESENTATIVE: When was your son born?

23            MS. D [REDACTED]: He was born [REDACTED] of  
24    this year.

25            DCF REPRESENTATIVE: Okay. So the last renewal

1 that I have from you is March 21st.

2 MS. D [REDACTED]: Of this year?

3 DCF REPRESENTATIVE: Mm-hmm. So I'm thinking  
4 that the renewal may have been done too early. Hold  
5 on. Okay. So I here see here where the Medicaid  
6 wants to renew. This was as of the 21st. The  
7 Medicaid was to renew -- it shows that you're over  
8 income to receive food assistance, then on the 10th,  
9 there's also notes here where you had stated that  
10 your husband's not working, there was no termination  
11 letter or loss of income because something that was  
12 signed -- they asked you to write a statement, asked  
13 you to write a statement of the last time you were  
14 working and it told you it needed to include their  
15 name, their phone number and signature, and it has to  
16 be dated.

17 MS. D [REDACTED]: Yeah, we sent that in. We had  
18 mailed that or faxed it. I believe it was a fax.

19 DCF REPRESENTATIVE: Okay. So I what to want  
20 to do -- what it looks like there's an issue with  
21 here is that the Medicaid department needs to -- yes,  
22 the Medicaid has been extended. Now, what it looks  
23 like is it needs to be updated in the Medicaid  
24 system, okay? And so what I'm going to do -- I was  
25 just searching everything and I only can find one

1 screen that shows that the benefits are going to end.

2 MS. D [REDACTED]: Personally [indiscernible], but  
3 my daughter is extremely medically needy  
4 [indiscernible].

5 DCF REPRESENTATIVE: Ma'am, you're breaking up  
6 really, really badly.

7 MS. D [REDACTED]: Sorry, [indiscernible]  
8 medication that she needs every day. So the benefits  
9 on her end, that would be [indiscernible].

10 DCF REPRESENTATIVE: Right. Okay. What I'm  
11 going to do for you, Ms. Chianne, is I'm actually  
12 going to transfer this call over so that we can get  
13 the Medicaid system updated as well.

14 MS. D [REDACTED]: Okay.

15 DCF REPRESENTATIVE: And the benefits will  
16 continue.

17 MS. D [REDACTED]: Okay. And then who are you  
18 transferring me to?

19 DCF REPRESENTATIVE: Just a senior agent,  
20 because they can make these corrections and they can  
21 get everything continued the way it needs to be.

22 MS. D [REDACTED]: Okay. Well, I have never had  
23 much luck being transferred over to a senior agent.  
24 It's like every time I'm transferred to someone  
25 higher up, no one ever answered. So is there a

1 direct extension?

2 DCF REPRESENTATIVE: Unfortunately, there's  
3 not. However, just please be patient with us. Let  
4 me go ahead and transfer it over before it gets much  
5 later because this Tuesday is our Monday. As you  
6 know, yesterday was a holiday, so our call ends are  
7 extremely busy, I'm sure, because I'm sure some  
8 people thought that we may be open yesterday and they  
9 were trying to get help on a Monday for Monday calls,  
10 and unfortunately, no one was here.

11 What I am going to do is transfer you over.  
12 Should you get hung up on, call right back. If you  
13 get an option for a callback option, take it. Leave  
14 your phone number, they will call you. They will  
15 only call you one time, so please keep your phone on  
16 you so that you can receive that call, okay?

17 MS. D[REDACTED]: Thank you.

18 DCF REPRESENTATIVE: Ms. Chianne, it's been my  
19 absolute pleasure to assist you today. Ma'am, thank  
20 you very much for calling DCF, and have a lovely day.

21 MS. D[REDACTED]: Thanks. You, too.

22 (Called transferred.)

23 DCF REPRESENTATIVE: Thank you for calling DCF.  
24 My name is Dimitri. With whom do I have the pleasure  
25 of speaking with?

1 MS. D [REDACTED]: Hi, Dimitri. My name is  
2 Chianne D [REDACTED].

3 DCF REPRESENTATIVE: How are you doing, Ms.  
4 Chianne?

5 MS. D [REDACTED]: I'm doing okay. How are you?

6 DCF REPRESENTATIVE: I'm doing wonderful,  
7 ma'am. Thank you for asking. How may I assist you,  
8 ma'am?

9 MS. D [REDACTED]: So I was just speaking to --  
10 sorry -- I was just speaking to another agent and she  
11 says there are things in the system that need to be  
12 updated, because I called, and from my end, it looks  
13 like mine and my daughter's benefits are ending  
14 today. It looks like mine and my daughter's benefits  
15 are ending today, and she says that it looks like  
16 they're extended until next year, but it's not  
17 showing on my end and it's not showing on United  
18 Healthcare's end either, that we're still covered  
19 through them.

20 DCF REPRESENTATIVE: So she did a transfer and  
21 it came back to me as a level one agent. I think she  
22 was trying to transfer you to a tier three. Is that  
23 what she stated, or no?

24 MS. D [REDACTED]: I believe so. I think she said  
25 somebody who could update the system.

1 DCF REPRESENTATIVE: Yeah, that's a tier three.  
2 I don't know what's going on with the system, but it  
3 seems like it jumped back into the queue and it will  
4 get an agent such as myself, which is a level one  
5 agent. You're going to need a tier three agent. And  
6 I'm going to get you transferred over to them, but I  
7 gotta reverify you again, unfortunately. I apologize  
8 for this.

9 MS. D [REDACTED]: That's okay.

10 DCF REPRESENTATIVE: Let's see, first thing's  
11 first, would you mind giving me your social, and  
12 could you give it to me slowly, please?

13 MS. D [REDACTED]: Sure. It's --

14 DCF REPRESENTATIVE: Your phone broke up on me,  
15 I apologize.

16 MS. D [REDACTED]: It's [REDACTED].

17 DCF REPRESENTATIVE: Okay. I'm going to read  
18 it back to you. [REDACTED].

19 MS. D [REDACTED]: Yes. That would be it.

20 DCF REPRESENTATIVE: And that's been as of  
21 late. It's not reflecting in certain areas as it  
22 should. I don't know. I've been having like -- like  
23 five callers last week just tell me that, and they're  
24 covered with the insurance as well. I don't know.

25 MS. D [REDACTED]: Yeah. I've had United

1 Healthcare blowing my phone up the past month like,  
2 "Have you renewed? Are you renewing?" I'm like,  
3 "Yeah," [indiscernible], okay, well, I need somebody  
4 to fix it."

5 DCF REPRESENTATIVE: I didn't hear that last  
6 part, ma'am. Your phone broke up on me. I  
7 apologize.

8 MS. D [REDACTED]: [Indiscernible] all I'm saying  
9 is that it's unfortunate that it's reflecting not  
10 correctly in United Healthcare's system because my  
11 daughter is very medically needy. So if our  
12 insurance would just end today, [indiscernible], then  
13 [indiscernible] still need to be covered.

14 DCF REPRESENTATIVE: Right. I'll tell you --

15 MS. D [REDACTED]: I will not sit here and talk  
16 your ear off.

17 DCF REPRESENTATIVE: You're okay. Believe me,  
18 you are fine. Okay. For security purposes, would  
19 you mind verifying your first name, last name, and  
20 date of birth for me.

21 MS. D [REDACTED]: Sure. It's Chianne D [REDACTED],  
22 and my date of birth is [REDACTED].

23 DCF REPRESENTATIVE: Thank you so much for  
24 that. Let's see here. My computer is moving slowly  
25 today.



1 MS. D [REDACTED]: You're okay.

2 DCF REPRESENTATIVE: Okay. For security  
3 purposes, would you mind verifying your household  
4 living address.

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

7 DCF REPRESENTATIVE: Thank you so much for  
8 that. One moment. I'm getting that transfer up.  
9 One moment here. Okay, ma'am. Is there anything  
10 else that I can assist you with before I transfer  
11 you?

12 MS. D [REDACTED]: No. That will be all. Thank  
13 you so much.

14 DCF REPRESENTATIVE: You're more than welcome,  
15 ma'am. And I hope that everything works itself out  
16 for you. Thank you for calling DCF.

17 MS. D [REDACTED]: Thank you.

18 DCF REPRESENTATIVE: You're more than welcome.  
19 Take care.

20 MS. D [REDACTED]: You, too. Buh-bye.

21 (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.



Shelby Rosenberg, Florida Professional Reporter