

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

Chianne D., et al.,

Plaintiffs,

v.

Case No. 3:23-cv-985

Jason Weida, et al.,

Defendants.

_____/

**Plaintiffs' Response to Defendants'
Motion to Dismiss Chianne's and C.D.'s Claims**

Chianne and C.D. have standing to represent Subclass B: Each was terminated from Medicaid coverage on June 1, 2023 without adequate notice. C.D. has been without this coverage ever since and the ongoing deprivation of Medicaid benefits to which she remains entitled establishes her standing. In their motion, Defendants do not contest Chianne's standing; rather, they contend her claims became moot when she lost Medicaid coverage on February 29, 2024. Defendants' Motion to Dismiss Chianne's and C.D.'s Claims at 2 (Mar. 1, 2024) (Dkt. No. 87). But this is a classic example of an "inherently transitory" claim, which creates an exception to mootness in the class action context. The Court should deny Defendants' motion.

I. C.D. has standing because she is still being deprived an ongoing entitlement to Medicaid.

C.D. lost Medicaid coverage on June 1, 2023. She has never been reinstated. Moreover, it was not until July 1, 2023 that Chianne managed to get C.D. enrolled in

CHIP coverage. Decl. of Chianne D. ¶¶ 25-28 (Dkt. 2-6). The loss of Medicaid coverage resulted in far more than a “bare procedural injury,” *contra* Ds.’ Mot. to Dismiss at 4 (Dkt. 87) (citing *Spokeo, Inc. v. Robins*, 578 U.S. 330, 341 (2016)). C.D. has cystic fibrosis and requires daily medications and regular specialized treatments. Dkt. 2-6 ¶¶ 3-4. With Medicaid coverage terminated and CHIP coverage not yet initiated, C.D. could not attend her usual medical daycare and had to visit the emergency room for a persistent cough, resulting in substantial medical bills that are still impacting the family. *Id.* ¶¶ 19-24; Second Decl. Chianne D. ¶ 2 (Dkt. 48-2).

Each of these concrete harms flows directly from the flawed notice.¹ The Supreme Court has emphasized that a fundamental purpose of a notice is to enable the recipient to “choose for himself whether to appear or default, acquiesce or contest.” *Mullane v. Cent. Hanover Bank & Tr. Co.*, 339 U.S. 306, 314 (1950). And even where an individual chooses to acquiesce, notice is critical to ensure the recipient “may be able to plan for the cut, and to the extent possible adjust to it.” *Kimble v. Solomon*, 599 F.2d 599, 604 (4th Cir. 1979). *Kimble* emphasized the necessity of adequate notice to accomplish this planning purpose even where changes in state law made it impossible for Medicaid recipients to show ongoing eligibility for the services at issue, concluding

¹ While the facts here show a direct causal connection between the notice and C.D.’s injuries, a more tenuous connection would suffice. See *Garcia-Bengochea v. Carnival Corp.*, 57 F.4th 916, 926 (11th Cir. 2023) (“The Supreme Court has been clear that proximate cause is not a requirement of Article III standing. . . . And so have we.”) (cleaned up); *Strickland v. Alexander*, 772 F.3d 876, 885 (11th Cir. 2014) (“[E]ven harms that flow indirectly from the action in question can be said to be ‘fairly traceable’ to that action for standing purposes.”).

that “failure to send ‘timely’ and ‘adequate’ notice . . . was not a mere technical or procedural default, but rather resulted in the loss to Medicaid recipients of important substantive rights.” *Id.*

The notice DCF sent to Chianne did not accomplish these fundamental purposes: Chianne did not have a meaningful choice whether to acquiesce or contest C.D.’s termination. Nor was she able to plan for the loss of C.D.’s coverage. She was unable to determine from the notice whether C.D. was eligible for Medicaid or CHIP. As a result, she could not determine what steps to take to preserve uninterrupted coverage—either through a pre-termination appeal of the Medicaid denial notice or by ensuring a smooth transfer to CHIP. Dkt. 2-6 ¶¶ 10-19, 26-27. These are precisely the harms that adequate notice should prevent, and thus, are fairly traceable to the notice.

Moreover, these harms are traceable to the notice notwithstanding the fact that C.D. is no longer Medicaid eligible. In *Turner v. Ledbetter*, the Eleventh Circuit adopted the reasoning of *Kimble* and held that “[b]ecause the state did not terminate the recipients in accordance with federal notice requirements, the recipients’ entitlement to aid was not affected.” 906 F.2d 606, 609 (11th Cir. 1990). Critically in *Turner*—as in *Kimble*—there was no dispute that a change in law rendered the plaintiffs ineligible for benefits at the time the complaint was filed. *Id.* at 608. Nonetheless, the plaintiffs had standing to support prospective relief to remedy harm from the failure to provide adequate notices. As the Eleventh Circuit articulated, to hold otherwise “would frustrate the federal regulations by allowing the state to violate the . . . requirement of adequate notice, and at the same time claim to have legally terminated [benefit]

recipients.” *Id.* at 609. Thus, C.D. remains *entitled* to Medicaid—regardless of her *eligibility*—and the ongoing deprivation of that entitlement establishes her standing to pursue the injunctive relief sought here.

II. In the class action context, Chianne’s claim is inherently transitory and relates back to her standing at the time the Complaint was filed.

The inherently transitory exception preserves Chianne’s claim in the class action context. For the inherently transitory exception to apply, two elements must be present: First, the claimed injury must be so transitory that it would likely evade review by becoming moot before the district court can rule on class certification, and, second, it must be certain other class members are suffering the same injury. *See, e.g., Wilson v. Gordon*, 822 F.3d 934, 945 (6th Cir. 2016) (finding plaintiffs’ Medicaid eligibility processing and due process claims inherently transitory); *see also Sos v. State Farm Mut. Auto. Ins. Co.*, No. 21-11769, 2023 WL 5608014, *10 (11th Cir. Aug. 30, 2023) (noting the exception applies when the named plaintiff’s claim is “‘so inherently transitory that the trial court will not have even enough time to rule on a motion for class certification before the proposed representative’s individual interest expires.’”) (quoting *U.S. Parole Comm’n v. Geraghty*, 445 U.S. 388, 398-400 (1980)). With respect to the first factor, the inquiry “must be made with reference to the claims of the class as a whole as opposed to any one individual claim for relief.” *Amador v. Andres*, 655 F.3d 89, 100 (2d Cir. 2011). The inherently transitory “principle applies to any situation where composition of the claimant population is fluid, but the population as a whole retains a continuing live claim.” 1 Newberg and Rubinstein on Class Actions § 213 (6th ed. 2023).

In *U.S. Parole Commission v. Geraghty*, 445 U.S. 388 (1980), the Supreme Court considered whether a named plaintiff whose claim had become moot after he was released from pretrial custody could still maintain his class action case. He could. As the Court explained,

the fact that a named plaintiff's substantive claims are mooted . . . does not mean that all the other issues in the case are mooted. A plaintiff who brings a class action presents two separate issues for judicial resolution. One is the claim on the merits; the other is the claim that he is entitled to represent a class. . . .

Id. at 402. Thus, even if a named plaintiff's "personal stake" in the merits has ended, a plaintiff, like Chianne, who "continues vigorously to advocate [her] right to have a class certified" retains standing to pursue certification. *Id.* at 404. The Court has repeatedly applied this exception to claims that, by their nature, expire before a court could reasonably be expected to rule. *See, e.g., Nielsen v. Preap*, 139 S. Ct. 954, 963 (2019) (concluding that claims challenging immigration detention are transitory "[b]ecause this type of injury ends as soon as the decision on removal is made").

Recognizing the transitory nature of notice claims, like this one, courts have applied the inherently transitory exception in cases that involve procedural due process. For instance, in *Bellin v. Zucker*, 6 F.4th 463 (2d Cir. 2021), the court held the named plaintiff could proceed with her procedural due process class action claims even though she had received the necessary health services after initiating suit. The court reasoned that the claim was inherently transitory because "(1) there is a significant possibility that any plaintiff who brings the claims . . . [plaintiff] asserts . . . would have her request resolved . . . before a decision [on class] could be made" and "(2) there will

be a constant class of persons suffering the deprivation complained of in the complaint.” *Id.* at 473-74.

Similarly, in *J.M. ex rel. Lewis v. Crittenden*, 337 F.R.D. 434 (N.D. Ga. 2019), the court applied the exception in a case challenging Medicaid application processing delays and insufficient notices of action. After their Medicaid coverage was terminated, the plaintiffs risked losing needed health care, so their parents submitted new applications for a different class of Medicaid assistance. The plaintiffs were found eligible for those programs, and the defendants argued mootness. *Id.* at 452. The court applied the inherently transitory exception, concluding that the defendants’ practices made it likely that other class members would suffer the same types of injuries, and the claims were transitory because plaintiffs’ health conditions and defendants’ policies forced them to re-apply for other programs to ensure coverage. *Id.*; *cf. Motley v. Taylor*, No. 2:19-cv-478, 2021 WL 2556152, *7 (M.D. Ala. June 22, 2021) (listing factors that created uncertainty regarding indigent class members’ ability to pay traffic fines and, thus, the longevity of their claims).

The inherently transitory exception to mootness applies to Chianne. As Plaintiffs have previously explained, Chianne had standing at the outset of the case²—

² Chianne’s claims relate back to the initial complaint because standing is assessed at the “the time the action commences,” notwithstanding “postcommencement” developments. *See Friends of the Earth, Inc. v. Laidlaw Env’t Servs. (TOC), Inc.*, 528 U.S. 167, 191 (2000). Thus, although “[l]itigants routinely amend complaints for a wide variety of reasons . . . standing once established need not be reconsidered” with each amendment. *Dunn v. Dunn*, 148 F.Supp.3d 1329, 1334 (M.D. Ala. 2015). While Plaintiffs’ filing of the Amended Complaint added Plaintiffs Kimber Taylor and K.H., it did not substantively alter the allegations related

she was terminated from Medicaid coverage without any notice of whether or why DCF found her ineligible for postpartum coverage to which she was entitled, preventing her from challenging that decision. Dkt. 2-6 ¶¶ 29-31; *see also* Dkt. 47-2 ¶ 11 (describing that Chianne was unaware of postpartum coverage when she withdrew fair hearing request and would have pursued it had she had notice). Defendants, acknowledging their error, reinstated her coverage after the filing of the Complaint. Dkt. 47-2, ¶¶ 16-17.

Now, although her one-year postpartum coverage has ended, Chianne nonetheless has standing to pursue class certification under the inherently transitory exception to mootness. Both factors are met here. First, Plaintiffs have diligently sought class certification. The Motion for Class Certification was filed on August 22, 2023 (Dkt. No. 2)—the same day the Complaint was filed. Plaintiffs filed a First Amended Complaint on January 18, 2024 (Dkt. No. 77). After the Court denied the class certification motion as moot on January 23, 2024 (Dkt. No. 80), Plaintiffs filed the pending Amended Motion for Class Certification within the month, *see* Dkt. 85 (Feb. 20, 2024).

Second, there is uncertainty regarding whether the issues can be resolved during the limited life span of the claims. For Medicaid populations, eligibility lasts only up to a year and, for most programs, ends sooner if there is a change in circumstances,

to Chianne. Thus, where, as here “a plaintiffs’ allegations plainly relate back to their original complaint, they need show standing only as of the date it was filed.” *Id.* at 1335 n.3; *see also* Fed. R. Civ. Pro. 15(c)(1)(B).

such as financial resources, income, family size, age, or health condition. *See* 42 C.F.R. § 435.916(d). Chianne’s coverage, for instance, was restored only through February 2024, *see* Dkt. 47-2 ¶¶ 16-17, which even with an expedited timeframe did not allow for final resolution of her claims. The short and unpredictable timeframe of Medicaid eligibility creates the requisite uncertainty about whether the claims will remain alive for any given plaintiff long enough for the court to certify the class.

Furthermore, by clear evidence, Plaintiffs have demonstrated the “constant existence of a class of persons suffering the deprivation.” *Wilson*, 822 F.3d at 945. There is no dispute that Defendants continue to rely on notices that do not state the income counted or the applicable income threshold. A DCF employee confirmed that as of December 2023, over 100,000 people had received a materially similar notice stating their income was too high without additional explanation. *See* Decl. of Daniel Davis ¶ 3 (Dkt. No. 76-1).

To give but one example, Defendants’ deposition of putative class member Lily Mezquita concerned a notice addressed to her son, dated July 20, 2023, terminating her coverage with reason codes “YOUR HOUSEHOLD’S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM” and “YOU ARE RECEIVING THE SAME TYPE OF ASSISTANCE FROM ANOTHER PROGRAM.” *See* Dkt. 2-9 (G.M. notice). Following this notice, she went without coverage while in the hospital for preterm labor, could not obtain a needed medication, and was only able to submit an appeal and get the error corrected with the help of counsel in this case. *See* Ex. 1, Lily Mezquita Deposition Tr. at 18:11-19:16, 22:20-25:3, 29:21-30:1. When this July

20, 2023 error was ultimately corrected her coverage should have been restored for 12 months. Yet, less than two months later, in October 2023—while she was caring for her newborn baby—Defendants again sent Lily a confusing and vague notice stating her coverage was ending, requiring her to spend more time contacting DCF to understand what was happening and ensure she maintained her coverage. *Id.* at 30:10-32:23, 62:13-16.

Lily's coverage should remain active through September 2024, one year after the birth of her daughter. Yet, today, on March 29, 2024, DCF once again issued a pair of confusing and vague notices to Lily. *See* Ex. 2, 3/29/2024 NOCA No. 1 to Lily Mezquita; Ex. 3, 3/29/2024 NOCA No. 2 to Lily Mezquita. Like before, the notices are nearly incomprehensible: Both notices state that "YOUR HOUSEHOLD'S INCOME IS TOO HIGH TO QUALIFY FOR THIS PROGRAM," but also state that "You are receiving the same type of assistance from another program." Ex. 2 at 5; Ex. 3 at 1, 6. One notice includes the statement that "THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED." Ex. 2 at 7, 8. The other does not. *See* generally, Ex. 3. Neither mentions anything about postpartum coverage. Once again, Lily must wade through the confusion of the notices to determine the status of her Medicaid coverage and ensure that she and her children remain enrolled. Lily's experiences underscore the unpredictable and fluid nature of these notice claims.

As Medicaid redeterminations continue, the number of affected individuals grows, as do their delays in obtaining needed care, medical bills, lost work and time trying to sort things out, and the inevitable frustration that stems therefrom. Thus,

under the inherently transitory exception, Plaintiff Chianne D. retains standing to pursue the class claims, on behalf of Subclass B.

Dated: March 29, 2024

Respectfully submitted,

By: /s/ Sarah Grusin

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IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
CASE NO.: 3:23-cv-00985-MMH-LLL

CHIANNE D., et al.,

Plaintiffs,

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.

_____/

REMOTE DEPOSITION OF

LILY G. MEZQUITA

VOLUME 1

Pages 1 through 74

Tuesday, March 5, 2024

9:57 a.m. - 1:24 p.m.

Location: Remotely Via Zoom
PLANTATION, FL

STENOGRAPHICALLY REPORTED BY
CHRISTINA DOOLEY, RPR

Job No.: 348980

1 APPEARANCES:

2 (All appearing via Zoom)

3

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4

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Lily Mezquita
March 05, 2024

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1 The following proceedings began at 9:57 a.m.:

2 THE COURT STENOGRAPHER: Would you raise your
3 right hand, please.

4 Do you swear or affirm under the penalty of
5 perjury that the testimony you're about to give will be
6 the truth, the whole truth, and nothing but the truth?

7 THE WITNESS: Yes.

8 Thereupon:

9 LILY G. MEZQUITA
10 was called as a witness and, having first been duly sworn,
11 testified as follows:

12 DIRECT EXAMINATION

13 BY MS. LUKIS:

14 Q. Good morning, Ms. Mezquita. How are you?

15 A. I'm fine. How are you?

16 Q. Good, thanks. My name is Ashley. I'm one of the
17 attorneys that represents the Agency for Health Care
18 Administration and the Department of Children and Families in
19 this lawsuit.

20 I'm going to try to make my computer stop making
21 noise. Sorry about that. All right. Some of the information
22 that we're going to talk about is confidential pursuant to the
23 Court's protective order, DCF Number 85 -- 84.

24 MS. LUKIS: I'm going to mark, as the first
25 exhibit to this deposition, the protective order -- the

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1 signed Exhibit A to the protective order entered in this
2 case.

3 (Exhibit No. 1 was identified and will be marked
4 after deposition is completed and/or received.)

5 BY MS. LUKIS:

6 Q. Ms. Mezquita, do you know how to use the chat
7 function in Zoom?

8 A. Yes.

9 Q. So this first exhibit, you don't need to do anything
10 with this. I'm just marking it for the record, but I'm going
11 to share some documents with you today, and I'll be doing it
12 all through Zoom -- or, I mean, through the chat feature.

13 If, at any point, that becomes -- you have any
14 technical difficulties with that, we can figure out an
15 alternative, but it usually works pretty well.

16 MS. LUKIS: Let's see. And, Ms. Dooley, I will
17 share -- I can send you an -- excuse me -- a zip file
18 containing all of the exhibits that we marked today
19 after the deposition concludes, if that will be helpful.

20 THE COURT STENOGRAPHER: Yes, thank you. That
21 would be great.

22 BY MS. LUKIS:

23 Q. Ms. Mezquita, where are you currently located?

24 A. Where am I living or where --

25 Q. Where are you physically located right now for this

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1 deposition?

2 A. In Plantation, Florida.

3 Q. Are you at your home or in an office?

4 A. An office.

5 Q. Okay. Is anyone in the room with you?

6 A. Yes.

7 Q. Who's with you?

8 A. Lynn Hearn.

9 Q. Is Ms. Hearn your attorney?

10 A. Yes.

11 Q. Is anybody else in the room?

12 A. No.

13 Q. Do you have any documents with you?

14 A. No.

15 Q. Did you do anything to prepare for this deposition?

16 A. Yes.

17 Q. What did you do?

18 A. I had a meeting with my attorney.

19 Q. Did you meet with anybody besides your attorneys?

20 A. No.

21 Q. Did you review any documents to prepare for this
22 deposition?

23 A. Yes.

24 Q. What did you review?

25 A. My notices.

1 Q. Could you explain what you mean when you say "my
2 notices"?

3 A. My notices from DCF.

4 Q. Which ones?

5 A. Specifically the one from July.

6 Q. The July 20th, 2023 Notice of Case Action?

7 A. Yes. Those.

8 Q. Did you review the one addressed to both yourself and
9 to Gabriel?

10 A. Yes.

11 Q. Okay. Did you review any other notices in preparing
12 for this deposition?

13 A. No.

14 Q. Did you review any other documents besides the July
15 20th notices?

16 A. No.

17 Q. Did you review the complaint?

18 A. What complaint?

19 Q. Have you ever read the complaint in this case?

20 A. No. I don't know that.

21 Q. Could you please tell me the names and the ages of
22 all of your children.

23 A. G [REDACTED] M [REDACTED], nine years old; and E [REDACTED]
24 M [REDACTED], five years old; I [REDACTED] M [REDACTED], five months old.

25 Q. Congratulations. Five months old is still a little,

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1 little baby, so you have your hands full.

2 Besides you and your three children, who else lives
3 in your household?

4 A. My husband, Jimardo Mezquita.

5 Q. Anybody else live in your house?

6 A. No.

7 Q. When did you graduate high school?

8 A. 2011.

9 Q. Okay. And do you have a college degree?

10 A. Yes.

11 Q. From where?

12 A. I have a bachelor's from Miami-Dade College and a
13 master's from Florida Institute of Technology.

14 Q. What is your master's in?

15 A. Behavioral analysis.

16 Q. And what is your undergraduate degree in?

17 A. Exceptional student education.

18 Q. Are you currently employed?

19 A. Yes.

20 Q. Where do you work?

21 A. Cultivate Behavioral Education.

22 Q. And what do you do there?

23 A. Behavioral Health & Education.

24 Q. What do you do at Cultivate?

25 A. I'm a registered behavioral technician.

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1 Q. And what do your job duties include?

2 A. I do direct therapy mostly with children on the
3 spectrum. Work on behaviors, learning new skills.

4 Q. Do you work full time?

5 A. No.

6 Q. How many hours a week?

7 A. It varies. Right now I'm only working four to eight
8 hours a week.

9 Q. How long have you worked at Cultivate?

10 A. I've been there since November 2021.

11 Q. Okay. Have you been part time that entire time?

12 A. My hours have varied.

13 Q. Have you ever been full time?

14 A. There was a time I was full time, yeah.

15 Q. Okay. How long have you been a client of the Florida
16 Health Justice Project?

17 A. Since last year. I want to say it was July.

18 Q. Do you remember if it was before or after you
19 received the July 20th notice from DCF?

20 A. After.

21 Q. Do you remember how long, after you received that
22 notice, you met with the Florida Health Justice Project?

23 A. I don't remember exactly how long.

24 Q. But within that same month still?

25 A. I don't remember exactly.

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1 Q. How did you learn about this lawsuit?

2 A. This lawsuit? Lynn, my attorney, talked to me about
3 it.

4 Q. What's your understanding of what this lawsuit is
5 about?

6 A. Confusing notices being sent to families from DCF.
7 Hard to understand notices.

8 Q. Why are you not a plaintiff in this lawsuit, a party
9 in this lawsuit?

10 A. Because I'm a witness.

11 Q. Did you just decide that you didn't want to
12 participate as a party?

13 A. No. I'm not participating. I'm just a witness.

14 Q. Did you ever consider becoming a plaintiff?

15 A. No.

16 Q. If I refer to -- and I think the answer is yes, given
17 what you already testified to, but if I refer to DCF, you
18 understand that means the Florida Department of Children and
19 Families?

20 A. The Department of Children and Families, yes.

21 Q. And what is your understanding of DCF's role in the
22 Medicaid program?

23 A. My understanding, they're the ones who make the
24 decision whether you qualify or not for Medicaid.

25 Q. Who in your household is currently enrolled in

1 **Medicaid?**

2 A. Myself and my three children.

3 **Q. And is your husband enrolled in the Medically Needy**
4 **Program?**

5 A. Yes.

6 **Q. How long have you and your three children been**
7 **enrolled in Medicaid?**

8 A. Well, each child, since they were born. My oldest
9 was off for a few months, and myself on and off since my oldest
10 son was born. Well, since I was pregnant with my oldest son.

11 **Q. So G [REDACTED] was off Medicaid for a few months?**

12 A. He was.

13 **Q. When was that?**

14 A. I want to say he was taken off in March, but I don't
15 remember the exact date. It was sometime last year, early of
16 last year.

17 **Q. Do you remember why he was taken off?**

18 A. I was told that it was because of his age, that he
19 didn't qualify, even though my youngest did qualify, after
20 calling.

21 **Q. So you called DCF, and they explained why G [REDACTED] was**
22 **taken off of Medicaid?**

23 A. They tried to explain, but I didn't truly understand
24 why because my youngest was still eligible for Medicaid.

25 **Q. After that phone call, what did you do next?**

1 A. I applied for -- to KidCare for him.

2 Q. Okay. And was G [REDACTED] eventually put back on
3 Medicaid?

4 A. He was.

5 Q. Do you remember when?

6 A. I don't remember the exact date, but it was after
7 July. We were put back on at the same time.

8 Q. Was it around September of 2023?

9 A. I don't remember the exact date.

10 Q. And do you remember how -- how was it that you were
11 able to accomplish G [REDACTED] getting back onto Medicaid?

12 A. I had filed the appeal for myself, and once I was
13 given Medicaid back, they also -- DCF also gave G [REDACTED] his
14 Medicare -- Medicaid back around the same time, but I never got
15 an explanation or why that happened. It just did.

16 Q. When G [REDACTED] lost his Medicaid, how many times did
17 you talk to DCF on the phone?

18 A. I don't remember that far back.

19 Q. Did you and G [REDACTED] lose Medicaid at the same time?

20 A. No.

21 Q. Did he lose it first?

22 A. Yes.

23 Q. Between the time that G [REDACTED] lost Medicaid and when
24 you were both re-enrolled in Medicaid sometime after July, was
25 G [REDACTED] insured through -- did he have health care coverage

1 through KidCare?

2 A. He did, yes.

3 Q. Is the first time that you were personally enrolled
4 in Medicaid when you were pregnant with G[REDACTED]?

5 A. I believe so. As an adult, I believe so.

6 Q. So what was that, around 2014?

7 A. He was born in 2014, so I would think that I started,
8 at the end of 2013, Medicaid for him.

9 Q. Have you ever been to a DCF office before?

10 A. Yes.

11 Q. How many times?

12 A. Once.

13 Q. Is that the Opa-Locka service center?

14 A. I believe so, yes.

15 Q. Why did you visit the Opa-Locka service center?

16 A. I believe that was for G[REDACTED], when he lost his
17 Medicaid.

18 Q. Do you remember if you spoke to anybody while you
19 were there?

20 A. I did.

21 Q. Do you remember -- can you tell me what you remember
22 about that conversation or those conversations?

23 A. I was just trying to gain clarity of why my oldest
24 was eligible for Medicaid and not my youngest.

25 Q. Okay. And do you remember what -- what you were

1 told?

2 A. That it was something about his age. At his age,
3 there's different criteria for Medicaid, but I didn't
4 understand the criteria at all.

5 Q. Do you remember if you were -- if you were told
6 anything about having to do with income or financial
7 circumstances?

8 A. I believe that income restriction was different for
9 his age.

10 Q. What about in the phone call that you talked about
11 earlier with DCF, was income and/or financial circumstances
12 discussed during that call?

13 A. When G [REDACTED] lost his Medicaid?

14 Q. Yes, ma'am.

15 A. I can't remember exactly what was said during that
16 call.

17 Q. Is it E [REDACTED]?

18 A. E [REDACTED].

19 Q. Has E [REDACTED] or I [REDACTED] ever lost their Medicaid
20 benefits?

21 A. I think. Well, E [REDACTED], I received a notice that he
22 was going to lose his benefits, but I don't think he ever did.

23 Q. Do you remember when -- around what time that was?

24 A. It was in July.

25 Q. Do you have an Access account?

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1 A. I do.

2 Q. How often do you check your Access account?

3 A. Just varies. When I'm not doing a renewal, I won't
4 check it too much, but once I submit a renewal, I'll check it a
5 little more to see if there's any update.

6 Q. I think it was frozen. Can you hear me okay?

7 A. Yes.

8 Q. Okay. And I apologize. I think I just got an alert
9 that my Internet connection was unstable, so that was my fault,
10 but I didn't hear your answer.

11 Do you usually submit those renewals once a year?

12 A. No.

13 Q. How often?

14 A. I don't know exactly how often, to be honest. I
15 don't know. Every few months. I usually submit it once I get
16 an e-mail that I need to submit a renewal.

17 Q. So do you get electronically notified from DCF when
18 you need to provide them with information?

19 A. When I need to send in a renewal.

20 Q. Are you notified via e-mail if you get a new Notice
21 of Case Action in your Access account?

22 A. Yes.

23 Q. Do you -- how many -- well, do you only have one
24 Access account?

25 A. Yes. Well, I had the old one, which I no longer have

1 access to, and then there's the new system that's being used.

2 It's still just the same case, same account.

3 Q. Okay. Can you -- could you explain what you mean by
4 the old one and then the new system?

5 A. Access was using an older version of it, and then we
6 all had to switch to a newer version.

7 Q. When did that occur?

8 A. A couple months ago. I don't remember exactly the
9 date.

10 Q. Do you sometimes receive separate notices to --
11 addressed to you and then separate notices for G [REDACTED]?

12 A. Yes.

13 Q. Do you know why?

14 A. No idea.

15 Q. Do you typically apply for Medicaid, or does your
16 husband?

17 A. I usually do.

18 Q. And do you apply -- how do you apply to it, through
19 DCF, through the marketplace, some other way?

20 A. Through the Access website through my account.

21 Q. Do you know how many times you have applied for
22 Medicaid through Access?

23 A. No.

24 Q. Could you estimate?

25 A. Does that -- including renewals?

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1 Q. Yes, ma'am.

2 A. No. There's no way I can estimate.

3 Q. What about not including renewals?

4 A. No. My oldest is nine years old. I wouldn't be able
5 to estimate a reliable number.

6 Q. What about since -- since January of last year, do
7 you know how many times you've applied for Medicaid since
8 January of last year?

9 A. I know I did my renewal and then -- I don't know.
10 I'm sorry.

11 Q. Has there ever been a situation where you either
12 lost -- your family member either lost benefits or you were
13 unsure what was happening with your benefits, and so you
14 reapplied for Medicaid?

15 A. Yes.

16 Q. Okay. When was that?

17 A. That was -- I want to say when I lost my Medicaid
18 last year. One of the -- one of the people I spoke to from DCF
19 told me to reapply.

20 Q. And then, after you reapplied, what happened next?

21 A. Well, I had to file my appeal. I lost my Medicaid,
22 went into preterm labor. Got my Medicaid back. Then lost it
23 again.

24 Q. You said that you got your Medicaid back, and then
25 you lost it again?

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1 A. Yes.

2 Q. Okay. So when you -- did you lose it for the first
3 time in July?

4 A. I think I lost it -- I don't remember if it was the
5 end of July or the end of August. I believe it was -- it was
6 at the end of one of those two months that the notices said
7 that my Medicaid would end, and it did.

8 Q. Okay. And then it was reinstated?

9 A. It was reinstated later.

10 Q. Do you know about how much later?

11 A. I believe it was after -- it was definitely after I
12 went into preterm labor. I remember I couldn't get my
13 medication that I needed because I didn't have Medicaid at the
14 time.

15 Q. What months did you go into preterm labor?

16 A. It was either July or August.

17 Q. And then you said you lost it -- you lost Medicaid
18 again after that?

19 A. After my baby was born.

20 Q. Okay. And what month did you lose it again?

21 A. I believe it was October.

22 Q. When was your daughter born?

23 A. September 23, 2023.

24 Q. So you know what a Notice of Case Action is, right?

25 A. Excuse me.

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1 Q. You know what a Notice of Case Action from DCF is?

2 A. Yes.

3 Q. Okay. How many Notices of Case Action do you think
4 that you've received over the years?

5 A. There's no way I can know that number.

6 Q. Because you received them -- do you receive them
7 fairly often?

8 A. I receive them every time I submit a renewal.

9 Q. Is it fair to say you're pretty familiar with what
10 the Notices of Case Action look like and what they say?

11 A. What they look like, yes. They say something
12 different every time I receive them.

13 Q. And what do you mean by that?

14 A. Well, the reasons or the determination is different
15 when I receive them.

16 Q. Can you give me some examples of the ways in which
17 they're different?

18 A. For example, the July example, the one sent to my
19 son -- or one of them said that all of our Medicaid was going
20 to end, and then the one sent to myself said that only three
21 were going to end.

22 Q. Have you ever called DCF about one of these notices?

23 A. One of the notices from July?

24 Q. Any notice that you've ever received?

25 A. Yes.

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1 Q. How many times do you think that you've called DCF
2 about a notice that you've received?

3 A. There's no way I can give a number for that.

4 Q. When you say that there's no way that you can give a
5 number, what do you mean; you don't remember, or because it's
6 so high, you can't say?

7 A. Because it's been nine years of receiving notices and
8 calling, so I wouldn't be able to give an accurate number.

9 Q. So have you been periodically calling DCF about
10 Notices of Case Action over the past nine years?

11 A. I call when I get notice, yes, if necessary.

12 Q. When do you deem it necessary?

13 A. When I don't understand what's happening or when I
14 need clarification.

15 Q. Okay. How many times do you think you called DCF
16 specifically about the July 20th, 2023 notices?

17 A. I want to say maybe over 20 times because, during
18 that time, there were long wait times, and sometimes you would
19 call, and they would say to call back at a later time because
20 there was too high of a call volume.

21 Q. Out of those 20 times that you estimated, how many
22 times did you speak to somebody?

23 A. I'm not sure.

24 Q. More than once?

25 A. Yes.

1 Q. More than five?

2 A. I'm not sure.

3 Q. Okay. So, in July of 2023, you received a notice
4 addressed to you and a notice addressed to G [REDACTED]; is that
5 right?

6 A. Yes.

7 Q. And when you read those notices, what did you think
8 was happening?

9 A. I thought we were all going to lose Medicaid.

10 Q. And did you -- did you understand that to be because
11 something to do with your income or your financial
12 circumstances?

13 A. No.

14 Q. Okay. Why did you -- when you read those, did you
15 have an idea of the reason why you were all going to lose
16 Medicaid?

17 A. No. I thought it was an error.

18 Q. You thought that DCF made an error?

19 A. Yes.

20 Q. Okay. So when you thought that DCF made an error in
21 terminating Medicaid, what did you do next?

22 A. I started calling.

23 Q. Okay. Request a fair hearing?

24 A. No. Not right away.

25 Q. Eventually did you request a fair hearing?

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1 A. Eventually I filed an appeal.

2 Q. Okay. So you started calling. And tell me about
3 those calls and the conversations that you had.

4 A. I was trying to find out which notice was accurate
5 and what it meant that we were receiving assistance from
6 another program, and I kept being told that it was because the
7 COVID law was lifted.

8 And I was trying to explain that I had pregnancy
9 Medicaid because nowhere in the notice that we received did it
10 say anything about my pregnancy. And also I was trying to
11 understand why our Medicaid was even being looked at, when I
12 didn't submit a renewal for that, and only applied to KidCare
13 in a different website.

14 Q. During any of these calls, was income or financial
15 circumstances mentioned?

16 A. Yes.

17 Q. Okay. Tell me about that.

18 A. They were saying that I was over the limit, and I
19 kept asking if they were looking at the limit that was for
20 pregnancy -- pregnant women, because I know that it's
21 different, but I kept being told -- like, what was repeated to
22 me the most was that the COVID law was lifted.

23 Q. Okay. So you get the notice. You have some calls
24 with DCF, and you mentioned, Hey, I'm pregnant. They're
25 talking about COVID law. You're over income. And at some

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1 point, you decided to request a hearing. You appealed; is that
2 right?

3 A. Well, I started doing research.

4 Q. Okay. What research?

5 A. I looked in moms' groups to see if anyone was going
6 through the same thing. I did Google searches, and one of the
7 moms had recommended the Florida Health Justice Project, and I
8 reached out to them.

9 Q. Okay. Then what did you do next?

10 A. I then -- with the Florida Health Justice Project, I
11 was able to figure out how to file an appeal, and then I tried
12 to keep my Medicaid while a decision was made for my appeal,
13 but that didn't happen.

14 Q. During any of your phone calls with DCF, was the
15 option of a fair hearing ever mentioned, or an appeal?

16 A. I don't remember that being mentioned. I remember I
17 spoke to quite a few different people. Some told me that my
18 Medicaid wasn't going to be taken. Some told me that I had to
19 apply again. Another told me to upload a letter stating the
20 reason for the slight increase in income, but I don't remember
21 anyone telling me about an appeal.

22 Q. Did you read the language on your notices that
23 indicated your right to a fair hearing?

24 A. At that time, I didn't.

25 Q. So before you were a client of the Florida Health

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1 Justice Project, had you ever requested a hearing or appealed a
2 denial or termination before?

3 A. No.

4 Q. I'm sorry if I already asked you this. I can't even
5 read my own notes, but do you remember when your Medicaid
6 benefits were -- your coverage -- you got your Medicaid
7 coverage back after losing it in July?

8 A. It was shortly after I went into preterm labor, and I
9 don't remember that exact date.

10 Q. Was it August or September?

11 A. Sorry.

12 Q. Do you think it could have been around August or
13 September?

14 A. It could have been.

15 Q. Sometime before October?

16 A. Yes.

17 Q. Do you know if there's been any press coverage about
18 your experience losing Medicaid?

19 A. I know a reporter reached out to me, and I shared my
20 story.

21 Q. Do you remember the reporter's name?

22 A. Natalia. And I don't remember the exact name.
23 Sorry. I'm really bad with names.

24 Q. That's okay. Do you remember what newspaper or what
25 media outlet the reporter was with?

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1 A. I want to say Associated Press.

2 Q. Did you talk to anybody else besides that Associated
3 Press reporter; any other reporters or journalists?

4 A. No.

5 Q. Do you know how that AP reporter got your contact
6 information?

7 A. I told my attorney that she can share my contact
8 information.

9 Q. Do you think that DCF should be required to make
10 changes to its Notices of Case Action?

11 A. I think there should be more information so that
12 these are not confused when they receive them, yes.

13 Q. What information do you think should be included
14 that's not currently included?

15 A. The one that was sent to myself, if I would have
16 known what other program I was receiving assistance from, also
17 what income they had for me, what the restriction was for
18 pregnancy, or what type of income restriction they were looking
19 at.

20 Because I didn't even know whether they were looking
21 at a woman with regular family income restriction or a pregnant
22 woman's family restriction.

23 Q. Any other changes that you think DCF should be
24 required to make to its notices?

25 A. I can only speak from my experience, and that would

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1 have helped me.

2 Q. So what other program you were covered under, the
3 income that DCF had for your household, and -- what did you say
4 about the pregnancy restriction?

5 A. Yeah. Like, what limits they were looking at,
6 whether it's for regular women or pregnant women because it
7 didn't say anything about -- usually notices will say something
8 about your unborn child when you're pregnant, but it didn't say
9 anything about my pregnancy or anything in the notice.

10 Q. So because that notice didn't mention your unborn
11 child, did that make you think that a mistake had been made?

12 A. That, and also that I was getting assistance from a
13 different program.

14 Q. Do you remember if that notice indicated that you
15 were being enrolled in the Medically Needy Program?

16 A. No, I don't remember that. I remember it saying that
17 I was getting assistance from a different program.

18 Q. When you say that the notice should have what income
19 DCF has for you, what do you mean by that?

20 A. Sometimes our income -- depending on how many hours
21 we work, it varies, so -- I would have wanted to know if they
22 had the most recent income.

23 Q. So you had your own income information; you didn't
24 need DCF to tell you what your income was; you just wanted to
25 know what they were looking at for your income; is that right?

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1 A. I'm sorry. Can you repeat the question?

2 Q. Yeah. I just want to make sure I understand.

3 You want to know what DCF's income is -- what they
4 were looking at to determine what your income was?

5 A. Right.

6 Q. But you -- so you had your own income information.
7 You knew how much money you were making at the time, right?

8 A. I know what my check stubs were, yes, but I wanted to
9 know if they were looking at the most recent income as well, if
10 we were looking at the same thing because, like I said, it
11 varies depending on how many hours we work.

12 Q. And did you ever have an opportunity to provide
13 income information to DCF to insure they were looking at the
14 most recent information?

15 A. Usually when I submit a renewal, I'll go ahead and
16 upload the check stubs so they're already in the system.

17 Q. Did you provide any income information to DCF as part
18 of the fair hearing process, the appeal process?

19 A. Well, I never had the hearing.

20 Q. Why not?

21 A. I was contacted -- I don't believe -- I don't
22 remember what her name was, but she was insisting that my
23 Medicaid was going to be returned, and then my Medicaid was
24 returned before my baby was born.

25 And I believe it was before the hearing date. I

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1 can't remember exactly what the hearing date was, but I know
2 that it was returned before the hearing date.

3 Q. Okay. So just so I have the timeline right.

4 So you requested the hearing, and then, through that
5 process of preparing for it, DCF reestablished your Medicaid,
6 and then you no longer had a need for the hearing; is that
7 right?

8 A. Yeah. I had to take out -- basically send an e-mail
9 stating that I didn't need the hearing anymore because my
10 Medicaid was given back.

11 Q. Have you ever attended a fair hearing -- a Medicaid
12 fair hearing before?

13 A. No.

14 Q. Do you know how many you've requested?

15 A. I filed for an appeal, and I believe it was over the
16 phone. I sent an e-mail to the hearing office saying that I
17 wanted to confirm that my appeal request was received.

18 So I don't know if they counted that as two separate
19 requests. And then I also filed for an appeal again when my
20 Medicaid was taken in October.

21 Q. In October, was that appeal filed in writing or over
22 the phone?

23 A. I don't remember. It might have been through e-mail.
24 I don't remember.

25 Q. How did you get the hearing office's e-mail address?

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1 A. Through the Florida Health Justice Project.

2 MS. LUKIS: Do you mind if we take a break until
3 11 and come back and do another segment until lunch?

4 MS. HEARN: Yeah. That sounds good.

5 (At this time, a brief recess was taken.)

6 BY MS. LUKIS:

7 Q. All right. So we're going to go back and spend some
8 time in July of 2023, but first I want to jump ahead to October
9 of 2023.

10 You stated earlier that you lost -- you believe you
11 lost Medicaid coverage again in October of 2023?

12 A. Yes.

13 Q. Why did you believe that you lost coverage in October
14 of 2023?

15 A. I received a notice.

16 Q. Do you know what date -- what the date of that notice
17 was?

18 A. Not exactly. It was in October, though. I believe I
19 had updated that I wasn't working anymore.

20 Q. So you received a notice, and you believe that that
21 notice was indicating that you were losing Medicaid coverage;
22 is that right?

23 A. Yes.

24 Q. Okay. What did you do next?

25 A. I called DCF.

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1 Q. And what did DCF inform you of on that call?

2 A. I spoke to -- I was transferred to a higher tier
3 employee, and she told me that she was going to reach out to
4 her superior before going with the appeal.

5 Q. Did you have an understanding of the reason why you
6 thought you were losing Medicaid benefits in October?

7 A. No.

8 Q. Did anybody at DCF explain to you what was going on
9 with your Medicaid coverage?

10 A. No. I had pregnancy Medicaid, and that's why the
11 higher tier employee said that she was going to speak to her
12 superior because she knew that I was supposed to stay on it
13 since my baby was just born.

14 Q. Did anyone ever indicate to you that you didn't
15 actually lose Medicaid benefits in October?

16 A. I don't remember.

17 Q. At some point, you had Medicaid coverage again,
18 right?

19 A. Yes.

20 Q. Okay. When did that happen?

21 A. I'm not sure. I don't remember the dates exactly.

22 Q. Do you remember getting a notice shortly after you
23 spoke to DCF, indicating that you were eligible for Medicaid?

24 A. I don't remember.

25 Q. Do you remember how you learned that you had Medicaid

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1 coverage again?

2 A. I received a phone call from the superior -- the
3 supervisor or what I'm thinking was a supervisor, and she told
4 me that my Medicaid -- that I was going to have my Medicaid.

5 Q. Okay. So from the time that you believed you lost
6 Medicaid until the time you had that conversation with the
7 supervisor, who indicated that you were going to be covered by
8 Medicaid, how much time passed?

9 Was that just a couple days?

10 A. I really don't remember. That time was kind of a
11 blur. It was the newborn stage, so --

12 Q. I understand what you mean.

13 Do you remember anything about the notice that you
14 received in October of 2023, notice or notices?

15 A. I just remember that I was going to lose Medicaid.

16 Q. And when the supervisor, the DCF supervisor, called
17 you back and said -- well, when the DCF supervisor called you
18 back, can you tell me everything you remember about that
19 conversation?

20 A. It was -- it was a voicemail. I can't remember what
21 the voicemail said, but -- yeah. My memory from that time is
22 so bad, but I know that I was told that I was going to have my
23 Medicaid back, that I was going to have my Medicaid.

24 Q. So after you received that voicemail, were you
25 satisfied?

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1 A. Honestly, I can't remember if it was already active
2 in the system, the Medicaid.

3 Q. After you received that voicemail, did you have to
4 take any other steps to confirm that you were covered by
5 Medicaid?

6 A. I usually look on-line to see if I have Medicaid
7 coverage. I look in the access, and then I also look on the
8 Florida Medicaid website.

9 Q. And so, at some point, you looked at the sources and
10 confirmed that you were still covered by Medicaid?

11 A. Yes.

12 Q. Did you file an appeal or request a fair hearing
13 related to this -- well, in October of 2023?

14 A. Yes.

15 Q. Was that before or after you spoke with DCF?

16 MS. HEARN: Object to the form.

17 A. Sorry. Can you repeat the question?

18 BY MS. LUKIS:

19 Q. Sure. When you filed the appeal in October of 2023,
20 do you remember if that was before or after you had spoken to
21 DCF on the phone?

22 MS. HEARN: Object to the form.

23 A. I don't remember exactly.

24 BY MS. LUKIS:

25 Q. Okay. And what happened with that appeal?

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1 A. I'm not sure. I'm not sure if the supervisor just --
2 I'm not sure, honestly. I'm not sure what happened. I never
3 went to the field office. I don't think I even got a date for
4 it or anything.

5 Q. Did you -- once you confirmed that you had Medicaid
6 coverage, did you feel like you no longer needed the hearing?

7 A. Yes.

8 Q. Okay. I'm going to share another document in the
9 chat, and this will be marked as Exhibit 2. Let me know when
10 you have that open, please.

11 A. Okay. I have it open.

12 (Exhibit No. 2 was identified and will be marked
13 after deposition is completed and/or received.)

14 BY MS. LUKIS:

15 Q. Okay. This is Exhibit 2. Now, do you have you --
16 have you ever seen this document before?

17 A. I don't remember seeing this one.

18 MS. HEARN: Sorry, Ashley. Was there a question
19 pending? I think we might have lost it or something.

20 BY MS. LUKIS:

21 Q. Oh, I asked -- the only thing I asked was if she had
22 seen this document, DCF-005505, and I believe the answer was
23 no, I don't remember seeing it; is that right?

24 A. Yes.

25 MS. HEARN: Okay.

1 BY MS. LUKIS:

2 Q. There we go. Okay. So this next document will be
3 marked as Exhibit 3, and the same question, once you have it
4 opened, can you just let me know if you've ever seen this
5 before or if you remember seeing it?

6 A. No. Appear for a scheduled hearing -- it says
7 G [REDACTED] M [REDACTED] is the petitioner.

8 (Exhibit No. 3 was identified and will be marked
9 after deposition is completed and/or received.)

10 BY MS. LUKIS:

11 Q. These last two documents that we looked at, are these
12 related, do you remember, to the appeal that you filed in
13 October 2023?

14 A. They must be, but they say it's for my nine-year-old
15 son, so I'm not sure why it's to my son instead of me.

16 Q. Do you receive notices addressed to G [REDACTED]?

17 A. Sometimes I do, yes.

18 Q. And do those notices sometimes indicate information
19 about your eligibility or enrollment in Medicaid?

20 A. Yes, but sometimes it's a little different than the
21 notice sent to myself, which are sent, like, at the same time.

22 Q. Do you have a separate Access account for yourself
23 and G [REDACTED]?

24 A. No.

25 Q. Have you ever applied separately for Medicaid for

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1 **yourself and your children?**

2 A. No. I reapply on the Access website for all of us.
3 Unless it's for my pregnancy, then I'll apply for myself.

4 MS. LUKIS: I have a few more documents, which
5 will be Exhibits 4 and 5.

6 THE COURT STENOGRAPHER: I thought I had an
7 Exhibit 4, the Order of Dismissal. Am I wrong? No, 3.
8 I'm sorry.

9 MS. LUKIS: It's 3. It's so hard to keep track of
10 them. I routinely forget to mark exhibits. No worries.

11 BY MS. LUKIS:

12 Q. Okay. So the first one I'm going to add in the chat
13 ends with GM, and that one will be marked as Exhibit 4, and
14 then the second one that I'll add will end with LM, and that
15 will be Exhibit 5.

16 (Exhibit Nos. 4 and 5 were identified and will be
17 marked after deposition is completed and/or received.)

18 BY MS. LUKIS:

19 Q. Let me know when you're able to open those, please.

20 A. Okay.

21 Q. Okay. So you applied separately for yourself for
22 pregnancy related Medicaid; is that right?

23 A. Yes.

24 Q. The rest of your household, when they're enrolled in
25 Medicaid, is the basis of your eligibility income and age?

1 A. Yes.

2 Q. Okay. So did you receive both of the -- well, first
3 of all, the two documents that I just uploaded to the chat, do
4 you recognize those?

5 A. Yes.

6 Q. Okay. Are these the July 20th Notice of Case Action
7 addressed to you and the July 20th Notice of Case Action
8 addressed to G [REDACTED]?

9 A. Yes.

10 Q. Okay. Did you receive these at the same time?

11 A. I want to say yeah.

12 Q. And when you received both of these, did you read
13 them both in their entirety?

14 A. I read -- not every single word on the document, no.

15 Q. Are you able to recall what you did -- what you did
16 read and what you didn't read or where you stopped reading?

17 A. I do not. It might have been "If you are no longer
18 eligible for Medicaid," that part.

19 Q. And this is my fault: Are you on -- are you reading
20 G [REDACTED] or yours right now?

21 A. Right now, I'm on mine.

22 Q. Okay. So -- so the end of -- okay. I see. All
23 right.

24 So you're talking about on that page that ends -- the
25 bottom right corner, DCF-005404, the bolded language, it says

1 "If you are no longer eligible for Medicaid," you think that's
2 where you stopped reading?

3 A. Yes.

4 Q. What about on G [REDACTED], could you -- same question:
5 Did you read this from beginning to end, or could you let me
6 know where you stopped reading?

7 A. This is the one that said I wasn't eligible, and then
8 I was. It might have been right here where it has the last
9 Medicaid in bold and our names. Ends in 005393.

10 Q. So on your notice -- so when you received the one
11 that was addressed to you, you were enrolled in pregnancy
12 Medicaid at this time, correct?

13 A. Yes.

14 Q. So when you read this notice, did you understand it
15 to mean that your pregnancy Medicaid was terminating?

16 A. Yeah.

17 Q. Okay. And did you have an understanding of why
18 your -- when you read this notice, did you understand why your
19 pregnancy Medicaid was terminating?

20 A. No.

21 Q. When you read the reason there that says you are
22 receiving the same type of assistance from another program, did
23 you -- what did you understand that language to mean?

24 A. I didn't at all understand what it meant or what
25 program they were referring to.

1 Q. Okay. Let's go back to the one that was addressed to
2 G [REDACTED].

3 So the other members of your household, at this time,
4 were enrolled in Medicaid based on income and age, correct?

5 A. E [REDACTED] and myself had Medicaid.

6 Q. Okay. G [REDACTED] did not?

7 A. No.

8 Q. He was enrolled in KidCare?

9 A. I don't know if he was enrolled just yet. We were
10 applying to KidCare.

11 Q. Okay. And so when you read this -- when you read
12 this notice addressed to G [REDACTED], did you understand -- what
13 did you understand it to mean in terms of termination of
14 Medicaid benefits?

15 A. I really didn't understand it because it said that we
16 were ineligible in June, July and August, but E [REDACTED] and I had
17 Medicaid in June and July, and then also, as you continue,
18 Medically Needy for E [REDACTED], it says "ineligible," but it says
19 G [REDACTED] was enrolled, which he was not.

20 And then it also said that I was enrolled, which I
21 was not. I had the pregnancy Medicaid, and then it continued
22 to say "Medically Needy." It says I'm enrolled in one, and
23 then -- for August. And then it says I'm ineligible for June
24 and July for Medically Needy, because we received the same
25 thing, assistance from another program. So I just had no idea

1 what that meant.

2 And then, for Medicaid, if you continue, the notice
3 says that Medicaid -- E [REDACTED] is eligible. So it was a little
4 contradicting as well. Because, at the top, it said that he
5 wasn't eligible, but then, at the bottom, it said that he was.

6 So I really just had no idea what they were trying to
7 tell me was going on with our Medicaid.

8 Q. Did you believe that anybody's Medicare benefits were
9 ending when you read this?

10 A. Yes.

11 Q. Whose?

12 A. Well, from the beginning, I thought all of our
13 Medicaid was being taken away. Well, myself and E [REDACTED]. And
14 then, as I continue reading, I wasn't really sure if E [REDACTED]
15 was going to have Medicaid or not.

16 Q. I'm just trying to make sure I understand your
17 testimony from before. So looking at DCF-005390 and 5391, did
18 you read those two pages to indicate that G [REDACTED] and yourself
19 were enrolled in the Medically Needy Program?

20 A. No, that's not what it says.

21 Q. Okay.

22 A. It says that I was enrolled in Medically Needy, but
23 that says June 19, but I had already pregnancy Medicaid for
24 that month, and then E [REDACTED], it said "Ineligible."

25 Q. So -- and I want to make sure I understand. So you

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1 when you read it, you thought -- you see that it says that
2 you're enrolled, but you thought that that was a mistake
3 because you should have pregnancy Medicaid; is that right?

4 A. Well, it said August.

5 Q. Okay.

6 A. And it said, in my application for Medically Needy,
7 June 19. I didn't apply for Medically Needy in June because I
8 had pregnancy Medicaid.

9 Q. So you believe that this was incorrect?

10 A. Yes.

11 Q. Do you know what the Medically Needy Program is?

12 A. I believe that it's a program that has a shared cost,
13 and once that shared cost is met, then Medicaid or Medically
14 Needy will cover the rest.

15 Q. So on 005391, the -- let's see -- one, two, three --
16 the fourth paragraph from the bottom of that page, above the:
17 Share of Cost" paragraph that begins "The Medically Needy
18 Program can help --" do you see that?

19 A. I see it.

20 Q. Okay. So that second sentence in that paragraph that
21 states "Individuals enrolled in the Medically Needy Program
22 have income or assets that exceed the limits for regular
23 Medicaid."

24 Do you see that sentence?

25 A. I do.

1 Q. Okay. When you received this notice, did you read
2 that sentence?

3 A. I skimmed through this part.

4 Q. Did that sentence about income contribute to your
5 understanding of this notice at all?

6 A. No, no. That sentence did not help my understanding
7 of the notice at all.

8 Q. On the first page of G [REDACTED] notice, DCF-005389,
9 under the section that says -- under the Medicaid section, at
10 the very top, it says, Reason: Your household's income is too
11 high to qualify for this program.

12 What did you interpret that statement to mean?

13 A. That our income was too high for Medicaid.

14 Q. Did you think that was incorrect?

15 A. Yes.

16 Q. Now, if you could skip to page DCF-005395. The
17 second section from the top of that page that starts with "Fair
18 Hearings" in bold, do you see that paragraph?

19 A. Yes.

20 Q. When was the first time that you read this paragraph?

21 A. Today.

22 Q. I'm sorry?

23 A. Today.

24 Q. I'm sharing a document that will be marked as Exhibit
25 6. Let me know when you're able to open that. It should be a

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1 two-page document.

2 A. I got it.

3 (Exhibit No. 6 was identified and will be marked
4 after deposition is completed and/or received.)

5 BY MS. LUKIS:

6 Q. Okay. Do you recall ever seeing this document
7 before?

8 A. Yes.

9 Q. Okay. What is this?

10 A. This is the acknowledgment of my request for the
11 appeal -- I mean, for the hearing.

12 Q. Okay. And can you tell -- what is the date of this
13 document?

14 A. It says "7/27/2023."

15 Q. And do you remember -- those July 20th notices, do
16 you remember on what day you first read those? Was it on July
17 20th?

18 A. Yes.

19 Q. Okay. So during that week of July 20th -- from July
20 20th to July 27th, you spoke to DCF on the phone, correct?

21 A. Yes.

22 Q. Do you remember how many times?

23 A. In that week, no, I don't remember how many times.

24 Q. And during that week, did you retain the Florida
25 Health Justice Project?

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1 A. Yes.

2 Q. And you said that was a recommendation from somebody,
3 an on-line moms' group?

4 A. Yes.

5 Q. And then, after you retained Florida Health Justice
6 Project, you requested a hearing?

7 A. Yes.

8 Q. And this hearing acknowledgment, this is relayed --
9 well, I don't need to ask that question. Strike that. You
10 already said it.

11 Okay. So we'll mark this next one as Exhibit 7. Do
12 you have that open?

13 A. I do.

14 (Exhibit No. 7 was identified and will be marked
15 after deposition is completed and/or received.)

16 BY MS. LUKIS:

17 Q. Have you seen this document before?

18 A. I've seen the e-mail, yes.

19 Q. Is that your e-mail address?

20 A. Yes.

21 Q. And so this is -- July 24th, you indicated that you
22 filed an on-line appeal; is that right?

23 A. Yeah.

24 Q. What did I just do? Okay. This next one will be
25 Exhibit 8. Let me know when you have that open.

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1 A. Yes, it's open.

2 (Exhibit No. 8 was identified and will be marked
3 after deposition is completed and/or received.)

4 BY MS. LUKIS:

5 Q. What is this document?

6 A. This is a letter that I wrote and uploaded to my
7 Access account.

8 Q. When did you write this?

9 A. This was after I received the July 20th notice.

10 Q. Was this before you filed the appeal?

11 A. I can't remember.

12 Q. Okay. Why did you -- why did you decide to write
13 this letter and upload it to Access?

14 A. This was recommended by one of the people I spoke to
15 from DCF.

16 Q. Next one will be Exhibit 9. Let me know when you
17 have it open.

18 A. I have it open.

19 (Exhibit No. 9 was identified and will be marked
20 after deposition is completed and/or received.)

21 BY MS. LUKIS:

22 Q. Okay. What is this?

23 A. This is also a letter that I wrote and uploaded to my
24 Access account.

25 Q. Is this before or after the last letter that we

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1 looked at?

2 A. I don't remember.

3 Q. And why did you upload this letter to Access?

4 A. Because no one I spoke to from DCF knew what I was
5 talking about when I referred to this code in order to keep my
6 pregnancy Medicaid.

7 Q. How did you locate that -- the section of the US
8 Code?

9 A. I did a Google search, and it took me to the website,
10 USCode.health.gov.

11 Q. Did you ever receive a response to this letter?

12 A. No.

13 Q. And ultimately your pregnancy Medicaid was
14 reinstated, right?

15 A. After I went into preterm labor, yeah.

16 Q. That's very scary. I'm sorry you had to deal with
17 that.

18 A. Thank you.

19 Q. Okay. This one will be Exhibit 10. Let me know when
20 you have that open. I think it's one, two --

21 A. I have it open.

22 Q. -- three pages. Okay. What is this?

23 A. This was a motion that I did in order to keep my
24 Medicaid coverage while a decision was made at the hearing.

25 (Exhibit No. 10 was identified and will be marked

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1 after deposition is completed and/or received.)

2 BY MS. LUKIS:

3 Q. And did you prepare this around August 3rd of 2023?

4 A. No. I think it was a little before then. August 3rd
5 I sent it.

6 Q. What date do you think you sent -- that you sent this
7 to DCF?

8 A. It says, on the document, August 2nd, 2023.

9 Q. Are you referring to the Certificate of Service on
10 005513?

11 A. Yes.

12 Q. Did you -- and you had retained Florida Health
13 Justice Project by this time?

14 A. Yes.

15 Q. Did they provide the template that you used to
16 prepare this motion?

17 A. Yes.

18 Q. And was your Medicaid coverage reinstated pending
19 your appeal?

20 A. No.

21 MS. LUKIS: I'm going to go through one more
22 exhibit, and then we'll break for lunch. This will be
23 Exhibit 11.

24 (Exhibit No. 11 was identified and will be marked
25 after deposition is completed and/or received.)

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1 BY MS. LUKIS:

2 Q. Let me know when you have that open.

3 A. Okay. It's open.

4 Q. Do you recognize this document?

5 A. No.

6 Q. You don't remember receiving this --

7 A. No.

8 Q. -- set of documents?

9 A. No. Well, I remember the notice of hearing, not the
10 first -- oh, I'm sorry. I know there were documents sent to
11 me. There were documents sent to me, but I believe it was
12 while I was going through the whole preterm labor, but I don't
13 think I looked -- I don't think I looked through all of them.

14 So this may be that e-mail that I was sent, and I
15 didn't look through all of it. Sorry. Some of it looks
16 familiar.

17 Q. Okay. So did you say the document that's page -- I
18 guess it's page one, two, three -- the bottom right-hand corner
19 says, dash 000043, this notice of hearing, you say you do
20 recall receiving that?

21 A. Yes.

22 Q. Okay. And is this the notice of hearing for an
23 appeal related to the July 20th notice sent to you?

24 A. Yes.

25 Q. And you did not attend this hearing, correct?

1 A. No. My Medicaid was already reinstated, and my baby
2 was two days old, so I wasn't able to.

3 Q. Okay. If you flip to the page that, in the bottom
4 right-hand corner, it says "000050," this is another notice of
5 hearing that identifies G [REDACTED] as the petitioner.

6 Do you remember seeing this document?

7 A. I do.

8 Q. All right.

9 A. I didn't understand why -- I'm sorry?

10 Q. No. Please go ahead. I'm sorry for interrupting
11 you.

12 A. No. I just wasn't sure why he was getting a hearing.

13 Q. And I think I know the answer, but you didn't attend
14 this hearing, correct?

15 A. No, I didn't.

16 Q. Was G [REDACTED] Medicaid coverage reinstated before
17 that hearing date?

18 A. It was. I believe it was. I don't remember if it
19 was exactly when mine was. It was around the same time,
20 though.

21 Q. So was the Medicaid coverage for all of your
22 household members resolved before September 25th of 2023?

23 A. Yes.

24 MS. LUKIS: Can we go off the record for a minute?

25 (AT this time, a recess was taken.)

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1 BY MS. LUKIS:

2 Q. Do you understand that there are income limits for
3 every Medicaid eligibility?

4 A. Yes.

5 Q. During October of 2023, when you thought you lost
6 Medicaid coverage, am I correct that that was -- if there was a
7 gap, it was a matter of a few days?

8 A. A gap between what?

9 Q. I understand that sometime in mid to late October
10 2023, you received a notice that you thought indicated that you
11 lost Medicaid coverage, right?

12 A. That I was going to lose Medicaid, yes.

13 Q. Going on to -- and then a few days later, you were
14 able to confirm that you had not lost Medicaid coverage, right?

15 A. The supervisor, she told me -- well, she said, on the
16 voicemail, that it was already fixed.

17 Q. And what was the -- what was the problem that she
18 indicated in that voicemail that had been fixed?

19 A. I don't remember if she indicated a problem. She
20 said that the Medicaid was going to be -- that I was going to
21 be covered by Medicaid.

22 Q. And you confirmed that, on your Access account, that
23 you were covered?

24 A. I don't remember if it was the same day, excuse me,
25 but I did have the Medicaid when I looked on the Access and on

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1 the Florida Department -- the Florida Medicaid website.

2 Q. So is it your understanding that you ever actually
3 lost Medicaid coverage, or was it that you were concerned that
4 you were going to lose it?

5 A. I can't remember if I actually lost it or if it was a
6 date that I was going to lose it.

7 Q. And do you remember how many phone calls you had with
8 DCF before -- about this October issue before the supervisor
9 called you back?

10 A. No.

11 Q. Do you remember how much time passed from the date of
12 the notice that you were concerned about and the supervisor
13 leaving you that voicemail?

14 A. No.

15 Q. Do you remember if it was less than a week?

16 A. No, I don't remember.

17 Q. Okay. During that time period of the notice and the
18 supervisor calling you back, did you incur any medical bills?

19 A. I don't think so.

20 Q. I'm putting a document in the chat that will be
21 marked as Exhibit 12. Let me know when you can open that.

22 A. Okay.

23 (Exhibit No. 12 was identified and will be marked
24 after deposition is completed and/or received.)

25 BY MS. LUKIS:

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1 Q. Do you know what this is?

2 A. Yes.

3 Q. What is this?

4 A. This is messages between myself and Amanda.

5 Q. Who's Amanda?

6 A. She's the reporter from Associated Press.

7 Q. And so you are the green --

8 A. Yes.

9 Q. -- text bubble?

10 A. Uh-huh.

11 Q. Do you know why Amanda sent you this screen shot?

12 A. I believe this was -- I believe this was when I

13 had -- I was going to lose the Medicaid.

14 Q. Do you know what she meant when she said, "Here's the
15 direct line"?

16 A. That was someone that she had spoken to. Someone
17 that I could have gotten in contact with, but this was after I
18 had already had my Medicaid reinstated.

19 Q. Do you know what the date was on this text exchange?

20 A. Not the exact date.

21 Q. In the body of the screen shot that she sent you,
22 where it says, "Hello, Amanda: My team is working on your
23 request," do you know what request is being referred to there?

24 A. No.

25 Q. Do you remember if you were -- I see there's a green

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1 highlighting next to the phone icon there, the top left-hand
2 corner.

3 Do you recall if you were on the phone during this
4 text exchange?

5 A. I must have been.

6 Q. Do you remember who you were talking to?

7 A. No.

8 Q. Okay. And this will be Exhibit 13. Let me know when
9 you can open it.

10 A. I opened it.

11 (Exhibit No. 13 was identified and will be marked
12 after deposition is completed and/or received.)

13 BY MS. LUKIS:

14 Q. Okay. What is this?

15 A. Loss of coverage.

16 Q. Do you recognize this?

17 A. This looks like it's from my job. Oh, wait. Maybe
18 from the United Healthcare. It's from United Healthcare.

19 Q. Okay. Do you remember receiving this?

20 A. Yes. I think this was through e-mail.

21 Q. Did you -- do you remember if you requested this
22 document from United Healthcare?

23 A. Yes.

24 Q. Do you remember why?

25 A. I think there was -- if I'm remembering correctly,

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1 there was, like, confusion between my Medicaid and the old
2 insurance that I had through my job. So I needed proof of when
3 that other insurance to my job ended.

4 Q. Okay. So were you previously enrolled in your
5 employer's health plan?

6 A. Yes.

7 Q. Okay. Why are you no longer enrolled in your
8 employer's health plan?

9 A. It's only for full-time employees.

10 Q. Okay. It's what I suspected. This will be Exhibit
11 14. Let me know when you can open that.

12 A. Okay.

13 (Exhibit No. 14 was identified and will be marked
14 after deposition is completed and/or received.)

15 BY MS. LUKIS:

16 Q. I know the formatting is funny because I tried to put
17 it in order, but do you recognize this document?

18 A. My call log.

19 Q. Okay. Did you create this document, or did you
20 receive it from someone?

21 A. I downloaded it.

22 Q. Where did you download it from?

23 A. From AT&T, my phone company.

24 Q. After you downloaded it, did you make any changes to
25 this other than to redact out entries?

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1 A. No. I sent them over to my attorney.

2 Q. Okay. If you look at the one, two -- third page that
3 ends in, at the bottom right, 000148, do you see the header
4 where it says "Totals for billing period," it says "2076," and
5 then minutes, and minutes is misspelled?

6 A. Yes.

7 Q. Did you -- is that how it came? Did you download it?

8 A. Yeah.

9 Q. Sorry. Strike that. Did you download that phone log
10 like that?

11 A. Yeah. If that's what it says, that's how it
12 downloaded. I didn't make any changes to that.

13 Q. ATT needs to get it together.

14 A. Yeah. I see it's in every top.

15 Q. Okay. So I tried to keep it in chronological order,
16 so let's just start from the beginning.

17 I guess on the first page -- well, first of all, what
18 is it -- so most of the calls on here are -- on this document
19 are redacted, but some are not redacted.

20 What do the un-redacted calls represent?

21 A. The un-redacted calls?

22 Q. Yes, ma'am.

23 A. Those are to DCF.

24 Q. Okay. All right. So let's start at -- at the bottom
25 of the first page, there's a call dated July 20th, 2023,

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1 followed by, on the second page, one, two, three, four, five,
2 six additional calls dated July 20th, 2023.

3 Do you see that series of calls?

4 A. I do.

5 Q. Do you remember how many of these calls you were able
6 to speak to a representative at DCF?

7 A. No.

8 Q. Were you able to talk to someone at DCF on July 20th,
9 2023?

10 A. Yes.

11 Q. Okay. Tell me what you remember about the substance
12 of the conversations that you had with DCF on July 20th of
13 2023.

14 A. I remember trying to figure out what was going on
15 with the Medicaid because the notice was confusing. I wasn't
16 sure if my youngest was going to have his Medicaid taken away,
17 if I was going to have my Medicaid taken away, and I was told
18 different things from each person I spoke to.

19 Some people told me -- well, someone told me to write
20 the letter. Someone told me that my Medicaid was not being
21 taken away. That was actually a higher tier employee. And
22 when I told her what the previous employee told me that it is,
23 she said well -- she said something along the lines of, "Well,
24 I'm higher tier, so if I'm telling you it's not going to be
25 taken away, it's not going to be taken away."

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1 And then I kept on being told that the COVID law
2 being lifted -- that was the reason for it. And I was trying
3 to explain that I had pregnancy Medicaid, and I was supposed to
4 keep it, but just nobody at all knew what I was even talking
5 about.

6 Q. Okay. Was this all part of the calls on this first
7 day, the day that you received the notice?

8 A. I believe so.

9 Q. Was income or financial circumstances discussed at
10 all during these conversations?

11 A. Yes. And I was trying to explain that I had
12 pregnancy Medicaid and income shouldn't be a factor in that.

13 Q. Okay. Looking at the next page. We've got, one,
14 two, three, four calls on July 21st. Do you see that?

15 A. July 21st, yes.

16 Q. Okay. Do you remember anything about the substance
17 of these calls on July 21st?

18 A. The calls were usually the same thing, me trying to
19 explain that I wasn't supposed to have my pregnancy Medicaid
20 taken away, being transferred to higher tier employees, and no
21 one knowing what I was talking about, and being told over and
22 over again that it was because of the COVID law being lifted.

23 Q. So on this page, there's also a call on 7/22 and
24 7/24. Same question: Do you remember anything about the
25 substance of those calls? Was it more of the same?

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1 A. The one on 7/22, I probably didn't get through to
2 anyone because it's only a minute long, and the one on 7/24 was
3 probably along the same lines.

4 Q. Do you remember anything specifically about this 7/24
5 call?

6 A. No.

7 Q. On 7/24, that's the same day that you requested a
8 fair hearing, right?

9 A. I don't remember the exact date of when I requested
10 the hearing.

11 Q. If we look back at that e-mail that was marked as
12 exhibit -- let's see. What exhibit was it?

13 MS. HEARN: 7.

14 BY MS. LUKIS:

15 Q. Exhibit 7. I believe that was an e-mail from you on
16 July 24th, indicating that you had filed an on-line appeal that
17 day; is that accurate?

18 A. Yes.

19 Q. Do you remember if, during that July 24th phone call,
20 anybody mentioned the fair hearing?

21 A. No, I don't remember.

22 Q. Do you remember if that call to DCF on the 24th
23 occurred before or after you submitted your fair hearing
24 request?

25 A. I want to say before.

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1 Q. Okay. Flip to -- flip to the page or scroll to the
2 page that ends in 000152. There is a short call indicated on
3 August 1st, 2023.

4 Do you remember anything about that phone call?

5 A. No.

6 Q. On the next two pages, there's two calls on August
7 7th of 2023.

8 Do you remember anything about those two calls?

9 A. Usually the shorter calls was because, at that
10 moment, DCF was stating that there was such call volume and to
11 try the call again later, and it would just hang up.

12 Q. And then, on August 9th, there's a longer one, a
13 50-minute call.

14 Do you remember anything about that August 9th call?

15 A. Not exactly.

16 Q. Do you remember if, at some point in August, anybody
17 told you on the phone that your pregnancy Medicaid was
18 reinstated?

19 A. I don't know if -- I want to say yes. I spoke to
20 someone from the appeals, but I don't know if it was in August
21 or September.

22 Q. Flip to 000146. There's a 10-minute call on
23 September 15th.

24 Do you remember anything about that call?

25 A. What was that? The number?

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1 Q. So it's page 000146. There's an entry for September
2 15th, a 10-minute call.

3 Do you remember anything about that?

4 A. Let me try to find it somewhere.

5 MS. HEARN: Ashley, could you tell us what page of
6 the PDF it is?

7 THE WITNESS: Here it is. The 26th, I think.

8 MS. HEARN: 26th.

9 THE WITNESS: Uh-huh.

10 MS. HEARN: 26th. Okay.

11 THE WITNESS: I'm sorry. Can you repeat the
12 question?

13 MS. LUKIS: Yeah. I'm trying to find the PDF too
14 so I can direct you better next time.

15 MS. HEARN: Page 26.

16 BY MS. LUKIS:

17 Q. Do you remember anything about that September 15th
18 call?

19 A. No. I remember there was someone calling me from the
20 appeals office asking me to withdraw my request because I
21 believe my Medicaid was already reinstated, but I don't know if
22 that was the phone call.

23 Q. It just occurred to me that these are not in correct
24 numerical order at the bottom right, because I rearranged them
25 so sorry about that.

Lily Mezquita
March 05, 2024

Page 61

1 A. Yeah.

2 Q. Okay. On page 29 of the PDF, there's a series of
3 calls between September 25th and September 26th.

4 Do you see those?

5 A. I do.

6 Q. Do you remember anything about these phone calls?

7 A. I don't.

8 Q. Do you think that, whether it was this series of the
9 phone calls or that phone call on September 15th -- was one of
10 these calls likely the call in which DCF said, Hey, do you want
11 to withdraw your appeal because your Medicaid is reinstated?

12 A. It might have been. I know one of them were. I'm
13 just not sure which one.

14 Q. Okay. On page 30 of the PDF, there's a nine-minute
15 call on October 2nd.

16 Do you remember anything about that October 2nd call?

17 A. No.

18 Q. On page 32, you got -- October 9th, two calls on
19 October 9th.

20 Do you remember anything about those calls?

21 A. No, I don't. It might have been -- I don't know if
22 that was already when I received the notice of my Medicaid
23 being discontinued again. I'm not sure.

24 Q. Did you remember if you made any calls to DCF in
25 early October to relay that your daughter had been born?

Lily Mezquita
March 05, 2024

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1 A. Oh, that might have been it. Yeah. Probably to get
2 her -- her Medicaid activated maybe. Oh, no. You know what it
3 probably was? It was probably because I was at the doctor's
4 appointment. I remember I was at a doctor's appointment, and I
5 had to change -- I needed to change the pediatrician, but I
6 don't know if those were the phone calls.

7 Q. So, at some point, you called to let -- you were
8 calling to let DCF know that you were changing pediatricians;
9 is that right?

10 A. I believe she had been assigned a pediatrician, and I
11 needed to change the pediatrician, but I don't know if those
12 were the calls with DCF.

13 Q. And then, on page 36, the 47-minute call on October
14 23rd, do you recall what that call was about?

15 A. That call was probably about the notice I received in
16 October.

17 Q. And that is the one-minute call later that same day,
18 the voicemail from the supervisor?

19 A. I don't think it would show that like that, if it was
20 a voicemail. I'm not sure what that one call is.

21 Q. Is that location showing that the call was coming
22 from Tallahassee?

23 A. It doesn't show incoming or outgoing. It just says,
24 Location, Tallahassee.

25 Q. Okay. Do you remember if the supervisor that called

Lily Mezquita
March 05, 2024

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1 back from DCF and left you that voicemail -- if they called you
2 back the same day?

3 A. I don't remember if it was the same day.

4 Q. Do you know -- let me get out of this.

5 Do you know how long your postpartum Medicaid is
6 currently authorized for?

7 A. Excuse me. I don't know how long it's authorized
8 for. I know it's supposed to be for 12 months after I give
9 birth.

10 Q. If you wanted to find out how long it was authorized
11 for, how would you go about finding that information out?

12 A. I would call.

13 Q. When your postpartum Medicaid authorization ends, do
14 you plan to reapply for Medicaid?

15 A. No.

16 Q. Why not?

17 A. I wasn't eligible before I was pregnant, so I don't
18 think I would be eligible after that period ends.

19 Q. What about your children -- all three of your
20 children are currently enrolled in full Medicaid, right?

21 A. Yes.

22 Q. Do you know how long they'll be authorized?

23 A. I don't know the exact date.

24 Q. Whenever their authorization is set to end, would
25 you -- do you plan to renew their Medicaid?

Lily Mezquita
March 05, 2024

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1 A. Yes.

2 Q. Do you believe that your children will remain
3 eligible?

4 A. I would hope so.

5 Q. So after reviewing the call log between July 20th and
6 October 23rd of 2023, do you think it would be fair to estimate
7 that you spoke to DCF on the phone about 10 times?

8 A. I'm not sure. I would have to go through the call
9 log and tally it up.

10 Q. Why don't you take a minute and -- because I know you
11 have a sense of -- based on the call length, if you think you
12 actually connected with somebody, and I just want to know your
13 position and your recollection.

14 So if you want to look through that call log and
15 tally up --

16 A. The thing is that, even if the minutes are long,
17 sometimes the call would just disconnect. The system just
18 disconnects the call.

19 Q. Okay.

20 A. So there's really no way of me knowing in which call
21 I was able to get through to someone and which call DCF just --
22 the call just connected.

23 Q. Okay. I understand, and that's fine.

24 Fair to say that you know how to get in contact with
25 DCF, though, if you want to?

Lily Mezquita
March 05, 2024

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1 A. I usually call. I can't really get in contact
2 whenever I want to because of the high call volume, but I know
3 I can call, and hopefully, speak to someone.

4 Q. Other than the e-mail that you sent to the hearing
5 office that we looked at earlier, have you ever exchanged
6 e-mails with DCF?

7 A. I don't think so.

8 Q. And do you know -- do you know how to request a fair
9 hearing?

10 A. Yes.

11 Q. When you lost coverage in July of 2023, you were
12 successful in getting that coverage eventually reinstated for
13 your family, correct?

14 A. Eventually, yes.

15 MS. LUKIS: I want to take a minute to go
16 through -- we can go off the record.

17 (At this time, a brief recess was taken.)

18 MS. LUKIS: So Exhibits 2 through 10 and Exhibit
19 13 should all be marked as confidential, for the record,
20 and then, Lynn, I'll defer to you on whether you want
21 Exhibit 11 marked as confidential.

22 MS. HEARN: Yes, I believe that that's
23 appropriate.

24 MS. LUKIS: Okay.

25 THE WITNESS: What about 8, with my son's name?

Lily Mezquita
March 05, 2024

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1 MS. LUKIS: Yeah. So 2, 3, 4, 5, 6, 7, 8, 9, 10,
2 and 11, and 13 should all be marked as confidential. I
3 think 1, 12, and 14 do not need to be marked as
4 confidential.

5 MS. HEARN: We agree with that.

6 MS. LUKIS: If you all disagree with any of
7 that --

8 MS. HEARN: No, we agree with that.

9 BY MS. LUKIS:

10 Q. Okay. All right. Ms. Mezquita, earlier I had asked
11 about what changes you think DCF should make to the notices,
12 and you indicated one of the changes that you thought should be
13 made is that the notice should indicate what income DCF was
14 looking at in terms of both your income and the income
15 limitation that they were looking at.

16 Do you recall that testimony?

17 A. Yes.

18 Q. Okay. If that information had been included in your
19 July 20th of 2023 notice, what would you have done differently?

20 A. Well, it would have to be that information along with
21 the limitations that they're looking at.

22 Q. Okay. So if -- if those -- both of those pieces of
23 information had been included in the notice, what would you
24 have done differently?

25 MS. HEARN: Objection to form.

Lily Mezquita
March 05, 2024

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1 A. Sorry. Can you repeat?

2 BY MS. LUKIS:

3 Q. Sure. So if the two pieces of information that you
4 just identified, which is the income on your side, what income
5 they're looking at for you, and then the income restrictions
6 that DCF was applying -- if that information that you've
7 indicated you think needs to be in the notices, if it had been
8 included in your notices, what would you have done differently?

9 MS. HEARN: Objection.

10 A. I don't know what I would have done differently, but
11 I know -- I know I would have known what income they were
12 talking about and what -- how over the limit I am or even if
13 they were even looking at a pregnant woman's limits instead of
14 just a regular adult woman's limit.

15 BY MS. LUKIS:

16 Q. And so the other change that you identified was to
17 include information about the other program that you were
18 receiving assistance from.

19 Do you remember that testimony?

20 A. Yes.

21 Q. Okay. If that information had been included in your
22 July 20th notice -- notices, what would you have done
23 differently?

24 MS. HEARN: Object to the form.

25 A. It would just really depend what program they were

Lily Mezquita
March 05, 2024

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1 talking about because my belief was that I wasn't receiving
2 from any other program.

3 BY MS. LUKIS:

4 Q. So you thought that the statement that you were
5 receiving assistance from another program is incorrect?

6 MS. HEARN: Object to the form.

7 A. I didn't know what they were talking about.

8 MS. LUKIS: Okay. That's all that I have on
9 direct. Depending on what Ms. Hearn has, I might have a
10 few extra questions afterwards, but that's all I have on
11 direct.

12 CROSS EXAMINATION

13 BY MS. HEARN:

14 Q. Okay. I have very few questions.

15 Starting with that last line of questions, Ms.
16 Mezquita, as you sit here today, do you have any understanding
17 what letter in --

18 THE COURT STENOGRAPHER: Ms. Hearn, you're a
19 little low.

20 (At this time, the court stenographer reads back
21 portion of question.)

22 MS. HEARN: I'm moving closer to the mike.

23 BY MS. HEARN:

24 Q. As you sit here today, do you have any understanding
25 of what that language in some of the notices you received meant

Lily Mezquita
March 05, 2024

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1 when it said you are receiving the same type of assistance from
2 another program?

3 A. No. I have no idea to this day.

4 Q. You testified earlier that, if you wanted to know
5 when your pregnancy Medicaid would end, that you would call
6 DCF.

7 Do you recall that?

8 A. Yes.

9 Q. Could you also -- and you would also call DCF if you
10 wanted to know when your children's Medicaid was valid; is that
11 correct?

12 A. Yes, yes.

13 Q. Did you obtain any of that information under DCF?

14 A. No.

15 Q. Why not?

16 A. It shows -- it usually shows the date at the end of
17 the current month, or it will show ongoing.

18 MS. HEARN: Those are my only questions.

19 MS. LUKIS: I don't have anything else. Ms.
20 Mezquita, thank you so much for your time today. I'm
21 glad we didn't have to take all day.

22 And, Ms. Dooley, we'll take a -- just a
23 transcript, regular delivery.

24 THE COURT STENOGRAPHER: Ms. Hearn, are you
25 ordering a copy, and the read and sign? Say that again.

Lily Mezquita
March 05, 2024

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1 I'm sorry.

2 MS. HEARN: Yes, we'd like to order a copy, and we
3 will read.

4 MS. LUKIS: Ms. Dooley, I will send you -- or my
5 assistant will send you a zip file with the exhibits.

6 (Proceedings concluded at 1:24 p.m.)

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Lily Mezquita
March 05, 2024

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1 CERTIFICATE OF OATH

2

3 STATE OF FLORIDA

4 COUNTY OF LEE

5

6 I, the undersigned authority, certify that LILY
7 G. MEZQUITA remotely appeared before me and was duly sworn,
8 and produced a Florida driver's license as identification on
9 March 5, 2024.

10

11 Signed this 8th day of March, 2024.

12

13



14

CHRISTINA DOOLEY, RPR
Public, State of Florida
My Commission No.: HH 296466
Expires: September 8, 2026

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Lily Mezquita
March 05, 2024

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1 CERTIFICATE OF REPORTER

2

3 STATE OF FLORIDA

4 COUNTY OF LEE

5

6 I, CHRISTINA DOOLEY, RPR, do hereby certify that

7 I was authorized to and did stenographically report the

8 foregoing remote deposition of LILY G. MEZQUITA, pages 1

9 through 70; that a review of the transcript was requested;

10 and that the transcript is a true record of my stenographic

11 notes.

12 I further certify that I am not a relative,

13 employee, attorney, or counsel of any of the parties, nor am

14 I a relative or employee of any of the parties' attorneys or

15 counsel connected with the action, nor am I financially

16 interested in the action.

17

18 Dated this 8th day of March, 2024.

19

20



CHRISTINA DOOLEY, RPR

21

22

23

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25

Lily Mezquita
March 05, 2024

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1 MARCH 8, 2024

2 LILY G. MEZQUITA
3 c/o LYNN C. HEARN, ESQ.
4 Florida Health Justice Project
5 3606 Dexter Drive
6 Tallahassee, FL 32312-1022

7 RE: CHIANNE D., et al. vs. JASON WEIDA, et al.
8 Case No.: 3:23-cv-00985-MMH-LLL

9 Please take notice that on March 5, 2024, you gave your
10 deposition in the above cause. At that time, you did not
11 waive your signature.

12 The above-addressed attorney has ordered a copy of
13 this transcript and will make arrangements with you to
14 read their copy. Please execute the Errata Sheet,
15 which can be found at the back of the transcript, and
16 have it returned to us for distribution to all parties.

17 If you do not read and sign the deposition within 30
18 days, the original, which has already been forwarded to
19 the ordering attorney, may be filed with the Clerk of
20 the Court.

21 If you wish to waive your signature now, please sign
22 your name in the blank at the bottom of this letter and
23 return it to the address listed below.

24 Very truly yours,
25 CHRISTINA DOOLEY, RPR
Lexitas Legal
Fl.production@lexitaslegal.com

26 I do hereby waive my signature.

27
28 _____
29 LILY G. MEZQUITA
30 Job No. : 348980

Lily Mezquita
March 05, 2024

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1 ERRATA SHEET
2 DO NOT WRITE ON TRANSCRIPT-ENTER CHANGES ON THIS SHEET

3 CHIANNE D., et al. vs. JASON WEIDA, et al.
4 DEPONENT: LILY G. MEZQUITA
Date : March 5, 2024
Case No.: 3:23-cv-00985-MMH-LLL

5 PAGE NO. LINE NO. CHANGE REASON

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21 Under penalties of perjury, I declare that I have read the
22 foregoing document and that the facts stated in it are true.

23 Signature of Witness_____

24 Dated this _____ day of _____, _____.

E-mail to: fl.production@lexitaslegal.com

25 Job No. : 348980

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

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



March 29, 2024

Case: [REDACTED]

Phone: (305) 459-8443

LILY G MEZQUITA
[REDACTED]

Dear Lily G Mezquita

The following is information about your eligibility.

Food Assistance

Your application for Food Assistance dated February 08, 2024 is **approved**. You are eligible for the months listed below:

| Name | Mar, 2024 | Apr, 2024 | May, 2024 Thru August 31, 2024 |
|---------------------------|----------------|----------------|---|
| [REDACTED] M [REDACTED] | Eligible | Eligible | Eligible |
| Jimardo Mezquita | Eligible | Eligible | Eligible |
| E [REDACTED] M [REDACTED] | Eligible | Eligible | Eligible |
| G [REDACTED] M [REDACTED] | Eligible | Eligible | Eligible |
| Lily Mezquita | Eligible | Eligible | Eligible |
| Benefit Amount | \$56.00 | \$56.00 | \$56.00 |

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by August 31, 2024. You can use the web site at www.myflorida.com/accessflorida to do this on My ACCESS Account.

Certain food assistance recipients, known as Able-Bodied Adults Without Dependents (ABAWDs) and Mandatory Work Participants will have to meet work requirements to be eligible to receive food assistance benefits. An ABAWD (age 18 through 54) or Mandatory Work Participant (age 18 through 59) is an adult without a dependent; physically and mentally able to work; not living and eating with a child under age 18; not pregnant; and not exempt from food assistance general employment program work requirements. **If you are identified as an ABAWD or Mandatory Work Participant, you will be referred to participate in the SNAP Employment and Training program, operated by local workforce development board (LWDB) also known as CareerSource. To find your local LWDB or to learn more about services offered, please visit: <https://lcd.floridajobs.org/>.**

Effective Dates:

- **September 1, 2023**, individuals up to age 50 will be subject to Able-Bodied Adult Without Dependents (ABAWD) work rules.
- **October 1, 2023**, individuals up to age 52 will be subject to Able-Bodied Adult Without Dependents (ABAWD) work rules **and** individuals up to age 59 will be subject to Mandatory Work Participant Rules.
- **October 1, 2024**, individuals up to age 54 will be subject to Able-Bodied Adult Without Dependents (ABAWD) work rules.

If you are identified as an ABAWD and fail to comply with work requirements, or do not have good reason not to participate, a sanction will be imposed that stops or reduces food assistance benefits. If your case is closed, you can reapply if you are exempt from work requirements, have good reason to not participate, or are working or volunteering 20 hours per week, averaged 80 hours per month.

If you are identified as Mandatory Work Participant and fail to comply with work requirements, or do not have good reason not to participate, a sanction will be imposed that stops or reduces food assistance benefits. If your case is closed, you can reapply if you are exempt from work requirements, have good reason to not participate, or are working or volunteering 30 hours per week, averaged 120 hours per month, or earning \$870.00 or more a month.

For Food Assistance benefits, you must report certain changes during your certification period when your household's monthly gross income is more than your income limit of \$3,807.00. If you are an ABAWD, you must report if your work hours drop below 80 hours/month. If you or a household member receives lottery or gambling winnings, you must report when the gross (before taxes or other amounts are withheld) amount is \$4,250.00 or more, if won in a single game. You must report changes within 10 days following the end of the month the change happens.

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. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website www.myflorida.com/accessflorida. You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-850-300-4323 or by mail to the return address at the top of this notice.

For all programs, you must report when your address changes.

If this is the first time you have been approved for food or cash benefits, your EBT Card will be mailed to you. If you received benefits before and had a card but have lost or misplaced it, please call EBT Customer Service at 888-356-3281 to ask for a replacement card.

Go to www.myflorida.com/accessflorida and update your MyACCESS account. You will need your case number, [REDACTED], to validate your account. Once you have validated your account you will be able to see the status of your benefits, view notices, renew benefits, request additional benefits, report changes, and upload documents.

For more information about available employment and training opportunities in your area, please visit: www.employflorida.com.

Food Assistance

We have reviewed your eligibility and found that your Food Assistance benefits will stay the same.

| Name | Status |
|-------------------------|----------|
| [REDACTED] M [REDACTED] | Eligible |
| Jimardo Mezquita | Eligible |

| Name | Status |
|---------------------------|----------|
| E [REDACTED] M [REDACTED] | Eligible |
| G [REDACTED] M [REDACTED] | Eligible |
| Lily Mezquita | Eligible |

Certain food assistance recipients, known as Able-Bodied Adults Without Dependents (ABAWDs) and Mandatory Work Participants will have to meet work requirements to be eligible to receive food assistance benefits. An ABAWD (age 18 through 54) or Mandatory Work Participant (age 18 through 59) is an adult without a dependent; physically and mentally able to work; not living and eating with a child under age 18; not pregnant; and not exempt from food assistance general employment program work requirements. **If you are identified as an ABAWD or Mandatory Work Participant, you will be referred to participate in the SNAP Employment and Training program, operated by local workforce development board (LWDB) also known as CareerSource. To find your local LWDB or to learn more about services offered, please visit: <https://lcd.floridajobs.org/> .**

Effective Dates:

- **September 1, 2023**, individuals up to age 50 will be subject to Able-Bodied Adult Without Dependents (ABAWD) work rules.
- **October 1, 2023**, individuals up to age 52 will be subject to Able-Bodied Adult Without Dependents (ABAWD) work rules **and** individuals up to age 59 will be subject to Mandatory Work Participant Rules.
- **October 1, 2024**, individuals up to age 54 will be subject to Able-Bodied Adult Without Dependents (ABAWD) work rules.

If you are identified as an ABAWD and fail to comply with work requirements, or do not have good reason not to participate, a sanction will be imposed that stops or reduces food assistance benefits. If your case is closed, you can reapply if you are exempt from work requirements, have good reason to not participate, or are working or volunteering 20 hours per week, averaged 80 hours per month.

If you are identified as Mandatory Work Participant and fail to comply with work requirements, or do not have good reason not to participate, a sanction will be imposed that stops or reduces food assistance benefits. If your case is closed, you can reapply if you are exempt from work requirements, have good reason to not participate, or are working or volunteering 30 hours per week, averaged 120 hours per month, or earning \$870.00 or more a month.

More information about food assistance work activities, including exemptions and reasons for good cause, can be found at <https://myflfamilies.com/services/public-assistance/abawd> .

For Food Assistance benefits, you must report certain changes during your certification period when your household's monthly gross income is more than your income limit of \$3,807.00. If you or a household member receives lottery or gambling winnings, you must report when the gross (before taxes or other amounts are withheld) amount is \$4,250.00 or more, if won in a single game. If you are an ABAWD, you must also report if your work hours drop below 80 hours/month. You must report changes within 10 days following the end of the month the change happens.

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. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the ACCESS Florida website www.myflorida.com/accessflorida . You may also report changes by calling the ACCESS Florida Customer Call Center toll free at 1-850-300-4323, or by mail to the return address at the top of this notice. .

For all programs, you must report when your address changes.

Go to www.myflorida.com/accessflorida and update your MyACCESS account. You will need your case number, 1428694480, to validate your account. Once you have validated your account you will be able to see

the status of your benefits, view notices, renew benefits, request additional benefits, report changes, and upload documents.

Food Assistance

Your Food Assistance application/review dated February 08, 2024 is **denied** for the following months:

| Name | Feb, 2024 |
|-------------------|------------------|
| ██████ M ██████ | Ineligible |
| Jimardo Mezquita | Ineligible |
| E ██████ M ██████ | Ineligible |
| G ██████ M ██████ | Ineligible |
| Lily Mezquita | Ineligible |

Reason: You are receiving the same type of assistance from another program. You or a household member already qualify for this requested benefit in another case or another category. Examples: receiving TCA or SNAP in a different case, Medicaid eligibility continues in another category, etc.

The law that supports this action is:

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

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

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

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

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

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

Free legal services are available at floridalawhelp.org.

Medicaid

Your Medicaid application/review dated February 08, 2024 is **denied** for the following months:

| Name | Feb, 2024 | Mar, 2024 | Apr, 2024 | May, 2024 |
|-------------------|------------|------------|------------|------------|
| ██████ M ██████ | Ineligible | Ineligible | Ineligible | Ineligible |
| Jimardo Mezquita | Ineligible | Ineligible | Ineligible | Ineligible |
| E ██████ M ██████ | Ineligible | Ineligible | Ineligible | Ineligible |
| G ██████ M ██████ | Ineligible | Ineligible | Ineligible | Ineligible |
| Lily Mezquita | Ineligible | Ineligible | Ineligible | Ineligible |

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

You are receiving the same type of assistance from another program. You or a household member already qualify for this requested benefit in another case or another category. Examples: receiving TCA or SNAP in a different case, Medicaid eligibility continues in another category, etc.

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.703 R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

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

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

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medicaid

Your application for Medicaid dated February 08, 2024 is **approved**. You are eligible for the months listed below:

| Name | May, 2024 Ongoing |
|------------------|------------------------------|
| ██████ M ██████ | Eligible |
| Jimardo Mezquita | Ineligible |
| Lily Mezquita | Ineligible |

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, ██████, 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 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 has been reviewed and the members listed below are eligible for continued Medicaid coverage.

| Name | Status |
|------------------|---------------|
| ██████ M ██████ | Eligible |
| Jimardo Mezquita | Ineligible |
| Lily Mezquita | Ineligible |

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

Important Information for Food Assistance or Temporary Cash Assistance Recipients:

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

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

Medicaid

Your Medicaid application/review dated February 08, 2024 is **denied** for the following months:

| Name | Feb, 2024 | Mar, 2024 | Apr, 2024 | May, 2024 |
|------------------|------------------|------------------|------------------|------------------|
| Lily Mezquita | Ineligible | Ineligible | Ineligible | Ineligible |
| Jimardo Mezquita | | Ineligible | Ineligible | Ineligible |

Reason: You are receiving the same type of assistance from another program. You or a household member already qualify for this requested benefit in another case or another category. Examples: receiving TCA or SNAP in a different case, Medicaid eligibility continues in another category, etc.

THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.702 S409.903

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

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

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

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on April 30, 2024.

Name

Jimardo Mezquita

Lily Mezquita

Reason: THE MEDICAID COVERAGE FOR YOUR PREGNANCY HAS ENDED

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), S409.903

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for SNAP (Food Assistance)

If you missed your food 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 verifications.

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

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

Notice of Case Action

State of Florida Department
of Children and Families



March 29, 2024

Case: [REDACTED]

Phone: (305) 459-8443

LILY G MEZQUITA
[REDACTED]

Dear Lily G Mezquita

The following is information about your eligibility.

Medicaid

Your Medicaid application/review dated February 08, 2024 is **denied** for the following months:

| Name | Feb, 2024 | Mar, 2024 | Apr, 2024 | May, 2024 |
|---------------------------|------------|------------|------------|------------|
| [REDACTED] M [REDACTED] | Ineligible | Ineligible | Ineligible | Ineligible |
| Jimardo Mezquita | Ineligible | Ineligible | Ineligible | Ineligible |
| E [REDACTED] M [REDACTED] | Ineligible | Ineligible | Ineligible | Ineligible |
| G [REDACTED] M [REDACTED] | Ineligible | Ineligible | Ineligible | Ineligible |
| Lily Mezquita | Ineligible | Ineligible | Ineligible | Ineligible |

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

You are receiving the same type of assistance from another program. You or a household member already qualify for this requested benefit in another case or another category. Examples: receiving TCA or SNAP in a different case, Medicaid eligibility continues in another category, etc.

The law that supports this action is:

(FL Admin. Code = R) (FL Statute = S), R65A-1.703 R65A-1.702

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to

www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

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

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

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

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

Medically Needy

Your application for Medically Needy dated February 08, 2024 is **approved**. You are enrolled with an estimated share of cost for the months listed below:

| Name | May, 2024 Ongoing |
|----------------------|----------------------|
| ██████ M ██████ | Ineligible |
| E ██████ M ██████ | Ineligible |
| G ██████ M ██████ | Ineligible |
| Lily Mezquita | Enrolled |
| Share of Cost | \$4193.00 |

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

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

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

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

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

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

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

How does it Work?

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

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

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

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

What Do I Need To Do?

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

Please include:

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

Medically Needy

Your Medically Needy application/review dated February 08, 2024 is **denied** for the following months:

| Name | Feb, 2024 | Mar, 2024 | Apr, 2024 |
|------------------|------------------|------------------|------------------|
| ██████ M ██████ | Ineligible | Ineligible | Ineligible |
| Emanuel Mezquita | Ineligible | Ineligible | Ineligible |
| Gabriel Mezquita | Ineligible | Ineligible | Ineligible |
| Lily Mezquita | Ineligible | Ineligible | Ineligible |

Reason: You are receiving the same type of assistance from another program. You or a household member already qualify for this requested benefit in another case or another category. Examples: receiving TCA or SNAP in a different case, Medicaid eligibility continues in another category, etc.

The law that supports this action is:

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

To keep up to date with the status of your eligibility, complete your review, and submit documents, go to www.myflorida.com/accessflorida using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for TCA (Cash Assistance)

If you missed your cash assistance interview, it is your responsibility to contact the Department of Children and Families Economic Self-Sufficiency Office to reschedule a time to complete the interview. However, if your case is already denied or closed because you missed your interview, you must reapply.

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

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

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medically Needy

Your Medically Needy benefits for the person(s) listed below will end on April 30, 2024.

Name

██████ M ██████

E ██████ M ██████

G ██████ M ██████

Reason: We reviewed your case, you are still eligible, but in a different Medicaid coverage type. In most cases, your income exceeds the income limits for full coverage, check your MyAccess account to see if you qualify for the Medically Needy 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 using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for SNAP (Food Assistance)

If you missed your food 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 verifications.

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.

Medicaid

Your Medicaid benefits for the person(s) listed below will end on April 30, 2024.

Name

Lily Mezquita

Reason: We reviewed your case, you are still eligible, but in a different Medicaid coverage type. In most cases, your income exceeds the income limits for full coverage, check your MyAccess account to see if you qualify for the Medically Needy 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 using your My ACCESS Account. Log into your account with the User ID and Password used if you applied online. You can also create one with your case number, if you haven't already. If you need to turn in paper documents, please include your name and case number and mail them to: ACCESS CENTRAL MAIL CENTER, P.O. BOX 1770, OCALA FL 34478.

If you are unable to complete your review online, you may call our ESS Customer Call Center at 850-300-4323 for assistance. If you need help completing your review online, you may visit a Department of Children and Families' (DCF) Community Partner or a DCF Office in your area for assistance. To locate a Community Partner, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community. To locate a DCF Office, go to www.myflfamilies.com/services/public-assistance/additional-resources-and-services/ess-storefronts-and-lobbies.

If you are no longer eligible for SNAP (Food Assistance)

If you missed your food 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 verifications.

If you are no longer eligible for Medicaid

You are receiving this notice because the State of Florida Department of Children and Families reviewed your eligibility for Medicaid. You have been found to be ineligible for Medicaid, or the Department has been unable to determine your eligibility.

If the reason you were found ineligible is because the Department needed information from you, you can still complete your review. You have 90 days from the date your Medicaid ends to complete your review or return all the required information. After reviewing the information, we may be able to determine that you are eligible, and you will not have to file a new application.

An interview is required if you requested Medicaid and a disability decision is still needed. If this applies to you, you should have received a notice stating that. If you completed the interview by the end of the eligibility period, your household has until the 30th day after the end of the eligibility period to return the verifications. However, if your case is already denied or closed because you missed your interview, you must reapply.