

## Exhibit B

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

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



April 24, 2023

Case: [REDACTED]

Phone: (386) 481-9210

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

Dear Chianne D [REDACTED]

The following is information about your eligibility.

**Food Assistance**

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

Name	Mar, 2023	Apr, 2023	May, 2023	Jun, 2023
S [REDACTED] D [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
O [REDACTED] D [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Chianne D [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible
Chandler D [REDACTED]	Ineligible	Ineligible	Ineligible	Ineligible

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

The law that supports this action is:

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

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

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

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

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

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

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

Free legal services are available at [floridalawhelp.org](http://floridalawhelp.org).

**Medicaid**

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

<b>Name</b>	<b>Apr, 2023</b>	<b>May, 2023</b>	<b>Jun, 2023</b>
S [REDACTED] D [REDACTED]	Ineligible	Ineligible	Ineligible
O [REDACTED] D [REDACTED]	Ineligible	Ineligible	Ineligible
Chianne D [REDACTED]	Ineligible	Ineligible	Ineligible
Chandler D [REDACTED]	Ineligible	Ineligible	Ineligible

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

The law that supports this action is:

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

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

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

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

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

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

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

**Medically Needy**

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

<b>Name</b>	<b>Jun, 2023 Ongoing</b>
S [REDACTED] D [REDACTED]	Ineligible
Chianne D [REDACTED]	Enrolled
Chandler D [REDACTED]	Ineligible
<b>Share of Cost</b>	<b>\$4833.00</b>

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

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

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

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

**How does it Work?**

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

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

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

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

**What Do I Need To Do?**

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

Please include:

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

**Medically Needy**

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

Name	Apr, 2023	May, 2023
S [REDACTED] D [REDACTED]	Ineligible	Ineligible
C [REDACTED] D [REDACTED]	Ineligible	Ineligible
Chianne D [REDACTED]	Ineligible	Ineligible
Chandler D [REDACTED]	Ineligible	Ineligible

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

The law that supports this action is:

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

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Name	Jun, 2023 Ongoing
S [REDACTED] D [REDACTED]	Ineligible
C [REDACTED] D [REDACTED]	Enrolled
Chandler D [REDACTED]	Ineligible
<b>Share of Cost</b>	<b>\$4833.00</b>

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Please include:

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

**Medically Needy**

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

Name	Apr, 2023	May, 2023
S [REDACTED] D [REDACTED]	Ineligible	Ineligible
O [REDACTED] D [REDACTED]	Ineligible	Ineligible
Chianne D [REDACTED]	Ineligible	Ineligible
Chandler D [REDACTED]	Ineligible	Ineligible

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

The law that supports this action is:

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

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

**Medicaid for Unborn Babies:**

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

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

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

**Medicaid for Newborn Babies:**

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

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

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

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

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

<b>Name</b>	<b>Jun, 2023</b>
	<b>Ongoing</b>
S [REDACTED] D [REDACTED]	Eligible
Chianne D [REDACTED]	Ineligible

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



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

### **Medicaid**

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

#### **Name**

C [REDACTED] D [REDACTED]

Chianne D [REDACTED]

Chandler D [REDACTED]

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

The law that supports this action is:

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

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

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

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

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

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

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

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

Free legal services are available at [floridalawhelp.org](http://floridalawhelp.org).

**DCF Services:**

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

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

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

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

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

**Other information that may help you:**

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

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

**Nondiscrimination Policy:**

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



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

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

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

તમે અંગ્રેજી ન બોલતા હોવાના કારણે અથવા વિકલાંગતા હોવાના લીધે જો તમને અંગ્રેજી સમજવામાં સમસ્યા આવતી હોય તો , મહેરબાની કરીને અમને જણાવો. વિનંતી કરવા પર વિના મૂલ્યે ભાષાકીય મદદ અથવા અન્ય સહાય અને સેવાઓ ઉપલબ્ધ છે.  
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Si ou gen difikilite pou konprann angle paske ou pa pale angle oswa ou gen yon andikap, tanpri di nou sa. Gen èd ak lang avèk lòt èd ak sèvis disponib depi ou mande. 850-300-4323

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

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

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

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

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

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

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

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

หากมีปัญหาในการทำความเข้าใจภาษาอังกฤษเนื่องจากคุณไม่ได้สื่อสารภาษาอังกฤษหรือเป็นผู้พิการ  
โปรดแจ้งให้เราทราบ บริการช่วยเหลือด้านภาษาหรือความช่วยเหลือและบริการอื่นๆ ตามต้องการโดยไม่เสียค่าใช้จ่าย 850-300-4323

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

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