

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

Chianne D., et al.,

Plaintiffs,

v.

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

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

Defendants.

_____/

JOINT PRETRIAL STATEMENT

Plaintiffs, Chianne D., C.D., A.V., and Kimber Taylor, and Defendants, Jason Weida, in his official capacity as Secretary for the Florida Agency for Health Care Administration (“AHCA”) and Shevaun Harris, in her official capacity as Secretary for the Florida Department of Children and Families (“DCF”), jointly submit this Joint Pretrial Statement pursuant to the Court’s Scheduling Order dated January 4, 2024 (ECF No. 72).

I. Basis of Federal Jurisdiction

The parties agree this Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331 because the action arises under the Constitution and the laws of the United States, which Plaintiffs seek to enforce pursuant to 42 U.S.C. § 1983.

II. Concise Statement of the Action

The question presented is whether certain notices that DCF issues to Medicaid recipients to inform them of DCF's determination of their ineligibility for Medicaid and the termination of their Medicaid benefits complies with the Due Process Clause of the Fourteenth Amendment to the United States Constitution and 42 U.S.C. § 1396a(a)(3).

III. Concise Statement of Each Party's Position

A. Plaintiffs' Statement

On behalf of the certified class (ECF No. 122), Plaintiffs contend that Defendants' Medicaid termination notices violate the Medicaid Act by failing to provide a statement of the action, the specific reasons supporting the action, the specific regulations that support the action, or the individual's hearing rights. 42 U.S.C. § 1396a(a)(3), 42 C.F.R. §§ 431.205, 431.206(b), 431.210.

Plaintiffs further contend that the identified deficiencies in Defendants' notices violate class member's constitutional due process rights because the notices are not "reasonably calculated, under all the circumstances," to inform the recipients of the action being taken and "afford them an opportunity to present their objections." *Mullane v. Central Hanover Bank & Trust Co.*, 339 U.S. 316, 314 (1950).

Both the statute and the Constitution require DCF's income-based termination notices to identify (1) income as the criteria on which the State relied on in reaching a determination of Medicaid ineligibility, (2) the individualized income and income standard used in the ineligibility determination, and (3) the population group in which the individual was evaluated and population groups through which they could establish eligibility. DCF's notices uniformly omit this information and other communications do not reasonably apprise Medicaid enrollees of the reason for the State's action.

Plaintiffs seek a declaratory judgment that the notices violate the Medicaid Act and Due Process Clause of the Fourteenth Amendment, an injunction prohibiting Defendants from issuing the challenged notices, and prospectively reinstating Medicaid coverage to affected class members until legally adequate notice is provided, and other appropriate relief.

B. Defendants' Statement

Plaintiffs' claims ask two questions:

1. Whether, under due process, the State provides notice reasonably calculated under all the circumstances to apprise Medicaid recipients of the termination of their coverage and to afford them an opportunity to object; and
2. Whether, under federal regulations, the State's Medicaid termination notices provide recipients with a "clear statement of the specific reasons supporting the intended action," 42 C.F.R. § 431.210(b), and inform them of their "right to a fair hearing" and "the method by which [they] may obtain a hearing," *id.* § 431.206(b).

The answer to both questions is yes. The State's notices are a permissible and reasonable means of communicating with millions of recipients. Neither due process nor federal regulations require termination notices to recite the individualized facts (such as the amount of income the State calculated or the income standard the State applied) that Plaintiffs contend a notice must contain. Nor does due process require notices to summarize the substance of laws that the public is presumed to know. The notices invite recipients who seek more information to call or visit DCF and enable recipients to challenge DCF's decisions. The fair-hearing language in the State's notices has always advised recipients of their hearing rights, and recent revisions to that language provide even more information.

The question for this Court is not whether the notices can be improved, but whether they satisfy the baseline requirements of due process and Medicaid regulations. The State's notices clear these minimum legal thresholds.

IV. Exhibit List

Plaintiffs' exhibit list, with a notation of each of Defendants' objections, is attached to this Joint Pretrial Statement as Appendix [1]. Defendants' exhibit list, with a notation of each of Plaintiffs' objections, is attached to this Joint Pretrial Statement as Appendix [2].

V. Witness List including Expert Witness

Plaintiffs' witness list is attached to this Joint Pretrial Statement as Appendix [3]. Defendants' witness list is attached to this Joint Pretrial Statement as Appendix [4].

VI. Breakdown of the Type and Amount of Monetary Damages

No monetary damages are requested.

VII. Deposition Designations

Plaintiffs intend to rely on the deposition testimony of the below witnesses who were identified by Defendants as designees under Fed. R. Civ. P. 30(b)(6). *See* Fed. R. Civ. P. 32(a)(1) & (3).

- Hari Kallumkal (March 5, 2024)
- Tonyaleah Veltkamp (March 18, 2024 & April 17, 2024)
- Karina Sarmiento (March 18, 2024)
- James Garren (March 18, 2024)
- Andrea Latham (March 18, 2024)
- William Roberts (March 19, 2024) (transcript marked confidential)
- Ann Dalton (March 19, 2024)
- Christopher Presnell (March 19, 2024)
- Robyn Goins (March 19, 2024) (transcript marked confidential)
- LaQuetta Anderson (March 19, 2024)
- Nichole Solomon (March 21, 2024)

Defendants will counter-designate portions of the depositions on which Plaintiffs intend to rely.

VIII. Concise Statement of Each Admitted Fact

A. Medicaid's Federal Framework

1. Medicaid is a federal-state cooperative health care program jointly funded by the states and the federal government.

2. The Centers for Medicare & Medicaid Services (CMS) of the United States Department of Health and Human Services (HHS) is the agency that administers Medicaid at the federal level.

3. As a state that participates in the Medicaid program, and as required by the Medicaid Act, Florida has developed a Medicaid State Plan that describes the nature and scope of its Medicaid program.

4. States receive federal matching funding, called Federal Financial Participation (FFP), for Medicaid services provided to eligible enrollees. The federal government matches the state's Medicaid expenditures at a specified rate. Florida currently receives a federal matching rate of approximately 60% (60 cents of every dollar spent) for Medicaid services.

B. Florida's Medicaid Program

5. Florida participates in Medicaid.

6. AHCA is the single state agency designated to administer or supervise the administration of Florida's Medicaid program. *See* 42 C.F.R. § 431.10(b)(1); Fla. Stat. § 409.902(1).

7. The Florida Legislature has vested DCF with responsibility for Medicaid eligibility determinations, which includes the issuance of notices of those determinations. Fla. Stat. § 409.902(1).

8. DCF does not determine eligibility for Florida's Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act, which Florida refers to as KidCare. The entity responsible for determining KidCare eligibility is the Florida Healthy Kids Corporation (FHKC).

9. DCF uses the term "Notice of Case Action" or "NOCA" to refer to the notices that DCF uses to notify customers of actions taken related to its customers' cases. DCF uses NOCAs for all of the benefit programs for which it determines eligibility, including food assistance, temporary cash assistance, Medicaid, and the Medically Needy program. As it relates to this case, one way that DCF uses NOCAs is to advise customers of their eligibility or ineligibility for Medicaid benefits.

10. DCF has approximately forty-one customer-service office locations across Florida known as Family Resource Centers (and formerly known as ESS Storefronts and Lobbies).

11. DCF maintains a document called the Economic Self-Sufficiency (ESS) Program Policy Manual (the "Manual"). Among other things, the Manual describes the rules that govern Medicaid eligibility determinations and defines terms used in Florida's Medicaid program.

12. DCF’s Manual also has appendices, such as Appendix A-7, which is a chart entitled “Family Related Medicaid Income Limits.”

13. “Family-Related Medicaid” refers to Medicaid provided to children, parents and other caretakers of children, pregnant women, and individuals under age 26 who were enrolled in Medicaid when they aged out of foster care. In contrast, “SSI-Related Medicaid” refers to Medicaid provided to needy individuals who are aged, blind, or disabled in the community or with special living arrangements.

14. Florida operates a Medically Needy program for individuals who would be eligible for Medicaid except that their income or assets exceed established limitations. Fla. Stat. § 409.904(2). Each month, coverage through the Medically Needy program begins when the medically-needy assistance group incurs allowable medical expenses equal to its share of cost. Once an individual enrolled in the Medically Needy program reaches his or her share of cost for the month, the individual (and other enrolled individuals in the household) receive full Medicaid coverage for the remainder of the month.

15. In Florida’s Medicaid program, a person who has been found eligible for Medicaid on the basis of pregnancy remains eligible through the pregnancy regardless of increases in income. Fla. Stat. § 409.903(5).

16. Effective in 2022, Florida extended post-partum Medicaid eligibility for pregnant women from 2 months to 12 months from the last day of the pregnancy.

Ch. 2021-41, § 5, Laws of Fla. (codified at Fla. Stat. § 409.903(5)). Individuals who are enrolled in Medicaid while pregnant are eligible for 12 months of post-partum coverage, regardless of increases in income. *Id.*

C. Medicaid & the Public Health Emergency “Unwind”

17. During the COVID-19 pandemic, federal legislation increased the federal medical assistance percentage, or FMAP, by 6.2 percentage points. *See* Families First Coronavirus Response Act, Pub. L. No. 116-127, § 6008(a), 131 Stat. 178, 208 (2020). The FMAP is the rate that determines the amount of FFP that a State receives.

18. To receive the increase in the federal matching rate, Congress required States to treat any person who was enrolled in Medicaid on March 18, 2020—or who enrolled between March 18, 2020, and the end of the month in which the emergency period ended—as eligible for Medicaid until the end of the month in which the emergency period ended (unless the person requested voluntary termination of eligibility, ceased to be a resident of the State, or is deceased). *Id.* § 6008(b)(3), 131 Stat. 208–09.

19. To obtain the enhanced funding, DCF implemented processes to maintain Medicaid eligibility pursuant to the continuous enrollment condition under the Families First Coronavirus Response Act.

20. In December 2022, Congress provided that the continuous enrollment condition would end on March 31, 2023. Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, § 5131(a)(2)(C)(iv), 136 Stat. 4459, 5949 (2022). As a result, federal law required States to resume Medicaid redeterminations and otherwise return to normal eligibility and enrollment operations.

21. This process is commonly called “unwinding.”

22. In response to the federal directive to resume redeterminations, Florida elected to begin that process in March 2023.

D. DCF’s Technology Systems

23. The ACCESS Florida System refers to an environment of 28 interconnected software applications and components across various platforms. The ACCESS Florida System supports DCF’s Economic Self Sufficiency (ESS) program, which is responsible for administering several federal and state public-assistance programs, including cash assistance (TANF) and food assistance (SNAP), and enables eligibility determinations for Medicaid.

24. Part of the ACCESS Florida System is FLORIDA. FLORIDA is the legacy mainframe system that is utilized by case workers to collect and verify client information, determine benefit eligibility, and perform related functions. DCF’s legacy mainframe system is more than thirty years old.

25. Another part of the ACCESS Florida System is the Client Notices (ExStream) System, which is used to create, manage, and deliver printed customer notifications, including NOCAs.

26. The MyACCESS Customer Portal is a system within the ACCESS Florida System that is intended to enable users to apply online for benefits, view NOCAs and other notices, report changes to their household circumstances, renew benefits, apply for new benefits, upload documents, and request Medicaid cards.

27. The Florida Operational Data Store (FLODS) is a part of the ACCESS Florida System that operates as a consolidated source of data supporting several customer- and staff-facing web applications requiring access to data.

28. The ACCESS Management System (AMS) is a system used by staff to track assignments and progress of work items throughout the eligibility process. It contains new, recertification, and additional-benefit applications; reported changes; calls; notices; and other links and data to support work management.

29. Separate from the ACCESS Florida System, the Florida Medicaid Management Information System (FMMIS) is a system used and maintained by AHCA for Medicaid claims processing. FMMIS also stores information about the status and eligibility history of Florida Medicaid enrollees.

30. DCF has contracted with Deloitte to perform maintenance, operations, and enhancements for the ACCESS Florida System.

31. Reason codes and the associated text that appears in NOCAs are housed in a table in an Oracle database.

32. DCF has undertaken a modernization project to incrementally replace the ACCESS Florida System. The overall project roadmap timeline is reflected in Version 3.0 of DCF's Operational Work Plan for ACCESS Florida System Modernization Project, which is the latest Operational Work Plan submitted to the Florida Legislature for the modernization project.

33. The current ACCESS modernization project has been funded since 2022. DCF is now in year two of the project's six-year timeline. The first two years of the modernization project were funded by state and federal partners on an annual basis.

34. On December 5, 2023, a new MyACCESS Customer Portal was released to replace the legacy ACCESS Self-Service Portal used by customers to apply for and manage their benefits. In addition, the first phase of a new Management Portal was released for staff, with the remaining phases of the new portal to be implemented later in the ACCESS modernization project.

E. DCF's Medicaid Notices

35. NOCAs contain some uniform elements and are system-generated in whole or in part. NOCAs are based on templates. There are approximately 50 English-language NOCA templates covering approvals, denials, changes, and

terminations. Each NOCA template contains the same “footer” text, which includes a paragraph concerning fair hearings.

36. NOCAs also include some dynamic language, that is, language that varies based on case-specific information. For dynamic language to appear in a NOCA, there must be a placeholder for case-specific information in the template.

37. Reason codes are examples of dynamic language in the NOCAs. Some reason codes are system-generated, while others are manually selected by DCF’s eligibility specialists. Some reason codes can be either system-generated or manually selected.

38. DCF uses a finite number of reason codes.

39. In December 2023, DCF revised six reason codes as reflected in Def. Ex. 123.

E. Plaintiff & Declarant Facts

Chianne D. & C.D.

40. Chianne D. and her daughter, C.D., were first enrolled in Medicaid before February 2023.

41. On March 20, 2023, DCF sent Chianne D. a Medicaid renewal request. Chianne D. filed a renewal application on March 21, 2023.

42. On April 4, 2023, DCF issued a NOCA requesting Chianne D. provide information about the income of C.D.'s father and her husband, Chandler D. On April 11, 2023, Chianne D. provided the information requested by DCF.

43. On April 24, 2023, DCF issued a NOCA to Chianne D. that contained information about Chianne D.'s and C.D.'s Medicaid.

44. DCF terminated Chianne D.'s Medicaid coverage on May 31, 2023.

45. DCF terminated Chianne D.'s Medicaid coverage because it determined that Chianne D.'s household income exceeded the applicable income limit for a parent or caretaker.

46. In September 2023, DCF reinstated Chianne D. to Medicaid, effective retroactive to June 1, 2023, because it determined that Chianne D.'s Medicaid coverage had been erroneously terminated.

47. Chianne D. was no longer eligible for Medicaid as of March 1, 2024, and is currently ineligible for Medicaid.

48. DCF terminated C.D.'s Medicaid coverage on May 31, 2023. DCF terminated C.D.'s Medicaid coverage because C.D.'s household income exceeded the applicable income limit.

49. C.D. does not dispute that DCF's determination that she was over income for Medicaid on May 31, 2023, was correct.

50. On June 1, 2023, after a telephone conversation with Chianne D., DCF call-center staff submitted a fair-hearing request on Chianne D.'s behalf. The hearing request was entered into the FLORIDA system on June 1, 2023, and received by DCF's Office of Inspector General, Appeal Hearings Section, on June 2, 2023. The appeal was exported into the Appeal Hearings Case Management System (AHCMS) and assigned appeal number 23F-06007. On June 2, 2023, an Acknowledgement of Hearing Request notice was mailed to Chianne D. at the address on record and transmitted by electronic transfer to DCF's Office of Economic Self-Sufficiency. On that same date, the appeal was assigned to Hearing Officer Carter to schedule a hearing. On June 13, 2023, a Notice of Hearing by Telephone was sent to both parties notifying them that a hearing was scheduled for 11:00 a.m. on July 20, 2023.

51. On June 16, 2023, Chianne D. emailed the Office of Appeal Hearings (OAH) to advise she would not be able to attend the hearing on July 20, 2023, and to request an earlier hearing date. The hearing officer granted Chianne D.'s request and rescheduled the hearing for 1:15 p.m. on July 3, 2023.

52. On June 20, 2023, a Notice of Continuance and Rescheduling was sent to both parties notifying them of the new hearing date and time.

53. On June 28, 2023, the OAH emailed Chianne D. to notify her that the July 3, 2023, hearing was cancelled because state offices would be closed for the July Fourth holiday, and that the hearing was rescheduled for July 13, 2023.

54. Also on June 28, 2023, Chianne D. emailed the OAH requesting to withdraw her appeal. On June 29, 2023, the hearing officer processed Chianne D.'s withdrawal, and the appeal was closed on the same date.

A.V.

55. A.V.'s Medicaid coverage began in May 2022. A.V. remained enrolled in Medicaid through May 31, 2023.

56. On May 16, 2023, DCF issued a NOCA to A.V.'s mom, Jennifer V., that included information about A.V.'s Medicaid.

57. DCF terminated A.V.'s Medicaid coverage effective June 1, 2023, because DCF determined that A.V.'s household income exceeded the applicable income limit.

58. On December 18, 2023, Henry V. filed an application for health insurance coverage through the Federally Facilitated Marketplace (FFM). This application was forwarded to DCF for a determination of the household members' Medicaid eligibility.

59. On January 18, 2024, DCF issued two notices to the family: one NOCA to Henry V. and one NOCA to Jennifer V. Neither NOCA stated A.V. was eligible for Medicaid.

60. Subsequently, DCF found A.V. Medicaid eligible effective December 2023. A.V. is currently enrolled in full Medicaid.

Kimber Taylor & K.H.

61. Ms. Taylor was a Medicaid recipient during part of her pregnancy with K.H.

62. K.H. was born in May 2023 and enrolled in Medicaid on May 22, 2023.

63. On June 8, 2023, DCF issued a NOCA to Ms. Taylor and K.H. “because your income exceeds the limit for Medicaid.”

64. DCF terminated Ms. Taylor’s Medicaid coverage because DCF found that Ms. Taylor’s household income exceeded the income limits for parents and caretakers of children.

65. DCF terminated K.H.’s Medicaid coverage because DCF found that K.H.’s household income exceeded the income limit for infants under age one.

66. Ms. Taylor’s and K.H.’s Medicaid coverage terminated on June 30, 2023.

67. On August 5, 2023, DCF reinstated Ms. Taylor and K.H.’s Medicaid coverage, effective retroactive to July 1, 2023, because it determined that their Medicaid coverage had been erroneously terminated.

Lily Mezquita

68. Before July 2023, Ms. Mezquita was enrolled in Medicaid as a pregnant woman.

69. On July 20, 2023, DCF issued a NOCA to Ms. Mezquita that contained information about her Medicaid.

70. DCF terminated Ms. Mezquita's Medicaid coverage because DCF found that Ms. Mezquita's household income exceeded the applicable income limits for a person newly applying as pregnant.

71. With the assistance of counsel, Ms. Mezquita requested a fair hearing to dispute DCF's determination of ineligibility for full Medicaid.

72. DCF terminated Ms. Mezquita's Medicaid's coverage on July 31, 2023.

73. On August 10, 2023, DCF reinstated Ms. Mezquita's Medicaid coverage effective retroactive to August 1, 2023, because it determined that their Medicaid coverage had been erroneously terminated.

IX. Concise Statement of Each Agreed Principle of Law

1. The Medicaid Act, 42 U.S.C. §§ 1396–1396w-7, establishes a medical assistance program cooperatively funded by the federal and state governments.

2. The purpose of the Medicaid program is to enable each state, “as far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such

families and individuals attain or retain capability for independence or self-care.” *Id.* § 1396-1.

3. The Medicaid Act requires each participating state to designate a single state agency to administer and supervise the administration of the state’s Medicaid State Plan. 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10(b)(1).

4. A Medicaid State Plan is a “comprehensive written statement submitted by the [single state] agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with” applicable Medicaid laws and regulations. 42 C.F.R. § 430.10.

5. Between April 1, 2023, and December 31, 2023, after expiration of the continuous enrollment condition, States that conducted Medicaid eligibility redeterminations consistent with all federal requirements received an enhanced federal medical assistance percentage, or FMAP. Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, § 5131(a)(4), 136 Stat. 4459, 5950 (2022).

6. The Medicaid Act lists the population groups that must be covered by the state, as well as options for states to extend Medicaid to additional population groups. 42 U.S.C. § 1396a(a)(10)(A), (C).

7. For most Medicaid enrollees, states are required to conduct a redetermination of their eligibility (sometimes referred to as “renewal”) once every 12 months, unless there is an earlier change in circumstance affecting eligibility. 42

C.F.R. § 435.916(a)(1), (b), and (d). States must attempt to renew individuals based on information already available to the agency without requesting additional information from the individual, a process known as “ex parte” redetermination. *Id.* § 435.916(a)(2).

8. Before a state determines that an individual is ineligible for Medicaid, it “must consider all bases of eligibility.” *Id.* § 409.916(f)(1).

9. To state a claim under 42 U.S.C. § 1983 for denial of procedural due process, a plaintiff must allege: “(1) a deprivation of a constitutionally-protected liberty or property interest; (2) state action; and (3) constitutionally-inadequate process.” *Grayden v. Rhodes*, 345 F.3d 1225, 1232 (11th Cir. 2003) (citing *Cryder v. Oxendine*, 24 F.3d 175, 177 (11th Cir. 1994)). In this case, Defendants do not contest that Plaintiffs satisfy the first two elements set forth above.

10. “To determine what type of notice is adequate to satisfy the Due Process Clause,” the Eleventh Circuit applies the test set forth in *Mullane v. Central Hanover Bank & Trust Co.*, 339 U.S. 306 (1950). *Arrington v. Helms*, 438 F.3d 1336, 1349 (11th Cir. 2006). Under this standard, “notice must be ‘reasonably calculated, under all the circumstances, to apprise intended parties of the pendency of the action and afford them an opportunity to present their objections.’” *Id.* at 1349–50 (quoting *Mullane*, 339 U.S. at 314).

11. “Due process is a flexible concept that varies with the particular circumstances of each case, and myriad forms of notice may satisfy the *Mullane* standard.” *Id.* The question is not whether the notice is “ideal under all the circumstances, but rather whether the notice [Plaintiffs] currently receive is reasonable under all the circumstances.” *Id.* at 1350. Moreover, the relevant question “is not whether a particular individual failed to understand the notice but whether the notice is reasonably calculated to apprise intended recipients, as a whole, of their rights.” *Jordan v. Benefits Review Bd. of U.S. Dep’t of Labor*, 876 F.2d 1455, 1459 (11th Cir. 1989).

12. The Medicaid Act requires each state’s Medicaid State Plan to “provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under this plan is denied or is not acted upon with reasonable promptness.” 42 U.S.C. § 1396a(a)(3).

13. CMS regulations provide that, when a state denies a Medicaid beneficiary’s claim for eligibility, benefits, or services, it must inform the beneficiary “in writing” of “his or her right to a fair hearing and right to request an expedited fair hearing,” and “the method by which he may obtain a hearing.” 42 C.F.R. § 431.206(b)(1)–(2). The notice must contain:

(a) A statement of what action the agency, skilled nursing facility, or nursing facility intends to take and the effective date of such action;

(b) A clear statement of the specific reasons supporting the intended action;

(c) The specific regulations that support, or the change in Federal or State law that requires, the action;

(d) An explanation of—

(1) The individual's right to request a local evidentiary hearing if one is available, or a State agency hearing; or

(2) In cases of an action based on a change in law, the circumstances under which a hearing will be granted; and

(e) An explanation of the circumstances under which Medicaid is continued if a hearing is requested.

Id. § 431.210.

X. Concise Statement of Each Disputed Issue of Fact

A. Plaintiffs' Statement

Facts related to DCF's NOCAs Generally

1. The reason codes [in DCF NOCAs] do not include any placeholders for individualized information. *See* First Amended Complaint (Doc. 77; FAC) ¶ 73; Defendants' Answer and Affirmative Defenses (Doc. 82; Answer) ¶ 73.¹

2. [DCF's]...termination notices do not indicate that household members were evaluated to determine whether they come within any other covered population

¹ For the paragraphs in Plaintiffs' Concise Statement of Disputed Facts that reference an admitted allegation in Plaintiffs' FAC, Plaintiffs asked Defendants to include the allegation in the Parties' Concise Statement of Each Admitted Fact. Defendants declined on the basis that the proposed stipulations presented an incomplete picture. Plaintiffs maintain that each of these facts is admitted and undisputed, but given Defendants' position, and out of an abundance of caution, have included them in the statement of disputed facts.

groups prior to being terminated. *See* FAC ¶ 83; Answer ¶ 83.

3. [DCF] Notices do not provide the applicable income limit or the calculation of an individual's income. *See* FAC ¶ 75; Answer ¶ 75.

4. Termination notices [i.e., NOCAs] do not identify the Medicaid eligible population group to which the individual belonged before the individual became ineligible. *See* FAC ¶ 81; Answer ¶ 81.

5. The termination notices [i.e., NOCAs] do not indicate that household members were evaluated to determine whether they come within any other covered population groups prior to being terminated. *See* FAC ¶ 83; Answer ¶ 83.

6. DCF's income-based Medicaid termination NOCAs that incorporate certain Designated Reasons do not identify income as a criteria on which the state relied in determining a Florida Medicaid enrollees' ineligibility.

7. DCF's income-based Medicaid termination NOCAs do not identify the individualized income information on which DCF based its ineligibility determination.

8. DCF's income-based Medicaid termination NOCAs do not identify the income standard, as determined by the household's SFU, on which DCF based its ineligibility determination.

9. DCF's income-based Medicaid termination NOCAs do not identify the population group on which DCF evaluated a Medicaid enrollee's eligibility in

reaching its ineligibility determination.

10. Information available to Medicaid enrollees through Florida's statutes, regulations, websites, ACCESS account system, Community Partner Networks, Family Resource Centers, and other sources is insufficient to fill in the uniform omissions of DCF's income-based Medicaid termination NOCAs.

11. DCF does not have enough call center staff to answer the incoming volume of calls.

12. DCF directs all calls regarding Florida Medicaid to Lighthouse call agents who can only help with simple password resets, telephonic applications, and setting up a MyACCESS account.

13. MyACCESS accounts do not contain the countable income on which DCF relied to determine Medicaid eligibility.

14. MyACCESS accounts do not always contain copies of applications or recertifications that Medicaid enrollees previously filed.

15. MyACCESS accounts do not contain the standard filing unit (SFU) on which DCF relied to determine Medicaid eligibility.

16. MyACCESS accounts do not contain the income standard on which DCF relied to determine Medicaid eligibility.

17. There are limited numbers of Community Partners. Not all community partners provide assistance to every Medicaid enrollee who contacts them. The

degree of assistance with Medicaid that Community Partners provide is not standard. Community Partners do not have access to information in the FLORIDA system.

18. There are limited numbers of Family Resource Centers. Family Resource Centers are not in every city or town in Florida.

19. DCF's income-based Medicaid termination NOCAs footer include standardized fair hearing language.

20. Before October 4, 2023, the fair hearing paragraph in the footer of the NOCAs stated: "You will be responsible to repay any benefits if the hearing decision is not in your favor." That footer paragraph now states that "You may be responsible to repay any benefits if the hearing decision is not in your favor."

21. The October 2023 revisions do not appear in all DCF communications that relay information about fair hearings right to Medicaid enrollees.

22. Effective April 2024, DCF purports to now include an email address and an online link to request a fair hearing in the fair hearing footer text.

23. Prior to updates DCF purported to make in April 2024, DCF's income-based Medicaid termination NOCAs, in combination with other publicly available information, did not reasonably apprise Medicaid enrollees of their hearing rights.

24. DCF has not committed to maintaining its October 2023 and April 2024 revisions to the fair hearing footer text.

25. DCF has not begun to rely on the changes it made to the fair hearing

footer text in April 2024.

26. DCF policy only authorizes the recovery of overpayments in Family-Related Medicaid that are the result of “fraud or intentional program violation.” *See* FAC ¶ 92; Answer ¶ 92.

Plaintiff & Declarant Facts

27. In reaching a determination of Chianne D.’s Medicaid ineligibility for June 2023, DCF considered the fact that Chianne D. was a parent and had a standard filing unit (SFU) size of four, and that the SFU’s gross income was \$5,418 in the four-week period preceding Chianne D.’s application date. DCF applied the income limit for parents and caretakers, which is \$710 a month (\$364 plus a standard disregard of \$221 and an additional MAGI disregard of \$125). *See* DCF Program Policy Manual Appendix-7 (2023).

28. In reaching a determination of C.D.’s Medicaid ineligibility for June 2023, DCF considered the fact that C.D. was a child between the ages of one and five and had an SFU size of four, and that the SFU’s gross income was \$5,418 in the four-week period preceding C.D.’s application date. This gross income exceeded the applicable income limit for children ages one through five, which was \$3,625 (133% of the Federal Poverty Level (\$3,325) plus a standard disregard of \$175 and an additional MAGI disregard of \$125). *See* DCF Program Policy Manual Appendix A-7 (2023).

29. The NOCA dated April 24, 2023 issued to Chianne D. did not state what income DCF believed Chianne D.'s household had earned or how that amount was calculated.

30. The April 24th NOCA did not state the Medicaid income standard for each person in Chianne D.'s household based on number of individuals in Chianne D.'s SFU.

31. The April 24th NOCA did not identify the population group in which each individual in Chianne D.'s household was evaluated.

32. The April 24th NOCA issued to Chianne D. did not reference post-partum coverage.

33. The April 24th NOCA did not state C.D. would be transferred to FHKC for a determination of KidCare eligibility. DCF did not transfer C.D. to FHKC for a determination of her KidCare eligibility prior to termination of her Medicaid benefits.

34. In reaching a determination of A.V.'s Medicaid ineligibility for June 2023, DCF considered the fact that A.V. was a child between the ages of one and five and had an SFU size of six, and that the SFU's gross income was \$6,456.99 in the four-week period preceding the application date. This gross income exceeded A.V.'s applicable income limit for a child age one to five in a SFU of six, which is

\$4,868 (\$4,465 plus a standard disregard of \$235 and an additional MAGI disregard of \$168). *See* DCF Program Policy Manual Appendix A-7 (2023).

35. In April 2023, DCF did not use the correct SFU to determine A.V.'s Medicaid eligibility for June 2023.

36. A.V.'s correct SFU in April 2023 was eight people. *See* Sec. Harris' Resp. to Pls' RFAs, Request No. 11.

37. DCF did not count A.V.'s household member, N.C., who receives Medicaid based on her receipt of Supplemental Security Income (SSI), in the SFU when it determined A.V. was not eligible for Medicaid. DCF also failed to recognize that another child in the family was a tax-dependent.

38. The NOCA dated May 16, 2023 that DCF issued to A.V. did not state what income DCF believed A.V.'s household had earned or how that amount was calculated.

39. The May 16th NOCA did not state the Medicaid income standard for each person in A.V.'s household based on number of individuals in A.V.'s SFU.

40. The May 16th NOCA did not state what SFU size DCF used or which individuals it included and excluded from the SFU.

41. The May 16th NOCA did not identify the population group in which each individual in A.V.'s household was evaluated.

42. In reaching a determination of Kimber Taylor's Medicaid ineligibility

for July 2023, DCF considered the fact that Ms. Taylor was a parent and had an SFU size of two, and that the SFU's gross income was \$4,031.13 in the four-week period preceding Kimber Taylor's application date. DCF applied the income limit for parents and caretakers' income limit in an SFU of two, which was \$469 a month (\$241 plus a standard disregard of \$146 and an additional MAGI disregard of \$82).

43. Ms. Taylor submitted a statement on May 8, 2023 that she was making \$0.00 and working zero hours because she was taking FMLA and that [d]ue to having a high risk pregnancy I am starting my leave on May 11 and will be out longer than 6 weeks."

44. DCF did not rely on Ms. Taylor's statement when determining her or K.H.'s income.

45. In reaching a determination of K.H.'s Medicaid ineligibility for July 2023, DCF considered the fact that K.H. was under one year of age and had an SFU size of two, and that the SFU's gross income was \$4,031.13 in the four-week period preceding the application date. DCF applied the income limit for a child under one in an SFU of two which is \$3,468 a month (\$3,287 plus a standard disregard of \$99 and an additional MAGI disregard of \$82).

46. The NOCA dated June 8, 2023 that DCF issued to Kimber Taylor did not state what income DCF believed Ms. Taylor had earned or how that amount was calculated.

47. The June 8th NOCA did not state the Medicaid income standard for each person in Ms. Taylor's household based on number of individuals in Ms. Taylor's SFU.

48. The June 8th NOCA did not identify the population group in which each individual in Ms. Taylor's household was evaluated.

49. The June 8th NOCA issued to Ms. Taylor did not reference post-partum coverage.

50. The June 8th NOCA did not alert Ms. Taylor that K.H. could remain eligible for continued Medicaid eligibility for children under age five.

51. In reaching a determination of Lily Mezquita's Medicaid ineligibility for August 2023, DCF considered the fact that Ms. Mezquita was pregnant and had an SFU size of five and calculated the SFU's gross income to be \$5,776 in the four-week period preceding Lily Mezquita's application date.

52. DCF issued two NOCAs dated July 20, 2023 in Lily Mezquita's case number. One NOCA was addressed to Ms. Mezquita, the other to her child, G.M.

53. The two July 20th NOCAs that DCF issued did not state what income DCF believed Ms. Mezquita had earned or how that amount was calculated.

54. The two July 20th NOCAs did not state the Medicaid income standard for each person in Ms. Mezquita's household based on number of individuals in Ms. Mezquita's SFU.

55. The two July 20th NOCAs did not identify the population group in which each individual in Ms. Mezquita's household was evaluated.

56. Ms. Mezquita gave birth on September 23, 2023 and reported this birth to DCF.

57. DCF issued two NOCAs dated October 19, 2023 in Lily Mezquita's Medicaid case number. One NOCA was addressed to Ms. Mezquita, the other to her child G.M.

58. The two October 19th NOCAs that DCF issued did not state what income DCF believed Ms. Mezquita had earned or how that amount was calculated.

59. The two October 19th NOCAs did not state the Medicaid income standard for each person in Ms. Mezquita's household based on the number of individuals in Ms. Mezquita's SFU.

60. The two October 19th NOCAs did not identify the population group in which each individual in Ms. Mezquita's household was evaluated.

61. With the assistance of counsel, Ms. Mezquita filed an appeal and requested that benefits continue pending the appeal.

62. On or around October 24, 2023, DCF restored Ms. Mezquita's Medicaid eligibility.

63. DCF issued two NOCAs dated March 29, 2024 – both NOCAs were addressed to Ms. Mezquita.

64. The two March 29th NOCAs that DCF issued did not state what income DCF believed Ms. Mezquita had earned or how that amount was calculated.

65. The two March 29th NOCAs did not state the Medicaid income standard for each person in Ms. Mezquita's household based on the number of individuals in Ms. Mezquita's SFU.

66. The two March 29th NOCAs did not identify the population group in which each individual in Ms. Mezquita's household was evaluated.

67. Ms. Mezquita filed an appeal by herself.

68. On or around April 2024, DCF restored Ms. Mezquita's Medicaid eligibility.

B. Defendants' Statement

1. Whether C.D. has standing.

2. Whether Chianne D.'s claims are moot.

3. Whether Plaintiffs and witness Lily Mezquita had actual knowledge of the grounds for termination of their Medicaid coverage and of DCF's fair-hearing procedures.

4. Whether the challenged notices injured class and subclass members who have actual knowledge or access to alternative sources of information, such as the call center and state offices.

5. Whether class or subclass members who have no basis to contest DCF's determination of ineligibility have standing to challenge the sufficiency of notice. *See Rector v. City & Cnty. of Denver*, 348 F.3d 935, 943–44 (10th Cir. 2003).

6. Whether the class and subclass definitions are overly broad. *See Cordoba v. DIRECTV, LLC*, 942 F.3d 1259, 1275–77 (11th Cir. 2019).

7. Whether the challenged notices provide notice reasonably calculated, under all the circumstances, to apprise class and subclass members of the termination of their Medicaid benefits and afford them an opportunity to present their objections—*i.e.*, whether the notices reasonably convey the required information and afford reasonable time for those interested to make their appearance. *See Mullane v. Cent. Hanover Bank & Tr. Co.*, 339 U.S. 306, 314 (1950).

8. Whether the challenged notices satisfy due process in light of other available sources of information, such as the call center and state offices. *See Arrington v. Helms*, 438 F.3d 1336, 1350–51 (11th Cir. 2006).

9. Whether statutes, agency rules and regulations, case law, and other published, generally available sources of information provide class and subclass members with notice of the law, including notice of fair-hearing rights and of Medicaid eligibility categories and requirements. *See Grayden v. Rhodes*, 345 F.3d 1225, 1238–44 (11th Cir. 2003).

10. Whether the challenged notices contain a statement of what action DCF intends to take. *See* 42 C.F.R. § 431.210(a).

11. Whether the challenged notices contain a clear statement of the specific reasons that support the intended action. *See id.* § 431.210(b).

12. Whether the challenged notices inform class and subclass members of their right to a fair hearing and of the method by which they may obtain a hearing. *See id.* §§ 431.206(b)(1)–(2), 431.210(d)(1).

13. Whether the challenged notices issued to class and subclass members—whose Medicaid coverage was terminated, and who were therefore enrolled in the Medically Needy program—contain the following statements: (1) “We have reviewed your eligibility for full Medicaid benefits and have determined you are not eligible because your income exceeds the limit for Medicaid”; and (2) “Individuals enrolled in the Medically Needy Program have income or assets that exceed the limits for regular Medicaid.”

14. Whether the absent class and subclass members have suffered an injury sufficient to confer constitutional standing and entitle them to relief. *See Cordoba v. DIRECTV, LLC*, 942 F.3d 1259, 1274 (11th Cir. 2019).

15. Whether any injury suffered by the absent class or subclass members is fairly traceable to the challenged notices. *See id.*

16. Whether any injury suffered by the absent class or subclass members is likely to be redressed by a favorable decision. *See id.*

17. Whether Plaintiffs have proven that class or subclass members will suffer irreparable injury unless a classwide injunction issues. *See KH Outdoor, LLC v. City of Trussville*, 458 F.3d 1261, 1268 (11th Cir. 2006).

18. Whether Plaintiffs have proven that any threatened injury to class or subclass members outweighs any damage the proposed classwide injunction may cause Defendants. *See id.*

19. Whether Plaintiffs have proven that the proposed classwide injunction would not be adverse to the public interest. *See id.*

20. Whether the public has a weighty interest in minimizing unnecessary cost and in the efficient allocation of the government's fiscal resources. *See Hernandez v. Sessions*, 872 F.3d 976, 996 (9th Cir. 2017); *Baker Elec. Co-op., Inc. v. Chaske*, 28 F.3d 1466, 1474 (8th Cir. 1994).

21. Whether Plaintiffs have proven the entitlement of class or subclass members to prospective reinstatement to Medicaid coverage.

22. Whether the relief that Plaintiffs seek is narrowly tailored to proven legal violations and restrains no more conduct than reasonably necessary. *See Fin. Info. Techs., LLC v. iControl Sys., USA, LLC*, 21 F.4th 1267, 1280 (11th Cir. 2021).

23. Whether the relief that Plaintiffs seek is consistent with principles of comity and federalism. *See Rizzo v. Goode*, 423 U.S. 362, 379 (1976).

24. Whether the relief that Plaintiffs seek intrudes into state affairs no more than is absolutely necessary. *See Morrow v. Harwell*, 768 F.2d 619, 628 (5th Cir. 1985).

25. Whether the relief that Plaintiffs seek is the least intrusive, expensive, and burdensome means of redressing any violation the Court identifies. *See id.*

26. Whether the issuance of an injunction that imposes on the public the massive cost of reinstating the Medicaid coverage of class or subclass members—all of whom have been found ineligible for Medicaid—is consistent with the injunction factors and principles of comity and federalism.

27. Whether the relief that Plaintiffs seek is appropriate to and compatible with the technical limitations of the ACCESS Florida System and the ongoing ACCESS Modernization Project.

XI. Concise Statement of Each Disputed Issue of Law

A. Plaintiffs' Statement

1. A state's participation in Medicaid is voluntary. Once a state elects to participate, it must adhere to all federal legal requirements, as provided by the United States Constitution, the Medicaid Act, and the regulations promulgated by CMS.

2. Medicaid enrollees have a statutory entitlement to Medicaid benefits

protected by the Due Process Clause of the Fourteenth Amendment, U.S. Const. amend. XIV, § 1; *O'Bannon v. Town Court Nursing Ctr.*, 447 U.S. 773, 787 (1980).

24. The Due Process Clause guarantees individuals the right to a meaningful written notice and an opportunity for a hearing before being deprived of property. U.S. Const. amend. XIV, § 1. Medicaid enrollees must be given timely and adequate notice detailing the reasons for a proposed termination and how they can challenge the action, and they must be given an opportunity to make their case before an impartial decision-maker prior to termination of their Medicaid coverage. *Goldberg v. Kelly*, 397 U.S. 254, 267–68 (1970).

3. A state Medicaid agency must use a method of notice that someone “who desires to actually inform the [recipient] might reasonably adopt to accomplish it.” *Mullane*, 339 U.S. at 315. To provide an “adequate statement of the basis,” for the state’s determination, the notice must “be sufficiently specific for it to enable an applicant to prepare rebuttal evidence to introduce at” the hearing. *Billington v. Underwood*, 613 F.2d 91, 94 (5th Cir. 1980).

4. While a state may delegate certain responsibilities to other entities, such as other state or local agencies, the single state agency remains responsible for ensuring compliance with all aspects of the Medicaid Act. *See, e.g.*, 42 C.F.R. § 438.100(a)(2), 438.100(d)(b)(1).

5. For administrative expenses, including those related to the

redetermination process, states generally receive a matching rate of 50%. 42 U.S.C. § 1396b(a)(7); 42 C.F.R. § 435.1001.

6. States receive a 75% match for expenses related to the operation of a computerized eligibility determination system and a 90% match for expenses related to the design and development of a computerized eligibility determination system. 42 U.S.C. § 1396b(a)(3)(B).

7. States must make Medicaid available to all individuals who meet the eligibility criteria. 42 U.S.C. § 1396a(a)(10).

8. The mandatory population groups include: low-income children; parents and other caretaker relatives; pregnant women; the elderly, blind, or disabled; individuals under age 26 who were in foster care until age 18; and adults who are under age 65, are not eligible for Medicare, do not fall within another Medicaid eligibility category, and have household incomes below 133% of the federal poverty level (FPL) (this last group is often referred to as the “expansion population”). 42 U.S.C. § 1396a(a)(10)(A)(i), (e)(14). In addition, individuals who receive Supplemental Security Income are automatically enrolled in Medicaid. 42 U.S.C. § 1396a(a)(10)(A)(i)(II)(aa); 42 C.F.R. § 435.120.

9. Florida also extends one-year continuous coverage, regardless of changes in circumstance, to children under age five and extends six-month continuous coverage to children under age 19. 42 U.S.C. § 1396a(e)(12); Fla. Stat.

§ 409.904(6).

10. Income eligibility for Medicaid is established using one of two sets of rules: (1) Modified Adjusted Gross Income (MAGI) rules, which count income based on federal tax rules and does not include an asset or resource test, or (2) non-MAGI rules, which follow the Medicaid eligibility rules in place before implementation of the Affordable Care Act in 2014 and can include an asset or resource test. 42 U.S.C. § 1396a(e)(14); 42 C.F.R. § 435.603.

11. MAGI rules apply to most children, pregnant women, parents, and adults with low incomes. Income eligibility is based on taxable income, and the household size is determined based on the number of people in the tax household. 42 U.S.C. § 1396a(e)(14)(A); 42 C.F.R. § 435.603(b).

12. Non-MAGI rules apply to individuals who qualify for Medicaid based on blindness, disability, or age (65 or older), certain foster care children, and certain working individuals with disabilities. 42 C.F.R. § 435.603(j).

13. The income limits to qualify for Medicaid coverage vary between population groups. In Florida, among the MAGI groups, the income limit for pregnant women is 196% of the federal poverty level (FPL), for children under age 18 one it is 211%, for children ages one to five it is 145%, and for children ages six to 18 it is 138%. The income limit for parents and caretakers and young adults aged 19-20 is calculated based on the Aid to Families with Dependent Children payment

levels in 1996 (when AFDC was repealed and replaced by Temporary Aid for Needy Families). This income limit is currently approximately 28% FPL. This income limit is currently approximately 28% FPL. Fla. Admin. Code R. 65A-1.707; *see also* Dep't of Children & Families, CFOP 165-22, Economic Self Sufficiency Program Policy Manual, Appendix A-7.

14. For the non-MAGI groups, the income limits range between 88% to 300% FPL. The income-counting rules are based on the income counting rules of the cash assistance program most closely related to the individual's status (e.g., disabled, older adult). These income rules disregard some types of income, for example the earned income of a dependent child who is a student and not a full-time employee is disregarded before comparing a household's income against the income standard. 45 C.F.R. § 233.20(a)(3)(xix). The non-MAGI groups are also subject to a resource/asset limit. Fla. Admin. Code R. 65A-1.712-.713; *see also* Dep't of Children and Families, CFOP 165-22, Economic Self Sufficiency Program Policy Manual, Appendix A-9.

15. States are required to administer Medicaid in "the best interests of the recipients." 42 U.S.C. § 1396a(a)(19).

16. During redetermination, if the state determines an individual is no longer eligible in their current population group, then the state must evaluate the individual in all other groups before terminating coverage. This includes maintaining

Medicaid coverage while requesting additional information necessary to evaluate eligibility in other groups. 42 C.F.R. §§ 435.911(c)(2), 435.916(f)(1), 435.930(b).

17. If the state determines that the enrollee is not eligible for Medicaid on any basis, it must send advance written notice prior to termination. *Goldberg v. Kelly*, 397 U.S. 254 (1970); 42 C.F.R. § 431.205(d) (state must “meet the due process standards set forth in *Goldberg v. Kelly*, 397 U.S. 254 (1970)”). The notice must “detail[] the reasons for the proposed termination,” including both “the legal and factual bases” for the decision. *Goldberg v. Kelly*, 397 U.S. at 267-68.

18. Notices must “clearly” explain “the availability of an avenue of redress.” *Memphis Light, Gas & Water Div. v. Craft*, 436 U.S. 1, 13-14 n.15 (1978).

19. Upon timely request by the enrollee, the state must ensure that Medicaid coverage is maintained pending a pre-termination hearing. *Goldberg v. Kelly*, 397 U.S. 254, 264 (1970); 42 C.F.R. § 431.230.

20. The state must provide the individual an opportunity for a pre-termination evidentiary hearing to contest the termination. The hearing must provide an “effective opportunity” to challenge a termination “as resting on incorrect or misleading factual premises or on misapplication of rules or policies to the facts of particular cases.” *Goldberg v. Kelly*, 397 U.S. 254, 268 (1970). See also 42 U.S.C. § 1396a(a)(3); 42 C.F.R. § 431.205.

21. For persons who are determined ineligible for Medicaid, the agency

must assess the individual's potential eligibility for other insurance affordability programs, including CHIP and as appropriate transfer the individual's account to the Marketplace. 42 U.S.C. § 18083; 42 C.F.R. § 435.1200(e).

22. The notice regulations, including 42 C.F.R. §§ 431.206, 431.210 define the scope of the enforceable right under section 42 U.S.C. 1396a(a)(3).

23. Under federal Medicaid law, in order to state the "specific reasons" for the action, DCF's NOCAs finding an individual ineligible due to income must include (a) the individualized income information on which DCF based its ineligibility determination, (b) the income standard, as determined by the household's SFU, on which DCF based its ineligibility determination, and (c) the population group on which DCF evaluated a Medicaid enrollee's eligibility in reaching its ineligibility determination.

24. DCF's income-based Medicaid termination NOCAs are not reasonably calculated to apprise intended recipients, as a whole, of their rights, in light of other information available to Medicaid enrollees.

B. Defendants' Statement

1. Whether a court must determine whether each named plaintiff has standing and asserts a live claim where, as here, the plaintiffs seek person-specific relief (such as reinstatement of Medicaid coverage), rather than indivisible relief

(such as removal of a monument, *see Glassroth v. Moore*, 335 F.3d 1282, 1293 (11th Cir. 2003)).

2. Whether a court, before it may grant relief to members of a class or subclass certified under Rule 23(b)(2), must determine which class or subclass members actually suffered injury and have standing to seek relief. *See Cordoba v. DIRECTV, LLC*, 942 F.3d 1259, 1274 (11th Cir. 2019) (applying Article III principles to a Rule 23(b)(3) class).

3. Whether 42 U.S.C. § 1396a(a)(3) confers a federal right enforceable under 42 U.S.C. § 1983, *see Armstrong v. Exceptional Child Ctr., Inc.*, 575 U.S. 320, 331 (2015) (concluding, for reasons equally applicable to section 1396a(a)(3), that section 1396a(a)(30)(A) does not confer an implied right of action); *Gonzaga Univ. v. Doe*, 536 U.S. 273, 283–86, (2002) (equating the implied-right-of-action analysis with the section 1983 analysis) and, if so, whether the federal regulations on which Plaintiffs merely explicate the specific content of that right or instead impose distinct obligations to further the statute’s broad objectives, *see Harris v. James*, 127 F.3d 993, 1009 (11th Cir. 1997).

4. Whether the remedy that Congress expressly provided for violations of section 1396a(a)(2)—the withholding of federal financial participation by the Secretary of Health and Human Services, 42 U.S.C. § 1396c; 42 C.F.R. §§ 430.32, 430.35—is exclusive, *see Armstrong*, 575 U.S. at 331–32.

5. Whether a standardized notice satisfies due process, or whether due process requires notice of individualized facts. *See Jordan v. Benefits Rev. Bd. of U.S. Dep't of Labor*, 876 F.2d 1455, 1459 (11th Cir. 1989).

6. Whether actual notice precludes a due-process violation. *See id.* at 1460.

7. Whether the class and subclass members are charged with knowledge of the law, including statutes, rules, and regulations. *See Atkins v. Parker*, 472 U.S. 115, 130–31 (1985).

8. Whether the class and subclass members have a duty of inquiry and are charged with knowledge of facts that reasonably diligent inquiry would develop. *See Jordan*, 876 F.2d at 1459; *Soberal-Perez v. Heckler*, 717 F.2d 36, 43 (2d Cir. 1983).

9. Whether the “clear statement” regulation codified at 42 C.F.R. § 431.210(b) requires a Medicaid termination notice to contain, in addition to the specific reasons that support the intended action, the individualized facts that support those reasons.

10. Whether the prospective reinstatement of class or subclass members to Medicaid coverage is consistent with 42 C.F.R. § 431.231(c), which prescribes the conditions of reinstatement in case of inadequate notice.

11. Whether, under 42 C.F.R. § 435.930(b), a State may provide Medicaid coverage to individuals who have been found ineligible, except in accordance with 42 C.F.R. §§ 431.230 and 431.231.

12. Whether a requirement to disclose Medicaid eligibility requirements on all Medicaid termination notices is consistent with 42 C.F.R. § 435.905(a)(1), which requires States to disclose Medicaid eligibility requirements only upon request.

XII. List of Pending Motions and Other Unresolved Issues

None, although the parties intend to file a Joint Motion to Seal, and Plaintiffs may file a Motion for Judicial Notice after they have reviewed Defendants' objections to their exhibit list.

XIII. Settlement Statement

As set forth in the Joint Motion to Dispense with Mediation (ECF No. 109), the parties agreed that mediation could have little likelihood of achieving resolution. The court granted the motion and thereby released the parties from further mediation obligations. (ECF No. 110).

Dated: April 29, 2024.

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

CHIANNE D., *et al.*,

Plaintiffs,

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

v.

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

Defendants.

DEFENDANTS' OBJECTIONS TO PLAINTIFFS' EXHIBIT LIST

R: Relevance**A: Authentication****403: Prejudice/Confusion****H: Hearsay (incl. Hearsay within Hearsay)****1002: Best Evidence**

Trial Ex. No.	Bates No.	Exhibit Description	Will Use	May Use	Marked Confidential	Objections
PX1		Sec. Harris' Second Amended Answers to Pls' First Set of Interrogatories		X	X	---
PX2		Sec. Harris' Answers to Pls' First Set of RFAs		X		---
PX3		Pls' Resp. to Ds First Set of Interrogatories to A.V.		X		H
PX4		Dr. Brenda Cude Report and Supporting Exhibits #1-7.		X		H
PX5		Decl. of LaQuetta Anderson (Oct. 6, 2023; Doc. 39-8)		X		---
PX6		Decl. of William Roberts (Oct. 5, 2023; Doc. 39-4)		X		---
PX7		Decl. of Karina Sarmiento (Oct. 6, 2023; Doc. 38-2)		X		---
PX8		Decl. of Kait Zumaeta (Oct. 5, 2023; Doc. 38-3)		X		---
PX9		Decl. of Angela Pridgeon (Oct. 5, 2023; Doc. 39-2)		X		---
PX10		Decl. of Allison Leo (Oct. 5, 2023; Doc. 39-3)		X		---
PX11		Decl. of Todd Palmer (Sept. 29, 2023; Doc. 39-6)		X		---
PX12		Decl. of LaQuetta Anderson (Dec. 19, 2023; Doc. 66-1)		X		---

PX13		Decl. of Daniel Davis (Jan. 12, 2024; Doc. 76-1)		X		---
PX14		Decl. of Matthew Cooper (Jan. 12, 2024; Doc. 76-2)		X		---
PX15		Decl. of William Roberts (March 1, 2024; Doc. 87-1)		X		---
PX16		Decl. of Karina Sarimento (March 12, 2024; Doc. 93-1)		X		---
PX17		L.M.J. notice (Doc. 3-6)		X		---
PX18		M.G. notice (Doc. 3-7)		X		---
PX19		L.S. notice (Doc. 3-8)		X		---
PX20		F.M. notice (Doc. 3-10)		X		---
PX21		A.H. notice (Doc. 3-11)		X		---
PX22	DCF-005217	Running records comments Chianne D. (12/30/21 to 9/5/22)		X	X	---
PX23	DCF-005884	Running Records Comments Chianne D. (2/23/23 to 4/10/23)		X	X	---
PX24	DCF-005883	Running Records Comments Chianne D. (4/10/23 to 6/1/23)		X	X	---
PX25	DCF-006307 to DCF-006309	Running records comments Chianne (3 total pages of comments, 9/6/22 to 9/6/23)		X	X	---
PX26	DCF-006317	CLRC screens Chianne D. (8/31/20 to 12/6/24)		X	X	---

PX27	Defs produced w/out Bates	2023-01-01 Chianne Budget & 2023-09-01 CD Budget (June 1 Change)		X	X	---
PX28	Defs produced w/out Bates	Chianne D. IQEL		X	X	---
PX29	Defs produced w/out Bates	2023-06-01 Chianne Budget (March 21 App)		X	X	---
PX30	Defs produced w/out Bates	CD IQEL		X	X	---
PX31	Defs produced w/out Bates	2023-06-01 CD Budget (March 21 App)		X	X	---
PX32	Defs produced w/out Bates	2023-06-02 Chianne D. NOCA		X	X	---
PX33	DCF-005177	Chianne D. ACCESS change (2/20/23)		X	X	---
PX34	DCF-005174	Chianne D. ACCESS change (2/27/23)		X	X	---
PX35	DCF-005297	NOCA to Chianne D. (2/27/23)	X		X	---
PX36	DCF-005293	Renewal Request to Chianne D. (3/20/23)	X		X	---
PX37	DCF-007397	Chianne ACCESS application (3/21/23)	X		X	---

PX38	DCF-005287	NOCA to Chianne – request for loss of income (4/4/23)	X		X	---
PX39	DCF-005188	Written attestation of loss of income, Chandler (4/11/23)	X		X	---
PX40	DCF-005271	NOCA to Chianne D. (4/24/23)	X		X	---
PX41	DCF-005196	Chandler earnings statement		X	X	---
PX42	DCF-005190	Correspondence from Sanchez to ESS re: Chianne D. request to change hearing date (6/2/23)		X	X	---
PX43	DCF-005185	Chianne D. Appeal Hearing notice of hearing by telephone 7/20 (6/13/23)		X	X	---
PX44	Pls' Resp to Ds' 1 st RFPs 000119	Chianne D. email to OAH requesting earlier hearing date (6/16/23)		X	X	---
PX45	DCF-005183	Chianne D. Appeal Hearing notice - hearing moved to 7/3 (6/20/23)		X	X	Duplicative of PX46
PX46	DCF-005261	Chianne D. appeal notice re: rescheduling granted		X	X	---
PX47	Pls' Resp to Ds' 1 st RFPs 000067	Email from DCF OAH cancelling hearing due to federal holiday	X		X	---
PX48	DCF-005200	Correspondence from Sanchez to ESS re: Chianne D. withdrawing appeal (6/29/23)		X	X	---
PX49	DCF-005202	Correspondence from Sanchez to ESS re: Chianne D. withdrawing appeal (6/30/23)		X	X	---

PX50	DCF-005204	Medical expense fax from Acaria Health/Foundation Pharmacy to DCF, re: CD (7/5/23)	X		X	R, H
PX51	DCF-005167	Chianne D. ACCESS change (7/24/23)		X	X	---
PX52	DCF-005218	NOCA to Chianne D. (9/6/23)	X		X	---
PX53	Pls' Resp to Ds' 1 st RFPs 000273	Chianne D. email with Jarvis Ramil (6.6.23)		X	X	R, H
PX54	Pls' Resp to Ds' 1 st RFPs 000265	Chianne D. email with Jarvis Ramil (6.14.23)		X	X	---
PX55	Pls' Resp to Ds' 1 st RFPs 000274	Chianne D. email with Jarvis Ramil (6.16.23 to 6.19.23)		X	X	R, H
PX56	Pls' Resp to Ds' 1 st RFPs 000264	Chianne D. email with Jarvis Ramil (6.20.23)		X	X	R, H
PX57	Pls' Resp to Ds' 1 st RFPs 000339	C.D. Wolfson bill_6.21.23	X		X	R, H, A
PX58	Pls' Resp to Ds' 1 st RFPs 000340	C.D. Wolfson bill_10.30.23	X		X	R, H, A
PX59	Pls' Resp to Ds' 1 st RFPs 000156	C.D. Fletchers bill	X		X	R, H, A

PX60	Pls' Resp to Ds' 1 st RFPs 000241	C.D. Nemours bill	X		X	R, H, A
PX61	Pls' Resp to Ds' 1 st RFPs 000150	C.D. ERG bill	X		X	R, H, A
PX62	DCF- 003935	Audio Transcription of Phone Call - (1) (5/30 PM)		X		---
PX63	DCF- 003928	Audio Transcription of Phone Call - (6) (call from Jarvis Ramil_6/27/23)		X		---
PX64	DCF- 004012	Audio Transcription of Phone Call - (8) (5/30 AM)	X			---
PX65	Pls' Resp to Ds' 1 st RFPs 000248	Chianne D. notes re DCF April 2023 NOCA		X	X	H
PX66	Pls' Supplement al Resp. to Ds' First Production 000001	ACCESS Applications as they Appear on Chianne D. MyACCESS account		X	X	---
PX67	DCF- 006310	Running records comments Henry V. (9/6/22 to 9/6/23)		X	X	---
PX68	DCF- 006312	CLRC screens Henry V. (1/11/22 to 2/1/24)		X	X	---
PX69	DCF- 005768	Jennifer V. ACCESS FDSH wages verification data (1/9/23)		X	X	R

PX70	Defs produced w/out Bates	2023-06-01 AV Budget (April 3 App)	X		X	---
PX71	DCF-005775	2023-12-18 FFM Application		X	X	---
PX72	DCF-005764	2023-12-18 SWICA Henry		X	X	R
PX73	Defs produced w/out Bates	2024-02-01 AV Budget (Dec. 18 App).pdf	X		X	---
PX74	Defs produced w/out Bates	2024-03-01 AV Budget (Jan 30 Change)		X	X	---
PX75	Defs produced w/out Bates	AV IQEL		X	X	---
PX76	DCF-005809	Jennifer V. ACCESS application (1/9/23)		X	X	---
PX77	DCF-005769	Henry V. ACCESS state wage verification data (1/9/23)		X	X	R
PX78	DCF-005790	Jennifer V. ACCESS application (4/3/23)		X	X	---
PX79	DCF-005766	Henry V. ACCESS state wage verification data (4/3/23)		X	X	R
PX80	DCF-005767	Jennifer V. ACCESS FDSH wages verification data (4/3/23)		X	X	R
PX81	DCF-005724	Jennifer V. NOCA (5/16/23)		X	X	---

PX82	DCF-005765	Jennifer V. ACCESS FDSH wages verification data (12/18/23)		X	X	R
PX83	Defs produced w/out Bates	Jennifer V. NOCA (1/18/24)	X		X	R
PX84	Defs produced w/out Bates	Henry V. NOCA (1/18/24)	X		X	R
PX85	Defs produced w/out Bates	Henry V. NOCA (1/31/24)		X	X	---
PX86	DCF-005873	Henry V. NOCA (2/2/24)		X	X	---
PX87	Pls' Supp. Doc. Production 26(a)(3)-000356	Henry V. NOCA (3/21/24)	X		X	---
PX88	Pls' Resp to Ds' 1 st RFPs 000175	Henry V./Jennifer V. IRS_2022_1040		X	X	R, H, A
PX89	Pls' Resp to Ds' 1 st RFPs 000208	Jenny V. paystubs_5.1.23 to 5.14. 23		X	X	R, H, A
PX90	Pls' Resp to Ds' 1 st RFPs 000209	Jenny V. paystubs_5.15.23 to 5.31.23		X	X	R, H, A

PX91	Pls' Resp to Ds' 1 st RFPs 000174	Henry V. paystub_6.16.23		X	X	R, H, A
PX92	Pls' Resp to Ds' 1 st RFPs 000170	Henry V. paystub_6.02.2023		X	X	R, H, A
PX93	Pls' Resp to Ds' 1 st RFPs 000169	Henry V. paystub_5.19.23		X	X	R, H, A
PX94	Pls' Resp to Ds' 1 st RFPs 000075	A.V. Florida KidCare Denial (referral to Medicaid_4.4.23)	X		X	R, H, A
PX95	Pls' Resp to Ds' 1 st RFPs 000081	A.V. Florida KidCare Denial (referral to Medicaid_1.9.24)	X		X	R, H, A
PX96	Pls' Resp to Ds' 1 st RFPs 000085	A.V. Medical Bills	X		X	R, H, A
PX97	Pls' Supplement al Resp. to Ds' First Production 000015	ACCESS Applications as they Appear on Jennifer V./Henry V. MyACCESS account		X	X	---
PX98	DCF- 005947	TWN Income details for Kimber Taylor on ACCESS 12/2022-5/2023		X	X	R
PX99	DCF- 006348	CLRC screens Kimber Taylor (10/20/22 to 2/14/24)		X	X	---

PX100	Defs produced w/out Bates	2023-07-01 KH Budget (May 7 App)	X		X	---
PX101	Defs produced w/out Bates	2023-08-01 KH Budget (June 29 App.)		X	X	---
PX102	Defs produced w/out Bates	KH IQEL	X		X	---
PX103	Defs produced w/out Bates	Kimber Taylor IQEL		X	X	---
PX104	Defs produced w/out Bates	2023-06-01 Kimber Taylor Budget (April 10 App)		X	X	---
PX105	DCF-005656	NOCA to Kimber Taylor (3/20/23)		X	X	R
PX106	DCF-005723	Kimber Taylor ACCESS change reported (5/8/23)		X	X	---
PX107	DCF-005714	Kimber Taylor ACCESS FDSH wages verification data (4/10/23)		X	X	R
PX108	DCF-005670	NOCA to Kimber Taylor (4/26/23)		X	X	---
PX109	DCF-005988	ACCESS application Kimber (5/8/23)		X	X	---
PX110	DCF-005713	Kimber Taylor ACCESS FDSH wages verification data (5/8/23)		X	X	R

PX111	DCF-005721	Kimber Taylor ACCESS change reported (5/22/23)		X	X	---
PX112	DCF-005660	NOCA to Kimber Taylor (6/8/23)	X		X	---
PX113	DCF-005703 to DCF 005712	Kimber Taylor ACCESS application (6/29/23)		X	X	---
PX114	DCF-005698	Kimber Taylor ACCESS state wage verification data (6/29/23)		X	X	R
PX115	DCF-005699 to DCF 005700	Kimber Taylor ACCESS FDSH wages verification data (6/29/23)		X	X	R
PX116	DCF-005640	NOCA to Kimber Taylor (8/7/23)	X		X	---
PX117	Pls' Resp to D's RFPs to Kimber Taylor & K.H. 000024	Kimber Taylor MyACCESS Medicaid Application (1/16/24)		X	X	---
PX118	DCF-006362	Kimber Taylor NOCA (2/15/24)	X		X	---
PX119	Pls' Resp to D's RFPs to KT & K.H. 000017	Kimber Taylor medical bill (Ascension St. Vincents)	X		X	R, H, A

PX120	DCF 005337	Lily Mezquita NOCA (10/19/2023)	X		X	---
PX121	DCF 005349	G.M. NOCA (10/19/2023)	X		X	---
PX122	DCF- 005389	G.M. NOCA (7/20/2023)	X		X	---
PX123	DCF- 005403	Lily Mezquita NOCA (7/20/2023)	X		X	---
PX124	DCF- 005524	Lily Mezquita State Wage Verification Data (7/19/2023)		X	X	R
PX125	DCF- 005549	Cultivate Pay stub (6/02/2023)		X	X	R, H, A
PX126	DCF- 005576	Lily Mezquita Application (7/19/2023)		X	X	---
PX127	DCF- 006332	CLRC Notes for Lily Mezquita		X	X	---
PX128	DCF- 006357	Call recording (undated) NATIVE	X		X	---
PX129	Resp. to L.M. Subpoena for Docs 000041- 000113	Fair Hearing Evidence – Lily Mezquita	X		X	---

PX130	Supp. Resp to L.M. Subpoena for Docs 000001- 000009	Lily Mezquita NOCA (3/29/2024)	X		X	---
PX131	Supp. Resp to L.M. Subpoena for Docs 000010- 000016	Lily Mezquita NOCA (3/29/2024)	X		X	---
PX132	Defs produced w/out Bates	Lily Mezquita IQEL		X	X	---
PX133	Defs produced w/out Bates	2023-08-01 GM Budget (June 19 App)		X	X	---
PX134	Defs produced w/out Bates	2023-06-01 Lily Mezquita Budget (March 29 App)		X	X	---
PX135	Defs produced w/out Bates	2023-06-01 GM Budget (March 29 App)		X	X	---
PX136	Defs produced w/out Bates	2023-08-01 Lily Budget (June 19 App)	X		X	---
PX137	DCF- 005559	2023-05-01 Paystubs Lily		X	X	R, H, A

PX138	DCF-005527	2023-06-19 SWICA Lily		X	X	R
PX139	DCF-000258	ACCESS FL System Enhancements Estimation Process - flowchart & table		X		---
PX140	DCF-000260	Estimate - Medicaid Eligibility and Notice Changes to Provide Detail Information		X		---
PX141	DCF-000264	ACCESS Request for Rough Order of Magnitude - to Revise Medicaid Denial/Termination Notices prep. by Anderson		X		---
PX142	DCF-000266	Estimate - Address Notice Footer Text Changes		X		---
PX143	DCF-000341	Postpartum Coverage Extension to 12 Months, new policy transmittal from Veltkamp to Economic Self-Sufficiency (March 3, 2022)	X			---
PX144	DCF-000477	Full Medicaid vs. Medically Needy table		X		---
PX145	DCF-000478	Common FL Reason Codes		X		---
PX146	DCF-000486	Email from SNR CCC Office to call centers re: PHE extension talking points		X		---
PX147	DCF-000490	Continuous Medicaid Eligibility Change for children under 19, transmittal from Reed to ESS (Dec. 19, 2023)	X			---
PX148	DCF-000521	Call center script/talking points re: Medicaid coverage		X		---

PX149	DCF-000548	ACCESS Call Center Scripts re: SSI denial/termination/ex-parte		X		---
PX150	DCF-000549	ACCESS Call Center Scripts re: Share of Cost		X		---
PX151	DCF-000551	ACCESS Call Center Scripts re: Identify/Transfer Adult Related Medicaid/Provider Call		X		---
PX152	DCF-000553	ACCESS Call Center Scripts re: Proof of Benefits Received Request		X		R
PX153	DCF-000614	Income Verification Without Using "The Work Number," transmittal from Reed to ESS		X		---
PX154	DCF-000716	ACCESS call center script, Medicaid status inquiries		X		---
PX155	DCF-000718	Spreadsheet re reason code use NATIVE		X		---
PX156	DCF-000719	NOCA letter templates for various DCF programs	X			---
PX157	DCF-001631	Deloitte Medicaid Eligibility System - Functional Design		X		---
PX158	DCF-002013	Reason Codes spreadsheet NATIVE	X			---
PX159	DCF-002322	AWAA Reason Codes/Central Region		X		R

PX160	DCF-002017	Medicaid Closure Codes - error prone codes	X			---
PX161	DCF-002018	Medicaid Unwinding Updates & FAQs		X		---
PX162	DCF-002021	FHK reminders		X		---
PX163	DCF-002022	AWAA & Code Determination - slide deck, ESS training		X		R
PX164	DCF-002043	Reasonable Compatibility Job Aid table & flow chart		X		R
PX165	DCF-002047	Medicaid unwinding reason codes & common closure reasons	X			---
PX166	DCF-002049	Reason codes training lesson, Gimbel	X			---
PX167	DCF-002058	Case review guides for Family Medicaid, SSI-Related, BR Hearings & error codes		X		R
PX168	DCF-002063	ACCESS Management System User Guide		X		---
PX169	DCF-002185	First page: identical to DCF-002047, second page: commonly used Medicaid denial codes		X		---
PX170	DCF-002241	ESS manual incl. reason, status codes, MFAM coverage groups, pregnancy eligibility, gap coverage for renewals		X		---

PX171	DCF-002269	Continuous Medicaid Eligibility Denial Codes	X			---
PX172	DCF-002387	Auto Action Process - slide deck		X		---
PX173	DCF-002430	ESS Fair Hearings Procedural Guide		X		---
PX174	DCF-002459	Table of hearings w/appeal & case nos., dates, order completed, etc. NATIVE		X		---
PX175	DCF-002483	Email from Worrall to Lewis w/ revised draft of MACPAC case study report		X		R, H
PX176	DCF-002484	Revised MACPAC case study report draft incl. in above email - Medicaid Eligibility, Enrollment, & Renewal Processes & Systems Study		X		R, H
PX177	DCF-002586	ACCESS Florida Program Policy Manual, intro/table of contents		X		---
PX178	DCF-002594	Family Related Medicaid Income Limits table (Appx. 7)		X		---
PX179	DCF-002624	ACCESS Florida Program Policy Manual, Ongoing Case Processing chapter		X		---
PX180	DCF-002654	ACCESS Florida Program Policy Manual, Application Processing chapter		X		---

PX181	DCF-002690	ACCESS Florida Program Policy Manual, Glossary		X		---
PX182	DCF-002716	ACCESS Florida Program Policy Manual, Administrative Policy chapter (duplicate of DCF-000270 - DCF-000318)		X		---
PX183	DCF-002817	ACCESS Florida Program Policy Manual, Notices & Forms chapter		X		---
PX184	DCF-002837	ACCESS Florida Program Policy Manual, Benefit Issuance chapter		X		---
PX185	DCF-002887	ACCESS Florida Program Policy Manual, Data Exchange chapter		X		---
PX186	DCF-002913	ACCESS Florida Program Policy Manual, Calculation of Benefits chapter		X		---
PX187	DCF-003008	ACCESS Florida Program Policy Manual, Budgeting Income chapter		X		---
PX188	DCF-003068	ACCESS Florida Program Policy Manual, Coverage Groups chapter		X		---
PX189	DCF-003104	ACCESS Florida Program Policy Manual, Standard Filing Unit chapter		X		---
PX190	DCF-003163	ACCESS Florida Program Policy Manual, General Program Information chapter		X		---

PX191	DCF-003182	ACCESS Florida Program Policy Manual, Income (MFAM, MSSSI, SFP) chapter		X		---
PX192	DCF-003464	ACCESS Florida Program Policy Manual, Technical Requirements (MFAM, MSSSI, SFP) chapter		X		---
PX193	DCF-003695	KidCare referral procedure when Medicaid denied or enrolled in Medically Needy, transmittal from Veltkamp & Poirier to ESS	X			---
PX194	DCF-003698	Continuous Medicaid Policy Clarification re: children under 19 (March 1, 2018)	X			---
PX195	DCF-003756	Email from Pridgeon to Nimmons re: notice language around fair hearings		X		H
PX196	DCF-003758	NOCA combination approval with revised fair hearings language - attached to above email		X		---
PX197	DCF-003766	ACCESS System Modernization - Operational Work Plan		X		---
PX198	DCF-003800	Schedule IV-B for ACCESS Florida System Modernization FY 2024-2025		X		---
PX199	DCF-003872	Emails between Reed, DeFrancisco, Penn, Royster, Pridgeon, et al. re: Draft Medicaid Termination Notice		X		---
PX200	DCF-003882	Emails between Kirkland, Wade, Anderson, et al. re: termination notices	X			---

PX201	DCF-003885	Draft NOCA referred to in above email from Kirkland		X		---
PX202	DCF-003892	State Follow-up Questions List - End of Medicaid Continuous Enrollment - attached to above email from Bivens		X		H, Incomplete
PX203	DCF-003922	Draft NOCA - Medicaid, income too high		X		---
PX204	DCF-004764	ESS Customer Call Center objectives module		X		---
PX205	DCF-004831	Medicaid (MFAM/MSSI) SFU & Budgeting objectives module		X		---
PX206	DCF-006000	FLORIDA Family Track Screens		X	X	---
PX207	DCF-006372	State (FL) Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions		X		---
PX208	DCF-006382	ACCESS Request for ROM: Modify the Medicaid Denial Notices (revised) (Dec. 12, 2022)		X		---
PX209	DCF-006386	Sample NOCA		X		---

PX210	DCF-006392	Notice reason codes (1 st tab) & FLODS-TSRC codes (2 nd tab) NATIVE	X			---
PX211	DCF-006393	Sample UAT Case Action Notices-2.23.24 Lawsuit related Fair Hearings		X		R, 403
PX212	DCF-007305	Medicaid Denial/Reduction/Termination Notices Language Changes - Requirements Validation Session, Deloitte - slide deck		X		---
PX213	DCF-007340	Fair Hearings text with revision		X		---
PX214	DCF-007341	Emails b/w Bivens, Latham, Deloitte, Anderson, others re: Reason codes update	X			---
PX215	DCF-007352	Emails b/w Anderson, Pridgeon, Kirkland, Deloitte, others re: Denial notice changes		X		---
PX216	DCF-007356	Rough Order of Magnitude Re: Modify Medicaid Denial Notices (Revised)		X		---
PX217	DCF-007358	Project estimate: Medicaid Denial/Reduction/Termination Notices Language Changes NATIVE		X		---
PX218	DCF-007359	ACCESS-RevisedNDSNoticeTextChanges-Requirements Validation-Final (005) NATIVE		X		R

PX219	Defs produced w/out Bates	FW FLORIDA - Testing and Configuration Plan - FINAL	X			Incomplete, A, 403, 1002
PX220	Defs produced w/out Bates	FW Reason Codes (Veltkamp to Havard)		X		---
PX221	Defs produced w/out Bates	FW Reason Codes Update (12/21/2023 Anderson to Kallumkal et al)		X		---
PX222	Defs produced w/out Bates	RE: Estimate for NDS Notice Changes (Anderson & Garren)		X		Incomplete, A, 403, 1002
PX223	Defs produced w/out Bates	FW Notice Footer changes (Kallumkal to Anderson)		X		Incomplete, A, 403, 1002
PX224	Defs produced w/out Bates	Medicaid State Plan – DCF Responsibilities 3.2024		X		---
PX225	Defs produced w/out Bates	DCF/AHCA Contract (AA300)		X		---
PX226	Defs produced w/out Bates	Floridas-Plan-for-Medicaid-Redetermination		X		---
PX227	Defs produced w/out Bates	FW: Florida: Confirmation of Renewal Requirements Requested by 3/8		X		Incomplete, A, 403, 1002

PX228	Defs produced w/out Bates	Dep't of Health & Human Svces, Four States Reviewed Received Increased Medicaid COVID-19 Funding (September 2023)		X		R, H
PX229	Defs produced w/out Bates	NL_MACPAC_E2R_Pre_telephone discussion form_FL		X		R, H
PX230	AHCA-000672	Emails b/w Anderson, Deloitte, et al. re: requirements document for Family Planning process		X		R
PX231	AHCA-001128	Emails b/w Kirkland, Lewis, FAHP, Anderson, Veltkamp, Baker, et al. re: NOCA language		X		R
PX232	AHCA-000886	Emails b/w Deloitte, Lewis, James, et al. re: ICP Notice Change estimate & draft language proposed for NOCA		X		---
PX233	AHCA-000888	ACCESS Request for Rough Order of Magnitude re: Notice Change-ICP Approval Notice, prep. by Anderson		X		---
PX234	Defs produced w/out Bates	ACCESS-Estimate-ICP Notice Change NATIVE		X		---
PX235	AHCA-001097	Email from Nathan Lewis to James, Veltkamp, Anderson, et al. re: ALF/Sunshine		X		H
PX236	AHCA-001107	Sample ICP NOCA draft with changes tracked		X		---
PX237	AHCA-001112	Sample NOCA draft with revisions		X		---

PX238	AHCA-002057	<i>Medicaid Eligibility, Enrollment, and Renewal Processes and Systems Study, MACPAC</i>	X			H
PX239	Pls' Supplemental Doc. Prod._3.19.24 000001	Screenshots of DCF's Website		X		---
PX240	Pls' Response to Ds' 1 st RFPs 000254	Oregon Health Authority, Renewal data shows 5 out of 6 Oregonians keeping medical benefits (Nov. 22, 2023)	X			R, H
PX241	Pls' Response to Ds' 1 st RFPs 000260	Oregon Supplemental Income Program Medical (OSIPM) Restorations (updated Nov. 21, 2023)	X			R, H
PX242	Pls' Response to Ds' 1 st RFPs 000338	Arizona Department of Economic Security (DES), Important Information About Your Appeal Rights		X		R, H
PX243	Pls' Supp. Doc. Prod. 26(a)(3)-000001	CMCS Informational Bulletin, <i>Conducting Medicaid and CHIP Renewals During the Unwinding Period and Beyond: Essential Reminders</i> (March 15, 2024)		X		R, H

PX244	Pls' Supp. Doc. Pro. 26(a)(3)-000077	CMS Florida 1115 Managed Medical Assistance Waiver – STCs (Oct. 12, 2022)		X		R, H
PX245	Pls' Supp. Doc. Prod. 26(a)(3)-000305	CMS Medicaid and CHIP Call Center Data, November 2023		X		R, H
PX246	Pls' Supp. Doc. Production 26(a)(3)-0000307	CMS, Letter to Sec. Weida regarding Call Center data findings (Aug. 9, 2023)		X		R, H
PX247	Pls' Supp. Doc. Production 26(a)(3)-000023	AHCA Florida 1115 Managed Medical Assistance Waiver (Project Number 11-W-002064) (Sept. 3, 2021)		X		---
PX248	Pls' Supp. Doc. Production 26(a)(3)-000063	CMS FAQs to Support Return to Normal Eligibility Operations, <i>Transitional Medical Assistance and Medical Support</i> (Nov. 22, 2023)		X		R, H, A
PX249	Pls' Supp. Doc. Production 26(a)(3)-000319	Center for Health Care Strategies, Improving Written Communication to Promote Health Literacy (March 2024)		X		R, H

PX250	Pls' Supp. Doc. Production 26(a)(3)-000311	Pls' highlighted reason codes list (Doc. 47-3)		X		R, H
PX251	Pls' Supp. Doc. Production 26(a)(3)-000323	11.6.2023 Aid Pending Notice (Redacted)_Redacted		X		R
PX252	Pls' Supp. Doc. Production 26(a)(3)-000339-000355	Client MyACCESS Screenshots	X			Incomplete
PX253	Pls' Supp. Doc. Production 26(a)(3)-000329	Family Related Medicaid Fact Sheet (2 months postpartum)	X			---
PX254	Pls' Supp. Doc. Production 26(a)(3)-000061	DCF Program Policy Manual, Appendix A-13 (Active Medicaid Program Codes)		X		---
PX255	Pls' Supp. Doc. Production 26(a)(3)-000337	Medically Needy Brochure		X		---

PX256	DCF-007421	Sample Medicaid denial notice (4/11/24) – 346, 374 and 520		X		---
PX257	DCF-007408	Sample Medically Needy Notice (4/11/24)		X		---
PX258	DCF-007415	Sample Medicaid denial notice (4/11/24) – 249 and 290		X		---
PX259	DCF-007414	Reason Code Screen - 227		X		---
PX260	Pls' Supp. Doc. Production 26(a)(3)-000371	Screenshots of DCF's Website		X		H, 403
PX261	DCF-005746	NOCA to Jennifer V. (6/21/2022)		X	X	---
PX262	Defs produced w/out Bates	CCC Data January 2023-Current NATIVE	X			Untimely Disclosed
PX263	Defs produced w/out Bates	Cambria - AE01 A6 - Recurring Medically Needy approval v2 NATIVE		X		R, H
PX264	Defs produced w/out Bates	Cambria - AE01 AB - Medically Needy approval notice 03-2020 version v2 NATIVE		X		H

PX265	Defs produced w/out Bates	Cambria - AE01 AD - FS approval retroactive months v3 NATIVE		X		R, H
PX266	Defs produced w/out Bates	Cambria - AE01 AH - Nursing Approval Recurring benefit NATIVE		X		H
PX267	Defs produced w/out Bates	Cambria - AE01 AP - Expedited Approval AE01 AP English - Includes FAWA Language NATIVE		X		R, H
PX268	Defs produced w/out Bates	Cambria - AE01 R6 - Removal of an individual from a Medicaid assistance group NATIVE		X		H
PX269	Defs produced w/out Bates	Cambria - AE01 T1 - Medicaid termination v2 NATIVE		X		H
PX270	Defs produced w/out Bates	Cambria - AE01 T1 - Medicaid termination NATIVE		X		R, H
PX271	Defs produced w/out Bates	Cambria - AE01 T7 - SLMB Termination v2 NATIVE		X		H
PX272	Defs produced w/out Bates	Cambria - AE73 D1 English NATIVE		X		R, H
PX273	Defs produced w/out Bates	Cambria - BI01 X5 - Auxiliary with an existing recoupment NATIVE		X		R, H

PX274	Defs produced w/out Bates	Cambria - BI03 E1 - Benefit Expiration Notice v2 NATIVE		X		H
PX275	Defs produced w/out Bates	Cambria - Ex. 5 - AE73 D1 English NATIVE		X		H
PX276	Defs produced w/out Bates	Cambria - Reason Code Revisions v3 NATIVE		X		H
PX277	Defs produced w/out Bates	Cambria - Screenshots of Comments from Reason Codes v3 NATIVE		X		H
		<u>ONLINE ONLY</u> : MyACCESS accounts of Chianne D., Jennifer V., Kimber Taylor, & Lily Mezquita, accessible at: https://myaccess.myflfamilies.com/		X	X	See Below *
		<u>ONLINE ONLY</u> : DCF's website accessible at: https://www.myflfamilies.com/		X		See Below *

* To the extent the last two entries refer to secure online accounts in their online form, Defendants object that Plaintiffs have not produced these accounts. Defendants further object that a mutable website that can change from minute to minute and cannot be labeled, filed with the clerk, accessed without the internet, or preserved unaltered in the record for appellate review is not an appropriate exhibit. To the extent these entries refer to the screenshots that Plaintiffs produced on April 19, 2024, Defendants do not object.

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

CHIANNE D., *et al.*,

Plaintiffs,

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

v.

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

Defendants.

_____ /

PLAINTIFFS' OBJECTIONS TO DEFENDANTS' EXHIBIT LIST

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
Program Policy Manuals and Guides					
1				No objection.	200 General Program Information.pdf (DCF-003163)
2				No objection.	400 Administrative Policy.pdf (DCF-002716)
3				No objection.	1400 Technical Requirements (MFAM-MSSI).pdf (DCF-003464)
4				No objection.	1600 Assets (MFAM-MSSI).pdf (DCF-003368)
5				No objection.	1800 Income (MFAM-MSSI).pdf (DCF-003182)
6				No objection.	2200 Standard Filing Unit.pdf (DCF-003104)
7				No objection.	4600 Glossary.pdf (DCF-002690)
8				No objection.	Appendix A-7 Family-Related Medicaid Income Limit Chart.pdf (DCF-002594)
9				No objection.	Appendix A-9 SSI-Related Programs - Financial Eligibility Standards.pdf (DCF-002589)
10				No objection.	Economic Self Sufficiency Statewide Fair Hearings Procedural Guide

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
11				No objection.	Deloitte – Medicaid Eligibility System, Functional Design – Eligibility (DCF-001631)
General Communications					
12				§403 Confusion; §106 Remainder of Related Writings	DCF Website, <i>Homepage</i> , https://www.myflfamilies.com/
13				§§401 Relevance/403 Confusion; §106 Remainder of Related Writings	DCF Website, <i>Contact Us</i> , https://www.myflfamilies.com/contact-us
14				§403 Confusion	DCF Website, <i>DCF Inquiry</i> , https://www.myflfamilies.com/contact-us/dcf-inquiry

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
15				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Community Partner Search</i> , https://access-web.dcf.state.fl.us/CPSLookup/search.aspx
16				§106 Remainder of Related Writings; §403 Confusion; §602 Personal Knowledge	DCF Website, <i>Community Partner Search, Duval</i> , https://access-web.dcf.state.fl.us/CPSLookup/search.aspx
17				§106 Remainder of Related Writings; §403 Confusion; §602 Personal Knowledge	DCF Website, <i>Community Partner Search, Dade</i> , https://access-web.dcf.state.fl.us/CPSLookup/search.aspx

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
18				Withdrawn	DCF Website, <i>Community Partner Search, Statewide</i> , https://access-web.dcf.state.fl.us/CPSLookup/search.aspx
19				§403 Confusion	DCF Website, <i>Community Partner Network</i> , https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/community
20				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Economic Self Sufficiency Frequently Asked Questions</i> , https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/economic-self-sufficiency-frequently
21				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Economic Self Sufficiency Frequently Asked Questions, Share of Cost</i> , https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/economic-self-sufficiency-frequently
22				§106 Remainder of	DCF Website, <i>Economic Self Sufficiency Frequently Asked Questions, Medically Needy Program</i> ,

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
				Related Writings; §403 Relevance	https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/economic-self-sufficiency-frequently
23				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Family Resource Centers</i> , https://www.myflfamilies.com/services/public-assistance/additional-resources-and-services/FRC
24				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Appeal Hearings</i> , https://www.myflfamilies.com/about/office-inspector-general/appeal-hearings
25				No objection.	DCF Website, <i>How to Request a Public Hearing</i> , https://www.myflfamilies.com/about/office-inspector-general/appeal-hearings/how-request-public-assistance-hearing

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
26				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Appeal Hearings Frequently Asked Questions</i> , https://www.myflfamilies.com/about/office-inspector-general/appeal-hearings-faq
27				§403 Confusion	Revised SSI Fact Sheet
28				§403 Confusion	Revised Family Medicaid Fact Sheet
29				§106 Remainder of Related Writings; §403 Confusion	DCF Website, <i>Public Assistance</i> , https://www.myflfamilies.com/services/public-assistance
30				No objection.	DCF Website, <i>Medically Needy Program Brochure, CF/PI 165-70, Jul. 2015</i> ,

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
					https://www.myflfamilies.com/services/public-assistance/brochures
Reason Codes Currently in Use					
31				No objection.	Oracle Table Reason Codes
32				No objection.	Oracle Table Reason Codes (English only)
ACCESS Modernization					
33				No objection.	Operational Work Plan for ACCESS Florida System Modernization Project, Version 3.0 (DCF-0003766)
34				No objection.	FY 2024–25 Schedule IV-B for ACCESS Florida System Modernization (DCF-0003800)
35				No objection.	FY 2023–24 Schedule IV-B for ACCESS Florida System Modernization
36				No objection.	FY 2022–23 Schedule IV-B for ACCESS Florida System Modernization
37				Withdrawn.	ACCESS Florida System Applications
Rights and Responsibilities					

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
38				No objection.	Rights and Responsibilities (incorporated by reference into Rule 65A-1.204, F.A.C.)
ROMs					
39				No objection.	ACCESS Florida System Enhancements – Estimation Process (DCF-000258)
40				No objection.	10/3/2023 ROM re NOCAs (DCF-000260)
41				No objection.	10/5/2023 Estimate (DCF-000264)
Medicaid State Plan					
42				No objection.	Attachment 2.2-A to Florida’s Medicaid State Plan
User Audits					
43				No objection.	Recipient ACCESS Transaction History (DCF-005121)
44				No objection.	Recipient ACCESS Transaction History (DCF-006384)
45				No objection.	Recipient ACCESS Transaction History (DCF-006385)
46				No objection.	Recipient ACCESS Transaction History – Filtered for Chianne D. (DCF-005121)

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
47				No objection.	Recipient ACCESS Transaction History – Filtered for Chianne D. (DCF-006384)
48				No objection.	Recipient ACCESS Transaction History – Filtered for Chianne D. (DCF-006385)
Customer Call Center					
49				No objection.	Module 7: Customer Call Center (DCF-004764)
Instructions to Eligibility Specialists					
50				No objection.	Common Closure Reasons (DCF-002047)
NOCAs - Plaintiffs					
51				No objection.	August 7, 2023 NOCA - Kimber Taylor
52				No objection.	September 6, 2023 NOCA – Chianne D.
53				No objection.	February 15, 2024 NOCA – Kimber Taylor
54				§106 Remainder of Related Writings	June 21, 2022 NOCA – A.V.

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
55				No objection.	February 2, 2024 NOCA – A.V.
Eligibility Estimator					
56				No objection.	DCF Prescreen Tool, https://myaccess.myflfamilies.com
Florida's Medicaid Redetermination Plan					
57				§106 Remainder of Related Writings	DCF Website, <i>Medicaid</i> , https://www.myflfamilies.com/medicaid
58				§106 Remainder of Related Writings	DCF Website, <i>Medicaid, FAQ Redetermination</i> , https://www.myflfamilies.com/medicaid
59				§106 Remainder of Related Writings	DCF Website, <i>Medicaid, FAQ MyACCESS Account</i> , https://www.myflfamilies.com/medicaid
60				No objection.	Florida's Plan for Medicaid Redetermination

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
61				No objection.	Florida's Medicaid Redetermination Partner Packet
62				No objection.	Outreach Efforts Flyer, Sept. 13, 2023
63				Withdrawn.	DCF website, <i>Social Media Graphics</i> , https://www.myflfamilies.com/medicaid
64				No objection.	DCF Correspondence to Florida Legislature re Florida's Medicaid Redetermination Plan
YouTube MyACCESS Video Tutorials					
65				§106 Remainder of Related Recordings; §403 Confusion	YouTube, <i>December 2023 MyFLFamilies Videos re MyACCESS</i> , https://www.youtube.com/@MyFLFamilies/videos
Chianne D. – Fair Hearing					
66				No objection.	Acknowledgment of Hearing Request
67				No objection.	Notice of Continuance and Rescheduling
68				No objection.	Notice of Hearing by Telephone

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
69				No objection.	Chianne D.'s Request to Reschedule Fair Hearing
70				No objection.	Chianne D.'s Withdrawal of Fair-Hearing Request
Chianne D. – Call Center Recordings and Transcripts					
71				No objection.	Audio recording of March 23, 2023 call between Chianne D. and call-center representative (DCF-006353)*
72				No objection.	Audio recording of April 10, 2023 call between Chianne D. and call-center representative (DCF-006354)*
73				No objection.	Audio recording of May 30, 2023 (AM) call between Chianne D. and call-center representative (DCF-005869)*
74				No objection.	Audio recording of May 30, 2023 (PM) call between Chianne D. and call-center representative (DCF-005871)*
75				No objection	Audio recording of May 31, 2023 call between Chianne D. and call-center representative (DCF-005868)*

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
76				No objection	Audio recording of June 1, 2023 call between Chianne D. and call-center representative (DCF-005867)*
77				No objection	Audio recording of June 1, 2023 call between Chianne D. and call-center representative (DCF-005866)*
78				No objection	Audio recording of June 1, 2023 call between authorized representative for Chianne D. and call-center representative (DCF-005872)*
79				No objection.	Audio recording of June 27, 2023 call between authorized representative for Chianne D. and call-center representative (DCF-005870)*
80				No objection.	Transcript of May 30, 2023 (AM) call between Chianne D. and call-center representative (DCF-004013)*
81				No objection.	Transcript of May 30, 2023 (PM) call between Chianne D. and call-center representative (ECF No. 38-1, D1 at pg. 19)*
82				No objection.	Transcript of May 31, 2023 call between Chianne D. and call-center representative (ECF No. 38-1, D2 at pg. 28)*

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
83				No objection.	Transcript of June 1, 2023 call between Chianne D. and call center representative (ECF No. 38-1, D3 at pg. 41)*
84				No objection.	Transcript of June 1, 2023 call between Chianne D. and call-center representative (ECF No. 38-1, D4 at pg. 70)*
85				No objection.	Transcript of June 1, 2023 call between authorized representative for Chianne D. and call-center representative (ECF No. 38-1, D5 –at pg. 89)*
86				§401 Relevance	Transcript of June 27, 2023 call between authorized representative for Chianne D. and call-center representative (DCF-003928)*
Chianne D. Call Logs					
87				No objection.	Chianne D. March–April 2023 Call Logs
88				No objection.	Chianne D. May–June 2023 Call Logs
Chianne D. ACCESS Notifications, Applications, NOCAs, and Communications					
89				No objection.	Chianne D. March 21, 2023 Application – (Pls. Supp. Resp. 0000003–14)

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
90				No objection.	Chianne D. – March 21, 2023 AMS Application
91				No objection.	Chianne D. – March 24 2023 Opt In
92				No objection.	Chianne D. – September 27, 2021 Opt In
93				No objection.	March 23, 2023 Email from DCF to Chianne D. re choice to receive notices online
94				No objection.	April 3, 2023 ACCESS Notification email from DCF to Chianne D.
95				No objection.	April 14, 2023 Upcoming Medicaid Renewal Email from DCF to Chianne D.
96				No objection.	Email logs from DCF to Chianne D. re ACCESS Notifications
97				§802 Hearsay	Plaintiffs’ Stipulations re Communications and Receipt
98				No objection.	April 24, 2023 NOCA - Chianne D.
99				§802 Hearsay as to Jarvis Ramil only;	June 2023 email exchange between Chianne D. and J. Ramil. (Pls’ Response to Ds 1st RFPs 000265).

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
				§106 Remainder of Related Writings	
Lily M. Communications					
100				No objection.	Lily M. Receipt of Hearing Request July 27, 2023 (DCF-005509–10)
101				No objection.	Lily M. Email Request and DCF Receipt July 27, 2023 (DCF-005520–21)
102				No objection.	Lily M. Uploaded Letter (DCF-005555)
103				No objection.	Lily M. Uploaded Letter (DCF-005548)
104				No objection.	Lily M. Fair Hearing Packet (Resp. to L.M. Subpoena for Docs-000041–113)
105				No objection.	Lily M. Combined Call Logs (Deposition Exhibit 14)
Plaintiffs' Written Discovery Responses					
106				§106 Remainder of	Chianne D.'s Answers to First Set of Interrogatories (Jan. 22, 2024)*

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
				Related Writings	
107				§106 Remainder of Related Writings	Chianne D.'s Answers to Second Set of Interrogatories (Mar. 22, 2024)*
108				§802 Hearsay	Chianne D.'s Responses to First Requests for Production (Mar. 22, 2024)*
109				§802 Hearsay	Chianne D.'s Responses to Second Requests for Production (Jan. 22, 2024)*
110				§106 Remainder of Related Writings	C.D.'s Answers to First Set of Interrogatories (Jan. 22, 2024)*
111				No objection.	C.D.'s Answers to Second Set of Interrogatories (Mar. 22, 2024)*
112				§802 Hearsay	C.D.'s Responses to First Requests for Production (Jan. 22, 2024)*

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
113				§106 Remainder of Related Writings	Kimber Taylor's Answers to First Set of Interrogatories (Feb. 12, 2024)*
114				§802 Hearsay	Kimber Taylor's Written Responses to Requests for Production (Feb. 12, 2024)*
115				§106 Remainder of Related Writings	K.H.'s Answers to First Set of Interrogatories (Feb. 12, 2024)*
116				§802 Hearsay	K.H.'s Written Responses to Requests for Production (Feb. 12, 2024)*
117				§106 Remainder of Related Writings	A.V.'s Answers to First Set of Interrogatories (Jan. 22, 2024)*
118				§802 Hearsay	A.V.'s Responses to First Requests for Production (Jan. 22, 2024)*
NOCA Revisions					

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
119				§401 Relevance; §901 Authentication	Test Notice, Medicaid Denial Reason Codes 249 and 290 (April 10, 2024)
120				§401 Relevance; §901 Authentication	Test Notice, Medicaid Denial Reason Codes 364, 374, and 520 (April 10, 2024)
121				§401 Relevance; §901 Authentication	Test Notice with Revised Medically Needy Section and Revised Footer (April 10, 2024)
122				§106 Remainder of Related Writings	Revision to Fair Hearing Language – Will to May (ECF No. 66-1)
123				No objection	Chart Displaying December 2023 Revisions to Reason Codes
Expert Witness Documents					

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
124				No objection.	Michael A. Blasie, <i>The Rise of Plain Language Laws</i> , 76 U. Miami L. Rev. 447 (2022) (Cude Dep. Ex. 3)
125				No objection.	Carolyn Sutherland, <i>The Elusive Quest for Simplicity: Measuring and Assessing the Readability of Enterprise Agreements, 1993 to 2011</i> , 35 Sydney L. Rev. 349 (2013) (Cude Dep. Ex. 11)
126				No objection.	Sameer Badarudeen & Sanjeev Sabharwal, <i>Assessing Readability of Patient Education Materials: Current Role in Orthopaedics</i> , 468 Clinical Orthopaedics & Related Rsch. 2572 (2010) (Cude Dep. Ex. 12)
127				No objection.	Draft Pending Adoption, Health Insurance and Managed Care (B) Committee (Apr. 12, 2022) (Cude Dep. Ex. 14)
128				§802 Hearsay	Letter from Brenda Cude, Karrol Kitt, & Birny Birnbaum to Nick Cavey (Oct. 13, 2016) (Cude Dep. Ex. 16 at 34–37)
129				No objection.	Brenda J. Cude, Ph.D., <i>Insurance Disclosures: Implications for Insurance Regulators of Recent Research</i> , 26 J. Ins. Regul. 3 (2007) (Cude Dep. Ex. 18)

Exhibit No.	Date Identified	Date Admitted	Witness	Objections/ Stipulations	Description
130				No objection.	Brenda J. Cude, Ph.D., <i>Consumer Viewpoints on Effective Disclosures</i> , CIPR Newsletter (Jan. 2013) (Cude Dep. Ex. 19)
131				No objection.	Brenda J. Cude, Ph.D., <i>Insurance Disclosures: An Effective Mechanism to Increase Consumers' Insurance Market Power?</i> , 24 J. Ins. Regul. 57 (2005) (Cude Dep. Ex. 20)

Defendants reserve the right to offer any exhibit disclosed on Plaintiffs' exhibit list.

*Defendants move for the limited admission of this exhibit as a statement of a party opponent. Defendants do not consent or waive objection to the use of this exhibit by Plaintiffs for any other purpose.

Dated April 25, 2024

FLORIDA HEALTH JUSTICE PROJECT

/s/Katy DeBriere

Katherine DeBriere
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Attorneys for Plaintiffs

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

Chianne D., et al.,
Plaintiffs,

v.

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

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

_____ /

PLAINTIFFS' WITNESS LIST

Plaintiffs disclose the following witnesses:

WITNESS	WILL CALL	MAY CALL
Chianne D.	X	
Jennifer V.	X	
Henry V.		X
Kimber Taylor	X	
Lily Mezquita	X	
Jarvis Ramil	X	
Dr. Brenda Cude		X

William Roberts	X	
Nathan Lewis	X	
LaQuetta Anderson		X
Tonyaleah Veltkamp		X
Hari Kallumkal		X
Nichole Solomon		X
Julie Reed		X
Andrea Latham		X
James Garren		X
Robyn Goins		X
Records Custodian		X

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

CHIANNE D., *et al.*,

Plaintiffs,

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

v.

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

Defendants.

_____ /

DEFENDANTS' WITNESS LIST

Defendants disclose the following witnesses:

WITNESS	WILL CALL	MAY CALL
LaQuetta Anderson Senior Management Analyst Supervisor Office of Information Technology System Department of Children and Families	X	
Matthew Cooper Assistant Deputy Secretary for Healthcare Data Agency for Health Care Administration	X	

Daniel Davis Senior Management Analyst Supervisor Office of Economic Self Sufficiency Department of Children and Families	X	
Chianne D.		X
James Garren ACCESS Business Architect Department of Children and Families		X
Robyn Goins Director of Economic Self Sufficiency Northwest Region Department of Children and Families	X	
Brandy Jones Senior Management Analyst Supervisor Office of the Inspector General Department of Children and Families		X
Hari Kallumkal Project Manager Deloitte	X	
Tim Kirkland System Project Consultant Office of Information Technology System Department of Children and Families		X
Andrea Latham Director, ACCESS Application Services Department of Children and Families	X	
Allison Leo Communications and Legislative Liaison Economic Self Sufficiency Medicaid Policy Unit Department of Children and Families	X	

Will Roberts Government Operations Consultant Economic Self Sufficiency Medicaid Policy Unit Department of Children and Families	X	
Karina Sarmiento Chief of Appeal Hearings Office of the Inspector General Department of Children and Families	X	
Nichole Solomon Director of Call Center Services Department of Children and Families	X	
Any witness identified on Plaintiffs' witness list.		X
Records custodians or other witnesses necessary to establish authenticity or evidentiary foundation for admission of documentary evidence.		X

Dated April 29, 2024.

/s/ Andy Bardos

Andy Bardos (FBN 822671)

James Timothy Moore, Jr. (FBN 70023)

Ashley H. Lukis (FBN 106391)

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