Approved in Open Session 10/20/26
Manatee County
Board of County Commissioners

October 20, 2026 -Regular Meeting

Subject
Approval to Write Off Uncollectable Accounts Receivable Account ID #B000386 for Consumer, Jessica Storti, for the amount of $286.50 for the month of May 2026, Account Receivable #AR057817

Category
CONSENT AGENDA

Briefings
None

Contact and/or Presenter Information
Katie Sheffer, Customer Service Team Supervisor at (941) 747-8621 x3567
Katie.sheffer@mymanatee.org.
Benita Zarr, Interim Transit Division Manager at (941) 708-7426
Benita.zarr@mymanatee.org.
Clarke Davis, Interim Director, Public Works, (941) 708-7450 x7272,
clarke.davis@mymanatee.org

Action Requested
Authorize the Public Works/Transit Division to write-off uncollectable receivable account.

Enabling/Regulating Authority
Laws of Florida Special Act 63-1598, Section 7.

Applicable Advisory Board
N/A

Background Discussion
In May 2026, Manatee County Area Transit (MCAT) provided services to Medicaid-eligible consumer, Jessica Storti, for which an outstanding balance of $286.50 remains due and payable. At the time the services were provided, the consumer's Medicaid coverage had lapsed. Medicaid subsequently declined to retroactively reinstate coverage for the applicable service period; therefore, the services provided in May 2026 were not eligible for Medicaid reimbursement.
MCAT staff have made reasonable efforts to obtain payment of the outstanding balance; however, payment has not been received.
Due to the uncertainty surrounding receipt of payment and the close of the applicable fiscal period, staff determined that continued recognition of the outstanding balance as a collectible receivable is no longer appropriate.

Staff is therefore requesting authorization to write off the $286.50 outstanding balance as uncollectible. The write-off is an accounting action to remove the balance from the County's accounts receivable records, AR057817 for $286.50.

Attorney Review
Not Reviewed (No apparent legal issues)

Instructions to Board Records
Please return a copy of the approved agenda item to Benita.zarr@mymanatee.org and Katie.sheffer@mymanatee.org.
Distributed 10/21/26, RT

Cost and Funds Source Account Number and Name
Account Key 435 – 0012100/Transit-Paratransit for $286.50

Amount and Frequency of Recurring Costs
N/A

DIV/I: MCAT

MANATEE COUNTY

MANATEE COUNTY AREA TRANSIT
2411 Tallavest Rd.
Sarasota, Florida 34243

Telephone
(941) 747-8621
FAX (941) 741-3510

INVOICE

ACCOUNT NUMBER
B000386
INVOICE NUMBER
AR057817
DATE
06/12/26

INC. CHOICE
CAROLYN DOLAN
3119 MERCER RD
BRADENTON, FL 34207

DATE	DESCRIPTION	AMOUNT
05/31/26	May 2026 Med Waiver Trips	1,198.24
	NOT PAID J STORTI $286.50	
	6/17/26 PD $911.74	
		TOTAL
		1,198.24

Make Check payable to:

Manatee County Area Transit
2411 Tallevast Rd.
Sarasota, FL 34243

Note: Forward a copy of this invoice with the check.

This claim contains data that is not valid per HIPAA 5010 specifications. This data will need to be changed to a valid value before any new action (submit or adjust) can be completed. A void request does not require a change.

Professional Claim

Billing Information

HIPAA Version: 00501
ICN/TCN: [redacted]
Provider ID: [redacted]
Recipient ID*: [redacted] [Search]
Last Name: STORTI
First Name, MI: JESSICA L
Date of Birth: 12/17/1976
Patient Account #*: 0
Referring Provider: [Search]
Patient Responsibility: $0.00
Medicare Assignment*: NOT ASSIGNED

Service Information

Release of Information*: INFORMED CONSENT TO RELEASE BY FEDERAL STATUTES
Signature Source:
Accident Related To:
Accident State:
Accident Country: [Search]
Accident Date:
CHCUP Referral:
PA Number:
Referral Number:

Charges

Total Charges: $286.50
Total TPL Amount: $0.00
CoPay Amount: $0.00

Version: ○ ICD-9 ○ ICD-10

Diagnosis

*** No rows found ***

Select row above to update -or- click Add button below.

Sequence: Diagnosis: [Search]

TPL/Crossover

*** No rows found ***

Select row above to update -or- click Add button below.

Relationship:
Last Name:
First Name, MI:
Date of Birth:
Gender:
Payer Name:
Carrier:
Plan Name:
Policy Number:
Member ID:
Payer Resp:
Claim Filing:

Detail

Item	From DOS	Procedure	M1	M2	M3	M4	Units	Charges	Status	Allowed Amount
1	05/29/2026	T2003	UC				34.00	$286.50	DENIED	$0.00

Select row above to update -or- click Add button below.

Item
Line Control Number:
Rendering Provider: [Search]
From DOS:
To DOS:
POS: [Search]
Procedure: [Search]
Modifiers: [Search] [Search] [Search] [Search]
Diagnosis Pointer:
Units:

Drug Rebate Information

NDC: [Search]

Medicare Information

Paid Date:
Paid Amount:
Allowed Amount:
Coinsurance Amount:
Deductible Amount:
Copay Amount:

Charges
TPL Amount
TPL Paid Date
Emergency
CHCUP/Fam Plan
Ordering Provider [Search]
Referring Provider [Search]

Medicaid Information
Status
Allowed Amount
Copay Amount

Exceptional Claim Request

To request an exception, select the appropriate reason and upload a completed Exceptional Claims Processing form along with supporting documentation.

Delay Reason

Supporting Documentation

*** No rows found ***

Select row above to update -or- click Add button below.

Control Number
Transmission
Report Type

Claim Status Information

Claim Status DENIED
Claim ICN [redacted]
Denied Date 07/01/2026
Paid Amount $0.00

EOB Information

Detail Number	Code	Description
0	0721	RECIP INELIG FOR DATE OF SRV - DENIED AFTER BEING PENDED FOR 14 DAYS AWAITING D
1	9998	CLAIM IS PENDING. CLAIM WILL APPEAR AS PAID OR DENIED ON A FUTURE REMITTANCE VO

June 12, 2026

Information for Distribution for Direct Provider Billing

Provider Name: MCAT

Waiver Support Coordinator Name: CHOICE

Waiver Provider Number: 096363196

Month: *Jun-26*

Customer's Name	Medicaid Number	Service/Unit of Measure	Procedure Code	Trips @	Rate	Total
[redacted]	[redacted]	Trans-T	T2003/UC	[redacted]		
[redacted]	[redacted]	Trans-T	T2003/UC	[redacted]		
[redacted]	[redacted]	Trans-T	T2003/UC	[redacted]		
[redacted]	[redacted]	Trans-T	T2003/UC	[redacted]		
Jessica Storti	[redacted]	Trans-T	T2003/UC	12	$7.10	$85.20
	[redacted]	Trans-T	T2003/UC	0	$7.32	$0.00
	[redacted]	Trans-T	T2003/UC	22	$9.15	$201.30
[redacted]	[redacted]	Trans-T	T2003/UC	[redacted]		
				178	@	$1,198 24

5 34 $286.50

Total 178@1198.24

Trip Count By Funding Source

Funding Source: CHOICE

Client Name	Client ID Date	Booking ID	Pickup Time	Pickup Odometer	Pickup Address	Dropoff Time	Dropoff Odometer	Dropoff Address	Fare Amount	FS Amount	Total Amount
[redacted]					[redacted]				[redacted]	[redacted]	[redacted]
[redacted]					[redacted]				[redacted]	[redacted]	[redacted]
[redacted]					[redacted]				[redacted]	[redacted]	[redacted]
[redacted]					[redacted]				[redacted]	[redacted]	[redacted]
STORTI, JESSICA					Trips: 34				$0.00	$286.50	$286.50
[redacted]					[redacted]				[redacted]	[redacted]	[redacted]
					Sub Total Trips: 178			Sub Total Fare/FS Amount:	$0.00	$1198.24	$1198.24

Total Trips 178

Grand Total Fare Amount $0.00
Grand Total FS Amount $1198.24
Grand Total Amount $1198.24

Generated: August 24, 2026
Version 21.24.0.0

Beginning Ride Date:	2026-05-01	**Show Group Details:** Y	**Funding Source:** CHOICE		
Ending Ride Date:	2026-05-31	**Show Trip Details:** N	**Group By :** Client Name	**Include Unscheduled:** N	
Include Cancel:			**Include Noshow:**		

Manatee County, Florida

Department of Public Works - Transportation Division

All Trips By Funding Source

Date Range: 05/01/2026 to 05/31/2026

CHOICE INC/DOLAN

LASTNAME	FIRSTNAME		Count	FareType	Amount
[redacted]		✓	22	527	$115.94
			22		$115.94
[redacted]		✓	40	527	$210.80
			40		$210.80
[redacted]		✓	32	915	$292.80
			32		$292.80
[redacted]		✓	14	732	$102.48
			14		$102.48
			12	710	$85.20
			22	915	$201.30
STORTI	JESSICA	NOT PAID	34		$286.50
[redacted]		✓	36	527	$189.72
			36		$189.72
CHOICE INC/DOLAN		# Clients = 6	178		$1,198.24

98' @ 5.27 = 516.46

54' @ 9.15 = 494.10

14' @ 7.32 = 102.48

12' @ 7.10 = 85.20

MANATEE COUNTY
BOARD OF COUNTY COMMISSIONERS
CASH RECEIPT

Receipt Date 06/18/2026 **Set ID#** C2609630

Department Public Works/Transit **Amount Total** $6,272.30

ID#	DESCRIPTION	A/R Y/N	AMOUNT	ACCOUNT #	DIV#	INVOICE#	MISC. CODE
B004118	A TEAM APPROACH	Y	$1,476.80	4350000000115001	MCAT	AR057815	
B002143	A+ SUPPORT SERVICES/DISMORE	Y	$241.40	4350000000115001	MCAT	AR057818	
B000905	BRENNAN/BRUNO	Y	$662.94	4350000000115001	MCAT	AR057816	
B000386	CHOICE	Y	$911.74	4350000000115001	MCAT	AR057817	
B000199	MCCARTHY	Y	$559.36	4350000000115001	MCAT	AR057819	
B000554	PETERS	Y	$1,130.58	4350000000115001	MCAT	AR057814	
B005269	TOWNSEND	Y	$457.76	4350000000115001	MCAT	AR057820	
B002105	YOCHEM	Y	$831.72	4350000000115001	MCAT	AR057821	

Christine Chapman
Preparer's Signature

ACH

ACCOUNT NUMBER / JL Account Numb Amount Customer ID Text Pt Format Cust Type ID Cust Type Div PC	Echo ACCOUNT NUMBER Description Name Fee Code	Misc Cd Prep ID Due Dt Rel Code	Receipt Ref Dt Bill Dt Quantity	AR Reference PO Reference Product ID Pay Reference	Pay Bank Slip Dep Date Disc Amt	Bank Tax 1 Amount Tax 2 Amount Duty Amount Charge Amount	Rec# Hit A/R?
435-0000000-115001	Transit System A/R-Billing Sy		RC320565	AR057815	JP	0.00	1
1,476.80	A TEAM APPROACH	CCHAPMAN	06/18/26			0.00	Y
B004118 NONE DX	A TEAM APPROACH SUPPORT COORDI				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320566	AR057818	JP	0.00	2
241.40	A SUPPORT SERVICE	CCHAPMAN	06/18/26			0.00	Y
B002143 NONE DX	MICHAEL DISMORE				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320567	AR057816	JP	0.00	3
662.94	BRENNAN	CCHAPMAN	06/18/26			0.00	Y
B000905 NONE DX	MARIA BRUNO				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320569	AR057817	JP	0.00	4
911.74	CHOICE	CCHAPMAN	06/18/26			0.00	Y
B000386 NONE DX	CHOICE, INC.				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320671	AR057819	JP	0.00	5
559.36	MCCARTHY	CCHAPMAN	06/18/26			0.00	Y
B000199 NONE DX	JAN MCCARTHY				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320672	AR057814	JP	0.00	6
1,130.58	PETERS	CCHAPMAN	06/18/26			0.00	Y
B000554 NONE DX	AMY MAXHIMER-PETERS				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320673	AR057820	JP	0.00	7
457.76	TOWNSEND	CCHAPMAN	06/18/26			0.00	Y
B005269 NONE DX	Townsend, Lamont				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	
435-0000000-115001	Transit System A/R-Billing Sy		RC320674	AR057821	JP	0.00	8
831.72	YOCHEM	CCHAPMAN	06/18/26			0.00	Y
B002105 NONE DX	JENNY YOCHEM				06/18/26	0.00	
MCAT T 01	CR				0.00	0.00	

System Total

Total for Wire Transfer WT	0.00
Total for Phone PH	0.00
Total for Lockbox LB	0.00
Total for Check CK	0.00
Total for Charge Card CG	0.00
Total for Cash CA	0.00
Total for Auto Clear House AC	0.00
Total for DISCOVER CARD DS	0.00
Total for DEP TICKET DT	0.00

ACCOUNT NUMBER / JL Account Numb Amount Customer ID Text Pt Format Cust Type ID Cust Type Div PC	Echo ACCOUNT NUMBER Description Name Fee Code	Misc Cd Prep ID Due Dt Rel Code	Receipt Ref Dt Bill Dt Quantity	AR Reference PO Reference Product ID Pay Reference	Pay Bank Slip Dep Date Disc Amt	Bank Tax 1 Amount Tax 2 Amount Duty Amount Charge Amount	Rec# Hit A/R?
Total for DRAFT FT	0.00						
Total for MASTERCARD/VISA MV	0.00						
Total for ACCT CORR OR	0.00						
Total for PAYMODE PM	0.00						
Total for PRIOR SYSTEM CDS PS	0.00						
Total for SCANNED CKS SC	0.00						
Total for WEBSITE PMT WB	0.00						
Total for American Express AM	0.00						
Total for IVR pmt IV	0.00						
Total for PAYMENTUS PT	0.00						
Total for Unspecified ' '	6,272.30						

Set ID: C2609630 System Computed Total: 6,272.30 User Computed Total: 6,272.30 TOTALS MATCH

Total A/R Payments 6,272.30
Total G/L Payments 6,272.30

GRAND TOTAL System Computed Total: 6,272.30 User Computed Total: 6,272.30 TOTALS MATCH

Total A/R Payments 6,272.30
Total G/L Payments 6,272.30

Final Budget Check

No Budget Errors

Manatee County, BCC
AR Transaction Report

ACCT ID: B000386 NAME: CHOICE, INC. BALANCE: 1,210.40

DIV	ACCOUNT	DESCRIPTION	REF DATE	BILL DATE	REFERENCE	TYPE	AMOUNT
MCAT	4350000000 -344305	May 2026 Med Waiver Trips	05/31/2026	06/12/2026	AR057817	AR	1,198.24
MCAT	4350000000 -115001	CHOICE	06/18/2026		AR057817	CR	-911.74
		TOTAL: CHOICE, INC.					**286.50**

FRI, SEP 11, 2026, 12:44 PM --req: CCHAPMAN--leg: BC JL--loc: ONSITE----job:13237975 J301----prog: AR500 <1.60>--report id: ARSRAG02

SELECT: (CTYP.ID = "B@" OR CTYP.ID = "C@") AND (TRNS.ARDIV = "MCAT")
With Deferred Charges
SORT ORDER: Customer Type ID then Ref/Invoice; TOTAL at LEVEL: 2; PAGE BREAK at LEVEL: 0
As Of 09/11/26 by Reference Date excluding 'zero' lines

ID	Name	0- 30 Days	31- 60 Days	61- 90 Days	91-120 Days	Over 120	Total
	Total for Ref/Invoice: AR057973	463.84	0.00	0.00	0.00	0.00	463.84
B000199	JAN MCCARTHY	463.84	0.00	0.00	0.00	0.00	463.84
	Total for Ref/Invoice: AR057524	0.00	0.00	0.00	0.00	0.10	0.10
	Total for Ref/Invoice: AR057657	0.00	0.00	0.00	0.00	0.13	0.13
	Total for Ref/Invoice: AR057817	0.00	0.00	0.00	286.50	0.00	286.50
	Total for Ref/Invoice: AR057971	923.67	0.00	0.00	0.00	0.00	923.67
B000386	CHOICE, INC.	923.67	0.00	0.00	286.50	0.23	1,210.40
	Total for Ref/Invoice: AR057968	924.24	0.00	0.00	0.00	0.00	924.24
B000554	AMY MAXHIMER-PETERS	924.24	0.00	0.00	0.00	0.00	924.24
	Total for Ref/Invoice: AR057970	594.58	0.00	0.00	0.00	0.00	594.58
B000905	MARIA BRUNO	594.58	0.00	0.00	0.00	0.00	594.58
	Total for Ref/Invoice: AR057911	0.00	0.18	0.00	0.00	0.00	0.18
	Total for Ref/Invoice: AR057975	725.44	0.00	0.00	0.00	0.00	725.44
B002105	JENNY YOCHEM	725.44	0.18	0.00	0.00	0.00	725.62
	Total for Ref/Invoice: AR057972	184.60	0.00	0.00	0.00	0.00	184.60
B002143	MICHAEL DISMORE	184.60	0.00	0.00	0.00	0.00	184.60
	Total for Ref/Invoice: AR057969	1,157.30	0.00	0.00	0.00	0.00	1,157.30
B004118	A TEAM APPROACH SUPPORT COORDI	1,157.30	0.00	0.00	0.00	0.00	1,157.30
	Total for Ref/Invoice: AR057974	309.76	0.00	0.00	0.00	0.00	309.76
B005269	Townsend, Lamont	309.76	0.00	0.00	0.00	0.00	309.76
	Total for Ref/Invoice: AR055790	0.00	0.00	-20.00	0.00	0.00	-20.00
	Total for Ref/Invoice: AR057790	0.00	0.00	0.00	20.00	0.00	20.00
B800210	COMMUNITY CARE FOR THE ELDERLY	0.00	0.00	-20.00	20.00	0.00	0.00
G R A N D	T O T A L	5,283.43	0.18	-20.00	306.50	0.23	5,570.34

Katie Sheffer

From: Katie Sheffer
Sent: Monday, September 14, 2026 12:17 PM
To: 'Leslie Storti'
Cc: darleneheck@yahoo.com
Subject: RE: FW: J. Storti May 2026 claim

Good morning,

Due to the uncertainty surrounding the date of check receipt and the approaching end of Manatee County's fiscal year, we are no longer able to accept a check as payment toward Jessica's outstanding May claim.

We will move forward with submitting for approval to write off the unpaid balance.

If you have any questions, feel free to reach out.

Sincerely,

Katie Sheffer
Customer Service Team Supervisor
Manatee County Area Transit
2411 Tallevast Rd
Sarasota, FL 34243
941-747-8621 x3567
941-745-3776 fax

From: Leslie Storti <leslie.storti@gmail.com>
Sent: Saturday, September 12, 2026 2:10 PM
To: Katie Sheffer <katie.sheffer@mymanatee.org>
Subject: Re: FW: J. Storti May 2026 claim

CAUTION:This email originated from an external source.
Be suspicious of Attachments, Links and Request for Login Information and utilize the REPORT MESSAGE Button in Outlook if you feel this is a Phishing email.

Hi Katie,

Thank you for sending the PDF file. I believe that format will work for her trust.

I will ensure this is paid within the next few weeks.
We have made other arrangements for her transportation.

Thanks,
Leslie

On Fri, Sep 11, 2026, 4:15 PM Katie Sheffer <katie.sheffer@mymanatee.org> wrote:

Good afternoon,

I left you a voicemail and am following up here.

I received an update from our finance department, we actually need a check by next week, 9/17, at the latest. After this, we have to ask the County Commissioners to approve a write off for the unpaid claim. At that point, we would not be able to provide transportation for Jessica permanently moving forward.

If you could please get back to as soon as possible, I would appreciate it. I need to know how to proceed with the unpaid claim.

Thank you,

Katie Sheffer

Customer Service Team Supervisor

Manatee County Area Transit

2411 Tallevast Rd

Sarasota, FL 34243

941-747-8621 x3567

941-745-3776 fax

From: Katie Sheffer
Sent: Tuesday, September 8, 2026 1:40 PM
To: leslie.storti@gmail.com
Subject: FW: J. Storti May 2026 claim

Hi Leslie,

Just wanted to verify that you were able to open the attachments and they were legible?

We received notice from our Finance Department regarding end of fiscal year due dates. We need to have this check processed and applied to the unpaid balance by September 30th. It takes about a week to process and apply, so we would need it by September 22nd. Once received and processed, we can add Jessica back onto the transportation schedule.

Let me know if you need anything else.

Thanks,

Katie Sheffer

Customer Service Team Supervisor

Manatee County Area Transit

2411 Tallevast Rd

Sarasota, FL 34243

941-747-8621 x3567

941-745-3776 fax

From: Katie Sheffer
Sent: Friday, August 28, 2026 3:20 PM
To: leslie.storti@gmail.com
Subject: J. Storti May 2026 claim

Hi Leslie,

Sorry about that. See if you can open these.

Attached is the documentation requested for Jessica's May 2026 claim. She utilized 34 trips, totaling $286.50.

A check or money order can be made out to: **Manatee County Area Transit.**

You can drop it off or mail it to:

Attn: Handy Bus

2411 Tallevast Rd

Sarasota, FL 34243

Please let me know if you have any questions.

Thanks,

Katie Sheffer

Customer Service Team Supervisor

Manatee County Area Transit

2411 Tallevast Rd

Sarasota, FL 34243

941-747-8621 x3567

941-745-3776 fax

From: Leslie Storti leslie.storti@gmail.com
Sent: Friday, August 28, 2026 3:07 PM
To: Katie Sheffer katie.sheffer@mymanatee.org
Subject: Re: J. Storti May 2026 claim

CAUTION:This email originated from an external source.
Be suspicious of Attachments, Links and Request for Login Information and utilize the REPORT MESSAGE Button in Outlook if you feel this is a Phishing email.

I am not able to open this.

I sent it to UPS and they were able to open it but it was garbage. Looked like Chinese writing. Could you please send in a PDF or mail me a copy please so we can get this taken care of.

Thanks,

Leslie

On Wed, Aug 26, 2026, 1:45 PM Katie Sheffer <katie.sheffer@mymanatee.org> wrote:

Katie Sheffer (katie.sheffer@mymanatee.org) has sent you a protected message.



Read the message

Learn about messages protected by Microsoft Purview Message Encryption.

Privacy Statement

Learn More on email encryption.
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

Katie Sheffer

From: Katie Sheffer
Sent: Friday, July 31, 2026 4:26 PM
To: Darlene Glenn
Subject: Re: J. Storti

Hi Darlene,

Are they going to backdate for May?

Thanks,

Katie

From: Darlene Glenn <darleneheck@yahoo.com>
Sent: Friday, 31 July 2026 15:16:12
To: Katie Sheffer <katie.sheffer@mymanatee.org>
Subject: Re: J. Storti

**CAUTION:This email originated from an external source.
Be suspicious of Attachments, Links and Request for Login Information and utilize the REPORT MESSAGE Button in Outlook if you feel this is a Phishing email.**

she is back on medicaid since June 1st. She wants to set up rides for next week. can you please assist with that?

Darlene Glenn, WSC/President
C.H.O.I.C.E., Inc.
3723 Cinderella Rd. North Port, FL 34286,
941-451-3626 phone
941-296-8508 fax
The information contained in this message is confidential. If this message was received in error, please destroy it immediately and notify the sender.

On Friday, July 24, 2026 at 03:57:30 PM EDT, Katie Sheffer <katie.sheffer@mymanatee.org> wrote:

Hi Darlene,

Have you heard any updates on Jessica's Medicaid status?

Thanks,

Katie Sheffer
Customer Service Team Supervisor
Manatee County Area Transit
2411 Tallevast Rd
Sarasota, FL 34243
941-747-8621 x3567

941-745-3776 fax

From: Darlene Glenn <darleneheck@yahoo.com>
Sent: Monday, July 6, 2026 11:57 AM
To: Katie Sheffer <katie.sheffer@mymanatee.org>
Subject: Re: J. Storti

**CAUTION:This email originated from an external source.
Be suspicious of Attachments, Links and Request for Login Information and utilize the REPORT MESSAGE Button in Outlook if you feel this is a Phishing email.**

I assisted with an application and it is still pending. I will let you know when it is back on.

Darlene Glenn, WSC/President
C.H.O.I.C.E., Inc.
3723 Cinderella Rd. North Port, FL 34286,
941-451-3626 phone
941-296-8508 fax
The information contained in this message is confidential. If this message was received in error, please destroy it immediately and notify the sender.

On Monday, July 6, 2026 at 11:05:47 AM EDT, Katie Sheffer <katie.sheffer@mymanatee.org> wrote:

Good morning, Darlene,

Do you have any updates on Jessica Storti?

Her Medicaid Waiver claims for May and June did not pay due to a lapse in her Medicaid coverage. We need to have this resolved by the end of the county's fiscal year.

Thanks,

Katie Sheffer
Customer Service Team Supervisor
Manatee County Area Transit
2411 Tallevast Rd
Sarasota, FL 34243
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Katie Sheffer

From: Katie Nicholson <katie138@aol.com>
Sent: Friday, June 12, 2026 9:58 AM
To: Katie Sheffer; Darlene Glenn
Cc: Kimber Carides
Subject: Re: J. Storti

**CAUTION:This email originated from an external source.
Be suspicious of Attachments, Links and Request for Login Information and utilize the REPORT MESSAGE Button in Outlook if you feel this is a Phishing email.**

Hi Katie,

I am no longer with C.H.O.I.C.E. I have included the owner in this email so she can help you resolve this issue.

Thank you,
Katie Nicholson

On Thu, Jun 11, 2026 at 4:43 PM, Katie Sheffer <katie.sheffer@mymanatee.org> wrote:

> Hi Katie,
>
> Jessica's claim for may did not pay. I checked her Medicaid eligibility and she is not eligible. Do you know if this will be reinstated and when?
>
> I will have to temporarily suspend trips until we can get this resolved.
>
> Thank you,

Katie Sheffer

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