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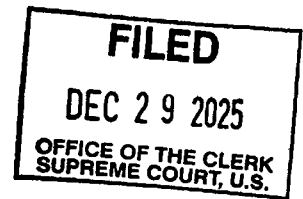
No. ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

AYLA HAEBERLI,
Petitioner,

v.

CENTENE CORPORATION, et al.,
Respondents.



On Petition for Writ of Certiorari to the
United States Court of Appeals for the Eleventh Circuit

PETITION FOR WRIT OF CERTIORARI

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QUESTIONS PRESENTED

1. Whether the Eleventh Circuit abused its discretion in summarily denying a petition for writ of mandamus without requesting opposition under Fed. R. App. P. 21(b), where the petition presented life-threatening emergencies, clear violations of federal Medicaid, ADA, and constitutional rights, and no adequate alternative remedy thereby mooting emergency relief and perpetuating ongoing deprivations of due process and access to courts.

LIST OF PARTIES

Respondents (adverse parties in interest): Sunshine State Health Plan, Inc. d/b/a Sunshine Health; Centene Corporation, and Former Respondents: NurseSpring of Jacksonville, LLC, Aveanna Healthcare, LLC, Absolute Health Professionals, Inc., Family First Home care, LLC, Sonas Home Health Care/Care optins for kids, Maxim Healthcare Services, Inc. (6:24-cv-1987).

Additional Real Parties in Interest: State of Florida; Judges Lisa Munyon, Diana Tennis, Joshua Mize, Michael Murphy, Elizabeth Gibson, Craig McCarthy, Heather Higbee, Mikaela Nix-Walker, Robert LeBlanc; Peter Haeberli; Lowndes, Drosdick, Doster, Kantor & Reed, P.A.; Derren Ciaglia; Terry Young; Melody Lynch; Richard Dellinger; Kenneth D. Morse P.A.; Kenneth D. Morse; Martin Pedata; Marion Fricker (6:25-cv-105). Current respondent in Case No. 6:24-cv-01987-AGM-RMN : Agency for Health Care Administration (AHCA).

Corporate Disclosure Statement (Rule 29.6): Petitioner Ayla Haeberli is an individual. No corporate disclosure is required.

Directly Related Proceedings (Rule 14.1(b)(iii)): (1) Haeberli v. Sunshine Health, et al., No. 6:24-cv-01987-AGM-RMN (M.D. Fla.), active and pending; (2) In re Haeberli, No. 25-12111 (11th Cir.), mandamus denied Oct. 1, 2025, judgment

sought to be reviewed; (3) *Haeberli v. [related defendants]*, No. 6:25-cv-00105-JSS-RMN (M.D. Fla.), related proceeding, dismissed Dec. 8, 2025; (4) Judicial Complaint Nos. 11-25-90066 and 11-25-90067 (11th Cir.), dismissed April 29, 2025.

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JURISDICTION

This Court has jurisdiction under 28 U.S.C. § 1254(1) to review the judgment of the United States Court of Appeals for the Eleventh Circuit. The Eleventh Circuit denied Petitioner's petition for a writ of mandamus on October 1, 2025. This petition for a writ of certiorari is timely filed.

STATUTORY AND CONSTITUTIONAL PROVISIONS INVOLVED

U.S. Const. amend. I: "Congress shall make no law... abridging... the right of the people... to petition the Government for a redress of grievances." 28 U.S.C. § 1651(a): "The Supreme Court and all courts established by Act of Congress may issue all writs necessary or appropriate in aid of their respective jurisdictions and agreeable to the usages and principles of law." 42 U.S.C. § 1396a(a)(8): States must provide Medicaid services "with reasonable promptness to all eligible individuals." U.S. Const. amend. V: "No person shall... be deprived of life, liberty, or property, without due process of law." U.S. Const. amend. XIV, § 1: "...nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws." (Full texts reproduced in Appendix 33 — attached.) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794: Prohibits discrimination on the basis of disability in programs receiving federal financial assistance. 42 U.S.C. § 1983: Provides a cause of action for deprivation of rights under color of state law. 28 C.F.R. § 35.130(b)(7): Implements the ADA integration mandate requiring services in the most integrated setting appropriate. 42 C.F.R. § 438.206: Requiring Medicaid managed care organizations to maintain sufficient provider networks for adequate access to covered services. U.S. Const. amend. XIII: "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States." 18 U.S.C. § 242: Criminal deprivation of rights under color of law. 18 U.S.C. § 1589: Forced labor through coercion.

18 U.S.C. § 1341: Prohibits mail fraud, including schemes to defraud or obtain money or property by false pretenses using the postal service. 18 U.S.C. § 1343: Prohibits wire fraud, including schemes to defraud or obtain money or property by false pretenses using wire, radio, or television communications in interstate commerce. Fla. Stat. § 825.102: Abuse, aggravated abuse, and neglect of a vulnerable adult. U.S. Const. amend. XIV, § 1 (Privileges or Immunities Clause): "No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States"—protecting fundamental rights including freedom from bodily restraint and the right to personal liberty. See *McDonald v. City of Chicago*, 561 U.S. 742, 805-858 (2010) (Thomas, J., concurring) (urging recognition of Privileges or Immunities as the proper vehicle for protecting fundamental rights against state action).

STATEMENT OF THE CASE

This petition arises from a severe and ongoing crisis in my family's life. As a single mother living alone with my 24-year-old son, Justin Haeberli who has severe disabilities including Dravet Syndrome (with high risk of sudden unexpected death in epilepsy, or SUDEP), autism, low cognitive function, destructive/self-injurious behaviors, sleep disorders, intermittent unstable gait, falls and requiring two caregivers at all times (Medical report App 10 ECF 165, partial exhibit B-used original for readability). I am his sole caregiver without any consistent and his

natural support abused by SSHP with forced 24/7 attendant care. The only nearby family is my 85-year-old mother, who often requires my assistance and recently fractured her patella while trying to come to my home to help during a care gap, further isolating us and exacerbating the abuse. For over a year, I've fought to secure Justin's authorized medical care through Florida's Medicaid Home and Community-Based Services (HCBS) waiver, but systemic prejudice and denial of access to the courts have left us trapped in our home, a deprivation of liberty without due process of law, a deprivation of liberty without due process of law, authorized 24/7 nursing, authorized 12/7 respite care, and therapies (like speech, music, and equine). SSHP regularly leaves us without a provider for services for months at a time and when they authorize a provider, there is habitual understaffing, no continuity of care and oppositional, disruptive, contentious staffing (likely SSHP retaliation) with attendant/caregivers purposefully causing chaos in the home then leaving (eg. Maltreatment of member, Hygiene issues, HIPAA violations, lacking experience in behavioral management, unwilling to complete assigned duties, engaging in racially charged claims, claiming to be packing "weapon", being afraid of the location in the country, etc). BrightStar who was not able to staff the case terminated services on November 17, 2025. Since mid-November 2025, right through the holiday season, SSHP, Centene, and AHCA have completely cut off these services by not contracting effectively with a provider who can staff the 24/7 nursing attendant care, forcing me into unpaid, round-the-clock labor without any break. This constitutes involuntary servitude in violation of the

Thirteenth Amendment and conduct that shocks the conscience under *County of Sacramento v. Lewis*, 523 U.S. 833 (1998). Under *Bailey v. Alabama*, 219 U.S. 219 (1911), the Thirteenth Amendment prohibits any system that compels labor through coercion, regardless of the formal legal mechanism employed. This constitutes involuntary servitude, a direct textual violation of the Thirteenth Amendment, which admits no exceptions for state-imposed forced labor. The severity of this violation is underscored by the fact that the executive conduct of AHCA, SSHP, and Centene shocks the conscience under *County of Sacramento v. Lewis*, 523 U.S. 833 (1998) (applying shocks-the-conscience standard to executive action). The judicial bias that has sanctioned this abuse separately violates due process under *Caperton v. A.T. Massey Coal Co.*, 556 U.S. 868 (2009), which held that the Due Process Clause requires recusal when bias creates an unconstitutional probability of actual prejudice. This isolation means we can't safely leave the house: Justin's behaviors could lead him to try exiting a moving vehicle, destroying the vehicle, or climbing over seats without constant redirection from a trained attendant, and there's no way to handle his medical emergencies without a nurse present. For the first time ever, we didn't cut down a Christmas tree or celebrate the holidays, we're trapped in a crisis, isolated, abused daily by this neglect, with Justin at risk of serious harm or institutionalization, and me on the verge of breakdown as his only protector. This denial extends to both of us: We've been denied access to medical care including dental appointments, therapy sessions, specialist visits, and my delayed surgery (for over four years) and I am in pain from unresolved dental issues (over the past 6

months I was prohibited for attending three scheduled dental appointment), inflamed joints—perpetuating our suffering and highlighting how the court's inaction sanctions retaliation. This violates federal laws like 42 U.S.C. § 1396a(a)(8) for prompt medical assistance and *Olmstead v. L.C.* (527 U.S. 581, 1999), as implemented by 28 C.F.R. § 35.130(b)(7). In *Olmstead*, Justice Ginsburg wrote for the Court that unjustified isolation of persons with disabilities is a form of discrimination under the ADA, as “institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life.” 527 U.S. at 600. The liberty protected by the Fourteenth Amendment’s Privileges or Immunities Clause includes freedom from bodily restraint. See *Youngberg v. Romeo*, 457 U.S. 307 (1982) (recognizing constitutional right to reasonably safe conditions and freedom from unreasonable restraint). Defendants have violated these textual guarantees by confining Petitioner to her home without authorized care which requires community integration for the disabled and their caregivers. The Middle District's prejudices, favoring attorneys, ignoring emergencies, and forming alliances with defendants and state entities have sanctioned this retaliation, denying us due process (5th and 14th Amendments) and access to courts (1st Amendment).

The bias isn't isolated; it permeates all levels in Florida, starting with the state courts. For 14 years in Ninth Judicial Circuit Case No. 2006-DR-19002-O, judges have denied due process, ignored my efforts to enforce or modify the final

judgment for Justin's increased medical needs, and blocked pro se representation. The Court was granting my former husband (an attorney from New Jersey) special privileges, including no honest financial affidavits, no evidentiary hearings, no hearings on discovery, and no mandatory complete disclosure. This culminated in him earning over \$18 million, becoming allegedly disabled (private insurance only, not SSDI), and dissipating all assets to his second wife in an alleged divorce and their three children's education accounts (\$1.5 million). SSHP would not assign a provider to my son until the day of trial causing me to have several meetings in my home with caregiver and the Agency prior to trial. This disturbance and the lack of care was purposeful and creating patterns that foster alliances with state agencies like AHCA and SSHP, now infecting my federal cases. This denial of access in state court blocked one key avenue for Justin's care: modifying the final judgment to increase support for his needs. Similarly, Medicaid has been denied through AHCA's failures, to cause the Managed Care Organization, SSHP to provide access to authorized services, a pattern seen over and over again. The same denial of court access is occurring in both my federal cases, where prejudices mirror the state court's biases and protect alliances that bar the common person from justice.

AHCA, as Florida's single state Medicaid agency, is being sued for its failure to enforce the state plan on managed care organizations (MCOs) like SSHP, which prohibits a gap in services that is greater than three hours and not rely on natural support. AHCA allows MCOs like SSHP to deny access to authorized services without consequence. AHCA, SSHP, and Centene have actual knowledge of Justin's

life-threatening condition and Petitioner's resulting confinement, yet they continue to withhold authorized services; the very definition of deliberate indifference under *Estelle v. Gamble*. This also violates 42 C.F.R. § 438.206, which mandates that MCOs maintain sufficient provider networks for adequate access to covered services. This failure protects the state's interests by reducing expenditures on medically fragile patients like Justin, who are unlikely to have access to representation or attorneys willing to challenge the state that licenses them. As a result, Florida's agency is allowed to commit fraud, with no meaningful avenues for the neglected and abused to seek redress, effectively denying the common person, like disabled individuals and their caregivers, access to their constitutional rights and the ability to enforce federal laws, regulations, and ADA and Section 504 protections. This pattern shows why a venue change is essential to escape the web where pro se litigants are prejudiced, and the disabled do not have access to their constitutional rights because they are required to have attorney representation and their caregivers also do not have access due to pro se prejudice. In the federal Medicaid case (No. 6:24-cv-1987-AGM-RMN), filed November 1, 2024, as pro se on behalf of myself and Justin (ECF 1), I alleged that SSHP, Centene, and numerous of SSHP contracted providers would not provide the authorized services and conspired to deny Justin's services deliberately. On 2/24/25, I filed ECF 57 a motion to for leave to amend complaint ECF 1 that incorporated AHCA and RICO, yet it was not adjudicated until Judge Norway denied it as moot after his dismissal on 5/2/25 with endorsed order ECF 118(App 18). On 9/22/25 ECF 144 I filed an amended

complaint claiming only myself as the Plaintiff against AHCA, SSHP and Centene Corporation for failing to secure access to authorized services through tactics like provider gaming (nurses/therapists) and AHCA refusals to address access through numerous Complaints.

From the start, prejudices emerged, with Magistrate Norway falsely requiring verbal conferrals under Local Rule 3.01(g) for motions, claiming it was mandated by Judge Berger, yet her orders never required it, imposing extra burdens on me as a pro se litigant in crisis that was required to verbally confer with 8 defendants. Defendants filed multiple motions for extensions of time (e.g., ECF 4, 6, 13), but these were granted without serving me, as attorneys using CM/ECF only notified each other, excluding me as a pro se litigant without access. This shortened my response times and highlighted unequal treatment, denying me the ability to enforce deadlines and protect our rights.

I repeatedly sought CM/ECF access (App 35) to level the playing field (ECF 45 on January 27, 2025, denied in ECF 46; ore tenus in ECF 58 on February 24, 2025, allowed my notification of filings yet with the endorsed order stating, ECF 59: "Plaintiff may not use CM/ECF to file papers in this case. She may continue to use the Clerk's e-Portal system for filings.", a portal that was later closed for Pro se use on August 1, 2025. ECF 153 on October 15, 2025 was again denied in ECF 155, despite the fact that there was no more use of the Clerk's e-portal. Without it, I must mail or deliver filings in person. The Middle District Court requires that the filing dates include delivery delays and are dated when the clerk actually receives

the document, while attorneys file anytime (even late at night), on weekends/holidays and get full deadlines. I first became aware of this when trying to file my 1st amended complaint ECF 144 (App 20, file date 9/22/25) in compliance with dismissal order 142 (App. 7) requiring filing by 9/17/25. The document was filed late because I had to mail it on 9/18/25 with a notice of attempted compliance (App. 36) and both the complaint and notice were docketed on 9/22/25 as evidenced by ECF 143-1(App. 36). A Renewed Emergency Motion for TRO (ECF) 165 was filed on 8/18/25, yet it was overnighted the prior day at a cost of \$42.85, see App 10 attachment on Page 81. This makes time-sensitive emergencies nearly impossible without significant time and increased expense for pro se filer to overnight documents or hire carriers, perpetuating pro se bias and denying the common man equal access to enforce laws. Under *Haines v. Kerner*, 404 U.S. 519 (1972), and *Erickson v. Pardus*, 551 U.S. 89 (2007) (per curiam), pro se pleadings must be liberally construed and held to less stringent standards than formal pleadings drafted by lawyers, yet the Middle District imposes impossible burdens that deny this protection.

I filed a motion to represent Justin as his non-attorney guardian (ECF 86 on March 24, 2025), but it was denied as moot (ECF 119 on May 2, 2025, App 18) with the endorsed order stating: "ENDORSED ORDER denying as moot 86 Motion to Represent Son Pro Se in light of 117 Report and Recommendation. Signed by Magistrate Judge Robert M. Norway on 5/2/2025." This reinforces that disabled people like Justin can't access rights without paid lawyers, even through guardians,

protecting alliances that bar pro se enforcement. In this court, I felt as though I was forced to give up representation of my son, and now the prejudice is extended to my own representation of myself. The denied care crisis impairs my ability to file effectively, leading to errors like in the first amended complaint (ECF 144, App 20-First 5 pages, deemed timely in ECF 156), where page 2's first paragraph (unnumbered) limits claims to "two months" of denied provider access by SSHP, yet as seen in paragraph 9 and facts cover 2021-present, misidentification of SSHP as a LLC, with lingering shotgun issues from AHCA/SSHP/Centene.

As Justin's care gaps worsened leading to injuries, isolation similar to house arrest. I filed numerous emergency motions for relief, temporary restraining orders (TROs) and sanctions against retaliation (App 34). The majority never were adjudicated and were denied in the order of dismissal without prejudice. Dismissals "without prejudice" do not cure harm if they delay relief indefinitely, as courts must act on emergencies to prevent irreparable injury (Fed. R. Civ. P. 65; *Winter v. Natural Resources Defense Council, Inc.*, 555 U.S. 7 (2008)).

ECF 50 (February 10, 2025): PLAINTIFFS' EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION WITH INCORPORATED MEMORANDUM OF LAW was denied in ECF 51, App 21, for "no irreparable harm," ignoring how care denials endanger Justin and deny us both medical access. This denial demonstrates deliberate indifference to serious medical needs. While *Estelle v. Gamble*, 429 U.S. 97 (1976), established this standard for prisoners, *City of Revere v. Mass. Gen. Hosp.*, 463 U.S. 239 (1983), confirmed it

applies to all individuals receiving state-provided medical care which is directly applicable to Medicaid beneficiaries like Justin (documented with images in ECF 50 attachments with photographic self-injury images of him pulling out his nails, several medical emergencies involving intubation, police report of elopement without pants). In this TRO I was requesting that the court cause access to authorized services from SSHP (42-page motion with voluminous exhibits showing photographic injury, etc can be found on Pacer, case 6:24cv1987, ECF 50).

ECF 56: Reconsideration claiming material facts show irreparable harm (See App 22, excerpt page 10 C. Court's Denial Raises Serious Federal Rights Concerns) not ruled on until denied at dismissal 8/18/25 effectively denying my son's access to authorized medical services going forward. The motion requested the following relief:

*"1. Reconsider its denial and grant temporary relief compelling provision of authorized care; or
2. In the alternative: a. Stay all proceedings pending preliminary injunction resolution b. Hold pending motions in abeyance c. Set expedited schedule for preliminary injunction proceedings"*

ECF 70 (March 10, 2025): PLAINTIFF AYLA HAEBERLI'S EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND MANDATORY PRELIMINARY INJUNCTION TO REMEDY RETALIATORY INTERFERENCE WITH JUDICIAL PROCEEDINGS AND INCORPORATED MEMORANDUM OF LAW (retaliation excerpt pages 2-6 App 23) expanded upon the use of provider manipulation to deny due process. The emergency was not ruled on until dismissal on 8/18/25 and denied without any hearing. The remedy requested was:

- 1. Enter EMERGENCY TEMPORARY RESTRAINING ORDER: A. Requiring immediate restoration of nursing coverage within 24 hours b. Mandating implementation of backup staffing system as required by the State Plan c. Prohibiting further provider changer during litigation without Court approval d. Ordering processing of services within 72 hours per federal regulation.*
- 2. After hearing, convert the TRO to a MANDATORY PRELIMINARY INJUNCTION WITH THE SAME TERMS*
- 3. Stay all proceedings until care is restored and stabilized*
- 4. Set immediate emergency hearing due to the March, 2025 complete termination of all nursing services.*
- 5. Appoint temporary Special Master to oversee compliance with the Court's order"*

ECF 96 (April 4, 2025, APP 24 excerpt pg 2 Ongoing Violations and pg 4-5 Obstruction and Denial of Services): Emergency Motion for Sanctions Under the Court's Inherent Authority seeking compensation for defendants' bad faith. denied in ECF 110 (App 18) which sought payments to get all Justin's Nursing attendant care private paid and all therapies privately paid. This time interim monthly funding in lieu of Services was being sought and additionally seeking an injunction against SSHP/MCO involvement effectively barring them from my home, harassment and further contact until trial.

ECF 137 (July 9, 2025): Renewed sanctions, highlighting grievance violations, manipulation of medication access, provider manipulation and privacy violations, therapy access denials, and durable medical equipment obstruction (App 25, excerpt pages 2-6). The Emergency motion was denied at the time of dismissal.

The court refused evidentiary hearings or TROs, instead holding my motions in abeyance (ECF 101, 109 on April 16, 2025, Listed in App 18) essentially granting

defendants' requests to strike/ignore them while claiming to deny as moot. ECF 109 stated:

"ENDORSED ORDER denying as moot Defendant Centene Corporation and Sunshine State Health Plan, Inc.'s 83 Motion to Strike, Disregard, Deny, or Hold in Abeyance Plaintiffs' Additional Motions. The Court has stayed all deadlines in this case except for those associated with the pending motions to dismiss. See Dkt. 101. Signed by Magistrate Judge Robert M. Norway on 4/16/2025."

This sanctioned retaliation, turning a blind eye to our isolation and harm. The conduct of AHCA, SSHP, and Centene rises to the level of criminal abuse under 18 U.S.C. § 242 (deprivation of rights under color of law) and Fla. Stat. § 825.102 (abuse and neglect of a vulnerable adult).

My petition for writ of mandamus (App. 2, June 19, 2025) sought to force adjudication, but I was reprimanded for emailing a courtesy copy to the district judge's chambers (ECF 132 on June 24, 2025), which stated:

"ENDORSED ORDER directing Plaintiffs to comply with Local Rule 3.01(k), which requires that the parties 'must not use a letter, email, or the like to request relief.' Plaintiff sent an email to the undersigned's chambers with a copy of a Petition for Writ of Mandamus filed in the Eleventh Circuit Court of Appeals. The parties are not permitted to send emails to the Court or the Court's staff. All requests for relief or notices of actions taken in this case must be filed on the Court's docket. Signed by Judge Wendy W. Berger on 6/24/2025."

This order was improper: A mandamus petition is filed directly in the Eleventh Circuit, not the district court, so emailing a courtesy copy wasn't "requesting relief" or improper service; it was simply informing the Judge of the higher court proceeding. The judge's false information highlights further prejudice against pro se litigants, imposing baseless restrictions that deny access and protect alliances. The mandamus languished until denied after dismissal (App. 1, October 1, 2025,

denying emergencies despite Justin's ongoing denial of access to medical care, my 24/7 indentured servitude, prohibited by the Thirteenth Amendment and our isolation effectively denying access to courts and due process, protecting special alliances that bar the common man from enforcing rights.

Recusal efforts failed too: In ECF 111/112 (April 18, 2025, See App 16), I sought to disqualify Judges Berger and Norway for biases and transfer venue to the Northern District of Texas, citing *Raskin v. Dallas Independent School District* (69 F.4th 280, 5th Cir. 2023), where the Fifth Circuit allows pro se parent representation in federal court for a child's "own" case, providing better court access for pro se litigants like me. Norway ordered responses by April 30 (ECF 115, listed on App 18), but denied without them (ECF 116, listed on App 18), mooting venue transfer. Berger denied ECF 112 in ECF 124, stating:

"Plaintiff argues that recusal is warranted because the Court has issued adverse rulings against her... But [t]hese complaints amount to nothing more than disagreements with [the undersigned's] docket administration, timeliness, and judicial rulings and are thus not valid bases for recusal.'... [T]he mere filing of a complaint of judicial misconduct is not grounds for recusal."

Her order ignored my allegation of failing to adjudicate emergencies, mischaracterizing grounds. I responded with reconsideration (ECF 129 on June 15, 2025), arguing mischaracterization and systemic bias, but it was denied without prejudice in ECF 142 (August 18, 2025, App 8) alongside the dismissal.

My judicial complaint to the Eleventh Circuit (April 10, 2025, App 4) was dismissed April 29 (App 3); my review petition (June 8, 2025, App 6) denied July 30 (App 5).

Magistrate Norway's report dismissing my complaint without prejudice (ECF 117 on May 2, 2025, App 17, 18) acknowledged Justin's "seriousness of the consequences" and my "physical constraints" from caregiving—yet recommended dismissal, claiming Justin needs a lawyer "to ensure his rights are fully protected." This ignored the harm from unadjudicated motions (e.g., ECF 96) and perpetuated abuse by denying pro se representation, allowing fraud without enforcing laws and protecting alliances that deny the disabled access without attorneys. Judge Norway was perpetuating harm by turning a blind eye to retaliation from SSHP and Centene. I objected (ECF 123 on May 16, 2025, App 19), but Judge Berger overruled and dismissed without prejudice (ECF 142 on August 18, 2025, App 7, 8), denying emergencies and mandating:

"On or before September 17, 2025, Plaintiffs may obtain a lawyer and file an amended complaint as set forth in this Order. Alternatively, on or before September 17, 2025, Plaintiff Ayla Haerberli may file an amended complaint with claims for her own injuries and pursue those claims pro se. Signed by Judge Wendy W. Berger on 8/18/2025."

This barred full access by requiring a lawyer for Justin's claims, denying the common man enforcement of rights.

While Judge Norway recognized the seriousness of Justin's condition in ECF 117 causing difficulties for me to respond to court deadlines, he denied in ECF 138: "ENDORSED ORDER denying Plaintiff Ayla Haerberli's 130 Motion for Leave to File Objections Out of Time for lack of good cause and failure to comply with the requirements of Local Rule 3.01(g). Signed by Magistrate Judge Robert M. Norway on 7/9/2025." ECF 130 was seeking to file objections out of time to the Magistrate orders ECF 110 and 116. I filed an objection in ECF 140 to the Magistrate's Order

denying (ECF 138, App 18) citing that conferral was completed and that the denial violates due process and equal access to the courts. ECF 140 was never adjudicated by the Court.

I complied with Judge Berger's dismissal order and filed by mail an amended complaint (ECF 144, deemed timely in ECF 156 on September 22, 2025), but reassignment to Judge Moe (October 31, 2025, App 9) continued the bias. My renewed (TRO 165, App 10) showing recent injury, Long Term Plan of Care authorizing 168 hours weekly attendant care and 84 hours weekly respite care, medical record showing indicating diagnosis, seizure condition, need for two caregivers at all times, SUDEP, oxygen desaturation during sleep etc, and the AHCA state plan requiring no gaps in services over three hours, and an image of envelope showing cost of filing pro se (ECF 165 on November 20, 2025, APP 10 excerpts) for cash payments into court supervised account amid the mid-November denial of access to an SSHP provider for authorized nursing attendant care was denied (ECF 167 on December 1, 2025, App 11), stating: "It does not establish that there is a substantial likelihood that Ms. Haeberli will ultimately prevail on the merits of her claim" and that it "seeks the extraordinary remedy of mandatory injunctive relief that, rather than maintaining the status quo." It also claimed: "It does not sufficiently establish the harm that might result absent the grant of a restraining order. It fails to sufficiently address the nature and extent of the public interest affected." This ignores that the status quo is abusive confinement, denying Justin's Olmstead rights and risking his life. The Order ECF 167 (App 11) had clear

errors of law and facts plainly outlined in the Motion for Reconsideration ECF 169 (App. 12, exhibits can be found on Pacer) with attached exhibits: an email from SSHP provider AccordCare who would not take the case due to the low contracted rate provider manipulation, the letter of termination from BrightStar on 11/18/2025 blaming me for "their" inability to coach their caregivers which didn't involve me and nothing was out of scope of practice except that their policy would not allow their attendant nurses to ride in the vehicle with the patient further isolating my son at home denying community, medical access, and an email from SSHP care managers advocating facility placement (institutionalization) while refusing to contract an acceptable rate with their provider AccordCare for authorized nursing attendant care in direct violation of Long Term Care/Home Community Based Services waiver requiring prompt access to services to avoid institutionalization. Further, Judge Moe misstated that I was asking for \$80,000 for a wheelchair, when the TRO clearly stated it was for an adaptive van to enable safe transportation amid Justin's behaviors and medical needs, and my son and I have been isolated in a home that requires repairs largely due to a loss of access to authorized medical care. Judge Moe's order showed her prejudice against my right to bring my own claims as Justin's caregiver and guardian by saying they "mirror" Justin's old claims without seeing that my harms are separate like in *McCullum v. Orlando Reg'l Healthcare Sys., Inc.*, 768 F.3d 1135 (11th Cir. 2014). There is also concern with the Court inserting it's self into the case for the benefit of the State, AHCA and SSHP/Centene because as evidenced in App 14, exhibit GG is placed into the

document twice which had much lower PDO figures than what was being requested. That request was from December of 2024, I had requested lower PDO rates than what is currently requested now after another year of abuse and isolation, I require that staffing be done by professionals as I will not be able to staff on even the rates requested a year ago. I am not a headhunter. Why were those low rates placed twice in the document (see App 14, documents number 35 mis-labeled as FF on the docket and document 54 correctly labeled as GG but placed at the very end of the document. The Judge seems to be inserting herself into the case through this manipulation of my exhibits to deny access to medical care and perpetuate my abuse and isolation. The Motion for Reconsideration clearly stated:

"Market Rates and Recruiter Fees: An email from BrightStar Care shows private pay rates are much higher: RN \$90/hour, LPN \$70/hour, CNA/HHA \$34-36/hour (see Exhibit D). A recruiter email says there's a 15% of annual salary fee for a 30-day warranty or 20% annual salary for 90-day replacement (see Exhibit E). For Justin's needs (4 nurses and 2 CNAs), \$100,000/month may not be enough initially, but higher pay could mean better retention which could in the long run lower expenses without need for further finder fees of 15-20% annual salary. These figures do not consider temp placement for on-call staffing. Funds should go to a court trust, not directly to me (see my Supplemental Declaration, paragraphs 4-6).

The MCO SSHP is advising me to put my son into a facility due to their inability to staff my son's attendant care, See App 12 paragraph 3, and SSHP's refusal to negotiate adequate rates with their own provider prohibiting them from staffing my son with authorized attendant care, See App 12 paragraph 2. The Motion for Reconsideration (ECF 169 on December 15, 2025) was swiftly denied December 17 (App 13) with: "ENDORSED ORDER denying 169 Motion for

Reconsideration / Clarification. Signed by Judge Anne-Leigh Gaylord Moe on 12/17/2025.", See App 13. It is clear that I will be prejudiced by the new Judge as well, and that denying access to the court for a pro se caregiver of a severely handicapped dependent without access to any medical care (with a history of injury) is acceptable to the judges of the Middle District. The status quo denies the disabled and caregivers' access to the Constitution, right to life, and liberty. We are being abused every day with no action by the federal courts. This ongoing denial of services has led to broader harms beyond medical care, perpetuating our isolation and abuse. For instance, in 2021, Justin, unattended due to a care gap, pulled a toggle on our hot water heater during the night, causing severe flooding that destroyed floorboards, doors, baseboards, and other parts of our home. Over four years later, we still live in these unsafe conditions, unable to hire contractors or oversee repairs because I can't leave Justin unsupervised amid his behaviors and seizures, and we remain in perpetual crisis without 24/7 nursing and 12/7 respite. This exemplifies how the Middle District's inaction on emergencies (e.g., ECF 165 TRO denied in ECF 167 for 'maintaining the status quo,' despite that quo being abusive confinement) sanctions retaliation, denying us community access under Olmstead, risking further injuries in our damaged home and denying access to the court for evidentiary hearings, a denial of due process.

The prejudices in the Medicaid case mirror those in my parallel federal case (6:25-cv-105-JSS-RMN) against state judges, the state of Florida, numerous attorneys, my former husband, and his "ex-wife" where similar biases have denied

access. For example, I motioned for an extension of time, EOT, in ECF 62 (App 30) that required numerous filings including a Motion for reconsideration ECF 65. Only after full non-objection from opposing counsel Judge Sneed then oddly decided to grant my EOT by converting my Motion for Reconsideration into an Amended Motion which was not proper since the original motion had already been ruled upon denied in ECF 63, see App 30. It took six docket filings to get an EOT. There is disparate treatment between me and the opposing attorneys. In App 27, the Motion for Recusal/venue transfer, ECF 69 filed on 4/25/25, was denied over 5 months later 10/14/25 ECF 102. Access was further denied after filing TRO to force the state district court- ninth circuit to hear emergency motion, stop denying access filed on 4/7/2025 ECF 46 was denied with an impossible standard for a pro se litigant in crisis ECF 51 (see App 28):

"ENDORSED ORDER denying Plaintiff's pro se emergency motion for temporary restraining order and preliminary injunction. (Dkt. 46.) Plaintiff has not met her burden to establish a likelihood of success on the merits. (See id. at 4-5.) Plaintiff must explain how the facts of her case, as supported by the evidence, satisfy the elements of her claims. To do so, Plaintiff must identify each element by citing authoritative caselaw (and other sources of law) and, for each element, must explain how evidence (specifics of which Plaintiff must also cite) satisfies the element. Plaintiff shall comply with Local Rule 6.01(c) with respect to this order and shall also serve all Defendants with a copy of this order. Signed by Judge Julie S. Sneed on 4/8/2025. (AJL) (Entered: 04/08/2025)"

It became apparent that there was no way that the Middle district court was going to hold an actual hearing. The denial of access in the middle district court mirrored that of the State Court. This could also be seen in the order deny CM/ECF filing ECF 29, 3/27/25 when Judge Norway denied CM/ECF access and use of electronics

claiming, "there are no scheduled hearings in this case necessitating an Order allowing Plaintiff to bring electronic equipment into the Courthouse. Plaintiff may request such relief when and if an in-person hearing is scheduled in this matter." Further the dismissal without prejudice of the first amended complaint (ECF 103 on December 8, 2025, App 26) was issued after a 5-month delay from my last opposition to the final motion to dismiss (App 27 o6/27/25). ECF 103 requires convoluted amendments over the holidays with a 28-day deadline on January 5, 2026. This is insurmountable for me as a pro se caregiver without resources, perpetuating the denial of both avenues for Justin's care and highlighting how federal courts protect alliances that bar the common man from redress.

Adding to the exhaustion, I filed a civil rights complaint with HHS's Office for Civil Rights on April 18, 2025(App 31) against SSHP, AHCA, Magistrate Norway, and the Ninth Judicial Circuit for systematic discrimination denying Justin's care and my court access. It was resubmitted April 30 with a related SSHP complaint. Despite the urgency, over 42 days without medical services at filing, risking institutionalization, HHS never acknowledged receipt. After five months of silence while we suffered care access denials, HHS dismissed on September 26, 2025 App32), solely because the Ninth Circuit (state court) doesn't receive HHS funds completely ignoring the claims against SSHP and AHCA. This indifference perpetuated our crisis, showing institutional alliances that block all remedies and protect state fraud. This history reveals special alliances shielding defendants and

the state, denying pro se caregivers and disabled people constitutional access, and allowing fraud by failing to enforce federal laws, ADA, and Section 504.

The denial of court access effectively denies the common man access to their constitutional rights and the ability to enforce law, as seen in AHCA's failures protecting state interests at our expense. Without SCOTUS intervention, the abuse and isolation continue unchecked. The State has created and enhanced the danger to Petitioner and Justin through a system that authorizes services then deliberately withholds them, satisfying the state-created danger exception to *DeShaney v. Winnebago County*, 489 U.S. 189 (1989). See *K.H. v. Morgan*, 914 F.2d 846 (7th Cir. 1990) (state liability when agencies create dependency then abandon).

REASONS FOR GRANTING THE WRIT

Certiorari is warranted to review the Eleventh Circuit's prejudicial denials of mandamus and judicial complaints.

This case presents questions of profound national importance under Sup. Ct.

R. 10:

- Whether denying the common person meaningful access to courts by rendering laws so complex and legal education so inaccessible that only attorneys can navigate them promotes fraud by insulating wrongdoers from scrutiny, allowing state agencies and contractors to misappropriate federal funds through false representations while vulnerable beneficiaries suffer unredressed harm;

- Whether lower courts may compound this by barring non-attorney guardians from representing disabled dependents, ensuring that fraud against the most vulnerable goes unchallenged;
- Whether the Privileges or Immunities Clause of the Fourteenth Amendment provides the proper textual foundation for protecting fundamental liberty from state-imposed confinement and forced labor.

The Founders established a republic where the common person could vindicate rights without dependence on a professional class of lawyers. Yet today, the law's complexity, coupled with the absence of practical civic education on self-representation, places the ordinary citizen at a structural disadvantage. Public schools teach little about enforcing constitutional protections; that knowledge is gated behind years of expensive legal training. When a caregiver in crisis attempts to navigate federal rules without such education, barriers like unequal e-filing, mandatory verbal conferrals with represented parties, and arcane local rules become insurmountable.

This structural exclusion does not merely hinder access, it actively promotes fraud. By ensuring that only the legally trained (or those who can afford them) can effectively challenge misconduct, the system shields sophisticated actors from accountability. State agencies and managed care organizations can falsely certify compliance, draw federal dollars, and withhold authorized services, knowing that the common person, lacking the tools to expose the scheme, will be turned away at

the courthouse door. The Constitution does not permit a system where fraud flourishes because redress is reserved for the elite.

I. No Adequate Alternative Remedy Exists.

Appeals are futile for emergencies, delays risk SUDEP, isolation, denial of medical access and Petitioner's collapse. 11th Circuit denied mandamus without opposition (App. 1), dismissed misconduct complaint (App. 3), and denied review (App. 5); HHS lacks jurisdiction; state remedies exhausted via grievances through AHCA, SSHP. Snail-mail/CM/ECF disparity delays filings, violating *Bounds v. Smith*, 430 U.S. 817 (1977), U.S. Const. amend. I. Device ban (local rule 7.02) creating an unlevel playing field. Reassignment to Moe (App. 9) may stem from complaints but doesn't cure systemic delays and denial of access to constitutional protections and abuse of the natural support, Plaintiff. Allowing Emergency motions to languish without adjudication until dismissal perpetuates abuse (App 8) and denial of due process. Berger's scolding of proper service (ECF 132) further oppresses the common man, misapplying rules to deny equal access without repercussions. This oppression of the common man, denying repercussions for constitutional violations, leaves no avenue for redress, as judges act like criminals without accountability. Moreover, where lower courts engage in protracted delays that exacerbate irreparable harm, mandamus is the only viable remedy, as in *Madden v. Myers*, 102 F.3d 74 (3d Cir. 1996), which granted mandamus to compel adjudication of stalled habeas claims involving vulnerable plaintiffs.

II. Petitioner's Right to Relief Is Clear and Indisputable.

The Thirteenth Amendment absolutely prohibits involuntary servitude. U.S. Const. amend. XIII; *United States v. Kozminski*, 487 U.S. 931 (1988); *Bailey v. Alabama*, 219 U.S. 219 (1911). Defendants' deliberate withholding of authorized 24/7 nursing and respite care for over a year, with complete gaps since November 18, 2025 forces Petitioner into unpaid, round-the-clock labor under threat of harm to her son, constituting coerced service shocking the conscience (*County of Sacramento v. Lewis*, 523 U.S. 833 (1998)).

Defendants AHCA, SSHP, and Centene have engaged in a RICO enterprise under 18 U.S.C. § 1962(c) and (d), using mail and wire fraud (18 U.S.C. §§ 1341, 1343) to falsely certify service provision in care plans to secure federal Medicaid HCBS funds, while systematically denying Justin authorized 24/7 nursing, therapies, medications, DME, and physician visits arbitrarily limiting PCP appointments despite Petitioner's private payments. Through capitated payments, the MCOs retain unspent federal dollars as profit for high-needs cases requiring dual staffing, incentivizing underservice and provider gaming. Prolonged care gaps (e.g., termination March 4, 2025; no provider since November 18, 2025) and unresolved grievances persist, allowing the state to evade cost-share obligations and risk unjustified institutionalization in violation of *Olmstead*. This scheme causes Petitioner's distinct injuries: denied medical access, financial losses, emotional distress, and compelled isolation constituting violations of § 1962(c) and (d), for which Petitioner has a private right of action and remedy under 18 U.S.C. § 1964(c).

Pro se barriers lack rational basis (*Turner v. Burnside*, 541 F.3d 1077 (11th Cir. 2008); *Holt v. Ford*, 862 F.2d 850 (11th Cir. 1989)) and amplify ADA/Section 504 violations by isolating caregivers (*McCullum v. Orlando Reg'l Healthcare Sys., Inc.*, 768 F.3d 1135 (11th Cir. 2014); *Innovative Health Sys., Inc. v. City of White Plains*, 117 F.3d 37 (2d Cir. 1997)). Medicaid delays violate enforceable rights under 42 U.S.C. § 1396a(a)(8) (*Doe v. Kidd*, 501 F.3d 348 (4th Cir. 2007); *Doe v. Chiles*, 136 F.3d 709 (11th Cir. 1998)). Bias mandates recusal (28 U.S.C. § 455; *Caperton v. A.T. Massey Coal Co.*, 556 U.S. 868 (2009); *Liteky v. United States*, 510 U.S. 540 (1994)). Sovereign immunity is waived (*Ex parte Young*, 209 U.S. 123 (1908)). Due process balancing under *Mathews v. Eldridge*, 424 U.S. 319 (1976), overwhelmingly favors Petitioner: vital interests in life-sustaining care outweigh minimal governmental burden from fair procedures. Pro se pleadings require liberal construction (*Haines v. Kerner*, 404 U.S. 519 (1972); *Erickson v. Pardus*, 551 U.S. 89 (2007)). Liberty from restraint is protected (*Youngberg v. Romeo*, 457 U.S. 307 (1982)).

III. National Importance and Irreparable Harm Warrant Certiorari The questions presented of whether lower courts may systematically deny disabled individuals and their pro se caregivers meaningful access to federal courts, and whether circuit courts may deny review without opposition when life-threatening emergencies are at stake are of profound and recurring national importance. They affect every vulnerable pro se litigant confronting structural exclusion. The Eleventh Circuit's summary denial has allowed ongoing deprivations of liberty and compelled labor in

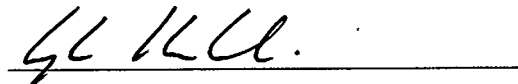
violation of the Thirteenth Amendment and 18 U.S.C. § 1589, as interpreted in United States v. Kozminski, 487 U.S. 931 (1988), presenting issues that only this Court can resolve.

CONCLUSION AND PRAYER FOR RELIEF

For the foregoing reasons, the petition for a writ of certiorari should be granted to review the order of the United States Court of Appeals for the Eleventh Circuit entered October 1, 2025 (App. 1), which has mooted life-threatening emergencies and perpetuated violations of due process, access to courts, and federal Medicaid/HCBS, ADA, and Section 504 rights.

Petitioner prays for such other and further relief as this Court deems just and proper.

Respectfully submitted,



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