## West Volusia Hospital Authority Primary Care Application/RFP Proposals Workshop WVHA BOARD OF COMMISSIONERS June 21, 2018 4:00 p.m.

## DeLand City Hall 120 S. Florida Avenue, DeLand, FL

#### **AGENDA**

- 1. Call to Order
- 2. Approval of Proposed Agenda
- 3. Primary Care Applications for Funding FY 2018-2019
  - A. Good Samaritan Primary Care and Dental Services
    - 1. Questions and Answers
  - B. Family Health Source Primary Care, OB/GYN and Pharmacy Services
    - 1. Questions and Answers
- 4. WVHA RFP Proposals HealthCard Approval Process FY 2018-2019
  - A. Rising Against All Odds Proposal for Prescreening
    - 1. Questions and Answers
  - B. The House Next Door Proposal for HealthCard Eligibility Process
    - 1. Questions and Answers
- 5. Application Outreach Services (grandfathered in)
  - A. Healthy Communities
    - 1. Questions and Answers
- 6. Commissioners Comments
- 7. Adjournment

2018-2019 Funding Applications rece	eived by date a	and time				THR	THROUGH APRIL 2018		
	Date		Amount		Difference	FYE 2018	YTD Actual	Difference	
Primary Care/Administrative Applications-Board of Commissioner Review	Received	Time	Requested	Last Year	+/-	Budget	2018	+/-	
Halifax Healthy Communities	3/14/2018	3:55 PM	72,848.80	72,036.00	812.80	72,035.92	38,436.39	33,599.53	
Good Samaritan Clinic Primary Care and Dental Services	4/3/2018	1:53 PM	60,000.00	79,747.00	-19,747.00	79,747.00	27,099.00	52,648.00	
Halifax Health Primary Care - Deltona APPLICATION PULLED	4/5/2018	4:04 PM	12,000.00	0.00	12,000.00	0.00	0,00	0.00	
WVHA RFP Proposals 2018-2019 Family Health Source	4/6/2018	11:58 AM	2,038,461.00	1,608,362.00	430,099.00	1,608,362.00	985,470.28	622,891.72	
RAAO Prescreening	5/3/2018			34,005.00	<del></del>	34,005.00			
The House Next Door HealthCard Application Approval Process		11:00 AM				189,742.00			
Sub-Total			2,597,181.77	1,983,892.00	613,289.77	1,983,891.92	1,159,892.65	823,999.27	
Combined Totals			5,595,807,77	3.881,520.68	1,714,287.09	3,867,520.92	2,248,451.24	1.619.069.68	

## West Volusia Hospital Authority Joint Meeting of the

#### WVHA BOARD OF COMMISSIONERS and the CITIZENS

## ADVISORY COMMITTEE (CAC) June 21, 2018 5:30 p.m.

#### DeLand City Hall

#### 120 S. Florida Avenue, DeLand, FL

#### **AGENDA**

- 1. Call to Order
- 2. Opening Observance followed by a moment of silence
- 3. Approval of Proposed Agenda
- 4. Consent Agenda
  - A. Approval of Minutes of Adventist/Hospital Workshop May 10, 2018
  - B. Approval of Minutes Regular Meeting May 17, 2018
- 5. Citizens Comments
- 6. Citizens Advisory Committee (CAC), Voloria Manning, Chair
  - A. Minutes Ranking Meeting May 22, 2018
  - B. CAC Ranking Results and Comments May 22, 2018 (spreadsheets attached)
  - C. Ranking Sheet Created by Member Jacquie Lewis (attached)
  - D. Email Member Ann Flowers dated 5/23/2018 preferring current Ranking Sheet (attached)
- 7. CAC meeting adjournment (CAC members may exit if desired)
- 8. Reporting Agenda
  - A. POMCO May 2018 Report Written Submission
  - B. FQHC Report Laurie Asbury, Chief Executive Officer Northeast Florida Health Services, Inc. (NEFHS) d/b/a Family Health Source (FHS)-May Report
- 9. Discussion Items
  - A. RFP for TPA Services
  - B. RFP Responses to WVHA HealthCard Approval Process
    - 1. Rising Against All Odds Proposal for Prescreening
    - 2. The House Next Door Proposal for the HealthCard Eligibility Process
  - C. Annual Filing Requirement Statement of Interest Form 1 (attached)
  - D. Volusia County Medicaid Match percentages/historical data (see email dated May 30, 2018 attached)
  - E. WVHA Subrogation Procedural Steps (see attached)
  - F. Community Life Center (CLC) Outreach Services Site Visit Write Up 2017-2018
  - G. CLC Executive Norma Walter no longer with the Agency (see CLC letter dated 6/1/2018 and emails 6/11/2018 attached)
  - H. Questions to RAAO from Commissioner Guzman (email dated 5/18/2018 attached)
  - Requiring an Independent Audit of all WVHA Funded Agencies over \$200,000.00
  - J. Follow Up Items
    - 1. WVHA Eligibility Guidelines Revised 6/21/2018
    - 2. POMCO/UMR Recommendation to make Copayment changes effective October 1, 2018 (see email dated 5/24/2018 attached)
    - 3. SMA Corrective Actions to Contractual Site Visit Review (attached)
    - 4. Quarterly Funding Limitation Waivers
      - a) Hispanic Health Initiative email dated 6/7/2018 (attached)
- 10. Finance Report
  - A. May Financials
  - B. June 1, 2018 pre-preliminary Tax Roll Values per F.S. 200.065(8)
- 11. Legal Update
- 12. Commissioner Comments
- 13. Adjournment

## WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS ADVENTIST-HOSPITAL WORKSHOP

DeLand City Hall 120 S. Florida Avenue, DeLand, Florida May 10, 2018 5:00 pm

#### Those in Attendance:

Commissioner Barb Girtman Commissioner Judy Craig Commissioner Dolores Guzman

#### Absent:

Commissioner Kathie D. Shepard Commissioner Andy Ferrari

#### **CAC Members Present:**

Jacquie Lewis Althea Whittaker Elmer Holt Ann Flowers

#### **Hospital Representatives:**

Nigel Hinds, CFO, Florida Hospital DeLand (FHD)
Eric Ostarly, CFO, Florida Hospital Fish Memorial (FHFM)
Arvin Lewis, SR. VP & Chief Revenue Officer, Halifax Medical Center
Deanna Schaeffer, Executive Director & Governmental Affairs Officer, Halifax Medical Center
Laurie Asbury, CEO, Northeast Florida Health Systems (NEFHS)
Debbie Hall, Director of Operations, NEFHS

#### **Others Present:**

Attorney for the Authority: Ted Small, Law Office of Theodore W. Small, P.A. Accountant for the Authority: Ron Cantlay, Dreggors, Rigsby & Teal, P.A. (DRT)

#### Call to Order

Acting Chair Judy Craig called the meeting to order. The meeting took place at DeLand City Hall, 120 S. Florida Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County. The meeting was opened by The Pledge of Allegiance.

Attorney Ted Small addressed the assembly explaining that the purpose of this workshop was to allow the public an opportunity to understand the origination of the sale of the hospital almost 20 years ago to Adventist Health Systems and the agreement that governed that sale was quite a complicated transaction, but as of 2020 that contractual relationship between the Authority and the hospitals will end. If the WVHA and the Adventist's wish to have a renewal agreement, what would that renewal agreement look like? Each of these agenda items before you are items that came up in a couple of preliminary discussions. The goal of this workshop is to give the members of the Board of Commissioners and the public an opportunity to comment on these terms and also to consider and bring forth other terms that the Board or the public might think need to be considered and discussed.

1 of 6 pages Adventist-Hospital – Workshop Minutes May 10, 2018

#### **Citizens Comments**

There were two.

#### The term for any renewal contract will likely be agreed between 5 and 10 years.

Florida Representative David Santiago, District 27, Deltona addressed the group pointing out that the WVHA was not under any obligation to enter into any kind of funding agreement with the hospitals under the WVHA Enabling Legislation. He cautioned even entering into a 5 year contract. If the WVHA does enter into a contract with Florida Hospital, he recommended following the state guidelines under the Medicaid rates of reimbursement. He suggested that the Board should put into place some metrics and thresholds in regards to Florida Hospital's uncompensated care and bad debts and hold them accountable to having certain minimum levels of uncompensated care. This encapsulates both charitable care and bad debt and this is also tracked by the state. He encouraged that the Board slow down and push back and engage Halifax.

Mr. Small read into the record four points from Commissioner Shepard:

- 1. She wants to see the provision that the hospital would maintain services that existed in 2000
- 2. That the hospitals are willing to agree to a lower rate of reimbursement
- 3. There's no basis that she could think of why the WVHA would want a right of first refusal to buy back the hospitals
- 4. Added 8th agenda Item: WVHA HealthCard Members treated at Florida Hospital oncology center be billed at the contractual inpatient rate of reimbursement versus the outpatient rate of reimbursement

Requirement that the Hospital's Chief of Staff has to sit on the FHD's Board of Directors in view of past experience with conflicts of interest in certain discussions.

Overlapping provision within the separate sale agreement that FHD would have to maintain at least 156 beds and also "maintain services" that existed in 2000, particularly given FHD's past shut down of Pediatrics and plans to migrate OB-GYN deliveries after 2020 to FHFM's new tower construction. Hospitals would like to clarify this provision to take into account new abilities to achieve better quality of services by locating them on whichever "campus" is deemed most appropriate by hospital professionals after input from community and WVHA. All were very interested in expanding reimbursed services to include community health programs, including primary care outreach for preventative care.

Commissioner Guzman stated that she would like to see FHFM bring pediatric services back to the community, especially due to the fact that the Deltona area is growing so rapidly.

Commissioner Girtman agreed with Commissioner Guzman and believed that an all-inclusive system needed to be considered and that included children. Determining what is the true need for the community now not based upon what was in existence in 2000, but what the need is in existence now and going forward. She continued by expressing concern with the Northwest portion of West Volusia and moving services further towards the Southwest portion of West Volusia, as she believed that the Pierson community was growing as well as the Deltona community.

CAC member Jacquie Lewis explained that our children are staying well and getting care sooner. In 2000 there was not an endocrinologist, there was one pulmonologist, and there was very limited specialty care services, so the children were sick and needed to be put into an inpatient setting. Now these sub-specialists have been layered in and the children can get to health and wellness, to managed care, and disease managements such as diabetes and asthma. In the past, this community was very rural and as the level of care has continued to expand, there were less and less children taken into inpatient care.

Mr. Small wanted to make it clear on the public record that the Board expects to be informed and included in any discussions before any decisions are made regarding any hospital services that could be eliminated well in advance of that decision being made.

Reimbursement rates established at 105% Medicare for inpatient and 125% for outpatient care services at both FHD and FHFM. Hospital anticipate being able to agree on lower rates, but it is too far out to make a definitive commitment.

Commissioner Girtman would like to see various options and other alternatives for reducing the WVHA millage rate, looking at Medicaid rates, and also going back to Representative Santiago's suggestions of placing some metrics and thresholds on the hospitals in regards to uncompensated care, bad debts and holding them accountable to certain minimum levels of uncompensated care.

Chair Craig asked if there was a trauma unit, her example being a child with a traumatic injury, at FHFM?

Mr. Eric Ostarly, CFO, FHFM stated that there is not a trauma unit at FHFM, but they have connectivity with Florida Hospital Orlando and Florida Hospital Ormond Memorial for pediatrics.

Mr. Arvin Lewis, CRO Halifax responded that there is only one trauma program in Volusia and Flagler County and that is at Halifax Medical Center.

Chair Craig referenced recent Daytona Beach News Journal articles where she read that Halifax was reducing their millage rate down to the minimum because Halifax didn't want to have to answer to the taxing district.

Mr. Lewis explained that the Halifax Board for the last 30 years have operated in a two county area, in Volusia and Flagler County. They provide adolescent behavioral services in the school systems, they provide hospice care, they provide home health, they provide physician offices; they have always operated within their area and served the greater need of Volusia and Flagler County. Halifax is appealing the current verdict to stop operating their emergency department (ED) in Deltona and to stop building their hospital in Deltona. Halifax continues to operate their ED and build their hospital in Deltona. In 2009 the Halifax Board determined they need to take steps towards reducing the ad valorem tax dependence while still continuing to provide services at the current levels and not reduce any services. This five year journey brought the Halifax tax revenues down from \$52 million to \$5 million.

Commissioner Girtman asked Mr. Lewis how Halifax could incur a \$47 million reduction in revenues without cutting any services or programs?

Mr. Lewis explained that the Halifax Board made it very clear that programs were not to be eliminated nor were services to be reduced. His team did what Adventist Health has to do every day; every hospital that is providing good quality care has to try to deliver faster, better, cheaper; you work with your vendors to bring costs down, you works with your payers to try and bring your rates up. His team had to get creative and they had to become more efficient, without impacting the care of the patients.

Mr. Lewis continued by stating in the upcoming year Halifax might look to the WVHA for a possible Medicaid match opportunity.

Mr. Small referred to an email that was sent out to the entire WVHA Board after the Tuesday, May 8, 2018 CAC Discussion/Q&A Applicant Meeting, where all were notified that Halifax withdrew both their WVHA applications for funding for the ED and for primary care services for fiscal year 2018-2019 consideration. Mr. Small asked Mr. Lewis if Halifax was going to come back and request WVHA funding consideration in advance of the 2020 Adventist/WVHA contract expiration?

Mr. Lewis was not prepared to answer Mr. Small's question.

Mr. Small expressed understanding for Mr. Lewis' reluctance and/or inability to answer his question directly as to whether or not Halifax will be pursuing WVHA funding in the next year or in 2020. Mr. Small stressed that Halifax should let their intentions be known to the WVHA Board sooner rather than later so that the Board has plenty of advance opportunity to prepare.

Ms. Laurie Asbury, Chief Executive Officer, Northeast Florida Health Systems (NEFHS), a Federally Qualified Health Center (FQHC), stated that as primary care providers their mission incorporates a continuum of care and a strong effort and push for their primary care clinics to work with the hospitals. A lot of the indigent population not having a primary care home is a big piece of what drives hospital costs up. Ms. Asbury reminded the Board that the Federal Government awarded two FQHC's \$3 million dollars in Daytona Beach a little over a year ago, over a three year period of time, to serve the indigent population on the East side of Volusia County. NEFHS was one of these two FQHC's. Since then, they have opened in April of 2017 and they have experienced a huge demand in who they are serving due to the great need on the East side of Volusia County. The need on the East side of Volusia County is much greater than the need on the West side of Volusia County.

Commissioner Guzman asked Ms. Asbury if that Federal funding was \$3 million dollars per FQHC?

Ms. Asbury confirmed yes, that was \$3 million dollars per FQHC over three years. It's not funded all at once and there are stipulations imposed.

Commissioner Guzman asked another question; what if a patient at NEFHS is seen in your Daytona clinic, treated and diagnosed with Stage II cancer, not Stage III or higher, because then the patient would become eligible for Social Security and Medicaid will "kick in"; so for Stage II, there are no services available for that indigent patient. What can the FQHC do for that patient?

Ms. Debbie Hall, Director of Operations, NEFHS responded to Commissioner Guzman's question outlining measures that NEFHS then implements on behalf of that indigent patient; they work diligently with the NEFHS case workers, they have access to referring patients through the Health Care Responsibility Act (HCRA) program at Halifax, due to the oncology specialty through the HCRA program, although they are not always successful, they are able to get evaluations at the very least to see if the specialist will review that patient and be willing to see the patient, some of the specialists are willing to see the patient pro-bono, depending on the services, NEFHS utilizes Halifax as they have a good working relationship with Halifax.

Mr. Ron Cantlay asked an open question to those in attendance; how does Halifax Hospital district pay for primary care?

Ms. Asbury responded to Mr. Cantlay's question; primary care is paid at the Federal level based upon zip codes and that is the sole purpose of an FQHC. Halifax does not pay for primary care services. NEFHS does not receive any funding from any hospital.

Mr. Cantlay clarified, the WVHA is paying for primary care services and the Halifax Taxing District is not paying for primary care.

Mr. Lewis responded by stating that Halifax operated their own primary care clinics for close to 20 years. Currently, they only operate a pediatric practice. Halifax supported both FQHC's actively because they wanted to see Federal money come into Daytona Beach, then the \$500,000.00 to \$600,000.00 per year that Halifax was spending on that program was then allocated elsewhere.

Mr. Cantlay then asked Ms. Asbury if that \$3 million dollars of Federal funding that was allocated over a three year time span, does it then run out?

Ms. Asbury explained that the FQHC is reevaluated by Health Resources and Services Administration (HRSA) who performs an operational site visit, and the funding is ongoing as long as it is proven that the needs are being met and the population is being served, and then it is renewed.

Commissioner Girtman asked Ms. Asbury if those Federal dollars were available for services on the West side of Volusia County?

Ms. Asbury said yes.

Commissioner Girtman then asked why the WVHA was paying for primary care services?

Mr. Small speculated if it would take the WVHA denying NEFHS funding to facilitate those Federal dollars into the Western portion of Volusia County?

Ms. Asbury reiterated that NEFHS is already receiving Federal funding for West Volusia residents. Ms. Asbury continued by explaining that the Federal dollars cover those patients who are uninsured. If a patient is uninsured and does not have access to the WVHA HealthCard, these Federal funding dollars are for those patients who do not meet the WVHA eligibility guidelines.

Relationship between maintenance of independent medical staff and clinically integrated network of employed and independent physicians and impact on recruiting and retention of quality physicians.

Mr. Hinds stated that from the hospital's perspective this is part of the strategic thinking that the hospitals need to do to get that engagement and not necessarily a term of any contract.

5 of 6 pages Adventist-Hospital – Workshop Minutes May 10, 2018 Degree of coordination of ED and hospital services that WVHA may potentially contract to reimburse Halifax for its new West Volusia facilities.

There was Board consent that this has already been discussed and couldn't be decided or concluded any further during tonight's workshop and all outcomes depended upon how Halifax ends with their legal discussions.

Mr. Small summarized that the Board needs to consider if they could commit WVHA funding for the future without knowing what the WVHA legislative future looks like. If there is money to commit to the hospitals, however that is comprised by then, for that commitment, what does the Board get in return? That's what the hospitals need to determine. What are they willing to give in exchange for that commitment of dollars on a continuing basis for some period of time? As of 2020, the hospitals are theirs to own and operate as they see fit and there is no obligation for the WVHA to do anything. As Representative Santiago stated earlier this evening, the hospitals aren't going anywhere because they're making money.

Ms. Jacquie Lewis stated that she was on the Board of the NEFHS FQHC back when it first was founded and she cautioned the Board to not become too excited about those Federal dollars. Further, she challenged both hospital systems to drill down and look at the last 90 days of emergency room visits to find out where those patients were admitted when they needed care. Because that is a huge piece when looking at different hospital systems. When a patient presents a FHFM, did they just leave another hospital because they couldn't get admitted? These hospitals are going to have to assume a shared responsibility and work together as community partners.

It is not expected that any right of first refusal to buy back the hospitals would be any part of the renewal contract.

There was Board consent that there was no expectation that there would be any right of first refusal to buy back the hospitals as any part of the renewal contract.

WVHA HealthCard Members treated at Florida Hospital oncology center billed at contractual inpatient rate of reimbursement versus outpatient rate of reimbursement

There was Board discussion and consent that this had already been discussed.

There being no further business to come before the Board, the meeting was adjourned.

Adjournment,

Judy Craig, Chair

## WEST VOLUSIA HOSPITAL AUTHORITY WVHA BOARD OF COMMISSIONERS

#### **REGULAR MEETING**

DeLand City Hall 120 S. Florida Avenue, DeLand, Florida May 17, 2018 5:00 pm

#### Those in Attendance:

Commissioner Barb Girtman Commissioner Andy Ferrari Commissioner Dolores Guzman Commissioner Kathie D. Shepard

#### Absent:

Commissioner Judy Craig

#### **CAC Members Present:**

Voloria Manning Michael Ray Elmer Holt Jacquie Lewis

#### **Others Present:**

Attorney for the Authority: Ted Small, Law Office of Theodore W. Small, P.A. Accountant for the Authority: Ron Cantlay, Dreggors, Rigsby & Teal, P.A. (DRT)

Administrative Support: Eileen Long, DRT

#### Call to Order

Chair Ferrari called the meeting to order. The meeting took place at DeLand City Hall, 120 S. Florida Avenue, DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County. The meeting was opened with a moment of silence followed by The Pledge of Allegiance.

#### **Approval of Proposed Agenda**

Chair Ferrari asked for a motion to approve the amended agenda as presented.

Motion 037 - 2018 Commissioner Shepard motioned to approve the amended agenda as presented. Commissioner Girtman seconded the motion. The motion passed unanimously.

#### **Consent Agenda**

Approval of Minutes - Joint Meeting Minutes April 19, 2018

**Motion 038 - 2018** Commissioner Guzman motioned to approve the Consent Agenda. Commissioner Girtman seconded the motion. The motion passed unanimously.

#### **Citizens Comments**

There was one.

#### Citizens Advisory Committee (CAC) Voloria Manning, Chair Overview CAC Meeting May 8, 2018 – Discussion/Q&A

CAC Chair Voloria Manning updated the Board in regards to the May 8, 2018 CAC Applicant Discussion/Q&A Meeting.

#### Contractual Utilization Reports to the WVHA Board of Commissioners

• Nicole Sharbono, VP, Stewart-Marchman-Act (SMA)

Ms. Sharbono presented the SMA contractual verbal utilization report to the Board and handed out a utilization report for all four SMA WVHA funded agencies (attached).

• Brenda Flowers, CEO/Founder, Rising Against All Odds (RAAO)

Ms. Brenda Flowers presented the RAAO contractual verbal utilization report to the Board along with a Power Point Presentation (attached).

• John Fleemin, Executive Appointee, Deltona Firefighters Foundation (DFF)

Mr. John Fleemin presented the DFF contractual verbal utilization report to the Board. Unfortunately, DFF has been unable to fully utilize the WVHA funded dollars due to the inability of DFF to identify WVHA HealthCard members. Therefore, DFF has decided not to pursue WVHA funding for the upcoming funding year of 2018-2019.

Chair Ferrari stated for the Board that he was contacted this week by Maureen France, who is employed by the Emergency Medical Professionals (EMPROS), who are the Florida Hospital Emergency Department (ED) doctors. Ms. France asked him if he would meet with Dr. Kristin McCabe who is the Emergency Medical Services (EMS) Director for the City of Palm Coast, City of Flagler Beach, and Flagler County. Dr. McCabe asked Chair Ferrari if he had heard of paramedicine? Chair Ferrari stated that he had heard of paramedicine. Dr. McCabe stated that paramedicine is needed in Volusia County. Chair Ferrari closed by stating that he agreed with a statement that Commissioner Girtman made earlier, that DFF may have just been met with bad timing.

There was Board consent that they believed that the DFF program was still a good and viable program that could be a potential benefit for the community sometime in the future.

#### Reporting Agenda

POMCO April 2018 Report – Written Submission POMCO/UMR Migration Update

FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc. d/b/a Family Health Source (FHS) April Report Quarterly Prescription Audit

**Hospital Quarterly Report** 

Florida Hospital Fish Memorial (FHFM) Rob Deininger, President and/or Eric Ostarly, CFO

- FHFM Annual Certification of Compliance (attached)
- FHFM Quality Indicators May 17, 2018 (attached)

Mr. Eric Ostarly, CFO, FHFM presented the hospital quarterly report to the Board of Commissioners.

#### Florida Hospital DeLand (FHD) Lorenzo Brown, CEO and/or Nigel Hinds, CFO

- FHD Annual Certification of Compliance (attached)
- FHD Quality Indicators May 17, 2018 (attached)

Mr. Nigel Hinds, CFO, FHD presented the hospital quarterly report to the Board of Commissioners. FHD DeLand has reached the highest level of electronic medical records that can be achieved at a Level 7. The FHD Community Care Program (CCP) has 9 WVHA HealthCard Members in their program and Mr. Hinds shared a story: They had a patient that had severe cellulitis, COPD, depression, anxiety, hypertension, and obesity. This patient had no insurance, no primary care and her husband recently passed away. She was forced to sell her home. The CCP team connected this patient with primary care; they connected her to community resources to allow her to get payment to help with medicines; they connected her with the Votran Gold application for transportation needs and they helped her with Section VIII Application for housing. They also obtained a vascular doctor to monitor her cellulitis and the pain. They then connected her with a local church so that she can receive communion at home. They bring her food weekly at home and they provided her with a blood pressure cuff. Her hypertension is now under control and she is compliant with her medications. Mr. Hinds dug a little deeper into the hospitals CCP and wanted to share with the Board that the CCP Team is treating the whole person.

Mr. Hinds closed by announcing that he will be leaving Florida Hospital DeLand to pursue another opportunity within the Adventist Health Systems (AHS). AHS has a number of Skilled Nursing Facilities (SNF) and he will be the CFO for those SNF's.

#### **Discussion Items**

#### RFP Response to WVHA HealthCard Approval Process

- Rising Against All Odds <u>Unsealed Bid</u> received Thursday, May 3, 2018 4:15 p.m.
- The House Next Door Sealed Bid received Tuesday, May 8, 2018 11:00 a.m.

There was Board Discussion as to the language in the RFP and if the proposal as submitted by RAAO was appropriate and responsive to the informal RFP. There was not consent within the Board that the proposal as submitted by RAAO was appropriate; Commissioner Guzman did not believe the proposal was appropriate, Commissioners Shepard, Girtman and Ferrari supported the proposal as submitted by RAAO.

Mr. Small believed that the Board was appropriate in sending out this informal RFP, which gave everybody who wanted to bid an opportunity to submit a proposal. This is an informal process where the Board now has an opportunity to proceed with contracts with these two vendors for whatever parts of the proposed services they would like to proceed with, or the Board can discard both and start the process all over again. The Board can award some part for pre-screening, or all to The House Next Door. That decision is now with the Board.

#### SMA Baker Act Corrective Actions from Contractual Site Visit Write Up

Ms. Nicole Sharbono addressed the Board and provided them with a timeline of documentation from January through a letter dated May 8, 2018 (attached) outlining the steps that they have implemented to bring them into compliance with their WVHA contract and the WVHA Eligibility Guidelines. Ms. Sharbono admitted that SMA was not 100% compliant, but they have exhibited great improvement.

There was much Board discussion that it was understood that with this patient population it would be difficult to achieve 100% documentation compliance; however, the Board wanted to be able to verify that SMA fully documented their efforts in trying to secure the documentation and expressed that they appreciated that effort.

Ms. Sharbono expressed concern that SMA was operating under the terms and language of the WVHA contract that says one thing and yet they are receiving instructions from the Board that says to do something else. Ms. Sharbono further believed that Mr. Small most likely was concerned with this as well. She requested some direction form the Board, that if these efforts that they have set forth before the Board were going to be acceptable, SMA would like to have that in writing. The Board has consistently requested that SMA show a "good faith effort" and that is what SMA was presenting in trying to obtain every piece of screening materials required.

Mr. Small believed that any contractual revisions were premature at this point. The Board has not received a form that he would attach to the contract as of yet. When the contracts are renewing, he would expect that the form as created by SMA would essentially have been approved by the Board and could be attached as an exhibit to state that this will be the process that SMA will follow.

Ms. Sharbono stated that SMA held off on billing for their April Baker Act Services and asked the Board if they could move forward with submitted that invoice?

There was Board confusion as there was never any Board directive advising SMA to cease their invoice submissions and consent that SMA should submit their bills.

Mr. Small invited Ms. Sharbono to feel free to forward anything that SMA is proposing or thinking of submitting to the Board to him for review in advance of the next Board meeting.

#### NAACP 28th Annual Freedom Fund Banquet

Motion 039 - 2018 Commissioner Shepard motioned to place a \$200.00 full page color ad as a public awareness campaign in the  $28^{th}$  Annual Freedom Fund Banquet in the souvenir booklet. Commissioner Guzman seconded the motion. The motion passed unanimously.

#### **Follow Up Items**

#### WVHA Eligibility Guidelines Revised/Updated 5/17/2018

Mr. Small believed that POMCO/UMR would have a redlined version of the WVHA Eligibility Guideline (EG) revisions in time for the June Board meeting.

Commissioner Guzman wanted the Board to consider increasing the WVHA HealthCard (HC) member copayment amounts in advance of the WVHA EG revisions, to bring the HC program more in line with other plans including ACA, and to give the HC members accountability. She suggested:

Primary Care to go from \$4.00 to increase to \$5.00 Specialty Care from \$6.00 to increase to \$10.00 Pharmacy from \$1.00 to increase to \$3.00 Emergency Department from \$10.00 to increase to \$25.00

Motion 040 – 2018 Commissioner Guzman motioned to increase the WVHA HC member benefit copayments for Primary Care to \$5.00; Specialty Care to \$10.00; for Pharmacy to \$3.00; and for the Emergency Department to \$25.00. Commissioner Girtman seconded the motion. The motion passed unanimously.

### Impact to Budget if HealthCard Enrollment Increases (see attached spreadsheet prepared by DRT)

Mr. Cantlay reviewed the attached spreadsheet for the Board.

#### **Financial Report**

Mr. Ron Cantlay, DRT reviewed for the Board the April financial statements (see attached).

Motion 041 - 2018 Commissioner Girtman motioned to pay bills totaling \$2,209,122.03 (See attached). Commissioner Shepard seconded the motion. The motion passed unanimously.

#### Legal Update

Mr. Theodore Small, Legal Counsel for the WVHA submitted pages 3 and 4 of his legal update memorandum dated April 10, 2018 (See attached).

Mr. Small advised the Board that there was a subrogation matter with UMR that will be brought up during next month's meeting as the subrogation matters that have been handled by POMCO were not originally included in the original RFP that POMCO had originally responded to the WVHA and have been handling without charge. Once the UMR migration goes through on July 1, 2018 UMR is proposing to implement a charge effective July 1st with this transition. The Board will need to decide if they will agree to allow UMR to handle these subrogation matters at a 30% proposed rate or determine if the Board wants to do something else.

#### **Commissioner Comments**

There being no further business to come before the Board, the meeting was adjourned.

Adjournment,

Andy Ferrari, Chair

# CITIZENS ADVISORY COMMITTEE MEETING WEST VOLUSIA HOSPITAL AUTHORITY DREGGORS, RIGSBY & TEAL, P.A. 1006 N. WOODLAND BLVD., DELAND FL MAY 22, 2018 5:15PM MINUTES

#### **CAC Members/Attendance:**

Voloria Manning Michael Ray Alissa Lapinsky Ann Flowers Althea Whittaker Elmer Holt Lynn Hoganson Jacquie Lewis

#### Absent:

Sarah Prado (excused)

#### **Others Present:**

Commissioner Dolores Guzman Eileen Long, Dreggors, Rigsby & Teal, P.A.

#### Call to Order

CAC Chair Voloria Manning opened the meeting with a moment of silence followed by The Pledge of Allegiance.

#### Approval of Agenda

Michael Ray motioned to approve the agenda. Alissa Lapinsky seconded the motion. The motion passed unanimously.

#### Approval of CAC Minutes – May 8, 2018 Q&A/Discussion

Jacquie Lewis motioned to approve the CAC Minutes of May 8, 2018. Althea Whittaker seconded the motion. The motion passed unanimously.

#### WVHA Commissioner Dolores Guzman to attend

#### **Citizens Comments**

There were none.

#### Ranking for currently funding applicants

- a) The Neighborhood Center Outreach Services
- b) The House Next Door Therapeutic Services
- c) Florida Department of Health Dental Services

Page 1 of 3

- d) Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services
- e) HSCFV WIS/NOS Services
- f) Community Legal Services of Mid-Florida
- g) Stewart-Marchman-Act (SMA) Baker Act Services
- h) SMA Residential Services
- i) SMA Psychiatric Services to Homeless
- j) Rising Against All Odds HIV/Aids Outreach Services
- k) Hispanic Health Initiative Education/Outreach
- 1) Community Life Center Outreach Services

The CAC members announced their Rankings of the applications during the public meeting with their results and comments and then handed in their completed spreadsheets (see attached).

#### Ranking for New funding applicants

- a) Halifax Health Deltona Emergency Department (N/A Funding application pulled by Halifax)
- b) Nautilus Fitness and Health Center

The CAC members announced their Rankings of the new applications during the meeting with their results and comments and then handed in their completed spreadsheets (see attached).

#### CAC Ranking Sheet Created by Jacquie Lewis (attached)

There was CAC discussion regarding the CAC Ranking sheet as created by Jacquie Lewis and that they would like to see some improvements. The feature that they liked was seeing the amounts requested and the difference from last year to the current year on the ranking sheet.

#### **CAC Comments**

The Committee thanked every applicant for taking the time to apply and stated that they appreciated all of the hard work that goes into completing the WVHA Application for funding and to attend all of the meetings leading up to funding determinations.

Elmer Holt asked the agency representatives if they could report, in their future WVHA funding applications, the number of WVHA clients that they treated and units of service provided in the prior year that were not compensated, in light of the quarterly funding limitations.

The Committee agreed that this would be useful information to have in the next funding cycle.

Ms. Long reminded the Committee that the June 21st Board meeting is the Joint meeting with the CAC where the CAC ranking scores will be provided to the Board. This meeting will be held at DeLand City Hall in the Commission Chambers.

#### Adjournment

There being no further business before the Committee, the meeting was adjourned.

Voloria Manning, CAC Chair

CAC Member/Ranking A)Fund this applicants at 100%, B) Not Fund this applicant, or C) Fund this applicant but not at the requested amount but fund at the amount of \$\_\_\_\_\_ (see attached completed ranking

WVHA Funding Applicants 2018-2019

	Ann Flowers	Althea Whittaker	Voloria Manning	Sarah Prado	Alissa Lapinsky	Michael Ray	Jacquie Lewis	Elmer Holt	Lynn Hoganson
The Neighborhood Center - Outreach			1	Absent/exc	<del> </del>	T,	1	1	
Services	C) \$65,000	A) \$100,000	A) \$100,000	used	A) \$100,000	C) \$70,000	A) \$100,000	C) \$92,000	A) \$100,000
			, , , , , , , , , , , , , , , , , , , ,		,,,===,==	12, 12, 12, 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,7-2-7-2-
The House Next Door - Therapeutic Services	A) \$120,000	A) \$120,000	A) \$120,000		A) \$120,000	A) \$120,000	A) \$120,000	A) \$120,000	A) \$120,000
Florida Department of Health - Dental Services	C) \$200,000	A) \$330,000	A) \$330,000		A) \$330,000	C) \$220,000	A) \$330,000	C) \$265,000	A) \$330,000
							1 = -		
Healthy Start Coalition of Flagler and Volusia									
(HSCFV) Family Services Coordinator	A) \$68,859	A) \$68,859	A) \$68,859	<u> </u>	A) \$68,859	A) \$68,859	A) \$68,859	A) \$68,859	A) \$68,859
HSCFV WIS/NOS Services	A) \$73,500	A) \$73,500	A) \$73,500		A) \$73,500	A) \$73,500	A) \$73,500	A) \$73,500	A) \$73,500
Community Legal Services of Mid-Florida	C) \$70,000	C) \$76,931	A) \$80,105		A) \$80,105	C) \$50,000	A) \$80,105	C) \$76,931	A) \$80,105
Stewart-Marchman-Act (SMA) Baker Act									
Servcies	A) \$300,000	A) \$300,000	A) \$300,000	Ì	A) \$300,000	A) \$300,000	A) \$300,000	A) \$300,000	A) \$300,000
SMA Residential Treatment Servcies	C) \$500,000	A) \$550,000	A) \$550,000		A) \$550,000	A) \$550,000	A) \$550,000		A) \$550,000
SMA Psychiatric Services to Homeless	C) \$70,000	A) \$126,000	A) \$126,000		A) \$126,000	C) \$103,336	A) \$126,000		A) \$126,000
Rising Against All Odds HIV/Aids Outreach	C) \$200,000	A) \$256,034	A) \$256,034		A) \$256,034	C) \$200,000	A) \$256,034	A) \$256,034	A) \$254,034
Hispanic Health Initiative-Education/Outreach	C) \$70,000	A) \$169,508	A) \$169,508		C) \$120,000	C) \$75,000	A) \$169,508	C) \$98,000	A) \$169,508
Community Life Center Outrooch Services	C) ¢25 000	C) 427 522			a) 405 000	-: 4	.,		
Community Life Center - Outreach Services	C) \$25,000	C) \$37,500	A) \$40,000		C) \$25,000	C) \$25,000	A) \$40,000	C) \$32,500	A) \$40,000
WVHA New Funding Applicants 2018-2019									
·									
Halifax Health - Deltona Emergency Department	N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A
Nautilus Fitness and Health Center	B) \$0	B) \$0	C) \$62,500		B) \$0	B) \$0	B) \$0	B) \$0	B) \$0
		1				T	ĺ	i	

С	WVHA/CAC Ranking Sheet	
	CAC Member: Ann Flowers	
	Please write your answers below for questions A), B), or C) if it were up to you	
	would you:	
	A) Fund this applicant at 100% of the requested amount, why:	
	B) Not fund this applicant, why:	
	C) Fund this applicant but not at the requested amount but fund the amount of	
	\$, why:	
	CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	
	The Neighborhood Center - Outreach Services	
	More colabaration is needed to cut down on exspense and to get information to the people.	
	This agency recieves other funds and grants.	
	Salaries are a bit excessive for just referrals and not for care.	
	Budget cost need to come down.	1
	The Heure Next Deer Therepositio Continue	
1	The House Next Door - Therapeutic Services  Mental illness stem from many situations and all around are affected.	
	Mental illness must be adressed to the individual from qualified professionals.	
	Addressing this situation may cut down on homelessness and violence in families and communities.	
1	Again addressing this situation will help save tax payers money in the future.	
	, gain addressing and ordanan time to provide the payons many in the case of t	
	Florida Department of Health - Dental Services	
	Must show Due Diligence on how many clients seen and hrs, of each office operation.	
	If enrollees were given incorrect information it's up to your staff to do follow-up on all information.	
	There are many services not provided, clients must be referred out, did not show to whom.	
	Are clients given free antibiotics for pain & infection if no where do they get meds?.	
	4 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
	A healthy mom and a healthy baby. Education-Education	
	Identifying any potential problem with mom or baby in early stages will save community tax monies.	
	The fact that a mom can apply for assistance through this agency is commendable.	
	HSCFV WIS/NOS Services	
	The fact that HSCF work with "SMA" is what I call a community partnership.	
	I know for a fact this type of service benefits mom and baby to be.	
	I carried my daughter ( 16 ) weeks she weighed 2lbs and 1oz., she stayed in hospital until	
	her weight was 5lbs. The care and nurturing I saw was amazing.	
	Community Legal Services of Mid-Florida	
· ·	This service only works if WVHA card holder are aware and if their services are given to potential	
	card holders, I'm concerned about the few questionarires that were given and not returned we must	
	know how our WVHA agencies are handling situations dealing with our clients or potential clients.	
:		
	7 Stewart-Marchman-Act (SMA) Baker Act Services	
	This agency work with the agency Health Start as the next step, helping people to their new life.	
	The fact is SMA provide living space, counseling to get clients back into society.	

8		
	SMA monitor and do screenings this is a necessary process. They are working with other agencies.	_
	I'm sure all clients don't have to resort to chemical treatment. SMA stated they collaborate with	_
	Children and Family Services, so there are funds allotted to SMA.	_
		_
		_
9		4
	Most of this information should be noted in the initial counseling session of arrival of client. SMA is	4
	receiving other funding.	4
		4
		-
40	District Assistant All Order LID WAIde Order and	
10		4
	The service must be here however; people need to know from advertising "Rising Against All Odds"	╡
	is available. Overhead high!. I have a problem with paperwork not being completed and submitted.	4
		4
		4
11	Hispanic Health Initiative - Education/Outreach	
11	Salaries and overhead high! Doing events OK, if people have an WVHA card doctors will give	┨
	this information and if they don't it's great this agency will inform them The name is a little.	-
		-
	intimidating.	-{
		-1
12	Community Life Center - Outreach Services	1
12	This agency have their own rules. It should be a concern when an agency does not show how funds	-
	are being utilized except office supplies. This agency is funded by other agencies.	1
	are being utilized except office supplies. This agency is furtied by other agencies.	-1
		-
		-
	NEW AGENCY APPLICANTS FOR 2018-2019	
1	Halifax Health - Deltona Emergency Department	
•	This agency is out of the race for now.	-
	This agency to ear of the face for flow.	
		1
		-
2	Nautilus Fitness and Health Center	+
_	This agency does not benefit WVHA.	1
	Trib agondy addo not bondit vvvni.	-
		1
		-
		+
		1
		_1

WVHA/C	AC	Ranking	Sheet
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<b>CAC Member:</b>	Althea	White	Cer

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:C) Fund this applicant but not at the requested amount but fund the amount of
- \$ \_\_\_\_\_, why:

	CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	A, B or C
1	The Neighborhood Center - Outreach Services  A) Justified increased amount through statistical analysis of current versus projected target population, and increase in referrals and housing capacity  B)  C)	A
2	The House Next Door - Therapeutic Services  A) Justified amount requested due to targeted population served this fiscal year versus projected outreach  B)  C)	Α
3	Florida Department of Health - Dental Services  A) Justified increased amount through statistical analysis of current and projected utilization of services by projected targeted population  B)  C)	А
4	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  A) Justified increased amount through statistical analysis of current versus projected target population  B)  C)	A
5	HSCFV WIS/NOS Services A) Justified increased amount through statistical analysis of current versus projected target population B) C)	A
6	Community Legal Services of Mid-Florida A) B)	
	C) Fund at last year's amount due to inability to adequately justify increase due to developing a strategy to reach targeted population	С
7	Stewart-Marchman-Act (SMA) Baker Act Services  A) Justified decreased amount through statistical analysis of projected use of target population  B)  C)	A
		-

	WVHA/CAC Ranking Sheet	
	CAC Member: Althea Whitake	1
	CAC WEITIDET. A PARED TO NOT THAT TO	_
	Please write your answers below for questions A), B), or C) if it were up to you would you:	
	A) Fund this applicant at 100% of the requested amount, why:	
	B) Not fund this applicant, why:	
	C) Fund this applicant but not at the requested amount but fund the amount of	
	\$ , why:	
	, <i>j</i> .	
	CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	A, B or C
8	SMA Residential Treatment Services	
	A) Justified request through services will provide.	A
	B) C)	1
		1
9	SMA Psychiatric Services to Homeless	A
	A) Justified increased amount through statistical analysis of current versus projected targeted population     B)	- ^
	(C)	1
10	Rising Against All Odds HIV/Aids Outreach  A) Justified increased amount through statistical analysis of actual services provided versus projected need of targeted	-
	population	A
	B)	
	(C)	]
		_
11	Hispanic Health Initiative - Education/Outreach	
	A) Justified increased amount through statistical analysis of actual services provided versus projected need of targeted	1
	population	Α
	B)	4
	C)	-
		+
12	Community Life Center - Outreach Services	
	A)	]
	B) C) Fund applicant at an 50% increase due to limited information on services they will provide for targeted population.	- c
	C) Fund applicant at an 50% increase due to limited information on services they will provide for targeted population.	-
		1
	NEW AGENCY APPLICANTS FOR 2018-2019	
1	Halifax Health - Deltona Emergency Department	4
	B) Withdrew Application	В
	C)	1 5
0000		
2	Nautilus Fitness and Health Center	-
	A)     B) Non compliance with required documentation and application filed to justify request.	В
	C)	1
		7

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#### **WVHA/CAC Ranking Sheet**

#### **CAC Member:**

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$, why:	
CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	A, B o
The Neighborhood Center - Outreach Services  A)  B) /// / / / / / / / / / / / / / / / / /	*
The House Next Door - Therapeutic Services  A)  B) / O// Live Trosport  C) / O// Live Trosport  B) / O// Live Trosport  C) / O	A
Florida Department of Health - Dental Services  A)  B)  C)  C)  A  A  A  A  A  A  B  A  A  A  A  A  A	# A
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  A)  B)  C)	
HSCFV WIS/NOS Services A) B) C)	*
Community Legal Services of Mid-Florida  A)  B)  C)	\omega\rightarrow\rig
Stewart-Marchman-Act (SMA) Baker Act Services  A)  B)  C)	A
SMA Residential Treatment Services A) B) C)	A

voloria manning

9 SMA Psychiatric Services to Homeless A) B) /// / / / / / / / / / / / / / / / / /	X
Rising Against All Odds HIV/Aids Outreach  A) B) C) /// // // // // // // // // // // // //	A
Hispanic Health Initiative - Education/Outreach  A)  B) C)	A
2 Community Life Center - Outreach Services A) B) C)	A
NEW AGENCY APPLICANTS FOR 2018-2019	
1 Halifax Health - Deltona Emergency Department  A)  B)  C)  Holifax Health - Deltona Emergency Department  A)  C)	
2 Nautilus Fitness and Health Center  A) Je feel sul Should Suffort this  B) Health Center with fitness. The focus on  C) Providing a level of care our members  Hoserve I for disease prevention, rehubitishim  on in livit and maintenance hetter health.  Hundat half	Holf

#### CAC Member: Alissa Lapinsky

Please write your answers below for questions A), B), or C) if it were up to you would you:

<ul><li>A) Fund this applicant at 100% of the requested amount, why:</li><li>B) Not fund this applicant, why:</li></ul>	
C) Fund this applicant but not at the requested amount but fund the amount of	
\$, why:	
, <i>y</i> .	
CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	A, B
The Neighborhood Center - Outreach Services	
A)Increase is justified, and with in the influx of the homeless in our area, their monies will be used properly I'm sure.	
B)	Α
C)	
The House Next Door - Therapeutic Services	-
A) Continue on with your fantastic services.	_
B)	-
C)	
Florida Department of Health - Dental Services	
A) Fund fully since services are obviously needed. However, the percentage of dollars spent on	١.
salaries is high compared to the average dentist office.	^A
B)	
C)	
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A) One of the most important funded agencies we have. It all begins at birth.	Α
B)	
C)	
HSCFV WIS/NOS Services	-
A)	<del> </del> ^
B)	
C)	
Community Legal Services of Mid-Florida	
A)	
B)	A
C)	
Chausant Marshuran Ant (CNAA) Dalvar Ant Consises	
Stewart-Marchman-Act (SMA) Baker Act Services  A) Once again, super important for our community. Mental health issues are a huge drain on	
A) Once again, super important for our community, wellar health issues are a nuge drain on	١

Alissa Lapinsky

	B) C)	
	SMA Residential Treatment Services  A) Making a difference in these circumstances is best acheived by residential services. I only wish there were more beds so that this program could grow.  B)  C)	A
	SMA Psychiatric Services to Homeless A) B) C)	A
10	Rising Against All Odds HIV/Aids Outreach	
	A) I think this is a super important service that our area (and every area) needs. I think the only thing that could be worked on, is not being so top heavy, with so much of your total monies being spent on salaries.      B)  C)	1
	Hispanic Health Initiative - Education/Outreach A) B)	c
	C) Fund at 120K. I think there are some services funded we should be billed less for. For example, in your records you show the health and nutrition experts having volunteered their services, yet are charging more for those than the actual medical testing portion of your services. Discrepancies like that make me wary. In addition, I think there needs to be stronger planning and outreach marketing before we raise the amount received.	
	Community Life Center - Outreach Services A)	
	B) C) Fund at current level of 25K. without financial records, we can't be sure of the proper usage of funds	c
	NEW AGENCY APPLICANTS FOR 2018-2019	
	Halifax Health - Deltona Emergency Department A) B) C)	NA
	Nautilus Fitness and Health Center A)	В
ł	B) This doesn't meet standards to receive money.	ľ

WVHA/CAC Ranking Shee	٧	V	٧	Ή	A	V	C	A	C	R	an	ık	in	q	S	h	е	е	Í
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CAC	Member:	Michael Ray
-	WICHING.	IVIIOIIAOI I LA

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

r r	verby o
\$	, why:

1 The Neighborhood Center - Outreach Services A) B) C) Maintain current funding level 2 The House Next Door - Therapeutic Services A) Maintain current funding level B) C) 3 Florida Department of Health - Dental Services A) B) C) Fund at \$220,000 4 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C) 5 HSCFV WIS/NOS Services A) Maintain current funding level B) C) C) 6 Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  7 Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	ne Neighborhood Center -	RRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019  Outreach Services	_
B) C) Maintain current funding level  The House Next Door - Therapeutic Services A) Maintain current funding level B) C)  Florida Department of Health - Dental Services A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C) HSCFV WIS/NOS Services A) Maintain current funding level B) C)  CC  Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  TStewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)		- Cuti Cuti Col Vioco	$\dashv$
C) Maintain current funding level  2 The House Next Door - Therapeutic Services A) Maintain current funding level B) C)  3 Florida Department of Health - Dental Services A) B) C) Fund at \$220,000  4 Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C)  5 HSCFV WIS/NOS Services A) Maintain current funding level B) C)  5 Community Legal Services of Mid-Florida A) B) C)  C Community Legal Services of Mid-Florida A) B) C) C Use existing agency funding sources to fullfil any additional utilization  7 Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)			$\dashv$
The House Next Door - Therapeutic Services A) Maintain current funding level B) C) C)  Florida Department of Health - Dental Services A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C) HSCFV WIS/NOS Services A) Maintain current funding level B) C) C Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfill any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)		laval	$\dashv$
A) Maintain current funding level B) C) Silvand and Services A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C) HSCFV WIS/NOS Services A) Maintain current funding level B) C) Silvand Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	7) Walitain current funding	TO COLOR	$\dashv$
A) Maintain current funding level B) C) Silvand and Services A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C) HSCFV WIS/NOS Services A) Maintain current funding level B) C) C) Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  7 Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)			_
A) Maintain current funding level B) C) C)  ##Florida Department of Health - Dental Services A) B) C) Fund at \$220,000  ##Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C)  ##HSCFV WIS/NOS Services A) Maintain current funding level B) C)  ##COMMUNITY COMMUNITY COMMUNITY CONTROL OF THE PROPERTY	he House Next Door - The	erapeutic Services	$\top$
B) C) Florida Department of Health - Dental Services A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C)  HSCFV WIS/NOS Services A) Maintain current funding level B) C)  Co  Co  Co  S Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)			
C)  Florida Department of Health - Dental Services  A)  B)  C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  A) Maintain current funding level  B)  C)  HSCFV WIS/NOS Services  A) Maintain current funding level  B)  C)  Community Legal Services of Mid-Florida  A)  B)  C) Use existing agency funding sources to fullfil any additional utilization  TStewart-Marchman-Act (SMA) Baker Act Services  A) Recommend shifting the \$25K decease in requested funding to Psych Services  B)  C)			
A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C)  HSCFV WIS/NOS Services A) Maintain current funding level B) C)  C  C  S Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  S Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)			
A) B) C) Fund at \$220,000  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator A) Maintain current funding level B) C)  HSCFV WIS/NOS Services A) Maintain current funding level B) C)  C  C  S Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  S Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	•		
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Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  A) Maintain current funding level  B)  C)  HSCFV WIS/NOS Services  A) Maintain current funding level  B)  C)  Community Legal Services of Mid-Florida  A)  B)  C) Use existing agency funding sources to fullfil any additional utilization  TStewart-Marchman-Act (SMA) Baker Act Services  A) Recommend shifting the \$25K decease in requested funding to Psych Services  B)  C)			
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B) C)  HSCFV WIS/NOS Services A) Maintain current funding level B) C)  Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	lealthy Start Coalition of FI	agler & Volusia (HSCFV) Family Services Coordinator	$\dashv$
C)  HSCFV WIS/NOS Services A) Maintain current funding level B) C)  Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	<u> </u>	level	$\dashv$
HSCFV WIS/NOS Services A) Maintain current funding level B) C)  Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)			$\dashv$
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A) Maintain current funding level B) C)  Community Legal Services of Mid-Florida A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)			+
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A) B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	A) Maintain current funding B)		
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B) C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	A) Maintain current funding B) C)	level	
C) Use existing agency funding sources to fullfil any additional utilization  Stewart-Marchman-Act (SMA) Baker Act Services  A) Recommend shifting the \$25K decease in requested funding to Psych Services  B)  C)	A) Maintain current funding B) C) Community Legal Services	level	
7 Stewart-Marchman-Act (SMA) Baker Act Services A) Recommend shifting the \$25K decease in requested funding to Psych Services B) C)	A) Maintain current funding B) C) Community Legal Services A)	level	
A) Recommend shifting the \$25K decease in requested funding to Psych Services  B)  C)	A) Maintain current funding B) C) Community Legal Services A) B)	level  of Mid-Florida	
A) Recommend shifting the \$25K decease in requested funding to Psych Services  B) C)	A) Maintain current funding B) C) Community Legal Services A) B)	level  of Mid-Florida	
A) Recommend shifting the \$25K decease in requested funding to Psych Services     B)     C)	A) Maintain current funding B) C) Community Legal Services A) B)	level  of Mid-Florida	
B) C)	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund	of Mid-Florida  ding sources to fullfil any additional utilization	
C)	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund Stewart-Marchman-Act (SM	of Mid-Florida  ding sources to fullfil any additional utilization  (AA) Baker Act Services	
	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund C) Use existing agency fund C) Recommend shifting the	of Mid-Florida  ding sources to fullfil any additional utilization  (AA) Baker Act Services	
S SMA Residential Treatment Services	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund C) Use existing agency fund C) Elewart-Marchman-Act (SMA) Recommend shifting the	of Mid-Florida  ding sources to fullfil any additional utilization  (AA) Baker Act Services	
SMA Residential Treatment Services	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund C) Use existing agency fund C) Elewart-Marchman-Act (SMA) Recommend shifting the	of Mid-Florida  ding sources to fullfil any additional utilization  (AA) Baker Act Services	
	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund C) Use existing agency fund C) Elewart-Marchman-Act (SMA) Recommend shifting the	of Mid-Florida  ding sources to fullfil any additional utilization  (AA) Baker Act Services	
A) Maintain current funding level	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund C) Stewart-Marchman-Act (SM A) Recommend shifting the B) C) C) CMA Residential Treatment	of Mid-Florida  ding sources to fullfil any additional utilization  MA) Baker Act Services \$25K decease in requested funding to Psych Services  t Services	
B) C)	A) Maintain current funding B) C) Community Legal Services A) B) C) Use existing agency fund C) Stewart-Marchman-Act (SM A) Recommend shifting the B) C) C) CMA Residential Treatment	of Mid-Florida  ding sources to fullfil any additional utilization  MA) Baker Act Services \$25K decease in requested funding to Psych Services  t Services	

michael Ray

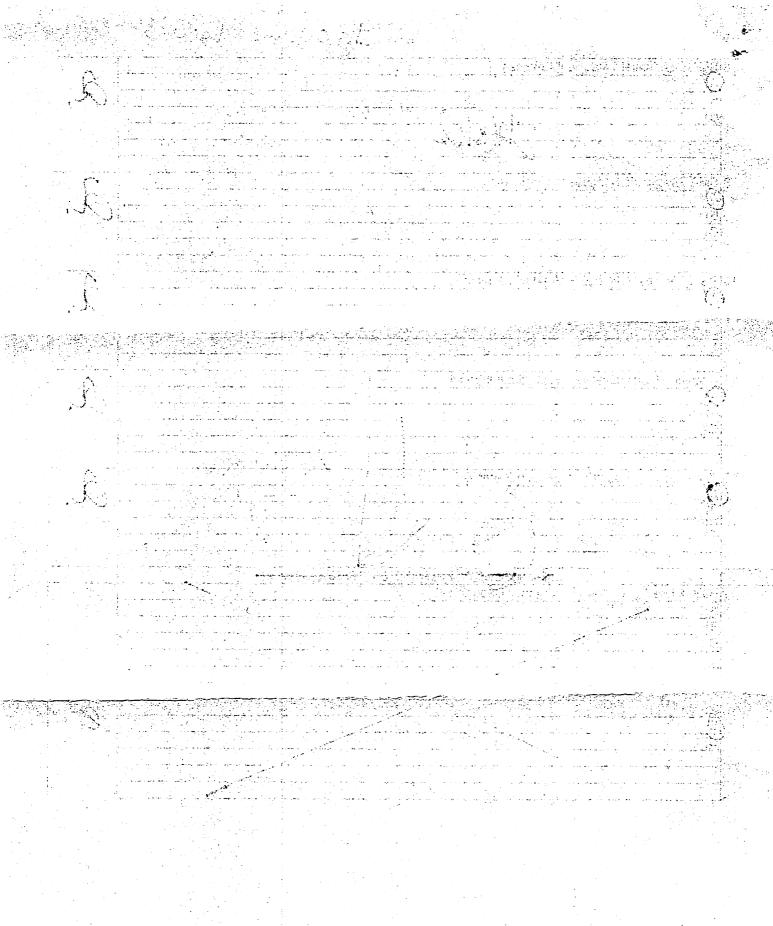
9 SMA Psychiatric Services to Homeless	
A)	
B)	
C) Recommend shifting the \$25K decease in requested funding to Psych Services limiting funding to \$	100K
10 Rising Against All Odds HIV/Aids Outreach	
A)	
A) B)	
C) Funding concentration risk represents negative exposure to the agencies mission. Limit funding to \$ and build program through funding diversification	200K
11 Hispanic Health Initiative - Education/Outreach	
A)	
B)	
C) Funding concentration risk represents negative exposure to the agencies mission. Limit funding to \$	75K
and build program through funding diversification. Also view out reach services as duplicative. May be t	time
to redefine mission.	
12 Community Life Center - Outreach Services	
A)	
B)	
C) Maintain current funding level	
NEW AGENCY APPLICANTS FOR 2018-2019	
1 Halifax Health - Deltona Emergency Department	
A)	
B) Withdrew	
C)	
2 Nautilus Fitness and Health Center	
A)	·
B) Recommend no funding with questionable compliance to WVHA enabling legislation	
C)	

	WVHA/CAC Ranking Sheet	
CAC Member	er: paughelyn emis	
Please write yo	our answers below for questions A), B), or C) if it were up to	you
would you:		
	applicant at 100% of the requested amount, why:	
	is applicant, why:	
		ent of
	applicant but not at the requested amount but fund the amou	irit Oi
\$	, why:	
(	CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	A, E
	d Center - Outreach Services	
A		
B)		
C)		
	11200	
	Door - Therapeutic Services	/
(A)		
B)		
C)		
3 Florida Departmen	nt of Health - Dental Services	
A)	III of Fleatiff - Defital Get vices	
B)		
(C)		
4 Healthy Start Coal	alition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A	lition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A)/ B)	alition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A	alition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A)/ B)	alition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A)/ B) C)		
A)/ B) C) 5 HSCFV WIS/NOS		
A)/ B) C) 5 HSCFV WIS/NOS		
A)/ B) C) 5 HSCFV WIS/NOS		
A)/ B) C) 5 HSCFV WIS/NOS A)/ B)		
A)/ B) C) 5 HSCFV WIS/NOS (A)/ B) C)	S Services	
A)/ B) C)  5 HSCFV WIS/NOS A)/ B) C)  6 Community Legal		
A)/ B) C) 5 HSCFV WIS/NOS A)/ B) C) 6 Community Legal	S Services	
A)/ B) C)  5 HSCFV WIS/NOS A)/ B) C)  6 Community Legal A)/ B)	S Services	
A)/ B) C) 5 HSCFV WIS/NOS A)/ B) C) 6 Community Legal	S Services	
A)/ B) C)  5 HSCFV WIS/NOS A)/ B) C)  6 Community Legal A)/ B)	S Services	
A)/ B) C)  5 HSCFV WIS/NOS A)/ B) C)  6 Community Legal A)/ B) C)	S Services  I Services of Mid-Florida	
B) C)  5 HSCFV WIS/NOS AV B) C)  6 Community Legal AV B) C)  7 Stewart-Marchma	S Services	
A)/ B) C)  5 HSCFV WIS/NOS A)/ B) C)  6 Community Legal A)/ B) C)  7 Stewart-Marchma	S Services  I Services of Mid-Florida	
B) C)  5 HSCFV WIS/NOS AV B) C)  6 Community Legal AV B) C)  7 Stewart-Marchma	S Services  I Services of Mid-Florida	

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Jacquie Lewis

IOMA Desidential Taxatasa	t Comiton	
SMA Residential Treatmer	nt Services	
(A)		
B)		
C)	101	
	Hell ()	
	FILCHU	
SMA Psychiatric Services	to Homeless	
(A)	to Fromeiece	
(A) B)		
B)		
C)		
Rising Against All Odds HI	V/Aids Outreach	
(A) B)		
C)		And more Charles
-/		
Hispanic Health Initiative -	Education/Outreach	
	Eddodion/Oditodon	
(A)		
B)		
C)		
Community Life Center - C	Outreach Services	
A		
B)		
C)		
0)		
	NEW AGENCY APPLICANTS FOR 2018-2019	
Holifox Hoolth Doltons C	marganey Department	
Halifax Health - Deltona Er	петделсу рерагители	
A) B)		
B)		
C)		
Nautilus Fitness and Healt	h Center	
(B) (C)		
0)		



Jacquile Lewis

#### West Volusia Hospital Authority - Citizens Advisory Committee

Funding Applicants/Ranking

Agency/	Service	2018-2019	2017	+/-	A/B/C Ranking
<b>Applicant</b>	Provided	Request	Funding	Difference	Strengths & Opportunities
Neighborhood	Outreach	100,000.00	70,000.00	30,000.00	A – Continue to link w/ partners in care
Center					
HND	Therapy	120,000.00	120,000.00	0.00	A - Continue to link w/partners in care
FDOH	Dental	330,000.00	200,000.00	130,000.00	
Healthy Start	Family	68,859.00	68,861.68	(2.68)	A – Continue to link w/partners in care
	Svc Coord				
HSCFV	WIS/NOS	73,500.00	73,500.00	0.00	A – Continue to link w/partners in care
Community	Legal	80,105.00	76,931.00	3,714.00	A – Work with partners in care to ascertain new clients.
Legal Svcs.	Services				Utilize interns at Stetson/Daytona State for Marketing
Stewart	Baker Act	300,000.00	325,000.00	(25,000.00)	A – Continue to link w/partners in care
Marchman					* "
Stewart	Res. Drug	550,000.00	550,000.00	0.00	A – Continue to link w/partners in care
Marchman	Treatment				^ =
Stewart	Psych	126,000.00	78,336.00	47,664.00	A – Continue to link w/partners in care
Marchman	Homeless				* =
Rising Against	HIV/AIDS	256,034.00	235,000.00	21,034.00	A – Continue to link w/partners in care. Access interns
All Odds					from Stetson/DSU/BCC to develop materials, strategies
					and community outreach for prevention
Hispanic	Diabetes	169,508.00	75,000.00	94,508.00	A – Link with community partners to expand outreach and
Health Int.	Edu/Suprt				education.
Community	Outreach	40,000.00	25,000.00	15,000.00	A - Continue to link w/partners in care
Life Center					
Totals		2,214,006.00	1,897,628.68	316,377.32	
		1			\$2,214,006.00

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WVHA/CAC Ranking Shee	<u> †</u>
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CAC	Member:	Elmer l	<u>Holt</u>

Please write your answers below for questions A), B), or C) if it were up to you would you.

would you:	
A) Fund this applicant at	100% of the requested amount, why:

B)	Not fund	this	applicant,	why:
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	Funa inis a	applicant	DUL HOL	at the requested	annount but fund	tito airioairi o
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•		, why:
<b>C</b>		Wriv.
<b>.</b>		

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	Α, Ε
The Neighborhood Center - Outreach Services	
A)	
B)	
C) Support growth, due to fiscal shortfall fund \$92,000	
The House Next Door - Therapeutic Services	
A) Increase not requested, fund at 100%.	
B)	
C)	
Fluids Demonstrate of Health Deptel Conjuga	
Florida Department of Health - Dental Services	
A)	
B) C) Support growth, due to fiscal shortfall fund \$265,000	
C) Support growth, due to riscar shortrain fund \$203,000	
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A) Increase not requested, fund at 100% requested amount.	
B)	
C)	
5 HSCFV WIS/NOS Services	
A) Increase not requested, fund at 100%.	
B)	
C)	
6 Community Legal Services of Mid-Florida	
A)	
B)	
C) Fund at previous year level due to utilization trends. \$76,931	
7 Stewart-Marchman-Act (SMA) Baker Act Services	
A) Reduced amount requested, fund at 100%.	
B)	
C)	
S	

Elmer Holt

	esidential Treatment Services ase not requested, fund at 100%.	$\dashv$
B)	ase not requested, fund at 100 %.	_
(C)		
<del>,</del>		
		_
		_
9 SMA Ps	sychiatric Services to Homeless	_
A) Due	to the reduction for Baker Act funds award at amount requested.	_
B)		7
C)		7
10 Rising A	Against All Odds HIV/Aids Outreach	_
	nal increase requested, fund at amount requested	_
B)		_
C)		_
		-
11 Hieneni	c Health Initiative - Education/Outreach	
A)	C Health Initiative - Education/Odifeach	
(A) (B)		_
	port growth, due to fiscal shortfall fund \$98,000	-1
O) Cup	sort growth, due to heed onertial tand people's	
12 Commu	ınity Life Center - Outreach Services	
A)	inity Life Center - Outreach Services	_
B)	· · · · · · · · · · · · · · · · · · ·	_
	port growth, fund \$32,500	
3/34/		
	NEW AGENCY APPLICANTS FOR 2018-2019	
1 Halifax	Health - Deltona Emergency Department	_
A)		
	ication pulled by agency	
C)		
	s Fitness and Health Center	_
A)		_
	s not meet enabling legislation guidelines	_
C)		$\dashv$
		-
		[

WVHA/CAC Ranking Sheet CAC Member: Lynn Hoganson	
CAC Welliber. Lytill Hogalison	
Please write your answers below for questions A), B), or C) if it were up to you would you:	
A) Fund this applicant at 100% of the requested amount, why:	
B) Not fund this applicant, why:	
C) Fund this applicant but not at the requested amount but fund the amount of \$, why:	
CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019	A
The Neighborhood Center - Outreach Services	^^
A) B)	$\longrightarrow$
C)	
They are doing a great job. I recommend people weekly. The demand for help is endless	
The House Next Door - Therapeutic Services	
A)	
B) C)	
Much needed service in West Volusia	
	1
Florida Department of Health - Dental Services	
<u>A)</u>	
B)	
C)	
Fund	
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
A)	
B)	
C)	
HSCFV WIS/NOS Services	
A)	
B)	
C)	
Community Legal Services of Mid-Florida	
A)	
B)	
C)	
I would like them do more outreach and advertise to reach West Volusia Residents	
Stewart-Marchman-Act (SMA) Baker Act Services	A
A)	
B)	$\neg \neg$
C)	

Lynn Hoganson

91CMA Decidential Treatment Carrices	IA
8 SMA Residential Treatment Services	<del></del>
(A)	
B)	
C)	
Beds are limited now so I would hate to cut this anymore.	
9 SMA Psychiatric Services to Homeless	Α
A)	
B)	
C)	
As a Navigator for the ACA I work with homeless people weekly. There is a high demand a	nd -
	ııu —
without Medicaid in the Statepeople are being left behind, They do a great job,	<del></del>
Rising Against All Odds HIV/Aids Outreach	^^
A)	
B)	
C)	
1 Hispanic Health Initiative - Education/Outreach	A
A)	
B)	
C)	
Spanish tend to have high rate of diabetes. Much needed service. 67 cases last year in W	est
Volusia County. E.R. bills come to WVHA so can help keep E.R. visits down	
2 Community Life Center - Outreach Services	l <sub>A</sub>
A)	——————————————————————————————————————
B)	
<u>C)</u>	<del></del>
NEW ACENCY APPLICANTS FOR 2049 2040	
NEW AGENCY APPLICANTS FOR 2018-2019	
1 Halifax Health - Deltona Emergency Department	<del> </del>
A)	
B)	
C)	
New Charles Control of the Control o	
Nautilus Fitness and Health Center	В
A)	B
A) B)	B
A) B) C)	B
A) B)	В

# West Volusia Hospital Authority - Citizens Advisory Committee Funding Applicants/Ranking

Agency/	Service	2018-2019	2017	+/-	A/B/C Ranking
Applicant	Provided	Request	Funding	Difference	Strengths & Opportunities
Neighborhood	Outreach	100 000 00	70,000,00	20,000,00	
Center	Outreach	100,000.00	70,000.00	30,000.00	
HND	Therapy	120,000.00	120,000.00	0.00	
FDOH	Dental	330,000.00	200,000.00	130,000.00	
Healthy Start	Family Svc Coord	68,859.00	68,861.68	(2.68)	
HSCFV	WIS/NOS	73,500.00	73,500.00	0.00	
Community Legal Svcs.	Legal Services	80,105.00	76,931.00	3,714.00	
Stewart Marchman	Baker Act	300,000.00	325,000.00	(25,000.00)	
Stewart Marchman	Res. Drug Treatment	550,000.00	550,000.00	0.00	
Stewart Marchman	Psych Homeless	126,000.00	78,336.00	47,664.00	
Rising Against All Odds	HIV/AIDS	256,034.00	235,000.00	21,034.00	_
Hispanic Health Int.	Diabetes Edu/Suprt	169,508.00	75,000.00	94,508.00	
Community Life Center	Outreach	40,000.00	25,000.00	15,000.00	
Totals		2,214,006.00	1,897,628.68	316,377.32	

created by Jacquie Lewis

#### **Eileen Long**

From: Ann Flowers <ann@lovevolusia.org> Sent:

Wednesday, May 23, 2018 9:09 AM

To: Eileen Lona

RE: CAC Ranking Sheet **Subject:** 

Good morning Eileen,

I must say the meeting last night was very interesting. I honestly thank WVHA for allowing me the opportunity to be part of this necessary process.

I would like to give my opinion on the change to the current WVHA/CAC ranking sheet. The current ranking sheet in my opinion is just right; it is selfexplanatory and the lines give you space to explain your decision (ABC) and the space on the right side of the current form allow space to put amount. I do believe this would be repetitive meaning when we read the proposals for funds we know their services. The new form I don't care for that title Strengths & Opportunities this goes under our current form (why) I personally think our current form serves the purpose for the CAC ranking.

Thank you, Ann Flowers.

Sent from Mail for Windows 10

From: Eileen Long < ELong@drtcpa.com> Sent: Tuesday, May 22, 2018 3:58:30 PM

To: Alissa Lapinsky (alissalapinsky@gmail.com); Althea Whittaker; Ann Flowers; Elmer Holt; Jacquelyn Lewis; Lynn Hoganson (Lhoganson@hpcnef.org); Michael

Ray; Sarah Prado; Voloria Manning (volorialmanning@hotmail.com)

**Subject:** CAC Ranking Sheet

#### Please do not reply to all or send emails to each other to avoid any violation of the sunshine law

Hi there,

A couple of you asked for the digital copy of the attached ranking sheet, so I felt compelled to send it out again to each of you. Feel free to email back to me your completed ranking sheet and I will gladly print it out for you to read out loud during tonight's public meeting.

Thanks!

Please write your answers below for questions A), B), or C) if it were up to you would you:  A) Fund this applicant at 100% of the requested amount, why:  B) Not fund this applicant, why:  Fund this applicant but not at the requested amount but fund the amount of your why:  CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019  The Neighborhood Center - Outreach Services  A)  B)  CITICAL SERVICES  CONTRIBUTION OF The Properties of Mid-Florida  CONTRIBUTION OF THE PROPERTIES OF T
would you:  A) Fund this applicant at 100% of the requested amount, why:  B) Not fund this applicant, why:  C) Fund this applicant but not at the requested amount but fund the amount of, why:  CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019  The Neighborhood Center - Outreach Services  ()  ()  ()  ()  ()  ()  ()  ()  ()  (
would you:  A) Fund this applicant at 100% of the requested amount, why:  B) Not fund this applicant, why:  C) Fund this applicant but not at the requested amount but fund the amount of, why:  CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019  The Neighborhood Center - Outreach Services  ()  ()  ()  ()  ()  ()  ()  ()  ()  (
A) Fund this applicant at 100% of the requested amount, why:  3) Not fund this applicant, why:  2) Fund this applicant but not at the requested amount but fund the amount of many:  3)
Not fund this applicant, why:  Fund this applicant but not at the requested amount but fund the amount of many:  CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019  The Neighborhood Center - Outreach Services  The House Next Door - Therapeutic Services  The House Next Door - Therapeutic Services  The House Next Door - Therapeutic Services  Torida Department of Health - Dental Services
CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019 The Neighborhood Center - Outreach Services  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
CURRENTLY FUNDED APPLICANTS APPLYING FOR 2018-2019  The Neighborhood Center - Outreach Services  (S) (S) (The House Next Door - Therapeutic Services (S) (S) (S) (The House Next Door - Therapeutic Services (S) (S) (S) (The House Next Door - Therapeutic Services (S) (S) (S) (The House Next Door - Therapeutic Services (S) (S) (S) (The House Next Door - Therapeutic Services (S) (S) (S) (The House Next Door - Therapeutic Services (S) (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (S) (S) (The House Next Door - Therapeutic Services (The House Next Door - Therapeutic Services (The House Next Door
The Neighborhood Center - Outreach Services  (3) (3) (3) (5) (7) (7) (8) (8) (8) (9) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
The House Next Door - Therapeutic Services  (1) (2) (3) (3) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
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The House Next Door - Therapeutic Services  (A)  (B)  (C)  (Florida Department of Health - Dental Services (A)  (B)  (B)  (C)  (Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator (A)  (B)  (B)  (B)  (B)  (B)  (B)  (B)
The House Next Door - Therapeutic Services  A)  Silvant Control Department of Health - Dental Services  A)  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  A)  HSCFV WIS/NOS Services  A)  B)  Community Legal Services of Mid-Florida
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Florida Department of Health - Dental Services  N  Black  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  N  Black  HSCFV WIS/NOS Services  N  Black  Community Legal Services of Mid-Florida
Florida Department of Health - Dental Services  A)  B)  Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator  B)  HSCFV WIS/NOS Services  A)  B)  Community Legal Services of Mid-Florida
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A) B) C) Community Legal Services of Mid-Florida
A) B) C) Community Legal Services of Mid-Florida
B) C) Community Legal Services of Mid-Florida
Community Legal Services of Mid-Florida
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<b>\)</b>
3)
D)
<u> </u>
Stewart-Marchman-Act (SMA) Baker Act Services
A)
3)

#### **Eileen Long**

From: Jacobs, Shawn A <s.jacobs@umr.com>

**Sent:** Tuesday, June 12, 2018 11:49 AM

To: Eileen Long

Cc: Barnes, Samantha E; Ted Small (tsmall@businessemploymentlawyer.com); Flowers, Jeannette; Lupo, Donna E; Nicoletti, Dominick;

Kendrick, Paula M

Subject: POMCO/UMR Submission - Board report submittals due by noon tomorrow, June 12, 2018

Attachments: 06.June. 2018 Board Report\_v2.pdf; Overview of WVHA EG Recommended Changes - 2018 v5.pdf; WVHA Health Card Eligibility

Guidelines Procedures\_2018 Changes - DRAFT.pdf

**Importance:** High

Good morning Eileen.

Attached please find POMCO/UMR's report submission for the June 2018 WVHA Board meeting.

Please note the following inclusions:

- Page 11
  - o Recommendation on effective date of approved WVHA approved Health Card copay changes
  - o UMR Subrogation Fees & Procedures
  - o Migration to UMR platform updates
- Page 12
  - o Updates on migration to UMR platform
- Page 13
  - o Final 2018 WVHA Eligibility Guidelines recommended changes

Also attached are the supporting documents for the 2018 eligibility guideline changes.

Please note that the overview document has been updated since last month to reflect the recommended addition for procedural clarification located on page 14 of 36.

Let me know if you have any questions.



# POMCO June 21, 2018 Submission Report for WVHA Board Members

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## **Enrollment Processing**

Applications Received by Fiscal Year for the Period of 10/1/2017 to Present

Applications Received 10/01/2017 - Present

		<u>olications Re</u>	-			
FiscalYr	Month Received	APPROVED	DENIED	PENDING	Grand Total	Approval Percentage
FY1718	201710	288	35	0	323	89.16%
	201711	259	36	0	295	87.80%
	201712	348	22	0	370	94.05%
	201801	342	39	0	381	89.76%
Address	201802	321	58	6 0	379	86.99%
	201803	332	36	3	371	89.49%
	201804	289	16	23	328	88.11%
	201805	188	9	40	237	79.32%
	201806	ale i Yayay				
	201807					
	201808					
	201809					
Grand Tota		7/1/2367	251	<b>66</b>	2684	89/56%

	Applications	Average Approval
Fiscal Year	Processed	Percentage
FY1516	2670	82.28%
FY1617	3963	86.60%
FY1718	2367	89.56%
В	ased on Fiscal ye	ear

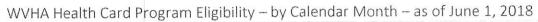
Applications Processed by Fiscal Year – Approval Percentage

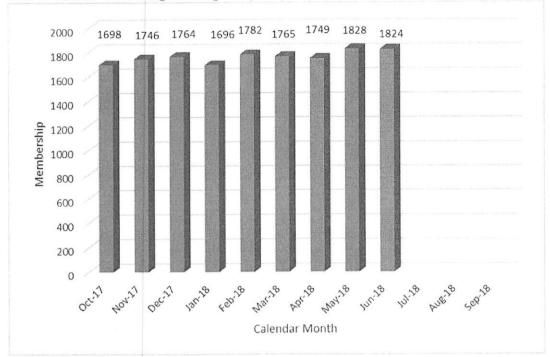
## Enrollment Applications – Denial Summary Report

Period	Apps	Pctg	Apps	Pctg	Apps	Pctg	Apps
FY1718	2367	89.56%	241	9.12%	35	1.32%	2643
201710	288	89.16%	35	10.84%	0	0.00%	323
Active Eligible	288	100.00%		0.00%		0.00%	288
Declined - Member Exceeds Asset Level		0.00%		0.00%	4.	0.00%	C
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	
Declined - Member Exceeds Income Level		0.00%	5	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	2	0.00%		0.00%	2
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Reg'd Documentation Missing		0.00%	26	0.00%		0.00%	26
Declined-Member Request		0,00%	1	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%		0.00%		0.00%	(
Pending - Multiple Reasons		0.00%		0.00%		0.00%	(
Pending - Unknown		0.00%		0.00%		0.00%	
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	(
201711	259	87.80%	36	12.20%	0	0.00%	295
Active Eligible	259	100.00%		0.00%		0.00%	259
Dedined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	(
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	(
Declined - Member Exceeds Income Level		0.00%	13	0.00%		0.00%	13
Dedined - MEMBER HAS MEDICAID COVERAGE		0.00%	3	0.00%		0.00%	
Declined - MEMBER HAS OTHER COVERAGE		0.00%	- 1 <b>1</b>	0.00%		0.00%	
Declined - Reg'd Documentation Missing		0.00%	- 15	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	
Pending - Multiple Reasons		0.00%		0.00%		0.00%	(
Pending Unknown		0.00%		0.00%		0.00%	(
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	2	0.00%		0.00%	
201712	348	94.05%	22	5.95%	0	0.00%	370
Active Eligible	348	100.00%		0.00%		0.00%	348
Declined - Member Exceeds Asset Level	<b>5.0</b>	0.00%		0.00%		0.00%	Ĭ.
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	(
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Declined - Member Exceeds Income Level Declined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%	* 1	0.00%	
A STAR A CONTROL OF CO		0.00%		0.00%		0.00%	Ì
Declined MEMBER HAS OTHER COVERAGE		0.00%	15	0.00%		0.00%	1
Declined - Req'd Documentation Missing		* * * * * * * * * * * * * * * * * * * *	15 2	0.00%		0.00%	areji
Declined - Multiple Reasons		0.00%	4.				
Pending : Multiple Reasons		0.00%		0.00%		0.00%	
Pending - Unknown		0.00%	1	0.00%		0.00%	; 1 - (
TRM MEMBER HAS MEDICAID COVERAGE		0.00%	20	0.00%		0.00%	
<b>201801</b>	342	89.76%	39	10.24%	0	0.00%	381
Active Eligible	342	100.00%		0.00%		0.00%	342
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	(
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	(
Declined - Member Exceeds Income Level		0.00%	3	0.00%		0.00%	
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1.	0.00%		0.00%	(
Declined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	
Declined - Req'd Documentation Missing		0.00%	32	0.00%		0,00%	37
Declined - Multiple Reasons:		0.00%	2	0.00%		0.00%	
Pending Multiple Reasons		0.00%	sant in the same of the same o	0.00%		0.00%	
Pending Unknown		0.00%		0.00%		0.00%	•
TRM - MEMBER HAS MEDICAID COVERAGE	· van	0.00%	1	0.00%		0.00%	

201802	321	86.99%	48	13.01%	0	0.00%	369
Active Eligible	321	100.00%		0.00%	Maria de Carrigia La comoción de Carrigia	0.00%	321
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREMICOST <8% INCOME		0.00%		0.00%		0.00%	.0
Declined - Member Exceeds Income Level		0.00%	15	0.00%		0.00%	15
Dedined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Reg'd Documentation Missing		0.00%	30	0.00%		0.00%	30
Declined - Multiple Reasons		0.00%	2	0.00%		0.00%	2
Pending - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
201803	332	89.49%	36	9.70%	3	0.81%	371
Active Eligible	332	100.00%		0.00%		0.00%	332
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level	n substitution	0.00%	13	0.00%		0.00%	13
Dedined - MEMBER HAS MEDICAID COVERAGE		0.00%	4	0.00%		0.00%	4
Dedined - MEMBER HAS OTHER COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - Reg'd Documentation Missing		0.00%	17	0.00%		0.00%	17
Dedined - Multiple Reasons		0.00%		0.00%		0.00%	0
Pending - Multiple Reasons		0.00%		0.00%	3	0.00%	3
Pending - Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE	Mild in	0.00%	1	0.00%		0.00%	1
201804	289	88.11%	16	4.88%	23	7.01%	328
Active Eligible	289	100.00%	HIGHT THE	0.00%		0.00%	289
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	0
Declined - ACA PREM COST <8% INCOME		0.00%		0.00%		0.00%	0
Declined - Member Exceeds Income Level		0.00%	12	0.00%		0.00%	12
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%		0.00%		0.00%	0
Declined - MEMBER HAS OTHER COVERAGE	5445 - 1 -	0.00%	2	0.00%		0.00%	2
Declined - Reg'd Documentation Missing		0.00%	1	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	1	0.00%		0.00%	1
Pending - Multiple Reasons		0.00%		0.00%	23	0.00%	23
Pending-Unknown		0.00%		0.00%		0.00%	0
TRM - MEMBER HAS MEDICAID COVERAGE		0.00%	Maria da Maria	0.00%		0.00%	0
201805	188	79.32%	9	3.80%	40	16.88%	237
Active Eligible	188	100.00%		0.00%		0.00%	188
Declined - Member Exceeds Asset Level		0.00%		0.00%		0.00%	.0
Declined - ACA PREM GOST <8% INCOME	Caldy at	0.00%		0.00%	4 THE	0.00%	0
Declined - Member Exceeds Income Level		0.00%	7	0.00%		0.00%	7
Declined - MEMBER HAS MEDICAID COVERAGE		0.00%	1	0.00%		0.00%	1
Declined - MEMBER HAS OTHER COVERAGE		0.00%		0.00%		0.00%	0
Declined - Req'd Documentation Missing		0.00%	1	0.00%		0.00%	1
Declined - Multiple Reasons		0.00%	· -	0.00%		0.00%	0
Pending - Multiple Reasons	. Kilada	0.00%		0.00%	40	0.00%	40
Pending - Unknown				Committee of the commit	, AST (W)		4 (1.544)
		0.00%		0.00%		0.00%	0

Note that because patients can and do become eligible and/or terminate every day of the month, when reporting by month, the most current status only will be reflected on the monthly reports. If a member is approved but then is denied/termed in the same or subsequent month, the status of denied/termed will be reported and the approved status will be removed.



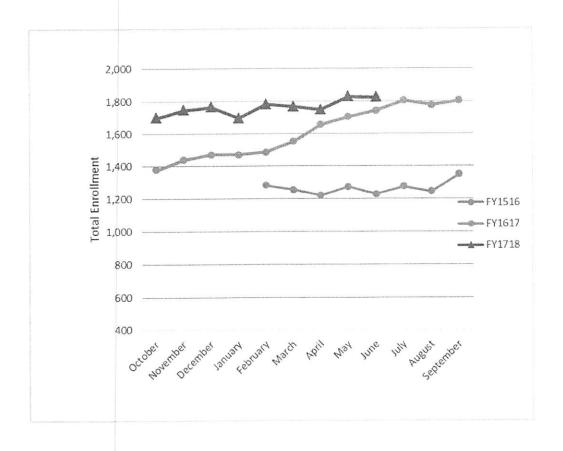


Eligibility reported above reflects eligibility as of the first of each month.

As of June 1, 2018, total program eligibility was 1,824 patients.

WVHA Enrollment by Fiscal Year – as of June 1, 2018

WVHA Enrollment	
By Fiscal Year	
Month of Fiscal Year	FY1718
October	1,698
November	1,746
December	1,764
January	1,696
February	1,782
March	1,765
April	1,749
May	1,828
June	1,824
July	
August	
September	
Grand Total	15,852



## Medical and Prescription Drug Claim Data

Pharmacy Claims by Fiscal Year by Service Month (Month Prescription Filled)

			FY1718		
Month	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$28,023.60	\$28,242.00	\$56,265.60	3,138	\$17.93
November	\$30,535.76	\$29,013.60	\$59,549.36	3,140	\$18.96
December	\$30,023.30	\$29,937.60	\$59,960.90	3,240	\$18.51
January	\$33,323.55	\$33,504.24	\$66,827.79	3,626	\$18.43
February	\$35,473.99	\$28,080.36	\$63,554.35	3,039	\$20.91
March	\$24,573.77	\$28,847.28	\$53,421.05	3,122	\$17.11
April	\$31,246.34	\$30,214.80	\$61,461.14	3,270	\$18.80
May					
June					
July					
August					
September					
Grand Total	\$213,200.31	\$207,839.88	\$421,040.19	22,575	\$18.65

Combined Medical Costs (as of Claims Payment through 05/31/2018)

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	<b>Lab РМРМ</b>	PCP PMPM	Specialty PMPM	Pharmacy PMPM
FY1718	\$3,526,706.30	\$265,095.17	\$610,781.29	\$1,812,716.73	\$219,050.78	\$499,556.27	\$6,933,906.54	14,154	\$489.89	\$249.17	\$18.73	\$43.15	\$128.07	\$35.29
October	\$10,389.55	\$35,420.15	\$85,987.32	\$232,914.44	\$0.00	\$78,516.08	\$443,227.54	1,746	\$253.85	\$5.95	\$20.29	\$49.25	\$133.40	\$44.97
November	\$361,649.05	\$29,218.95	\$53,194.52	\$217,766.01	\$61,136.37	\$56,265.60	\$779,230.50	1,764	\$441.74	\$205.02	\$16.56	\$30.16	\$123.45	\$31.90
December	\$705,844.67	\$27,539.17	\$76,332.99	\$261,402.14	\$0.00	\$59,549.36	\$1,130,668.33	1,696	\$666.67	\$416.18	\$16.24	\$45.01	\$154.13	\$35.11
January	\$637,532.80	\$26,904.28	\$67,881.20	\$174,158.48	\$0.00	\$59,960.90	\$966,437.66	1,782	\$542.33	\$357.76	\$15.10	\$38.09	\$97.73	\$33.65
February	\$518,582.95	\$30,585.42	\$78,140.00	\$227,436.74	\$0.00	\$66,827.79	\$921,572.90	1,765	\$522.14	\$293.81	\$17.33	\$44.27	\$128.86	\$37.86
March	\$401,349.57	\$27,713.74	\$62,016.76	\$166,832.58	\$0.00	\$63,554.35	\$721,467.00	1,749	\$412.50	\$229.47	\$15.85	\$35.46	\$95.39	\$36.34
April	\$360,239.19	\$33,173.04	\$70,715.50	\$209,074.16	\$97,588.57	\$53,421.05	\$824,211.51	1,828	\$450.88	\$197.07	\$18.15	\$38.68	\$114.37	\$29.22
May	\$531,118.52	\$54,540.42	\$116,513.00	\$323,132.18	\$60,325.84	\$61,461.14	\$1,147,091.10	1,824	\$628.89	\$291.18	\$29.90	\$63.88	\$177.16	\$33.70
June														
July														
August														
September														
Grand Total	\$3,526,706.30	\$265,095.17	\$610,781.29	\$1,812,716.73	\$219,050.78	\$499,556.27	\$6,933,906.54	\$14,154.00	\$489.89	\$249.17	\$18.73	\$43.15	\$128.07	\$35.29

Medical and pharmacy costs are reported on a paid basis

## PCP Encounter Claims by Clinic by Month (as of Claims Payment through 05/31/2018)

	FY1718										
Month	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	Total					
October	269	227	232	0	0	728					
November	132	161	161	0	0	454					
December	185	256	223	0	0	664					
January	168	194	202	0	0	564					
February	191	247	219	0	0	657					
March	118	180	219	0	0	517					
April	112	216	256	0	0	584					
May	174	266	228	0	0	668					
June											
July											
August											
September											
Grand Total	1,349	1,747	1,740	0	0	4,836					

PCP encounter claims are reported on a paid basis

## Specialty Care Services by Specialty – Top 25 (May, 2018)

	SPECIALTY C	ARE SERVICES BY SPE	CIALTY - TOP 25 FO	R MAY			
Order	SPECIALITY	Unique Patients	Claim Volume		Paid	Cost Per Patient	
1	Hematology/Oncology	41	83	\$	53,665.27	\$	646.5
2	Cardiology	51	72	\$	19,015.55	\$	264.10
3	Anesthesiology	56	66	\$	12,310.11	\$	186.5
4	Orthopedic Surgery	45	55	\$	12,266.78	\$	223.0
5	Ophthalmology	52	56	\$	9,338.36	\$	166.7
6	Physical Therapy	27	101	\$	9,217.29	\$	91.2
7	Hematology	20	47	\$	7,931.32	\$	168.7
8	Internal Medicine	68	101	\$	7,846.45	\$	77.6
9	Gastroenterology	34	43	\$	7,753.06	\$	180.3
10	<b>Pulmonary Disease</b>	34	71	\$	7,209.50	\$	101.5
11	<b>Obstetrics &amp; Gynecology</b>	17	22	\$	6,862.39	\$	311.9
12	Radiology	154	253	\$	6,810.36	\$	26.9
13	Infectious Disease	28	50	\$	6,245.21	\$	124.9
14	Pain Management	24	33	\$	5,877.50	\$	178.1
15	Podiatry	26	49	\$	5,331.38	\$	108.8
16	Nurse Pract in Psychiatry	40	40	\$	3,328.30	\$	83.2
17	Diagnostic Radiology	65	89	\$	3,303.83	\$	37.1
18	Pathology	238	328	\$	2,989.93	\$	9.1
19	Urology	17	25	\$	2,789.35	\$	111.5
20	Amb Surgery Facility	8	8	\$	2,683.23	\$	335.4
21	Mental Health Counselor	13	30	\$	2,682.51	\$	89.4
22	Certified Social Worker	26	39	\$	2,583.14	\$	66.2
23	Neurology	18	24	\$	2,527.36	\$	105.3
24	Surgery	5	6	\$	2,111.29	\$	351.8
25	Dermatology	22	26	\$	1,873.33	\$	72.0

#### Open Items

#### WVHA Approved Health Card Copay Changes

As reported to Eileen Long, the following WVHA approved copay changes for the Health Card program were not feasible for UMR/POMCO to implement in time for the July 1, 2018 migration without jeopardizing the delivery of ID cards as scheduled.

Furthermore, we do not recommend making the change soon after the migration effective date either since it will feel very disruptive and confusing to them -- getting new ID cards in the middle of June and then possibly getting another one with different copays a month later.

That being said, we would recommend making the copay changes effective October 1, 2018 to coincide with the new WVHA fiscal year and to give ample time for all related agencies to get the message out to current Health Card members that the WVHA Board and perhaps the rationale behind the decision.

#### **UMR Subrogation Fees & Procedures**

It was previously noted with Attorney Small that currently POMCO's finance and legal teams identify subrogation cases where there is a known third party liable for claims processed under the WVHA Health Card program such as when a member is involved in a car accident. Currently POMCO does not charge a fee for this service. UMR however has a more involved process with a subrogation team and has a standard fee of 30% of all funds recovered from liable third parties.

Subrogation is not one of the contractual service arrangements that POMCO has with the WVHA program. This is something we agreed to do after the contract was signed and after we had been administering the program. Thus UMR's contract amendment will include the fee noted above as a new line item effective July 1, 2018.

The following are specifics to the UMR subrogation process:

- 1. Once a claim is received, it is paid according to the plan. All recovery efforts will take place on the back end by the subrogation team as follows:
  - a. ICD10 (medical procedure) Codes on claims received for processing Prompt Investigation
  - b. Process accordingly, Paid claims data will be reviewed by the subrogation team post payment for potential subrogation
  - c. Up to 3 questionnaires sent to the member
  - d. Pursue recovery on claims post payment.
- 2. The WVHA Board has the choice to have UMR administer Subrogation services or opt for another Subrogation vendor. The Board can advise us not to pursue Subrogation on cases that may be sensitive in nature (i.e. financial hardship, etc.). There is significant time and investment attached to identifying opportunities, outreaching members, handling of responses, gathering and organization of pertinent information. Followed by the management of these files until negotiations begin which can take years in some instances; on average about 330 days.
- 3. Please keep in mind Subrogation fees are charged on a contingency basis which means that UMR would <u>not</u> charge a fee for any of the upfront work to identify a subrogation file until we secure a recovery on the program's behalf. It also means that we're investigating situations where we find there to be no recovery potential for which there is no charge.

#### Migration to UMR Platforms

The following is a reminder with additional updates on migration related items:

- The West Volusia Hospital Authority provider service line established by POMCO will change and will be routed to a UMR team that will be handling all WVHA provider related service inquiries New number is 877-233-1800
- The new referral tool is being tested and expected to be completed prior to the July 1, 2018 migration date
- Communication and training to all Primary Care Physician offices and specialty providers has been developed to prepare for the July 1, 2018 migration. Messaging is being fine-tuned and vetted.

#### New Items

Final Submissions – 2018 POMCO/UMR Recommended Changes - WVHA Eligibility Guidelines

The attached overview summaries the changes recommended directly by POMCO/UMR as well as other recommendations based on consultations with The House Next Door and Attorney Small.

All final recommended changes are outlined in the attached red-lined draft of the WVHA eligibility guidelines document. Note that the actual effective date located on the cover page and at the bottom of each subsequent page will be based on the final board approved version of the 2018 WVHA Eligibility Guidelines.

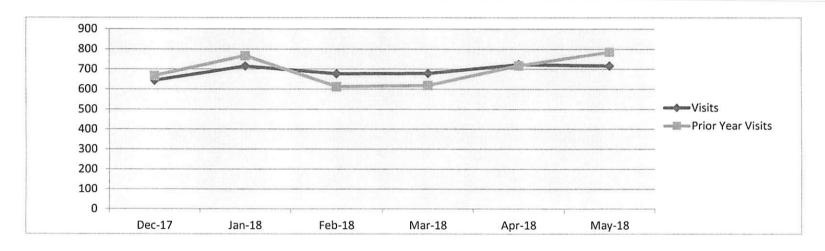
Please note that the overview document has been updated since last month to reflect the recommended addition for procedural clarification located on page 14 of 36.



## Northeast Florida Health Services May-18

#### **Patient Visits**

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Visits	644	714	677	678	722	716
Prior Year Visits	667	766	613	619	717	785

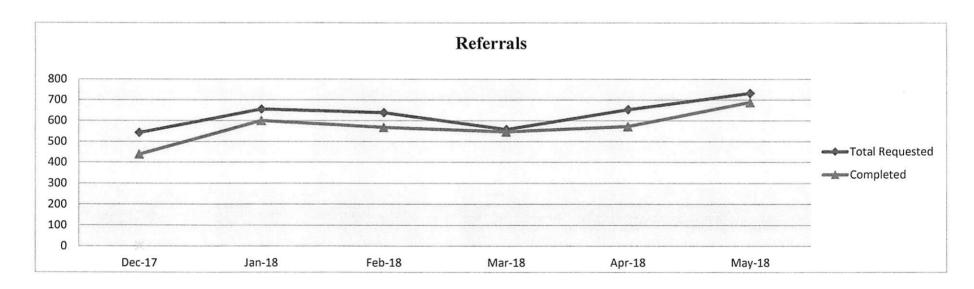


#### Patient Visits by Location

			/	A 400-00-00-00-00-00-00-00-00-00-00-00-00-		
Location	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Deland Medical	270	278	295	269	294	303
Deltona Medical	283	352	311	329	360	345
Pierson Medical	84	69	60	65	54	59
Daytona	7	15	11	14	14	9
Total	644	714	677	677	722	716

#### Referrals

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
NEFHS Providers (refer to footnote 1)	180	174	208	182	229	245
Internal Specialty Providers (refer to footnote 2	362	481	430	376	424	487
Total	542	655	638	558	653	732
Outstanding NEFHS Providers	19	10	12	0	32	13
Outstanding Int. Speciality Providers	84	45	58	11	49	31
Completed	439	600	568	547	572	688
Total Requested	542	655	638	558	653	732



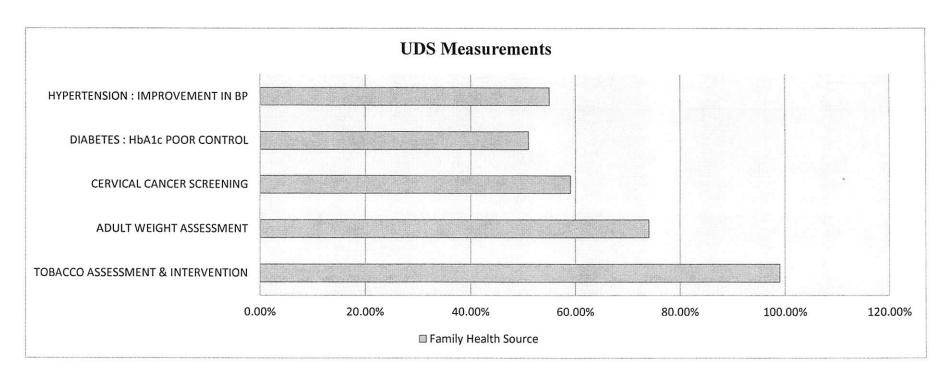
<sup>1</sup> NEFHS provider referrals are generated by NEFHS PCP for imaging and durable medical equipment (DME). 2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

**Appointment Times** 

	11	
Location	Provider	Appointments
Daytona	Johnson	Same Day
DeLand	Smith	Same Day
Deland	Hoblick	Same Day
DeLand	Vasanji	Same Day
Deltona	Rivera-Bobe	Same Day
Deltona	Rodriguez	Same Day
Deltona	Macalua	Same Day
Deltona	Mancini	Same Day
Pierson	Kessack	Same Day

**UDS Measures** 

Clinical Measures for the month of October 2017	Family Health
TOBACCO ASSESSMENT & INTERVENTION	99.00%
ADULT WEIGHT ASSESSMENT	74.00%
CERVICAL CANCER SCREENING	59.00%
DIABETES : HbA1c POOR CONTROL	51.00%
HYPERTENSION: IMPROVEMENT IN BP	55.00%



FORM 1	STATEM	IENT OF	TOF 2017		
Please print or type your name, mailing address, agency name, and position below	FINANCIAL	<b>INTERESTS</b>		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI	DDLE NAME :				
MAILING ADDRESS :					
	t en				
CITY:	ZIP: COUNTY:				
NAME OF AGENCY:					
NAME OF OFFICE OR POSITION	HELD OR SOUGHT :				
You are not limited to the space on the	e lines on this form. Attach additional she	ets, if necessary.			
CHECK ONLY IF	E OR NEW EMPLOYEE OF	RAPPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	TH PARTS OF THIS SECTOUR FINANCIAL INTERESTS FOR THE PLEASE STATE BELOW WHETHER	THE PRECEDING TAX YEAR	, WHETI	HER BASED ON A CALENDAR	
☐ DECEMBER 31	2017 OR G SPECI	FY TAX YEAR IF OTHER THA	N THE C	ALENDAR YEAR:	
CALCULATIONS, OR USING CO	REPORTABLE INTERESTS: ISING REPORTING THRESHOLDS MPARATIVE THRESHOLDS, WHICH DNE YOU ARE USING (must check	ARE USUALLY BASED ON			
□ COMPARATIVE	(PERCENTAGE) THRESHOLDS	OR DOLLA	R VALU	JE THRESHOLDS	
	FINCOME [Major sources of income to report, write "none" or "n/a")	the reporting person - See instr	uctions]		
NAME OF SOURCE   SOUR		URCE'S DRESS		SCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY	
			· .		
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	S OF INCOME s, and other sources of income to busine report, write "none" or "n/a")	sses owned by the reporting per	son - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
and where to file this fo				3 INSTRUCTIONS for when there to file this form are at the bottom of page 2.	
INSTRUCTIONS on who must this form and how to fill it ou			RUCTIONS on who must file orm and how to fill it out		
			pegin	on page 3.	

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, (If you have nothing to report, write "none" or	or "n/a")			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES			
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or	or "n/a")			
NAME OF CREDITOR	ADDRESS OF CREDITOR			
PART F — INTERESTS IN SPECIFIED BUSINESSES [Own (If you have nothing to report, write "none" or '	wnership or positions in certain types of businesses - See instructions] r "n/a") BUSINESS ENTITY # 1 BUSINESS ENTITY # 2			
NAME OF BUSINESS ENTITY				
ADDRESS OF BUSINESS ENTITY				
PRINCIPAL BUSINESS ACTIVITY				
POSITION HELD WITH ENTITY				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS				
NATURE OF MY OWNERSHIP INTEREST				
PART G — TRAINING For elected municipal officers required to complete annual  I CERTIFY THAT I HA	al ethics training pursuant to section 112.3142, F.S.  AVE COMPLETED THE REQUIRED TRAINING.			
IF ANY OF PARTS A THROUGH G ARE CO	CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE			
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY			
Signature:	If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:			
Date Signed:	I,, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.  CPA/Attorney Signature:			
	Date Signed:			
FILING INSTRUCTIONS:				

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use Do not email your form to the Commission on Ethica, it will be use. Do not email your form to the Commission on Ethics, it will be

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. <u>Do not file by both mail and email. Choose only one filing method</u>. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2017.

#### NOTICE

Annual Statements of Financial Interests are due July 1. If the annual form is not filed or postmarked by September 1, an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3145, F.S.]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

#### WHO MUST FILE FORM 1:

- Elected public officials not serving in a political subdivision of the state and any person appointed to fill a vacancy in such office, unless required to file full disclosure on Form 6.
- 2) Appointed members of each board, commission, authority, or council having statewide jurisdiction, excluding members of solely advisory bodies, but including judicial nominating commission members; Directors of Enterprise Florida, Scripps Florida Funding Corporation, and Career Source Florida; and members of the Council on the Social Status of Black Men and Boys; the Executive Director, Governors, and senior managers of Citizens Property Insurance Corporation; Governors and senior managers of Florida Workers' Compensation Joint Underwriting Association; board members of the Northeast Fla. Regional Transportation Commission; board members of Triumph Gulf Coast, Inc; board members of Florida Is For Veterans, Inc.; and members of the Technology Advisory Council within the Agency for State Technology.
- 3) The Commissioner of Education, members of the State Board of Education, the Board of Governors, the local Boards of Trustees and Presidents of state universities, and the Florida Prepaid College Board.
- 4) Persons elected to office in any political subdivision (such as municipalities, counties, and special districts) and any person appointed to fill a vacancy in such office, unless required to file Form 6.
- 5) Appointed members of the following boards, councils, commissions, authorities, or other bodies of county, municipality, school district, independent special district, or other political subdivision: the governing body of the subdivision; community college or junior college district boards of trustees; boards having the power to enforce local code provisions; boards of adjustment; community redevelopment agencies; planning or zoning boards having the power to recommend, create, or modify land planning or zoning within a political subdivision, except for citizen advisory committees, technical coordinating committees, and similar groups who only have the power to make recommendations to planning or zoning boards, and except for representatives of a military installation acting on behalf of all military installations within that jurisdiction; pension or retirement boards empowered to invest pension or retirement funds or determine entitlement to or amount of pensions or other retirement benefits.
- 6) Any appointed member of a local government board who is required to file a statement of financial interests by the appointing authority or the enabling legislation, ordinance, or resolution creating the board.
- 7) Persons holding any of these positions in local government: mayor, county or city manager, chief administrative employee or finance

director of a county, municipality, or other political subdivision; county or municipal attorney; chief county or municipal building inspector; county or municipal water resources coordinator; county or municipal pollution control director; county or municipal environmental control director; county or municipal administrator with power to grant or deny a land development permit; chief of police; fire chief; municipal clerk; appointed district school superintendent; community college president; district medical examiner; purchasing agent (regardless of title) having the authority to make any purchase exceeding \$20,000 for the local governmental unit.

- Officers and employees of entities serving as chief administrative officer of a political subdivision.
- Members of governing boards of charter schools operated by a city or other public entity.
- 10) Employees in the office of the Governor or of a Cabinet member who are exempt from the Career Service System, excluding secretarial, clerical, and similar positions.
- 11) The following positions in each state department, commission, board, or council: Secretary, Assistant or Deputy Secretary, Executive Director, Assistant or Deputy Executive Director, and anyone having the power normally conferred upon such persons, regardless of title.
- 12) The following positions in each state department or division: Director, Assistant or Deputy Director, Bureau Chief, Assistant Bureau Chief, and any person having the power normally conferred upon such persons, regardless of title.
- 13) Assistant State Attorneys, Assistant Public Defenders, criminal conflict and civil regional counsel, and assistant criminal conflict and civil regional counsel, Public Counsel, full-time state employees serving as counsel or assistant counsel to a state agency, administrative law judges, and hearing officers.
- 14) The Superintendent or Director of a state mental health institute established for training and research in the mental health field, or any major state institution or facility established for corrections, training, treatment, or rehabilitation.
- 15) State agency Business Managers, Finance and Accounting Directors, Personnel Officers, Grant Coordinators, and purchasing agents (regardless of title) with power to make a purchase exceeding \$20,000.
- 16) The following positions in legislative branch agencies: each employee (other than those employed in maintenance, clerical, secretarial, or similar positions and legislative assistants exempted by the presiding officer of their house); and each employee of the Commission on Ethics.

#### **INSTRUCTIONS FOR COMPLETING FORM 1:**

INTRODUCTORY INFORMATION (Top of Form): If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: www.ethics. state.fl.us.

**NAME OF AGENCY:** The name of the governmental unit which you serve or served, by which you are or were employed, or for which you are a candidate.

OFFICE OR POSITION HELD OR SOUGHT: The title of the office or position you hold, are seeking, or held during the disclosure period even if you have since left that position. If you are a candidate for office or are a new employee or appointee, check the appropriate box.

**PUBLIC RECORD:** The disclosure form and everything attached to it is a public record. Your Social Security Number is not required and you should redact it from any documents you file. If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address is exempt from disclosure, the Commission will maintain that confidentiality if you submit a written request.

DISCLOSURE PERIOD: The tax year for most individuals is the calendar year (January 1 through December 31). If that is the case for you, then your financial interests should be reported for the calendar year 2017; check that box. If you file your IRS tax return based on a tax year that is not the calendar year, you should specify the dates of your tax year in this portion of the form and check the appropriate box. This is the "disclosure period" for your report.

#### MANNER OF CALCULATING REPORTABLE INTEREST

Filers have the option of reporting based on <u>either</u> thresholds that are comparative (usually, based on percentage values) <u>or</u> thresholds that are based on absolute dollar values. The instructions on the following pages specifically describe the different thresholds. Check the box that reflects the choice you have made. <u>You must use the type of threshold you have chosen for each part of the form.</u> In other words, if you choose to report based on absolute dollar value thresholds, you cannot use a percentage threshold on any part of the form.

# IF YOU HAVE CHOSEN DOLLAR VALUE THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

#### PART A - PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary from serving in the position(s) which requires you to file this form. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded \$2,500 of gross income received by you in your own name or by any other person for your use or benefit.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

#### Examples:

- If you were employed by a company that manufactures computers and received more than \$2,500, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded \$2,500, list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded \$2,500, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list <u>each individual company</u> from which you derived more than \$2,500. Do not aggregate all of your investment income.
- If more than \$2,500 of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than \$2,500 of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

#### PART B — SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(b)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A "Primary Sources of Income," if it meets the reporting threshold. You will not have anything to report unless, during the disclosure period:

(1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of

- a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and,
- (2) You received more than \$5,000 of your gross income during the disclosure period from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

#### Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than \$5,000. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the above thresholds. List each tenant of the mall that provided more than 10% of the partnership's gross income and the tenant's address and principal business activity.

#### PART C - REAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes if you derive income from them

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

#### PART D - INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(b)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than \$10,000 and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account, IRA, or the Florida College Investment Plan is your asset-not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CDs and savings accounts with the same bank. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number found on the lease document).

#### PART E - LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed more than \$10,000 at any time during the disclosure period. The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. You are not required to list the amount of any debt. You do not have to disclose credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liability is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, then it is not a contingent liability.

#### PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145(5), F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with the types of businesses listed above. You must make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

#### PART G - TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer whose service began before March 31 of the year for which you are filling, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

(End of Dollar Value Thresholds Instructions.)

# IF YOU HAVE CHOSEN COMPARATIVE (PERCENTAGE) THRESHOLDS THE FOLLOWING INSTRUCTIONS APPLY

#### PART A - PRIMARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)1, F.S.]

Part A is intended to require the disclosure of your principal sources of income during the disclosure period. You do not have to disclose the amount of income received, and you need not list your public salary received from serving in the position(s) which requires you to file this form, but this amount should be included when calculating your gross income for the disclosure period. The income of your spouse need not be disclosed; however, if there is joint income to you and your spouse from property you own jointly (such as interest or dividends from a bank account or stocks), you should include all of that income when calculating your gross income and disclose the source of that income if it exceeded the threshold.

Please list in this part of the form the name, address, and principal business activity of each source of your income which exceeded 5% of the gross income received by you in your own name or by any other person for your benefit or use during the disclosure period.

"Gross income" means the same as it does for income tax purposes, even if the income is not actually taxable, such as interest on tax-free bonds. Examples include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, social security, distributive share of partnership gross income, and alimony, but not child support.

#### Examples:

- If you were employed by a company that manufactures computers and received more than 5% of your gross income from the company, list the name of the company, its address, and its principal business activity (computer manufacturing).
- If you were a partner in a law firm and your distributive share of partnership gross income exceeded 5% of your gross income, then list the name of the firm, its address, and its principal business activity (practice of law).
- If you were the sole proprietor of a retail gift business and your gross income from the business exceeded 5% of your total gross income, list the name of the business, its address, and its principal business activity (retail gift sales).
- If you received income from investments in stocks and bonds, list each individual company from which you derived

more than 5% of your gross income. Do not aggregate all of your investment income.

- If more than 5% of your gross income was gain from the sale of property (not just the selling price), list as a source of income the purchaser's name, address, and principal business activity. If the purchaser's identity is unknown, such as where securities listed on an exchange are sold through a brokerage firm, the source of income should be listed as "sale of (name of company) stock," for example.
- If more than 5% of your gross income was in the form of interest from one particular financial institution (aggregating interest from all CD's, accounts, etc., at that institution), list the name of the institution, its address, and its principal business activity.

#### PART B - SECONDARY SOURCES OF INCOME

[Required by s. 112.3145(3)(a)2, F.S.]

This part is intended to require the disclosure of major customers, clients, and other sources of income to businesses in which you own an interest. It is not for reporting income from second jobs. That kind of income should be reported in Part A, "Primary Sources of Income," if it meets the reporting threshold. You will **not** have anything to report **unless** during the disclosure period:

- (1) You owned (either directly or indirectly in the form of an equitable or beneficial interest) more than 5% of the total assets or capital stock of a business entity (a corporation, partnership, LLC, limited partnership, proprietorship, joint venture, trust, firm, etc., doing business in Florida); and,
- (2) You received more than 10% of your gross income from that business entity; and,
- (3) You received more than \$1,500 in gross income from that business entity.

If your interests and gross income exceeded these thresholds, then for that business entity you must list every source of income to the business entity which exceeded 10% of the business entity's gross income (computed on the basis of the business entity's most recently completed fiscal year), the source's address, and the source's principal business activity.

#### Examples:

- You are the sole proprietor of a dry cleaning business, from which you received more than 10% of your gross income—an amount that was more than \$1,500. If only one customer, a uniform rental company, provided more than 10% of your dry cleaning business, you must list the name of the uniform rental company, its address, and its principal business activity (uniform rentals).
- You are a 20% partner in a partnership that owns a shopping mall and your partnership income exceeded the thresholds listed above. You should list each tenant of the mall that provided more than 10% of the partnership's gross income, and the tenant's address and principal business activity.

#### PART C — REAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

In this part, list the location or description of all real property in Florida in which you owned directly or indirectly at any time during the disclosure period in excess of 5% of the property's value. You are not required to list your residences. You should list any vacation homes, if you derive income from them.

Indirect ownership includes situations where you are a beneficiary of a trust that owns the property, as well as situations where you own more than 5% of a partnership or corporation that owns the property. The value of the property may be determined by the most recently assessed value for tax purposes, in the absence of a more current appraisal.

The location or description of the property should be sufficient to enable anyone who looks at the form to identify the property. A street address should be used, if one exists.

#### PART D -- INTANGIBLE PERSONAL PROPERTY

[Required by s. 112.3145(3)(a)3, F.S.]

Describe any intangible personal property that, at any time during the disclosure period, was worth more than 10% of your total assets, and state the business entity to which the property related. Intangible personal property includes things such as cash on hand, stocks, bonds, certificates of deposit, vehicle leases, interests in businesses, beneficial interests in trusts, money owed you, Deferred Retirement Option Program (DROP) accounts, the Florida Prepaid College Plan, and bank accounts. Intangible personal property also includes investment products held in IRAs, brokerage accounts, and the Florida College Investment Plan. Note that the product contained in a brokerage account. IRA, or the Florida College Investment Plan is your asset—not the account or plan itself. Things like automobiles and houses you own, jewelry, and paintings are not intangible property. Intangibles relating to the same business entity may be aggregated; for example, CD's and savings accounts with the same bank.

Calculations: To determine whether the intangible property exceeds 10% of your total assets, total the fair market value of all of your assets (including real property, intangible property, and tangible personal property such as jewelry, furniture, etc.). When making this calculation, do not subtract any liabilities (debts) that may relate to the property. Multiply the total figure by 10% to arrive at the disclosure threshold. List only the intangibles that exceed this threshold amount. The value of a leased vehicle is the vehicle's present value minus the lease residual (a number which can be found on the lease document). Property that is only jointly owned property should be valued according to the percentage of your joint ownership. Property owned as tenants by the entirety or as joint tenants with right of survivorship should be valued at 100%. None of your calculations or the value of the property have to be disclosed on the form.

Example: You own 50% of the stock of a small corporation that is worth \$100,000, the estimated fair market value of your home and other property (bank accounts, automobile, furniture, etc.) is \$200,000. As your total assets are worth \$250,000, you must disclose intangibles worth over \$25,000. Since the value of the stock exceeds this threshold, you should list "stock" and the name of the corporation. If your accounts with a particular bank exceed \$25,000, you should list "bank accounts" and bank's name.

#### PART E - LIABILITIES

[Required by s. 112.3145(3)(b)4, F.S.]

List the name and address of each creditor to whom you owed any amount that, at any time during the disclosure period, exceeded your net worth. You are not required to list the amount of any debt or your net worth. You do not have to disclose: credit card and retail installment accounts, taxes owed (unless reduced to a judgment), indebtedness on a life insurance policy owed to the company of issuance, or contingent liabilities. A "contingent liability" is one that will become an actual liability only when one or more future events occur or fail to occur, such as where you are liable only as a guarantor, surety, or endorser on a promissory note. If you are a "co-maker" and are jointly liable or jointly and severally liable, it is not a contingent liability.

Calculations: To determine whether the debt exceeds your net worth, total all of your liabilities (including promissory notes, mortgages, credit card debts, judgments against you, etc.). The amount of the liability of a vehicle lease is the sum of any past-due payments and all unpaid prospective lease payments. Subtract the sum total of your liabilities from the value of all your assets as calculated above for Part D. This is your "net worth." List each creditor to whom your debt exceeded this amount unless it is one of the types of indebtedness listed in the paragraph above (credit card and retail installment accounts, etc.). Joint liabilities with others for which you are "jointly and severally liable," meaning that you may be liable for either your part or the whole of the obligation, should be included in your calculations at 100% of the amount owed.

Example: You owe \$15,000 to a bank for student loans, \$5,000 for credit card debts, and \$60,000 (with spouse) to a savings and loan for a home mortgage. Your home (owned by you and your spouse) is worth \$80,000 and your other property is worth \$20,000. Since your net worth is \$20,000 (\$100,000 minus \$80,000), you must report only the name and address of the savings and loan.

#### PART F — INTERESTS IN SPECIFIED BUSINESSES

[Required by s. 112.3145, F.S.]

The types of businesses covered in this disclosure include: state and federally chartered banks; state and federal savings and loan associations; cemetery companies; insurance companies; mortgage companies; credit unions; small loan companies; alcoholic beverage licensees; pari-mutuel wagering companies, utility companies, entities controlled by the Public Service Commission; and entities granted a franchise to operate by either a city or a county government.

Disclose in this part the fact that you owned during the disclosure period an interest in, or held any of certain positions with, the types of businesses listed above. You are required to make this disclosure if you own or owned (either directly or indirectly in the form of an equitable or beneficial interest) at any time during the disclosure period more than 5% of the total assets or capital stock of one of the types of business entities listed above. You also must complete this part of the form for each of these types of businesses for which you are, or were at any time during the disclosure period, an officer, director, partner, proprietor, or agent (other than a resident agent solely for service of process).

If you have or held such a position or ownership interest in one of these types of businesses, list the name of the business, its address and principal business activity, and the position held with the business (if any). If you own(ed) more than a 5% interest in the business, indicate that fact and describe the nature of your interest.

#### PART G — TRAINING CERTIFICATION

[Required by s. 112.3142, F.S.]

If you are a Constitutional or elected municipal officer whose service began before March 31 of the year for which you are filing, you are required to complete four hours of ethics training which addresses Article II, Section 8 of the Florida Constitution, the Code of Ethics for Public Officers and Employees, and the public records and open meetings laws of the state. You are required to certify on this form that you have taken such training.

(End of Percentage Thresholds Instructions.)

#### **Eileen Long**

From: Al Powers

**Sent:** Wednesday, May 30, 2018 11:41 AM

To: Schaeffer, Deanna; Bailey, Kent; Eileen Long; Law Office--Ted Small; Jeffrey Davidson (jeff.davidson@sevhd.com)

Cc: Sabotka, Deborah; Watson, Alicia

Subject: RE: [External Sender] Re: County Medicaid Match

Dee,

The WVHA Board would have to approve but we would recommend that they approve using the historical percentages due to the extreme difficulty of obtaining useful information from the Medicaid HMOS. We will put this issue on June's agenda.

With best regards!

**From:** Schaeffer, Deanna [mailto:Deanna.Schaeffer@halifax.org]

Sent: Wednesday, May 30, 2018 11:31 AM

To: Bailey, Kent; Al Powers; Eileen Long; Law Office--Ted Small; Jeffrey Davidson (jeff.davidson@sevhd.com)

**Cc:** Sabotka, Deborah; Watson, Alicia; Schaeffer, Deanna **Subject:** FW: [External Sender] Re: County Medicaid Match

Importance: High

Good morning. Please find a memo from Dona DeMarsh Butler outlining the proposed distribution for County Medicaid Match. As she notes, the percentages that have been used for the past few years are based on the following historical data:

Halifax - 41.4 Southeast - 6.89 West - 31.02

County (nursing home) 20.95

These percentages have been used as it is difficult to obtain expense information from the Medicaid HMOs. I have included below a portion of F.S. 409.915 which explains the methodology for allocating the County Medicaid share. You will note that in SFY 2019-20, the methodology changes to utilizing 100% of enrollment, versus the current split between enrollment and expenses. I would suggest revisiting the methodology next year.

**409.915 County contributions to Medicaid.**—Although the state is responsible for the full portion of the state share of the matching funds required for the Medicaid program, the state shall charge the counties an annual contribution in order to acquire a certain portion of these funds.

(1) As used in this section, the term "state Medicaid expenditures" means those expenditures used as matching funds for the federal Medicaid program.

- (2)(a) For the 2013-2014 state fiscal year, the total amount of the counties' annual contribution is \$269.6 million.
- (b) For the 2014-2015 state fiscal year, the total amount of the counties' annual contribution is \$277 million.
- (c) By March 15, 2015, and each year thereafter, the Social Services Estimating Conference shall determine the percentage change in state Medicaid expenditures by comparing expenditures for the 2 most recent completed state fiscal years.
- (d) For the 2015-2016 state fiscal year through the 2019-2020 state fiscal year, the total amount of the counties' annual contribution shall be the total contribution for the prior fiscal year adjusted by 50 percent of the percentage change in the state Medicaid expenditures as determined by the Social Services Estimating Conference.
- (e) For each fiscal year after the 2019-2020 state fiscal year, the total amount of the counties' annual contribution shall be the total contribution for the prior fiscal year adjusted by the percentage change in the state Medicaid expenditures as determined by the Social Services Estimating Conference.
- (3)(a)1. The amount of each county's annual contribution is equal to the product of the amount determined under subsection (2) multiplied by the sum of the percentages calculated in sub-subparagraphs a. and b.:
- a. The enrollment weight provided in subparagraph 2. is multiplied by a fraction, the numerator of which is the number of the county's Medicaid enrollees as of March 1 of each year, and the denominator of which is the number of all counties' Medicaid enrollees as of March 1 of each year. The agency shall calculate this amount for each county and provide the information to the Department of Revenue by May 15 of each year.
- b. The payment weight provided in subparagraph 2. is multiplied by the percentage share of payments provided in subparagraph 3. for each county.
- 2. The weights for each fiscal year are equal to:

WEIGHTS		
FISCAL YEAR	ENROLLMENT	PAYMENT
2013-14	0%	100%
2014-15	0%	100%
2015-16	20%	80%
2016-17	40%	60%
2017-18	60%	40%
2018-19	80%	20%
2019-20+	100%	0%

Dee
Original Message
From: Dona DeMarsh Butler [mailto:ddbutler@volusia.org]
Sent: Thursday, May 24, 2018 4:46 PM
To: Schaeffer, Deanna
Subject: [External Sender] Re: County Medicaid Match
This message came from an external source. Please do not click links or open attachments if unexpected or unusual.
Begin Original Message:
Here is the spreadsheet that we update annually to reflect the dollar amounts for each district. We have used the same percentages as previously designated
Please let me know your thoughts.
Best,
Dona
Dona DeMarsh Butler
Director of Community Services
123 W. Indiana Ave., Room 100
DeLand, FL 32720
386-943-7029
>>> "Schaeffer, Deanna" <deanna.schaeffer@halifax.org> 5/23/2018 11:02 AM &gt;&gt;&gt;</deanna.schaeffer@halifax.org>
Hi, Dona. I hope all is going well with you. It is creeping up on the time to determine the local Medicaid match allocation. Have you heard anything from the state yet?
Thanks,
Dee

Subrogation Procedural Steps-Conference Call between Law Offices of Theodore W. Small, P.A., Ted, Small, Attorney, Dreggors, Rigsby and Teal, P.A., Ron Cantlay, CPA, Eileen Long, Administrative Support Staff

Wednesday, May 23, 2018 3:00 p.m. – 3:44 p.m.

- 1) First trigger Attorney letter to UMR and/or DRT Notifying WVHA that a claim or recovery where WVHA may have subrogation rights.
- 2) If notice is concerning pending litigation, DRT periodically follows up with WVHA member's attorney about the status of that claim.
- 3) If notice is concerning a recovery or if recovery is later obtained by WVHA member's attorney, then request TPA to generate claims history based upon date of injury, diagnosis, and claims paid in total dollars.
- 4) Attorney will negotiate a proposed settlement with WVHA member's attorney after reviewing claims history and relevant pleadings in consultation with DRT.
- 5) Proposed settlement is presented to the Board at a duly noticed public meeting and Board approves/denies proposed recovery and waives right of subrogation.

1006 N. Woodland Boulevard ■ DeLand, FL 32720 (386) 734-9441 🖺 www.drtcpa.com

James H. Dreggors, CPA
Ann J. Rigsby, CPA/CFP™
Parke S. Teal, CPA/PFS (1954-2011)

Ronald J. Cantlay, CPA/CFP™ Robin C. Lennon, CPA John A. Powers, CPA

May 24, 2018

Board of Commissioners West Volusia Hospital Authority PO Box 940 DeLand, FL 32720

Re: Community Life Center (CLC) Outreach Services

We have performed the procedures detailed in our engagement letter for grantee site visits, dated January 18, 2018, which were agreed to by West Volusia Hospital Authority (WVHA) Board of Commissioners, solely to assist you with respect to funding agreement compliance of Community Life Center (CLC) Outreach Services for the year ending September 30, 2018. WVHA provides reimbursement of \$25.00 per thirty minutes of outreach referral services. The engagement to apply the agreed upon procedures was performed in accordance with the standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are below:

- 1. Inquire and document as to the grantee's monitoring procedures with respect to contract compliance.
  - a. Each month CLC provides to WVHA a list of clients who received services during the prior month. This de-identified list includes the client's city of residence, the date services were rendered, and the units of service billed in thirty minute increments.
  - b. CLC determines eligibility by presentation of a photo identification reflecting an address within the WVHA taxing district and/or a completed WVHA Homeless Verification Form.
  - c. CLC multiplies the units of service (typically thirty minutes up to an hour at \$25.00 per thirty minutes) to calculate the invoice total.

MEMBERS

- 2. Select a sample of transactions and test compliance with contract provisions.
  - a. October, November and December 2017 were chosen for test procedures. A de-identified list of client visits was provided (215 client events).
  - b. From the individual list of client visits, ten percent (10%) were selected for compliance review (22 clients). From this list:
    - i. CLC provided supporting medical files of all selected clients for review. Twenty one (21) of twenty two (22) or 95% of service dates were verified. One client had a referral dated 10/19/2017 and the billed date was 10/24/2017.
    - ii. CLC provided admission forms of all selected clients for review. Each client was assigned a unique client identification (ID) through CLC's Homeless Management Information System (HMIS); however, multiple family units were consolidated in one client chart with documentation from one head of household instead of each individual adult. Therefore, of the twenty two (22) clients selected there were only fifteen (15) admission forms for these adults selected or 68%.
    - iii. Of the twenty two (22) files sampled, fifteen (15) files or 68% contained proof of residency. CLC's intake counselors were only capturing the photo ID of the heads of household from October 2017 through January 2018. Since January 2018 to present day, CLC stated that they have rectified this and have been capturing photo ID's from all unique clients.
- 3. Prepare a written report summarizing the results with recommendations to the Board of Commissioners.
  - a. The Utilization Report which details clients served and demographic data with respect to those clients, which CLC provides to the WVHA, meets all of the requirements of Section 7 of the funding agreement.
  - b. CLC's medical files do not appear to be complete and organized when reviewed for verification of services provided.
  - c. CLC's eligibility screening did not meet the requirements of the funding agreement.
  - d. Recommend that CLC capture photo ID's from every unique adult client.
  - e. Recommend that CLC create a unique client file for each individual adult client and not based upon a family unit.
  - f. Recommend that DRT return to perform a follow up contractual compliance site visit review for the third quarter of 2017-2018.

Community Life Center (CLC) Outreach Services Site Visit Review Summary May 24, 2018 Page 3 of 3

We were not engaged to, and did not conduct an audit, the objective of which would be the expression of an opinion, on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the specified users listed above and is not intended to be and should not be used by anyone other than those specified parties.

Dury, Rish . Tal, P.A.

Dreggors, Rigsby & Teal, P.A.

#### **Eileen Long**

From:

Eileen Long

Sent:

Monday, June 11, 2018 11:49 AM

To:

Eric Raimundo

Cc:

Ron Cantlay; Andy Ferrari - Group A, Seat 2 (andy4deland@gmail.com); Ted Small (tsmall@businessemploymentlawyer.com)

Subject:

Community Life Center

#### Good morning Eric,

I was contacted last week by Norma Walter, former Executive Director CLC who advised me that she was "no longer with CLC" effective May 30, 2018.

I see that you are on the Board and I was hoping that you could put me in touch with whomever is our new contact at CLC. Also, we would like for a representative to be present at the June 21, 2018 WVHA Board meeting to address the change in leadership and assure the Board that there will be no disruption of services to the WVHA clients.

Can you assist me in this this endeavor?

#### Thanks!

#### Eileen O'Reilly Long



1006 N Woodland Blvd DeLand FL 32720 386-734-9441 Office 386-738-5351 Fax elong@drtcpa.com

## **Eileen Long**

From: heather@unexpectedkindness.com
Sent: heather@unexpectedkindness.com
Monday, June 11, 2018 2:32 PM

To: Eileen Long

Cc: 'Josías Andújar'; 'Raimundo, Eric'; Ron Cantlay; 'Seat 2'; tsmall@businessemploymentlawyer.com

**Subject:** Thanks for speaking with me

Hi Eileen,

Thanks for reaching out to Eric today. It was a pleasure to speak with you by phone this morning.

You should be receiving today or early tomorrow morning, an email from Yvonne Levesque, our new Operations & Communications Manager at CLC. If this letter has not arrived by late morning tomorrow, let me know and I will make sure the mail is re-sent and in your inbox before you submit the meeting documents to your board.

As I mentioned on the phone, Yvonne, and our bookkeeper/comptroller Sonaily Mojica, will be in attendance at your Board Meeting on July 21 to answer any questions your board may have and to provide information. Someone from our board will attend as well.

I look forward to receiving copies of our contract and the results of your recent audit or items/practices in need of our attention. Please feel free to provide any other documents you may have that are pertinent to our partnership with WVHA. This will help our new staff members get up to speed quickly.

Please accept our sincere apologies for any inconveniences or troubles you may have experienced in recent weeks while working with our former Executive Director. It is Community Life Center's desire to always provide truly excellent service to our clients and our partner agencies. If at any time you or your clients are not receiving excellent service from our organization, please notify our board immediately so that we can take appropriate steps to rectify the issues.

Yvonne and Sonaily will be your main points of contact going forward, but you are always welcome to reach out to our board at any time if you need additional assistance or have concerns.

Yvonne can be reached at <u>Yvonne@unexpectedkindness.com</u>. Sonaily can be reached at <u>Sony@unexpectedkindness.com</u>.

Our Board President is Josias Andujar. Josias can be reached at Josias@prfchurch.org

Of course, you are also welcome to reach out to me or Eric Raimundo at any time, as well.

Thanks again for your time this morning. Have a great week!



Operations Manager: Yvonne Levesque

Comptroller/Bookkeeper: Sonaily Molica

### **Board Members:**

Rev. Dr. Josias Andujar (Board President)

Heather Scofield (Board Chairman)

Eric Raimundo

Michael Putkowski

Rose Williams

Elaine D'Errico

Susan Meeker

Victor Ramos

Madeline DeJesus

## Address:

1045 E. Normandy Blvd. Deltona, FL 32725

## Telephone:

386-259-9240 Extension 114

## Facsimile:

(407) 324-1616

Email: info@unexpectedkindness.com

Web Page: www.unexpectedkindness.org

June 1, 2018

To whom it may concern,

We are happy to announce that Community Life Center is undergoing some exciting new changes designed to make our organization more efficient, effective, and compassionate.

Please note: As part of this process, YOUR point of contact in our organization HAS CHANGED.

Effective June 1, your new main point of contact is Yvonne Levesque, Operations Manager. Yvonne can be reached by email at <u>Yvonne@UnexpectedKindness.com</u> or by phone at (386) 259-9240.

Yvonne will be overseeing our programs and volunteers, coordinating the organization's activities, and working directly with our partner and grant organizations.

In addition to the new smiling faces you may already have noticed working within Community Life Center, many other exciting changes are on the horizon.

A few of the plans already underway include:

- Working to beautify our work spaces and facilities
- Assessing and streamlining our client intake processes
- Offering new training opportunities for our volunteers
- Developing new partnerships to provide additional programs and services
- Welcoming new, community-minded professionals to our Board.
- Ramping up fundraising efforts and hosting fun new community events

We hope you're as excited about these great new changes as we are. We're looking forward to our continued partnership with your organization as we all work together to transform our community!

As always, we welcome your questions, comments, or concerns. You may reach our Board President, Rev. Dr. Josias Andujar at <a href="mailto:Josias@prfchurch.org">Josias@prfchurch.org</a>. Our Board Chair, Heather Scofield, can be reached at Heather@UnexpectedKindness.com

Sincerely,

Josias Andirjar, President

Heather Scofield, Interim Chair

That is Signil de

## **Eileen Long**

From:

Dolores Guzman < wvhs.dguzman@gmail.com>

Sent:

Friday, May 18, 2018 2:47 PM

To:

Eileen Long

Subject:

Rising Against all Odds

## Good Morning Eileen

I was reviewing RAAO presentation from last night and would like clarification about my questions below:

- 1- When a client comes to them, lets say in January and is given a client ID like Mrs. Flowers said, how is that client treated the second time they come to visit and get the test again? Does that client ID follow that client through out the organization no matter how many times clients visits RAAO?
- 2- Can we track the same client through all their visits when it gets billed?
- 3- How many times can a client get tested in a year?

I am very concerned about this and would like to bring my questions back to the board and placed on the agenda for next months meeting, for clarification.

Thank you so much

Dolores Guzman West Volusia Hospital Authority Commissioner 407-314-4007



312 S. Woodland Blvd, Deland, FL 32720 Office: (386)202-4209 Fax: (386) 279-7764

May 25, 2018

TO: West Volusia Hospital Authority Board of Commissioners, Citizen Advisory Committee, Attorney Small, Dreggors, Rigsby & Teal and Concerned Citizens of West Volusia

Re: Concerns of Commissioner Guzman

Greetings to West Volusia Hospital Authority Board of Commissions, Citizens Advisory Committee members, Attorney Small, Dreggors, Rigsby & Teal staff members and the community at large.

Thank you for the opportunity to address your concerns Commissioner Guzman. As I answer your concerns, please allow me a brief moment to express to you my greatest appreciation to you and all the Commissioners for acknowledging the need and providing a way to fill the gap for access to care for the HIV Epidemic. I would also like to take this opportunity to share with you once again on who we are, what we do, and how we serve the community at large.

I first introduced myself to you in 2014 as a United States Army Veteran who have served my country since 1981 in the military and as a civilian. For over 20 years I worked for Department of Defense and Department of Veteran Affairs (with a security clearance). I shared with you that I lived abroad for over 13 years and traveled within the United States, before returning Florida in 2008, and finally back to my hometown, Deland, in 2010. I began to help those who did not have access to education and information but were suffering. Finding little to no support for the HIV community, I obtained my certification as an HIV/AIDS Tester and Counselor. In 2011 I started Rising Against All Odds, Inc. (RAAO). Some members are new both as Commissioners and Citizens Advisory Committee who may not be fully aware of range of service to you.

I started as a public servant in HIV awareness and prevention with the American Red Cross as a Certified Facilitator and Educator in 2000. Since, I have been recognized as:

- Certified Lay Servant in Mission and Outreach. United Methodist Church.
- The former Health Chair of the West Volusia Branch of the NAACP.
- "Cheryl Poole "Whitted" Humanitarian Award from the Electrolytes Charity Organization.
- Nominated 2016, by Hispanic Chamber of Commerce for "LaSanta Maria" award.
- Recognized by City of Deland 2013 for "Exceptional Community Service"
- Again on February 22, 2015, Mayor Apgar issued a Proclamation, in recognition of the continued hard work being done by Rising Against All Odds, making February 22 officially Rising Against All Odds Day.
- Certificate for "Making A Difference", Daughters of Change Organization
- Member Positive Champion Speaker Bureau

I have been nominated for many awards by social, economic and political organizations for the work that I do for the community. While it is good to be recognized for making a difference in this community, make no mistake, supporting my community is very personal to me. Upon my return here, I was standing face to face with the same calamities of social and economic poverty that I had lived through and survived years before, within this very community. I returned for the reckoning of "being the change". I've shared with you my desire to continue to serve this community and advocate for social and health equality for those living in poverty, those living with addictions, those living with HIV and not having the privilege that their neighbors do, due to stigmas.

It is important for me to share with you, my integrity, and commitment of purpose through Rising Against All Odds. Rising Against All Odds is a grassroot outreach agency begun in 2009, Licensed as a 501(c)3 2011. Our primary focus, care and concern are to address the HIV epidemic that is affecting our men, women and youth. Just as importantly our focus is to save this taxing district money. RAAO is one of your newly funded agencies that have made and continue to make a tremendous impact from its inception.

We, at Rising Against All Odds are an essential foundation in this community for addressing the HIV/AIDS epidemic, especially within the areas of the community which are often set apart from opportunities for care and support. Today, RAAO continues to provide outreach encompassing all of West Volusia County. Our Mission has been and continues to be: To ignite HIV awareness, encourage and provide testing to at-risk residents; to encourage and empower those living with HIV to live responsibly. Our Vision is to continue to align this community with national strategies to address the root cause of HIV/AIDS.

## Our diversity is our strength.

We stand on common ground with those we serve. RAAO has made a noteworthy impact in identifying new cases and getting those identified into care, when there are yet so many barriers to care and gaps in access to care for the targeted (homeless and indigent) residents who have limited to no access due to those barriers. We have built "bridges" with local providers and health departments to ensure those living in West Volusia County have every opportunity to have immediate access to quality health care.

Our services support the overall health of West Volusia County, the State of Florida and the nation. Through RAAO's Health Screenings, which includes, glucose, blood pressure and BMI, HIV Education and Prevention services, our clients are in managed care and not emergency care. As you are aware, receiving regular medical care reduces health risk to the community and increases the health of our neighbors living with HIV and AIDs. Their health increases their ability to contribute to the community. Community contributions support the State and the State supports the nation. Many of the clients RAAO have served, absolutely would not be in care if not for our team of dedicated HIV Testers and Counselors.

## Community Based Outreach (CBO).

Community Based Outreaches are considered the basic component of the public health infrastructure and a cornerstone of strategies to eliminating racial ethnic and socioeconomic disparities. RAAO's presence and support initiatives, is an effective strategy to address prevention and education, and to broaden access to accommodate the needs associated with HIV/AIDS. "The existing evidence suggests that community support programs remain a worthwhile investment to improve coverage of communities with much needed health services gaps. For this reason, health policy makers, managers, and providers must acknowledge and strengthen the role of community support in the fight against HIV/AIDS." https://bmchealthservres.biomedcentral.com/

RAAOs ability to promote health, address stigmas, and the racial, socioeconomic disparities in our West Volusia Community is well recognized by the community, Department of Health and by each of you. While the Board of Commissioners is given a regular update, it appears that the crucial value of the information we provide is devalued by stigma.

## **Dispelling Stigmas**

Stigma is the driving force leading to an unwillingness or inability to take an HIV test or to effectively promote HIV Awareness. This means that more people are diagnosed late, when the virus may have already progressed to AIDS. This makes treatment less effective, increasing the likelihood of transmitting HIV to others, and causing early death. Stigma is the largest factor of residents not getting tested and having the ability to be tested and treated.

Stigma for small minority grassroots organizations is often categorized as discrimination. It is well known that minorities/people of color may be subjected to far more scrutiny as compared to white counterparts. This has no place in a health crisis particularly when the services of this organization continue to have a positive high impact.

## We are the people we serve!

Who we are and what we look like is our strength. We represent diversity and we are likewise grateful to you for opening the door to change, effectively allowing more of our stigmatized population to accept the much-needed assistance. RAAO represents in its natural ethnic manner. We do not compromise who we are. We are pleased to not fit customary standards. We are representative of those who this disease is killing. Southern states have the highest rates of new HIV-positive diagnoses, the highest percentage of people living with HIV and the lowest rates of survival for those who are HIV-positive.

## HIV is an epidemic

Before this funded program, no services were available for our residents most affected. Those most affected continue to be people of color, (Black Americans, Hispanic Population, Women of Color and a rise in heterosexual White Women). UNAIDS and the World Health Organization (WHO) cites fear of stigma and discrimination as the main reason why people are reluctant to get tested, disclose their HIV status and take antiretroviral drugs (ARVs). One study found that participants who reported high levels of stigma were over four times more likely to report poor access to care. This contributes to the expansion of the global HIV epidemic, our community's epidemic and a higher increasing number of AIDS-related deaths. Once again, RAAO is able to stand in the gap. https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination

Florida is known for more that its attractions and the place to retire. Florida has been named number one (1) for new HIV diagnosis. There is a 79% increase of new cases reported. Blacks account for 49%, Hispanics account for 23% and white women has risen to 29% for new HIV cases. The I-4 corridor in now named the AIDS Corridor.

RAAO provides early detection through testing and outreach services. Although West Volusia is a small area, RAAO has identified AIDS Patients from our targeted population, (the indigent and homeless), which were not in care; some came to us late in their disease process. We were able to transition them into care and hospice. They did not have the benefit of early diagnosis because of barriers to care due to stigmas. They have died. They did however; die clean, comfortable and we were with them. We sat with them nights and weekends; they were not alone. Because of situations like this we have formed a partnership with University East, a full range healthcare services provider, Florida Hospital, Deland, Case Management, Florida Health Source and other providers to meet this growing health crisis.

Currently we have several clients that we follow to help them stay in care. All of them are homeless, indigent, and/or living in poverty. These clients are without any social support other than the RAAO team and our partnerships with local resources. Please refer to "Getting to Zero" Action Plan submitted to Board of Commissioners in November 2016.

Response to questions 1-3 from Commissioner Guzman.

1. When a client comes to them, lets say in January and is given a client ID like Mrs. Flowers said, how is that client treated the second time they come to visit and get the test again?

CDC recommends that everyone between the ages of 13 and 64 get routine testing for HIV at least once as part of routine health care. However, we do not provide routine testing. As described from the onset of funding applications, dating back to 2014; RAAO maintains to provide services to targeted population and key area populations (highest risk factors please refer to 2017/2018 Verbal Report PowerPoint). These populations are socioeconomically depressed residents. The residents we provide services to, do not readily participate in health initiatives and are not initially tied to other funded agencies.

- A. aA general rule for those with risk factors is to get tested annually while sexually active. Those in the target area and key area populations including gay and bisexual men may benefit from getting an HIV test more often, every 3 to 6 months. The full range of RAAO services are offered, if needed, to the client each and every time they visit. As client's needs change their need of RAAO services may change as well.
- B. A second test. HIV antibodies may not be present in the first test, but by retesting in 3 months, when a person is positive, a second test will disclose it, if it was not identified from the first test. Not all the HIV Positives are disclosed with the first test. Each test is carefully identified with its own barcode.

Does that client ID follow that client throughout the organization no matter how many times clients visits RAAO?

- A. Clients are given a de-identifying number (client ID). The client ID number will remain throughout the service segment. That client if having a HIV Test will be billed under the established fee for service rate under testing/counseling as defined in section.
- B. That same client will retain the same client number when they return for posttest counseling (Health & Behavioral Education). The rate for Health & Behavioral Education is at a different/lesser fee for service rate as established in section 4.2 of Service Agreement.

- C. If there is an HIV Positive diagnosis, we embrace the client and support through navigating and linking them to care with Department of Health and other health service partners. This process can take up to four weeks, totaling anywhere from (six) 6-15 hours, (in separate visits). Client will retain the same client ID. Fee for service is at a lower rate as listed in section 4.2 of Service Agreement. Fee for service does not cover for all services rendered, these additional cost are absorbed by the agency.
- D. We continue to see the client for emotional and mental support and to ensure there are no barriers linking to care and staying in care. This service is not funded but necessary and is one of the most vital component of "Getting to Zero" ("Getting to Zero" embedded in doc)

## 2- Can we track the same client through all their visits when it gets billed?

Yes. Every service we provide to our clients is entered into a database. The data bases will maintain client information and the number of times we provide services to them through our Multicultural Resource and Referral Center. However; WVHA is not billed for all of the services RAAO provides. Services provided that are not billable to WVHA are tracked, monitored and calculated at the same rate as the WVHA HIV Program established rates to establish their monetary value for internal purposes. The value of our services to the West Volusia Community is better health, reduced health risk and reduced cost of emergency care. The value to the client is continued life.

RAAO uses culturally relevant conversation, repetition, and reinforcement during our outreach interventions. This is especially utilized in visits to increase HIV positive patients' knowledge, skills, and motivations to practice safer sex. Our program is designed to improve patient-provider communication about safer sex, disclosure of HIV status, and HIV prevention. Our positive impact is due to our comprehensive HIV program which include a health risk appraisal, (consisting of glucose, blood pressure and BMI, HIV Education, Prevention and Testing), incentives, culture change, behavior change campaigns and challenges. Our services can also include individualized coaching to reduce the impact of Stigma and further encourage behavioral change. Once again these are absorbed by the organization and WVHA is not billed for these services.

We have been in the formative years of providing services that are not available to those living "in the gap" of traditional approaches. We have proven the need for the services. RAAO provides and we are now starting to recognize and build upon our technical capacity to track and calculate the impact to the community, we are making every effort to fast track this. RAAO hope to use technology to calculate data more efficiently. Faster calculations will allow RAAO to

generate impact statistics more quickly and reduce the time spent manually calculating to deliver statistics.

## 3- How many times can a client get tested in a year?

We provide HIV test according to CDC guideline and policies. According to HIV testing procedures, HIV test are administered as a preliminary test (the first date of service). The second test will be administered 3 months later. Three-month appointment date is made with client at time of first test. Risk assessment and counseling may continue throughout the three-month period. We are dealing with an epidemic, I can surmise that when it comes to sex workers and injection drug users, they may or may not be tested multiple times. We would certainly want them to get tested if they continue in their high-risk behavior. Please keep in mind that we are also seeking behavior change and condom distribution, which would eliminate testing.

I would like for you to be aware of why RAAO provide services other than the WVHA Funded Services. These services enable RAAO to stay connected with our client base during the processes of, "Know Your Status" campaign. These services are part of the HIV Program that are not billed for and are absorbed by the organization. (It is our objection to build a rapport and stay connected with client during this time, the procedural time limit for administering second test). Because of our target population, we provide additional services that address social and economic barriers of clients.

These other services are also important to the individual, providing a measure of accomplishment and although unrecognized by the West Volusia Hospital Authority, they serve an imperative purpose to the WVHA by helping our residents gain the position of being able to qualify for WVHA Health Card Program, further eliminating emergent care, and providing preventive care and maintenance of care and most importantly "Know Your Status" can be obtained.

We have partnerships and continued MOA with Florida Health Source referral process to get sick and suffering individuals medical attention. Partnership with Volusia County as a summer food distribution point and Volusia County Department of Health and Dr. Oguchi, Infectious Disease for newly diagnosed HIV positive individuals. We are always seeking partners that can assist us with addressing the socioeconomic disparities within the HIV Hotspots.

## Other services provided are:

A porch at our facility as a small respite for the fatigued. Often they receive care fir small injuries associated with exposure to the environment.	Clothing: Thrift store, donations only, which supply a daily change of clothes etc (At no cost to individual). The clothing can be much needed for job interviews and boosting morale			
Summer Food Program for youth ages one (1)-18 years of age. Breakfast and lunch is served to low income youth. Facility provides a safe place to socialize with peers and participate in small activities.	Resource and Referral Center (resource items are donated by local ministries)			
Mail Receiving Point Needed to receive services and communication with family for support.	Thrift Store (Items donated by local ministries) Such as: Sunscreen and hygiene products. Frozen water bottles in summer			
Blankets in the winter, food and juice (when available)	Document Procurement Food Stamp Application Assistance, State ID.			

Again, services listed above are not funded by the WVHA. Our staff remains client centered. It is our humanitarian, individual efforts that make these services possible. The cost for these services is absorbed by the organization and its staff. The staff is representative of the program. 95% of staff are HIV Tester and Counselors and provide direct service to client, constituting the HIV Program.

The premise of providing program funding is defendable, as exemplified in the verbal presentation. RAAO has exceeded in saving the taxing district exceptionally more money than we seek by the measurable number of HIV positive individuals taken off the streets and put into care, hospice or otherwise, and those we are able to encourage safer sex practices to. Our potential, our worth and our ability to plan and deliver HIV an education and prevention program is recognized by each of you and by the community. Our legitimacy is without question. I am honored to serve you, as I serve this community and this country.

Respectfully,

Brenda V. Flowers-Dalley, Founder, CEO

Attachment 1:Getting to Zero Community Referral 2016

Attachment 2: Getting to Zero Presentation to Commissioners 2016

Attachment 3: Verbal Presentation (Key Area Population) and Target Population Pages 2-7 2017

Brenda Flowers, Rising Against All Odds, (RAAO) 312 S. Woodland Blvd, Deland, FL

## Good Evening;

Thank you for allowing me to speak briefly on this issue, The United Nations Initiatives on AIDS Implemented in our Community.

The information to be presented is taken from Getting to Zero United Nations--www.unaids.org/.../2016/ and "How San Francisco plans to 'get to zero' new infections of HIV www.pbs.org/ dtd Apr 11, 2015.

Each year about 50,000 people in the United States are infected with HIV. While the disease has moved off the front pages, an estimated 13,700 people still die from AIDS in the U.S. each year.

An estimated 15.8 million people are now on HIV treatment, a doubling from five years ago. The UNAIDS Fast-Track Strategy is being adopted by countries and communities to fine-tune delivery of HIV education, prevention and treatment services to reach people being left behind.

At its 37th meeting, The Joint United Nations Programme on HIV and AIDS (UNAIDS) Program Coordinating Board has adopted a new strategy to end the AIDS epidemic as a public health threat by 2030. UNAIDS REPORTS THAT REACHING FAST-TRACK TARGETS WILL AVERT NEARLY 28 MILLION NEW HIV INFECTIONS AND END THE AIDS EPIDEMIC AS A GLOBAL HEALTH THREAT BY 2030. The attached information is a plan for

Attachment I

further partnership for our local community to become involved and lead this initiative in West Volusia.

This summit was very inclusive of and made its emphasis on identifying specific steps to better include and finance community responses. There were more than 20 speakers that came together in Geneva, Switzerland, on 30 June 2016, to speak at the UNAIDS Programme Coordinating Board. The session was entitled "The role of communities in ending AIDS by 2030"

They reported that Community efforts have proven critical in overcoming many of the major challenges in the AIDS response, including reaching people most affected by HIV with life-changing HIV services, providing support for adherence to treatment and other essential health services. Community engagement has also been critical in advocating for new resources, improving HIV programming.

There report went on to say that "While community responses need to be reinforced, including community-based service delivery and advocacy, many community organizations are not receiving the support they need to engage fully. In a recent UNAIDS survey of civil society organizations, (society considered as a community of citizens linked by common interests and collective activity.) 42% of respondents reported a decrease in their budgets since 2013, while a further 26% said their budgets had remained flat. Smaller organizations reported suffering most from cuts, while funding decreased or remained flat for every type of activity. Organizations focused on advocacy were worst affected.

There is strong evidence that community responses produce results and UNAIDS recognizes that there is an urgent need for them to be scaled up and fully integrated into national responses. Regulatory frameworks and inhibiting legal environments need to be reviewed to remove barriers that prevent the flow of funding to local organizations. Participants stressed that community responses must be fully integrated in delivering accessible services to all people who need them.

Over the past year, UNAIDS has issued a range of reports on the need for greater inclusion of, and investment in, community responses, Invest in Advocacy, Prevention, Education, and Treatment Adherence support.

Greater investment in community-based service delivery is critical to the Fast-Track approach. Outreach and resources to key populations in low- and middle-income citizens for community-based delivery is pivotal.

<a href="http://www.unaids.org/en/resources/presscentre/featurestories/2016/april/2016">http://www.unaids.org/en/resources/presscentre/featurestories/2016/april/2016</a>

O404\_community\_advocacy

The following aired on 01 JULY 2016 on PBS

The Fast Track Program, "Rapid" a program in San Francisco, is designed to get new HIV positive individuals into treatment immediately. Because of this program In San Francisco there are few new HIV infections — It's a number that has been falling over the past eight years.

In West Volusia County, our wait time for an appointment to sign up for Ryan White is 2 about weeks, processing time of applications is about another 2 weeks. With this gap time and with following the United Nations initiative and the NATIONAL HIV/AIDS STRATEGY for the UNITED STATES: RAAO has partnered with Infectious disease providers and Primary Care Providers. Together we coordinate and build support and take up issues for People Living With HIV/AIDS and assist their transition of getting into long term care through Ryan White.

It is part of an ambitious plan for the United Nations, It's part of an ambitious plan in San Francisco to completely end new HIV infections. It is part of an ambitious plan in Deland, FL to decrease new HIV cases in West Volusia County.

Today, nationally and in our community, public health officials, doctors, and RAAO, are increasing our efforts to bring that number all the way down to zero. An H.I.V. prevention versus an H.I.V. positive client in care, can save money. The role of communities is essential in responding to the AIDS epidemic.

We know how to treat,

we know how to prevent,

The vast majority of people do not have HIV and we can still do much to ensure that they stay safe.

so why would we not want to prevent every infection and every death.

"MY WORRY IS THAT We have gotten silent about HIV and do not look at our community as a whole, I am concerned that we may only look at pockets of health

disparities in our community. I too am ambitious and will continue to strive to get our community leaders attention to ACHIEVE THE SHIFT TO FULL INTEGRATION OF this COMMUNITY RESPONSES.

To Increase access and better momentum to access is key with Rapid (the San francisco Initiative) as Well as with UNAIDS Fast Track., It is Key in our Community for our citizens. RAAO brings the ENERGY AND EXPERTISE, many of us are HIV positive or are affected by someone Living or has died from HIV/AIDS. We are your experts in community outreach!

Supporting THE RESOURCES NEEDED To end the AIDS epidemic by 2030, the global community starts with us. We must have renewed commitment. RAAOs continuation to develop the accelerated services like "RAPID and FAST TRACK" will generate historic health benefits and greater economic returns.

Thank you for your time. I have included for you, for later review, excerpts from United Nations, <u>Global Forum on MSM and HIV</u>, PBS, and Florida Department of Health.

# TERMINOLOGY & GUIDELINES

- Pre screening Assessment: WVHA eligibility guidelines reviewed by Testor/Counselor prior to being referred for WVHA Application. NO CHARGE
- Pre screening Assistance: Participant is given assistance with filling the WVHA Application, collecting documents, and all other required forms.

# Hard to reach population = Targeted Population

- Key Affected Populations (KAP): female sex workers, men who have sex with men (MSM), and injecting drug users.
- girls, youth ages 16-24 and other residents who do not have access to social, Target Population: Includes KAP along with Black and Hispanic, women and economics resources to access care, those who are faced with multiple barriers to care, indigent, homeless, and who will not routinely seek health or medical services

A tachment

## Key Affected Populations (KAP) & Targeted Population (TP)

## KAP are identified as

- female sex workers,
- men who have sex with men (MSM),
- injecting drug users.

  KAP have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviors are often stigmatized, and even criminalized.

## TP are identified as

- Hispanic and Black Racial/ethnic groups,
- young people ages 16-24,
- Women and girls,
- People Living With HIV who are not in care
- newly diagnosed.
- individuals with social, economic and demographic barriers.
- Underserved, hard to reach who may perceive or experience stigma and discrimination

## **Key Area Population (KAP)**

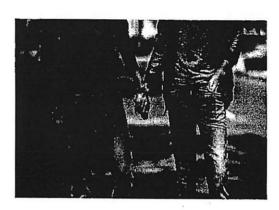
Injecting drug users (IDU) are more likely to test for HIV late, increasing the chance of onward HIV transmission.



Sex Workers are among the highest risk for HIV



Men who have sex with (MSM) are 24 times more likely to be living with HIV



## "Barriers to Care" Addressed by RAAO

- Lack of social support
- Intellectual disability
- Lack of money
- Lack of knowledge of rights,
- Lack of literacy or numeracy skills
- Lack of transportation, time constraints
- Issues related to race, gender, sexuality, and age barriers
- Homelessness or without a stable physical location
- Lack of confidence
- Mental or physical health issues



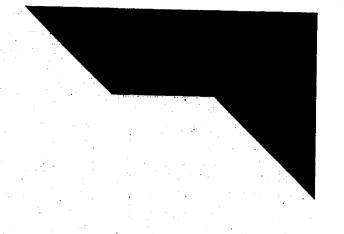
# Accomplishments in our Third year of funding

"Getting to Zero" strategy in West Volusia County

- Increased targeted testing in Targeted Populations
- Young Adults, Hispanic and Black
- 0 Mental Health Support through Brief Solutions Counseling for **Participants**
- 0 Average of 1 newly diagnosed resident HIV Positive or not in care
- 0 of Emergency Room Visits. Health enables client to access care immediately for medical care in lieu Immediate Access to Care initiative: Partnership with FHS and Global

## **Partners**

- Family Health Source (new
- Hispanic Initiatives (new),
- Mid Florida Legal Services (new)
- Easter Seals (new)
- Volusia County Health Department (MOA),
- Mid Florida Research
- Healthy Starts
- Neighborhood Center
- The House Next Door
- City of Deland (MOA)



WE HAVE BENT THE



OF THE AIDS EPIDEMIC

KONG WEDAYE

FVE

MESTER

BREAL

THE SHIEME

SPRI GING

THE PROPERTY WILLIAM

Atlachment 2

## **GETTING TO ZERO**

## Joint United Nations Program on HIV/AIDS UN-AIDS)

Since the early days of the HIV epidemic, people, inspired with conviction and courage, have struggled to Rise Against All Odds and face significant risks in pursuit of a more equitable world. Whether we are LGBT, women of color, sex workers, transgender people, people living with chronic addictions; people around the globe and in our own West Volusia County are living with HIV. We are people with purpose and vision. We have led the HIV response. Rising Against All Odds, Inc.'s struggle here in our community is in alignment with national commitments and serves as a beacon of hope and solidarity.

In this moment it remains Rising Against All Odds (RAAO) objective to remain courageous in facing the challenges and embrace wholeheartedly the opportunities to break the trajectory of the epidemic. Guided by the National Strategy and United Nations Strategy "Getting to Zero", together, we can have a transformative agenda for our response. RAAO's aim is to develop with our partners', strategies to ensure that this community has more focused aligned and community-owned responses. Our aim is to guide investments to deliver innovation and maximum returns for people most in need. Building on the principles and priorities of the UNAIDS and the National Strategy.

These strategies are taken from wide consultation, informed by the best evidence and driven by a moral imperative to achieve access to HIV prevention, treatment, and immediate access to care. RAAO is committed to being a part of implementing direct access to care in these novel partnerships with you. We need your support for the implementation of this Strategy. In pursuit of social justice and human dignity, we must move decisively from slogan to action. Let us unite our efforts to ensure success.

My most motivating forces are from the quote of Edward Everett Hale "I am only one, But still I am one. I cannot do everything, But still I can do something; And because I cannot do everything, I will not refuse to do the something I can do. By the grace of God, I will!"

In impossible situations, with relentless opposition, we are able to make a difference; we are able to Rise Against All Odds!

## "People living with HIV and affected by the AIDS epidemic must lead and own effective HIV responses."

People living with HIV and affected by the AIDS epidemic must lead and own effective HIV responses to ensure a rights-based, sustainable response and to hold community partners accountable. The remarkable gains to date are largely the result of their activism, mobilization and building of alliances with other stakeholders.

Sustaining people-centered responses requires shifting our mindsets and approaches in relation to the dominance of community hierarchy. Thirty years into the epidemic, progress at the community level remains the key to success. Nevertheless, the way communities are supported must be transformed to enable them to lead, manage and establish systems that work in their communities.

The power of the HIV movement in many places, the silence surrounding HIV has been shattered. In many other communities silence is the keeper of secrets, resources and our transformation of the HIV response. The urgency of the pandemic demands exceptional solidarity

As exemplified by the principle of the Greater Involvement of People Living with HIV (GIPA). RAAO IS HERE, together we will move to results-based approaches; establish ambitious targets; forged a novel consensus about the need to address social, political and economic determinants of HIV risk and vulnerability; and strengthened our operating systems to respond to the needs of not only people affected by HIV but other vulnerable nopulation groups as well.

## Community Empowerment Supports Stronger Programming

AIDS-related advocacy has raised the profile of health care as a priority for national expenditure
A growing body of scientific research shows that community empowerment and advocacy programs can lead to reduced HIV incidence among vulnerable populations.

The World Health Organization now recommends "supportive legislation, policy and financial commitment ... addressing stigma and discrimination ... community empowerment ... and addressing violence against people from key populations" as part of the comprehensive package of programs to address HIV among key populations.

## Funding effective advocacy

Income inequality within communities and the division of groups at opposite ends of the economic spectrum have become increasingly obvious. These tendencies also imply greater internal movements of people and the associated potential for HIV risk and vulnerability. Developmental efforts and our HIV response, must more rigorously engage the low-income and vulnerable people within all communities.

Catalyzing the next phase of treatment, care and support requires a radically simplified treatment platform that is good for people living with HIV and will decrease new infections by scaling up treatment access. Together, we can achieve a transition that will see fewer people infected than are newly placed on treatment. Together we can adopt an innovative delivery models that both reduce costs and recognize and empower communities to deliver better treatment, care and support services that maximize the links with other health and community services.

What we do/can do: Revolutionizing prevention will shift the debate from HIV prevalence to incidence, enabling us to identify transmission hot spots, empower people, particularly young people, and to focus on grass root programs that will make a difference in reducing new infections. Primary Care is at the forefront for helping our community in "Getting to Zero"

- "Getting To Zero" Newly diagnosed patients will have a seamless transition into care.(PCP)
- HIV Patients not currently in care, can begin care services immediately and either be transitioned to Infectious Disease or remain under PCP once other payment options are in place. (PCP)
- Assist client with educational, social services and case management needs.(PAC Waiver/RAAO)
- Help them apply for medical and financial benefits they need and/or entitled. (PAC Waiver)
- Provide HIV testing, counseling, education and outreach services. (RAAO)
- Advocate for clients' needs and choices, they may not be aware of or unable to navigate/negotiate on their own. (PAC Waiver Program)

### Services:

- Provide Education and Support
- Social Services
- Case Management (Medical and Non-Medical)
- Medical Services (HIV / AIDS) through Medicare and Medicaid, PAC Waiver, WVHA \*
- Referral Services

Note: \* Future Service

What providers bring to the table: Stigma and discrimination, homophobia, gender inequality, violence against women and girls and other HIV-related abuses of human rights remain widespread. These injustices discourage people from seeking the information and services that will protect them from HIV infection, from adopting safe behavior and from accessing HIV treatment and care. Where HIV-related stigma, discrimination, inequality and violence persist, the community response will forever fall short of the transformations required to reach our shared vision.

- Community Responsibility and Self Satisfaction
- Their need and passion to help others
- Top quality client/patient care, resources and services that offer whole person care, regardless of financial status.

How all of us do/can benefit? The advancement of human rights and gender equality for the HIV response means, ending the HIV-related stigma, discrimination, gender inequality and violence against women and girls. The risk of new HIV infection due to social/economic barriers, barriers that keep people from accessing prevention, treatment, care and support services will diminish. The core of these efforts are protecting human rights in the context of HIV—including the rights of people living with HIV,

women, young people, men who have sex with men, people who use drugs and sex workers and their clients.

- Clients/Patients get the services they need (medical, social, financial, and emotional support).
- Providers/Partners help clients/patients get better care by referring them to other caring and concerned providers willing to invest in them, their health and wellbeing. And the providers receive some compensation for the enjoyable work they do helping others.
- Cut down on cost, duplication services and resources, emotional stress and manpower.
- RAAO is the leading resource, referral and support service for West Volusia County.
- RAAO is the only Community Based Service that is in alignment with the United Nations Strategy "Getting To Zero"
- There is the need for more qualified physician/providers willing to treat HIV/AIDS and AIDS related opportunistic infections in West Volusia.
- Another reason is the chance to promote quality of life through compassionate care helping to reduce the number of HIV+ client/patient hospitalizations and emergency room visits, and the preventable morbidities claimed by the disease.

Payment/financial compensation through any or all the following payer sources: Like all aspects of the AIDS response, advocacy needs and deserves strategic financial support. Advocates and funders have specified a variety of issues that must be considered when reviewing advocacy funding proposals.

- Medicare clients could apply to the PAC Waiver Program: This would allow their care to be
  monitored by a case manager, reducing your overall workload, because you would receive
  real-time critical patient care issue updates.
- Medicaid clients care paid through Florida Medicaid HMOs: Must enroll with individual HMOs.
- Project AIDS Care (PAC) PAC client services paid through the Florida Medicaid Waiver: Must apply to Florida Agency for Health Care Administration
- West Volusia Hospital Authority: WVHA clients would be paid through contract with WVHA:
   Must apply with WVHA. The WVHA Funding for PCP will be initiated by RAAO and coordinated
   with PCP Randolph to create a seamless transition from being diagnosed to direct access to care
   at a comparable rate of reimbursement.

The fast analysis is this; a referral partner (ship) would help everyone involved, clients and service providers. Thereby full-filling our need and wish to help others and save lives in the process.

Healthy Volusia Report

Volume 2 + Issue 1 + August 2015

## **Healthy Volusia Report Key Points**

- AIDS Drug Assistance Program (ADAP) enrollment has increased by 62.5% from 2007 to 2014. This allows for more people who do not have insurance or have inadequate prescription coverage to receive medications that are on the ADAP formulary.
- Volusia County only has five eligible physicians treating 451 individuals enrolled and eligible to receive services through the Ryan White CARE Act program at the Department of Health in Valusia.
   This emphasizes the need for physicians in the treatment of HIV/AIDS.
- The Northeast Quadrant led all other quadrants in age-adjusted HIV/AIDS hospitalization and death rates. Similarly, hospitalizations with HIV/AIDS were highest in the northeast quadrant for Hispanics and whites.
- Black and Hispanic adult HIV infection rates have decreased from 2005 to 2014, 15% and 42%, respectively, while the white adult HIV infection rate has increased by 20% during the same time period.

Statics of new HiV Infections and the number of people living with HIV/AIDS in Volusia County, Florida, using data for same months in 2015 and 2016 (For more detail, see Healthy Volusia Report Key Points)

- Volusia, Flagler and Seminole Counties
- (West Volusia) Deland/Deltona/Orange City/Pierson etc.
- State of Florida

## HIV AND AIDS\* MORBIDITY YEAR TO DATE, BY YEAR OF REPORT FLORIDA, JANUARY- AUGUST, 2015 and 2016\*\*

COUNTY	CASES Jan-Aug	REPORTED HIV INFECTION CASES Jan-Aug 2016		2016 HIV CASE RANK	REPORTED AIDS CASES Jan-Aug 2015		AIDS PERCENT CHANGE	2016 AIDS CASE RANK	PRESUMEI LIVING HIV/AIDS CASES AS OF 08/31/2016
VOLUSIA	52	90	73.00%	10			91.00%	0	
FLAGLER	9	9						P	1675
	<del> </del>		0.0070	38	4	5	25.00%	32	181
SEMINOLE	53	79	49.00%	12	20	23	15.00%	13	1234
FLORIDA	3418	4627	35.00%		1546	1733	12.00%		114272

<sup>\*</sup>HIV and AIDS cases are diagnosed in Florida based on the CDC case definition as described in the commentary section of the CDC HIV Surveillance Report: http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf. These data reflect cases reported during the time periods noted in the tables. Please note that HIV and AIDS cases by year of report are NOT mutually exclusive and cannot be added together.

## References

http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/\_documents/msr/2016-msr/msr09\_16.pdf

http://www.cdc.gov/hiv/pdf/prevention\_ongoing\_surveillance\_terms.pdf

http://www.healthyvolusia.org/docs/healthy-volusia-report-august-2015.pdf

http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/daag.html

<sup>\*\* 1</sup>Please note 2016 data are Provisional and these data may not be de-duplicated.



POMCO

June 21, 2018

Overview of WVHA Eligibility Guidelines Recommended Changes

## 2 | Page

## POMCO Recommended Eligibility Guideline Changes

changes. All recommended changes are shown below and are outlined in the attached draft. Note that the actual effective date located on the cover page and at the bottom of each subsequent page will be based on the final board approved version of the This year, the only substantial change that POMCO is recommending for the WVHA Eligibility Guidelines is the necessary update to the income limits to match the 2018 Federal Poverty Guidelines. We're also recommending a couple formatting 2018 WVHA Eligibility Guidelines.

- Table of contents update for appendices (see pages 2 and 3 of 36)
- Adjusted the federal poverty guidelines & subsequently the WVHA qualifying limit for income levels (see page 22 of 36)
  - Updated the year to show 2018 on the ACA Prequalifying Intake form (see page 34 of 36)

The following are recommended changes received from The House Next Door.

## **Article VI WVHA Termination**

Page 13 of 36 - Section 6.02 Policy

Currently reads: If terminated for reasons 1,3,4,5,6,or 7, individuals are ineligible for future consideration.

- 1. Providing false information by evidence of submission or omission.
- 2. Failure to keep appointments
- 3. Abusive or disruptive behavior
- 4. Inappropriate or excessive use of Emergency Room Services
- 5. Inappropriate or excessive use of other provided services, including altered RX Prescriptions
- 6. Illegal possession of firearms or weapons
- 7. Physical or verbal threats
- 8. Enrollment in a Health Insurance Plan
- 9. Eligible for Medicaid
- 10. Eligible to enroll in ACA Marketplace private insurance, net of premium tax credits, for cost that is less than 8% of gross income.

## **Recommended Changes:**

If terminated for reasons 1,3,4,5,6,or 7, individuals may be determined temporarily ineligible by any agency contracted by WVHA to provide enrollment, access to healthcare, or healthcare services to indigent residents. Such temporary ineligibility shall continue until the next WVHA Board meeting where the Board shall determine how long the ineligibility will continue based on all information presented by the individual and contracted agency.

## Rationale:

To prevent permanently barring someone from the program and revise the rule to be a suspension/cooling-off period.

## **Article VIII WVHA Residency**

Page 14 of 36 - Section 7.02 Policy and Section 7.03 Procedures

Currently reads: Mail received by applicant in West Volusia County for three (3) month period. (i.e. government correspondence, USPO change of address, court documents, other bills) If mail sent to a P.O. Box, the applicant's physical address must be noted in document. If online bills are provided they must include Date (Billing Period), Name, & Address.

Recommended Changes: Two additional things that POMCO is requiring should be identified -

- 1) When a street address is not verifiable on the property appraisal list, applicants can request a letter on letterhead from the property appraisal office verifying the address when the eligibility certifying agent has exhausted all other avenues to confirm the address
- 2) that window envelopes are not acceptable (see attached illustration)

Page 14 of 36 - Section 7.02 Policy

## **Recommended Addition for Procedural Clarification:**

For addresses not verifiable through the Volusia County Property Appraiser or Volusia County Tax Collector website, supporting documentation can be provided from the Property Appraiser or County Tax office confirming the street residence listed on the application is within the Volusia County taxing district. This is an option for the applicant to allow processing of the application to continue without being pended or denied.

## **Eileen Long**

From: Jacobs, Shawn A <s.jacobs@umr.com>

**Sent:** Thursday, May 24, 2018 4:41 PM

To: Eileen Long

Cc: Nicoletti, Dominick; Ron Cantlay; Kendrick, Paula M; 'Ted Small'; 'Andrew Ferrari'; Flowers, Jeannette

Subject: RE: WVHA Approved Copay Changes - May 17, 2018 Board Meeting

**Importance:** High

Eileen per my previous note below and discussions with the UMR migration teams, we have concluded that it would not be feasible to make the copay changes for the 7/1/2018 migration date given that it would jeopardize getting new ID cards out to Health Card members.

Also we do not recommend making the change soon afterwards either since it will feel very disruptive and confusing to them; getting new ID cards in the middle of June and then possibly getting another one with different copays a month later.

That being said, we would recommend making the copay changes effective October 1, 2018 to coincide with the new WVHA fiscal year and to give ample time for all related agencies to get the message out to current Health Card members that the board has decided to increase the copays.

Let me know if you have any questions and thoughts on this recommendation.

Thanks.

\*\*Please Notice My New Direct-Dial Phone Number Below\*\*

Regards, S.A.J.

Shawn A. Jacobs

Strategic Account Executive | UMR A UnitedHealthcare Company



shawn.jacobs@umr.com | Tel: 315.937.2790 | Fax: 315.703.4896

Our United Culture. The way forward.

□ Integrity □ Compassion □ Relationships ■ Innovation □ Performance

## \*\*Please Notice My New Direct-Dial Phone Number Above\*\*

From: Jacobs, Shawn A

**Sent:** Tuesday, May 22, 2018 11:31 AM

To: Eileen Long

Cc: Nicoletti, Dominick; Ron Cantlay; Kendrick, Paula M; Ted Small; 'Andrew Ferrari'; Flowers, Jeannette

Subject: WVHA Approved Copay Changes - May 17, 2018 Board Meeting

Good morning Eileen.

Thanks for the details below. I didn't realize this was a possibility this year as I would have prepared the UMR migration teams to account for possible copay changes during their set-up and coding of the WVHA program on the UMR platforms.

I have now raised this decision with all teams to assess downstream impacts given the work they've already completed.

After further discussions this week I will come back to you with what is confirmed to be feasible without sacrificing the migration efforts to get the program moved over to UMR's systems effective July 1,2018.

\*\*Please Notice My New Direct-Dial Phone Number Below\*\*

Regards, S.A.J.

Shawn A. Jacobs

Strategic Account Executive | UMR A UnitedHealthcare Company



shawn.jacobs@umr.com | Tel: 315.937.2790 | Fax: 315.703.4896

Our United Culture. The way forward.

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<sup>\*\*</sup>Please Notice My New Direct-Dial Phone Number Above\*\*

From: Eileen Long [mailto:ELong@drtcpa.com]

Sent: Friday, May 18, 2018 4:18 PM

To: Kendrick, Paula M; Jacobs, Shawn A; Ted Small; 'Andrew Ferrari'

Cc: Nicoletti, Dominick; Ron Cantlay

Subject: RE: Eligibility Guidelines Recommendation Inquiry - POMCO Submission - WVHA Meeting Materials Deadline for May 17, 2018 Board Meeting

Importance: High

Good afternoon all,

During last evening's WVHA Board meeting, the Board voted to increase the copayments currently being assessed for the WVHA HealthCard population. Since the Board was anticipating the Eligibility Guideline revisions from POMCO/UMR in time for the June 21, 2018 Board meeting, they felt that they should come to this decision during last night's meeting and provide you with this information so that these updates can all take place at the same time.

The copayments have been formally motioned by Dolores Guzman, seconded by Barb Girtman as follows:

Primary Care shall go from \$4.00 to \$5.00 Specialty Care shall go from \$6.00 to \$10.00 Emergency Department shall go from \$10.00 to \$25.00 Pharmacy shall go from \$1.00 to \$3.00

The Vote passed by 4/0/1 (Judy Craig was absent)-Present were: Andy Ferrari, Dolores Guzman, Barb Girtman and Kathie Shepard

Should the Board approve the consolidated recommendations to the Eligibility Guidelines as made by POMCO/UMR along with the above increased copayments, what would be the realistic administrative implementation date for these revisions?

Thank you!

Eileen O'Reilly Long



1006 N Woodland Blvd DeLand FL 32720 386-734-9441 Office

#### **Eileen Long**

From: Nicole Sharbono <nsharbono@smabehavioral.org>

**Sent:** Friday, June 01, 2018 8:24 AM

To: Eileen Long; 'Ted Small'
Cc: Eric Horst; Salvatore Gintoli

Subject: SMA Behavioral Revised Documents

Attachments: CBCC OPERATIONAL PROCEDURE - West Volusia Hospital Authority Health Card Application Process.doc; WVHA worksheet and

tracking sheet.docx

#### Good morning,

Please see the attached documents for the revised operational procedure and worksheet related to the SMA Baker Act Funding Agreement. We believe we have incorporated the feedback recently provided to ensure the document is explicitly clear to our staff in regards to the attempts to collect necessary information and documentation of such.

As instructed at the most recent WVHA Board meeting, we are submitting this for additional feedback and approval.

Thank you,

Nicole Sharbono, LMHC, CAP Vice President, Volusia County Services 1220 Willis Avenue Daytona Beach, FL 32114

Office: 386-254-1264 Cell: 386-334-8276

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CBCC OPERATIONAL PROCEDURE: CSR-111

West Volusia Hospital Authority Health Card Application Process

**UNITS: ALL** 

DATE: 3/27/2018 REVISED: 5/29/2018

PURPOSE: To establish a protocol for connecting indigent West Volusia Hospital Authority area residents that access services at the Chet Bell Crisis Center with The House Next Door for West Volusia Hospital Authority Health Card application processing after discharge from an acute level of care.

#### PROCEDURE:

- 1. The CSR will complete the West Volusia Hospital Authority (WVHA) Worksheet and Tracking Sheet.
- 2. The CSR will email the Care Coordination Specialists and copy the Clinical Director of Crisis Services with the name of the WVHA eligible candidate and a summary of what information was obtained.
- 3. The Care Coordination Specialist will meet with the client as soon as the client is stable enough to consent to assistance with completing the WVHA Health Card Application.
- 4. If the client declines the offer of Care Coordination, the Care Coordination Specialist will open a Care Coordination episode for the client, document that the client declined the assistance, and then close the episode.
- 5. If the client accepts the offer of Care Coordination:
  - a. The Care Coordination Specialist will open a Care Coordination episode for the client.
  - b. The Care Coordination Specialist will obtain the West Volusia Hospital Authority Evidence of Residence Tracking Sheet from the CSR.
- 6. The Care Coordination Specialist will review the WVHA Health Card Program information sheet that accompanies this procedure with the client and provide the client with a copy.
- 7. The Care Coordination Specialist will continue to attempt to obtain evidence of residence utilizing the West Volusia Hospital Authority Evidence of Residence Tracking Sheet.

- 8. The Care Coordination Specialist will contact the appropriate staff at The House Next Door (based on the client's location within West Volusia) to schedule an appointment for the client to receive assistance with the Health Card application after their discharge from the acute level of care.
- 9. Prior to discharge, the Care Coordination Specialist will obtain a release of information from the client to be able to exchange information with The House Next Door staff regarding the client's attendance at the appointment and any needs the client has related to completion of the West Volusia Hospital Authority Health Card application.
- 10. The Care Coordination Specialist will ensure that the client has transportation to the appointment.
  - a. If needed the Care Coordination Specialist may issue 24-hour bus passes to the client so that they are able to get to the appointment and back, and will have additional bus passes for additional appointments if needed.
- 11. The Care Coordination Specialist will contact the client the day prior to their appointment to remind them about it.
- 12. The Care Coordination Specialist will follow up with the client no more than three days after the appointment to see if they made it to the appointment, what the outcome was and if any further assistance is needed connecting with The House Next Door or in completing the application.
- 13. The Care Coordination Specialist will contact The House Next Door to confirm if the client did attend the appointment and to see if additional assistance is needed with the application process.
- 14. Should further assistance be needed, the Care Coordination Specialist will attempt to reengage the client and connect them with The House Next Door.
- 15. Should the Care Coordination Specialist not be able to engage the client within three attempts, the Care Coordination Specialist will notify The House Next Door and close the client's Care Coordination episode.
- 16. The Care Coordination Specialist will document all contact with the client and with The House Next Door in the client's electronic medical record.
- 17. When the client has successfully connected with The House Next Door for WVHA Health Card application processing, and neither the client nor The House Next Door staff requires further assistance, the Care Coordination Specialist may close the client's episode.

# West Volusia Hospital Authority Evidence of Residence Worksheet

Client's name	MR#
person admitted from the West Volu- codes attached) who does not have a italicized text below to the client to	Representative: Fully complete this worksheet for any sia Hospital Area catchment area (see list of acceptable zip WVHA Blue Card or any other type of insurance. Read the determine proof of their residence and absence of any pital Authority Evidence of Residence Tracking Sheet to log sidence.
help to cover the cost of your stay at eligible to possibly receive West Volu	in West Volusia, the West Volusia Hospital Authority may the Chet Bell Crisis Center. In order to ensure that you are sia Hospital Authority Funding, we will need to know if you will need a copy of a driver's license, ID, or other proof of
Do you have any type of insurance? (If yes, inform the client that they are insurance card.)	☐ Yes ☐ No not eligible for WVHA coverage and make a copy of
Do you have your driver's license with (If yes, make a copy of license and ver	•
Do you have a State issued ID with yo (If yes, make a copy of ID and verify z	
If you do not have a driver's license or copy?	r State issued ID with you, who may we contact to obtain a
Name	Phone
Name	Phone
Name	Phone
residence to the CBCC. In addition to	ple you listed above and ask them bring proof of your an ID, acceptable proof of residence also includes a utility Signing below indicates that you consent to this contact.
Signature	Date
CSR signature and ID#	Date

# West Volusia Hospital Authority Evidence of Residence Tracking Sheet

lient's name MR#					
Instructions for Customer Service Representative: File this tracking sheet in the WVHA Residency Tracking Log in the CSR office and log all attempts to contact the people below to attempt to secure evidence of residence. Attempt to contact the individual(s) below daily until evidence is obtained, the person states they have no available evidence of residency, or the client discharges from crisis care. Attach copy of license, State issued ID, or utility bill to this form once obtained. Revisit form upon discharge and plan for client or person who picks up client to bring in proof of residence if none was obtained during stay. File this tracking form in the client's chart upon discharge.					
Name		Phone			
Name		Phone			
Name		Phone			
Contact name	Date / Time	Outcome			

#### **Eileen Long**

From: Peter < pete@hhi2001.org>

**Sent:** Thursday, June 07, 2018 5:41 PM

To: Eileen Long

Subject: HHI - Quarterly funding limitation waiver request

Attachments: HHI - Quaterly funding limitation waiver May. 7. 2018.pdf

#### Good evening Eileen;

I hope everything is going well. I have attached HHI's formal request for a waiver of the quarterly funding limitation, as per paragraph 4.1 of the WVHA/HHI 2017-2018 contract. If you have any questions or concerns feel free to contact me.

Pete...

Peter Willems

**Director of Operations** 

Hispanic Health Initiatives, Inc.

P:(386)320-0110 F:(386)320-0861

EMAIL: <a href="mailto:pete@hhi2001.org">pete@hhi2001.org</a>
WEB: <a href="mailto:www.hhi2001.org">www.hhi2001.org</a>

#### **IMPORTANT**

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Web: HHI2001.org Email: info@hhi2001.org "Building Healthier Communities One Person At A Time"

Tel: 386-320-0110 Fax: 386-320-0861

June 7, 2018

via email: ELong@drtcpa.com West Volusia Hospital Authority ATTN: Board of Commissioners

RE: Request for a waiver of the quarterly disbursement limitation

Dear Commissioner(s):

As per paragraph 4.1 of the 2017-2018 contract between the WVHA and Hispanic Health Initiatives, Inc.(HHI). This letter serves as HHI's formal request to the WVHA Board for their consideration of a waiver of the quarterly disbursement limitation.

The reason for this request is; for the first Seven months of the 2017-2018 contract year, October 2017 thru May 2018, HHI has provided service and submitted billing for 795 client encounters totaling \$62,350.00. As of this point in the third quarter, billing equals 83% of HHI's approved annual funding of \$75,000.00. I attribute the increase in clientele to both; the various community partnerships and collaborations HHI has obtained over the past  $1^{1/2}$  years and word of mouth driving West Volusia residents to access HHI's programs.

HHI has been limiting its outreach services in an effort to sustain the program throughout the whole 2017-2018 program year, as well as, simultaneously searching for additional funding sources.

Attached you will find the supporting information required with the submission of this letter, including a de-identified listing of clients, their city of residence and zip code.

Thank you in advance for your consideration of this request.

Sincerely,

Josephine Mercado

Founder/Executive Director Hispanic Health Initiatives, Inc.



Web: HHI2001.org Email: info@hhi2001.org "Building Healthier Communities One Person At A Time" Tel: 386-320-0110 Fax: 386-320-0861

6/7/2018

West Volusia Hospital Authority P.O. Box 940 DeLand, FL 32721-0940

Pursuant to the subject contract, please accept this invoice for services rendered for the period listed below:

May 2018...

Please remit: \$6025.00

All back-up documentation to substantiate activity is maintained at Agency location. If you have any questions please feel free to contact Josephine Mercado at (386) 320 - 0110.

Sincerely,

Founder/Executive Director

### Hispanic Health Initiatives, Inc. WVHA - Client Billing

			May-18			Billable Units			
	CLIENT	EVENT	DATE	ZIP CODE	CITY	Health Risk Assessment	Health & Behavioral Education	Case Management	
						\$100/Unit	\$50/Unit	\$25/Unit	TOTAL
1	IL0418091659	HRA	5/1/2018	32725	Deltona	1	0		\$125.00
2	JB0518081182	HRA	5/1/2018	32725	Deltona	1	1	0	\$150.00
3	LA0518060157	HRA	5/1/2018	32725	Deltona	1	1	0	\$150.00
4	LF0518070656	HRA	5/2/2018	32738	Deltona	1	1	0	\$150.00
5	MD0617012868	HRA	5/2/2018	32738	Deltona	1	0	1	\$125.00
6	EA0518052482	HRA	5/4/2018	32738	Deltona	1	1	0	\$150.00
7	JA0518072377	HRA	5/4/2018	32738	Deltona	1	1	0	\$150.00
8	LH0218121953	HRA	5/4/2018	32725	Deltona	0	0	1	\$25.00
9	JR0518082185	HRA	5/7/2018	32724	DeLand	1	1	0	\$150.00
10	MB0518111652	HRA	5/8/2018	32738	Deltona	1	1	0	\$150.00
11	DA0518040956	HRA	5/11/2018	32180	Pierson	1	1	0	\$150.00
12	MH0117051483	HRA	5/11/2018	32180	Pierson	1	0	1	\$125.00
13	MP0518100261	HRA	5/11/2018	32180	Pierson	1	1		\$150.00
14	DC0318052877	HRA	5/15/2018	32725	Deltona	1	0		\$100.00
15	LC0518070675	HRA	5/15/2018	32738	Deltona	1	1	0	\$150.00
16	LJ0418020469	HRA	5/15/2018	32725	Deltona	1	0	0	\$100.00
17	NB0318020251	HRA	5/15/2018	32725	Deltona	1	0		\$125.00
18	YC0518120594	HRA	5/15/2018	32738	Deltona	1	1		\$150.00
19	JL0318030369	HRA	5/16/2018	32725	Deltona	1	0		\$100.00
20	ML0518090380	HRA	5/16/2018	32738	Deltona	1	1	0	\$150.00
21	AF0518073162	HRA	5/17/2018	32720	DeLand	1	1	0	\$150.00
22	FS0518092650	HRA	5/17/2018	32720	DeLand	1	1	0	\$150.00
23	HG0518022861	HRA	5/17/2018	32720	DeLand	1	0	0	\$100.00
24	DZ1117060769	HRA	5/21/2018	32720	DeLand	1	0	1	\$125.00
25	JL1117052679	HRA	5/21/2018	32720	DeLand	1	0	1	\$125.00
26	JF0518112176	HRA	5/21/2018	32720	DeLand	1	1	0	\$150.00
27	MC0518021682	HRA	5/21/2018	32724	DeLand	1	1	0	\$150.00
28	MO0518062383	HRA	5/21/2018	32720	DeLand	1	1	0	\$150.00
29	CR0518060253	HRA	5/22/2018	32725	Deltona	1	0	0	\$100.00
30	ER0518101159	HRA	5/22/2018	32720	DeLand	1	1	0	\$150.00
31	MF0518080663	HRA	5/22/2018	32738	Deltona	1	1	0	\$150.00
32	RC0518081762	HRA	5/22/2018	32720	DeLand	1	1	0	\$150.00
33	SM0518061689	HRA	5/22/2018	32738	Deltona	1	1	0	\$150.00
34	AG0518042764	HRA	5/23/2018	32713	Debary	1	1	0	\$150.00
35	CD0518032846	HRA	5/23/2018	32763	Orange City	1	1	0	\$150.00
36	EA0518081931	HRA	5/23/2018	32738	Deltona	1	1	0	\$150.00
37	HM0518122240	HRA	5/23/2018	32725	Deltona	1	1	0	\$150.00
38	RR0518102439	HRA	5/23/2018	32725	Deltona	1	1	0	\$150.00
39	SB0518040853	HRA	5/23/2018	32738	Deltona	1			
40	AM0518120454	HRA	5/29/2018	32725	Deltona	1	1	0	\$150.00
41	CT0518072259	HRA	5/29/2018	32725	Deltona	1	1	0	\$150.00
42	DJ0518120765	HRA	5/29/2018	32738	Deltona	1	1	0	\$150.00
43	GM0518091956	HRA	5/29/2018	32738	Deltona	1	1		\$150.00
44	SC0518050363	HRA	5/30/2018	32725	Deltona	1	0		\$100.00
45					TOTALS	43	31	7	\$6,025.00

West Volusia Hospital Authority Financial Statements May 31, 2018



1006 N. Woodland Boulevard DeLand, FL 32720 (386) 734-9441 Www.drtcpa.com

James H. Dreggors, CPA Ann J. Rigsby, CPA/CFP™ Parke S. Teal, CPA/PFS (1954-2011) Ronald J. Cantlay, CPA/CFP™ Robin C. Lennon, CPA John A. Powers, CPA

To the Board of Commissioners West Volusia Hospital Authority P. O. Box 940 DeLand, FL 32720-0940

Management is responsible for the accompanying balance sheet (modified cash basis) of West Volusia Hospital Authority, as of May 31, 2018 and the related statement of revenues and expenditures - budget and actual (modified cash basis) for the month then ended and year-to-date, in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The accompanying supplemental information contained in Schedules I and II is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information is the representation of management. The information was subject to our compilation engagement; however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any assurance on such supplementary information.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Authority's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to West Volusia Hospital Authority.

Dreggors, Rigsby & Teal, P.A. Certified Public Accountants DeLand, FL

Druge . Rip - Tal P. A.

June 05, 2018

MEMBERS

# West Volusia Hospital Authority Balance Sheet Modified Cash Basis May 31, 2018

### **Assets**

Current Assets	
Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	6,194,076.33
Intracoastal Bank - Operating	68,688.02
Mainstreet Community Bank - MM	8,056,546.88
Taxes Receivable	 92,073.00
Total Current Assets	 14,411,484.23
Fixed Assets	
Land	145,000.00
Buildings	422,024.71
Building Improvements	350,822.58
Equipment	 251.78
Total Fixed Assets	918,099.07
Less Accum. Depreciation	 (324,657.93)
Total Net Fixed Assets	 593,441.14
Other Assets	
Deposits	 2,000.00
Total Other Assets	2,000.00
Total Assets	 15,006,925.37

### **Liabilities and Net Assets**

Current Liabilities	
Security Deposit	5,110.00
Deferred Revenue	 88,660.00
<b>Total Current Liabilities</b>	93,770.00
Net Assets	
Unassigned Fund Balance	6,370,928.78
Restricted Fund Balance	208,000.00
Nonspendable Fund Balance	593,441.14
Net Income Excess (Deficit)	 7,740,785.45
Total Net Assets	 14,913,155.37
<b>Total Liabilities and Net Assets</b>	\$ 15,006,925.37

#### West Volusia Hospital Authority Statement of Revenue and Expenditures Modified Cash Basis Budget and Actual

### For the 1 Month and 8 Months Ended May 31, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Revenue	/ William Dunger			
Ad Valorem Taxes	19,910,000.00	247,428.98	19,328,326.65	581,673.35
Investment Income	45,000.00	6,348.80	39,880.07	5,119.93
Rental Income	68,304.00	5,691.98	45,535.84	22,768.16
Other Income	0.00	0.00	202.84	(202.84)
Total Revenue	20,023,304.00	259,469.76	19,413,945.40	609,358.60
Healthcare Expenditures				
Adventist Health Systems	5,655,654.00	840,668.26	4,734,649.80	921,004.20
Northeast Florida Health Services	1,608,362.00	231,426.00	1,022,423.19	585,938.81
Specialty Care	5,208,000.00	552,551.70	1,999,662.63	3,208,337.37
County Medicaid Reimbursement	2,250,000.00	185,652.25	1,485,218.00	764,782.00
The House Next Door	120,000.00	7,364.48	59,090.82	60,909.18
The Neighborhood Center	70,000.00	8,075.00	43,075.00	26,925.00
Community Life Center Outreach Services	25,000.00	1,325.00	15,925.00	9,075.00
Rising Against All Odds	235,000.00	14,875.00	122,325.00	112,675.00
Community Legal Services	76,931.00	1,765.88	19,836.68	57,094.32
Hispanic Health Initiatives	75,000.00	3,075.00	56,325.00	18,675.00
Deltona Firefighters Foun Access to Hith	75,000.00	0.00	660.82	74,339.18
Florida Dept of Health Dental Svcs	200,000.00	15,089.06	176,491.14	23,508.86
Good Samaritan	79,747.00	3,669.00	27,099.00	52,648.00
Stewart Marchman - ACT	946,336.00	79,924.86	514,717.05	431,618.95
Health Start Coalition of Flagler & Volusia	142,362.00	11,581.52	82,483.82	59,878.18
H C R A	819,612.00	134.34	78,260.38	741,351.62
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,957,177.35	10,438,243.33	7,463,807.67
Other Expenditures				
Advertising	12,000.00	822.70	2,217.19	9,782.81
Annual Independent Audit	15,800.00	0.00	15,800.00	0.00
Building & Office Costs	6,500.00	192.72	3,473.42	3,026.58
General Accounting	68,100.00	3,806.25	34,803.75	33,296.25
General Administrative	65,100.00	4,186.25	36,780.00	28,320.00
Legal Counsel	70,000.00	3,180.00	36,980.00	33,020.00
Special Accounting	5,000.00	0.00	0.00	5,000.00
City of DeLand Tax Increment District	75,000.00	0.00	69,746.00	5,254.00
Tax Collector & Appraiser Fee	625,740.00	4,896.37	526,421.92	99,318.08
TPA Services	718,560.00	44,930.00	285,396.50	433,163.50
Eligibility / Enrollment	92,170.00	9,912.00	31,731.00	60,439.00
Healthy Communities	72,036.00	5,357.84	38,436.39	33,599.61
Application Screening				
Application Screening - THND	189,742.00	15,811.83	110,682.81	79,059.19
Application Screening - RAAO	34,005.00	1,920.00	14,016.00	19,989.00
Application Screening - SMA	14,000.00	29.60	5,067.20	8,932.80
Workers Compensation Claims	25,000.00	0.00	21,730.44	3,269.56
Other Operating Expenditures	32,500.00	42.50	1,634.00	30,866.00
Total Other Expenditures	2,121,253.00	95,088.06	1,234,916.62	886,336.38
Total Expenditures	20,023,304.00	2,052,265.41	11,673,159.95	8,350,144.05
Excess ( Deficit)	0.00	(1,792,795.65)	7,740,785.45	(7,740,785.45)
	See Accountants' Co	mpilation Report		

#### West Volusia Hospital Authority Schedule I - Healthcare Expenditures Modified Cash Basis Budget and Actual

### For the 1 Month and 8 Months Ended May 31, 2018

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
Healthcare Expenditures	7 initial Dadget	7101001		
Adventist Health Systems				
Florida Hospital DeLand	2,715,327.00	419,891.42	2,381,800.37	333,526.63
Florida Hospital Fish Memorial	2,715,327.00	348,007.17	2,127,849.43	587,477.57
Florida Hospital DeLand - Physicians	112,500.00	42,766.34	116,102.63	(3,602.63)
Florida Hospital Fish - Physicians	112,500.00	30,003.33	108,897.37	3,602.63
Northeast Florida Health Services				
NEFHS - Pharmacy	660,040.00	61,461.14	421,040.19	238,999.81
NEFHS - Obstetrics	30,000.00	7,062.37	27,528.08	2,471.92
NEFHS - Primary Care	918,322.00	162,902.49	573,854.92	344,467.08
Specialty Care				
Specialty Care Services	4,700,000.00	476,010.02	1,742,974.39	2,957,025.61
Laboratory Services	508,000.00	76,541.68	256,688.24	251,311.76
County Medicaid Reimbursement	2,250,000.00	185,652.25	1,485,218.00	764,782.00
Florida Dept of Health Dental Svcs	200,000.00	15,089.06	176,491.14	23,508.86
Good Samaritan				
Good Samaritan Health Clinic	25,000.00	1,839.00	14,339.00	10,661.00
Good Samaritan Dental Clinic	54,747.00	1,830.00	12,760.00	41,987.00
Global Healthcare System				
The House Next Door	120,000.00	7,364.48	59,090.82	60,909.18
The Neighborhood Center	70,000.00	8,075.00	43,075.00	26,925.00
Community Life Center Outreach Services	25,000.00	1,325.00	15,925.00	9,075.00
Rising Against All Odds	235,000.00	14,875.00	122,325.00	112,675.00
Community Legal Services	76,931.00	1,765.88	19,836.68	57,094.32
Hispanic Health Initiatives	75,000.00	3,075.00	56,325.00	18,675.00
Deltona Firefighters Foun Access to Hith	75,000.00	. 0.00	660.82	74,339.18
Stewart Marchman - ACT	•			
SMA - ARNP Services at THND	7,000.00	136.53	1,710.92	5,289.08
SMA - Homeless Program	64,336.00	11,320.98	43,488.98	20,847.02
SMA - Residential Treatment	550,000.00	68,467.35	343,467.35	
SMA - Baker Act - Match	325,000.00	0.00	126,049.80	198,950.20
Health Start Coalition of Flagler & Volusia	•			
HSCFV - Outreach	73,500.00	5,937.12	42,690.72	30,809.28
HSCFV - Fam Services	68,862.00	5,644.40		29,068.90
HCRA				
H C R A - In County	400,000.00	134.34	66,713.50	333,286.50
H C R A - Outside County	419,612.00	0.00	11,546.88	408,065.12
Other Healthcare Costs	315,047.00	0.00	0.00	315,047.00
Total Healthcare Expenditures	17,902,051.00	1,957,177.35	10,438,243.33	7,463,807.67

# West Volusia Hospital Authority Schedule II - Statement of Revenue and Expenditures Modified Cash Basis

# For the 1 Month and 8 Months Ended May 31, 2018 and May 31, 2017

	1 Month Ended May 31, 2018	1 Month Ended May 31, 2017	8 MonthsEnded May 31, 2018	8 Months Ended May 31, 2017
Revenue	0.47 400 00	440.040.00	40 000 000 05	40 404 445 04
Ad Valorem Taxes	247,428.98	149,848.96	19,328,326.65	12,101,145.01
Investment Income	6,348.80	4,704.05	39,880.07	39,556.73
Rental Income	5,691.98	5,608.42	45,535.84	44,867.36
Other Income	0.00	954.44	202.84	25,733.62
Total Revenue	259,469.76	161,115.87	19,413,945.40	12,211,302.72
Healthcare Expenditures			4 70 4 0 40 00	4 00 4 050 00
Adventist Health Systems	840,668.26	1,060,650.86	4,734,649.80	4,094,656.00
Northeast Florida Health Services	231,426.00	259,767.51	1,022,423.19	818,577.80
Specialty Care	552,551.70	485,931.71	1,999,662.63	2,275,608.10
County Medicaid Reimbursement	185,652.25	182,706.67	1,485,218.00	1,461,653.36
The House Next Door	7,364.48	8,626.04	59,090.82	57,457.96
The Neighborhood Center	8,075.00	3,032.26	43,075.00	33,154.38
Community Life Center Outreach Services	1,325.00	0.00	15,925.00	0.00
Rising Against All Odds	14,875.00	21,036.12	122,325.00	158,946.97
Community Legal Services	1,765.88	1,149.55	19,836.68	5,789.31
Hispanic Health Initiatives	3,075.00	4,175.00	56,325.00	29,000.00
Deltona Firefighters Foun Access to Hith	0.00	0.00	660.82	0.00
Florida Dept of Health Dental Svcs	15,089.06	11,088.35	176,491.14	73,524.29
Good Samaritan	3,669.00	4,908.00	27,099.00	32,459.50
Global Healthcare System	0.00	876.80	0.00	9,364.00
Stewart Marchman - ACT	79,924.86	110,663.80	514,717.05	684,766.76
Health Start Coalition of Flagler & Volusia	11,581.52	24,285.72	82,483.82	90,985.84
HCRA	134.34	15,850.22	78,260.38	65,039.56
Total Healthcare Expenditures	1,957,177.35	2,194,748.61	10,438,243.33	9,890,983.83
Other Expenditures		.=		00 000 00
Advertising	822.70	17,041.13	2,217.19	82,036.30
Annual Independent Audit	0.00	0.00	15,800.00	15,500.00
Building & Office Costs	192.72	20.40	3,473.42	4,141.50
General Accounting	3,806.25	4,583.75	34,803.75	40,750.28
General Administrative	4,186.25	4,568.75	36,780.00	34,611.25
Legal Counsel	3,180.00	4,960.00	36,980.00	40,150.00
City of DeLand Tax Increment District	0.00	0.00	69,746.00	38,304.00 361.054.33
Tax Collector & Appraiser Fee	4,896.37	82,463.52	526,421.92	361,954.33 308,813.00
TPA Services	44,930.00	64,555.50	285,396.50	(898.00)
Eligibility / Enrollment	9,912.00	7,413.00	31,731.00	•
Healthy Communities	5,357.84	5,446.07	38,436.39	39,044.78
Application Screening	4= 044 00	44.070.00	440.000.04	00 046 40
Application Screening - THND	15,811.83	11,978.08	110,682.81	83,846.48
Application Screening - RAAO	1,920.00	1,048.85	14,016.00	8,672.07
Application Screening - SMA	29.60	0.00	5,067.20	0.00
Workers Compensation Claims	0.00	12,479.02	21,730.44	12,479.02
Other Operating Expenditures	42.50	425.00	1,634.00	1,377.42
Total Other Expenditures	95,088.06	216,983.07	1,234,916.62	1,070,782.43

# West Volusia Hospital Authority Schedule II - Statement of Revenue and Expenditures Modified Cash Basis

### For the 1 Month and 8 Months Ended May 31, 2018 and May 31, 2017

	1 Month Ended May 31, 2018	1 Month Ended May 31, 2017	8 MonthsEnded May 31, 2018	8 Months Ended May 31, 2017
Total Expenditures	2,052,265.41	2,411,731.68	11,673,159.95	10,961,766.26
Excess ( Deficit)	(1,792,795.65)	(2,250,615.81)	7,740,785.45	1,249,536.46



June 1, 2018

West Volusia Hospital Authority PO Box 940 DeLand, FL 32721-0940

Attention: Eileen Long, Administrator

Re:

June 1 Estimate of 2018 Tax Roll Values per F.S. 200.065(8)

Taxing Authority Numbers(s): 0070

Dear Ms. Long:

Our office has compiled the following estimates of the 2018 taxable value within your jurisdiction. Please remember this is an estimate. The official Preliminary tax roll will be certified to you by the DR420 from on or before July 1, 2018.

#### Estimated 2018 Values

 Just Value
 17,338,330,761

 Taxable Value
 9,336,227,639

 New Construction
 161,995,488

 Annexations
 0

Annexations: A listing and map of any annexed property will be in a separate correspondence.

Community Redevelopment Areas (CRA): If your taxing authority has CRA's the taxable value will be included in a separate correspondence.

Singerely,

Larry Bartlett

Volusia County Property Appraiser

#### LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: June 12, 2018

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for June 21, 2018 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update dated April 10, 2018. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the 4/19/18 and 5/17/18 Meeting Minutes.

## I. POMCO/UMR Migration Date July 1, 2018. [See new info. in italics and bold]

The UMR Intent Call to review and discuss transitional matters concerning the anticipated POMCO/UMR migration occurred last Friday, April 6<sup>th</sup>. UMR will present the Board with a full summary of points that either Ms. Long or counsel or both recommended for Board consideration. It is noteworthy here that UMR's Traditional Indemnity Medical Installation document did not at first seem particularly relevant to WVHA's Health Card, governmental benefits program. However, our review of the 42 pages of detail in this document pointed out several potential gaps in WVHA policy which will be fully discussed in UMR's summary, including, but not limited to:

- 1. whether the Board should establish annual limits on reimbursements for an individual member that is consistent with the private insurance industry standards;
- 2. Whether any limitations imposed for preventative screenings should expressly allow doctors to make exceptions based on certain risk factors include race, age and family history of the subject disease?
- 3. whether there should be a limit on how long a Health Card member should be provided residential mental health care services in the Hospitals before PCP approval is required on certain health care services;
- 4. whether breast pumps should be excluded from reimbursement as with all other Durable Medical Equipment;
- 5. Whether sterilization services for men or women should be reimbursed? UMR will provide the Board with its recommendations based on industry standards concerning each of these areas and others that were discussed.

Additionally, the Call included discussion of a transition from POMCO handling subrogation maters for WVHA without specific contractual obligation and without charge to some contractually agreement with UMR. Although UMR presented us its standard roughly 7 pages of legalese insert for insertion in plans for which it handles subrogation matters in exchange for payment of 30% of all amounts recovered, it was agreed that Mr. Jacobs would confer with other UMR officials to develop a proposal that is fair to WVHA which has only had 2-3 such matters per year in recent years and the combined dollar amount of recovery was about

\$11,000.00 in 2016. Counsel agrees with UMR's recommendation that the Board retain it to settle such small cases with an authority to settle threshold of up to \$15,000, which is lower than UMR's standard threshold of \$25,000. In the past, the Board has generally accepted the recommendation of HS1 or POMCO, as reviewed by counsel without much if any second guessing. For such relatively small amounts, it probably wastes more time and money to consider these matters at a Board meeting than the benefit obtained in any deliberations.

After hearing back from Mr. Jacobs that the UMR subrogation team was unwilling to negotiate its 30% fee to vary based on the amount of recovery or complexity of its services to negotiate a proposed resolution, on May 23rd counsel convened a conference call with Mr. Cantlay and Ms. Long to discuss our collective memory of what services HS1 and POMCO have provided in past subrogation matters. We focused on whether any of us could recall an instance where WVHA's subrogation right—right to recover funds from a Health Card member who recovers monies from a third party to pay for health care which WVHA has already paid—was triggered by anything other than a letter from an attorney for the Health Card member notifying WVHA (or HS1 or POMCO as its TPA) that those rights existed in some pending or settled lawsuit. Because none of us could think of any instance where HS1 or POMCO engaged in some special research or monitoring in order to discover the existence of subrogation rights prior to receiving notice from a lawyer, we could not justify a basis for UMR's request to receive 30% of all claims regardless of whether it is a \$10,000 or a \$300,000 amount that WVHA would be entitled to recover. Instead, we agreed upon a consensus recommendation which would make DRT responsible for gathering and analyzing the claims paid history of a subrogation matter once WVHA receives notice of it and then counsel taking an active role in negotiating a proposed resolution with the attorney representing the HC member. The jointly recommended process is included in the Board packet and is included on the Discussion Agenda for the Board's consideration.

II. SMA Baker Act/ HSCFV WIS/NOS Site Visit and Corrective Measures. [See new info. in italics and bold]

Following a review of DRT's Site Visit reports, the Board requested SMA-Baker Act and HSCFV WIS/NOS to bring back corrective measures for their negative Site Visit findings in time for the WVHA February 15, 2018 Regular Meeting. To date, counsel has not received SMA's nor HSCFV WIS/NOS full response to the Board.

From SMA, on January 30th, SMA provided counsel with a preliminary letter that focuses more on how to lessen the screening requirements than on how SMA will modify its staffing to achieve greater compliance. Based on a statement of DRT's opinion that was included within the Site Visit report, SMA's preliminary letter was focused on proposals to modify the underlying funding agreement. For example, one of the suggested modifications which SMA has proposed is that it be allowed to satisfy WVHA's screening requirements merely with a certification that it has fully complied with DCF's financial requirements under Section 65E-14 of the Florida Administrative Code.

Counsel responded that same day with requests for additional information to determine

exactly what procedures had been in place for SMA to achieve good faith compliance with the Funding Agreement as written and further explanation as to why that Agreement requires modification after over a decade with mostly the same screening requirements. SMA had just approved and signed the subject funding agreement a few months ago. Counsel noted for SMA that in a conversation with Ms. Sharbono after the January meeting, Ms. Sharbono had indicated that she was not even aware (and did not believe her staff was aware) that this Baker Act program had a screening requirement. As of this writing, counsel has not received any response to this request for additional details about what procedures were in place and how they were staffed at the times relevant to the latest Site Visit report.

Although counsel has not reviewed whatever SMA has developed for the Board packet, counsel believes that it would be premature for SMA to declare that it cannot achieve good faith compliance with the same screening that has been required of this program for over a decade when its current manager has acknowledged that she wasn't aware of the requirement. (HSCFV WIS/NOS's CEO similarly acknowledged that she wasn't aware of the subject screening requirements) Further, the suggestion that WVHA's screening requirements be merged into DCF's financial requirements cannot be accepted without verifying that those requirements are the same or greater than the requirements under WVHA's Eligibility Guidelines. The Eligibility Guidelines set forth this Board's longstanding policies for remaining in compliance with its own Enabling Legislation, which is different State law than imposed upon DCF for eligibility to its services.

In addition, the recognition of yet another exemption to full compliance with the Board's Eligibility Guidelines for the Baker Act Program, which involves significant funding dollars, is a slippery slope that will open the door to virtually every other funded entity claiming that "our target population is special" and we should no longer be required to invest in staffing resources to comply with residency, insurance and financial eligibility guidelines. As the Board recognizes more exemptions, it becomes less justifiable and less fair to enforce full screening on any of the other agencies. It is arguable that all programs funded by WVHA necessarily involve the poorest and sickest individuals in the Tax District for whom it is most difficult to document their eligibility. Arguments focusing on the ability of a newborn baby or mentally incapacitated individual to produce a photo ID or verify income have emotional appeal. (These arguments focus on a particular point in time in a continuum of care and ignore the ability of the supportive family to assist with gathering required documentation and information) However they sidestep the critical issue which is whether this Board is authorized under law to fund programs without some manner of verifying that most of the dollars are spent on indigent residents of the Tax District. The answer is plainly no, it cannot do so without violating the Enabling Legislation. The Board has labored long and hard for nearly a decade to come up with uniform, fair and non-discriminatory standards to comply with the Enabling Legislation's requirement that tax dollars are spent on primarily individuals who are both "residents" of the Tax District and who are "indigent" as defined within the Guidelines. Counsel strongly recommends that the Board avoid further exemptions to these Guidelines and instead simply acknowledge that some programs, however compelling their need, cannot be funded without the Board violating the law.

Although counsel has not received any preliminary responses or letters from HSCFV

WIS/NOS, counsel recommends that going forward all programs who receive negative compliance findings in the Site Visit reports be encouraged to come up with creative ways to achieve good faith compliance with their screening requirements or seek funding elsewhere from funding sources that have lesser requirements. Considering that each funded entity applied for funding and agreed in their Funding Application to comply with WVHA's eligibility requirements, the focus of these discussions should be less on why we cannot comply, but how can we comply.

SMA circulated to DRT and counsel a draft revision to their proposed corrective measures on June I and counsel has provided feedback on that initial draft and two subsequent drafts on June 5 and June II<sup>th</sup>. Counsel is hopeful that what SMA finalizes for the Board packets will resolve this process. The major need for further clarification as of the June II<sup>th</sup> draft was a need for SMA to make it plain within the four corners of its proposed Worksheets and Protocols, or their attachments, that its CSR (Customer Service Representative) will in fact make reasonable efforts to obtain information about residence, income and assets from the inpatient or its authorized representative before discharged from SMA's facilities. It appears that SMA may already be collecting this information in a preexisting Financial Assessment Form, but counsel has suggested they attach that Form and revise it as necessary to make it plain that it is making a good faith effort to qualify eligible residents financially before they are discharged and turned over the Care Coordinator to try and get a complete Health Card Application completed after discharge.

III. WVHA Health Card Program Eligibility Guidelines. [See new info. in italics and bold] [Refer back to Legal Update Memorandum dated 4/9/14, 7/19/14, 9/17/14, 11/12/14, 2/11/15, 6/10/2015, 10/7/15, 11/11/15, 3/9/16, 4/12/16 and 5/9/17 for additional background details.]

From the inception, the Guidelines were adopted from a legal perspective to establish uniform, fair and non-discriminatory standards to comply with the Enabling Legislation's requirement that tax dollars are spent on primarily individuals who are both "residents" of the Tax District and who are "indigent" as defined within the Guidelines.

It is noteworthy that currently the Guidelines are utilized by WVHA in two distinct ways which are often confused by providers, potential providers and applicants for funding:

- 1. First, they are utilized by WVHA's third party administrator ("TPA"), currently POMCO, as the governing rules for determining who is eligible to receive a WVHA Health Card. Once deemed eligible by POMCO, an applicant receives a Health Card (effective usually for 6 months) which automatically makes them eligible to receive hospital care, primary care, dental care, specialty care and pharmacy benefits at any provider who has signed a funding agreement to provide such services to those who are currently enrolled in the Health Card Program;
- 2. Second, the Guidelines are incorporated in whole or part as the governing rules for a funded agency to qualify some of their individual clients to become eligible for WVHA reimbursement (at the contracted rate) for services at that agency only. Even though these individuals are generally required to provide the same information, including proof that they

have applied for the ACA and that they are not qualified for Medicaid or other affordable private health insurance, the individuals who qualify through these funded agencies do not receive a Health Card and therefore are NOT automatically eligible to receive other healthcare services available at other funded agencies, the hospitals, specialty care providers, pharmacy benefits, etc.

Board members should begin anticipating the annual EG review process that the Board approved last year. That process will start with a presentation by POMCO of a compilation of proposed changes in March and then after Board review, deliberation and voting by May Regular Meeting, the newly amendments would take effect in June, 2018; provided however, the Board would consider amending the EGs more frequently than annually where it is demonstrated by POMCO and/or other proposers that that such exceptional action is necessary to fulfill the public purposes of WVHA.

At this juncture, counsel is only prepared to recommend that the Board consider inserting a change to the Eligibility Guidelines (as well as future funding agreements) that would make it clear that a resident who has health insurance coverage (public or private) is not considered "indigent" and ineligible to qualify for WVHA funding. Further, all funded agencies must screen to determine whether a potential Program Participant has health insurance coverage. As noted previously, counsel has recommended in the past and continues to recommend that the Board's strongest legal position is maintained when it only approves funding for applicants that can fully screen its clients pursuant to <u>all</u> policies within the Eligibility Guidelines. However, based on past decisions of the Board to carve out exceptions for certain programs for which it deemed essential to the overall functioning of the indigent healthcare system, and after further review and analysis of the current form of the Eligibility Guidelines, the funding agreements for the funded agencies that are not required to do full screening and the Enabling Legislation, counsel has developed the following suggested way to categorize these limited screening funded agencies:

- Access to Healthcare—Primarily Enrollment and Referral Type Services
  - a. Healthy Communities Kidcare Outreach,
  - b. Healthy Start—Access to Health Care Program,
  - c. The Neighborhood Center—Access to Health Care Program,
  - d. Community Life Center Outreach Services, Inc-Access to Healthcare

For these Category I programs, it is arguable that the current limited screening is justified because these agencies are assisting WVHA with its administrative gatekeeper function to either enroll eligible residents in other available health insurance programs or identify, screen and refer potentially indigent residents into the appropriate door of the healthcare system. And based on the very limited per client cost for their services and lack of any provision of actual healthcare, an application of the "no public or private insurance coverage" requirement, as set forth in Section 2.02(4)&(5) of the Eligibility Guidelines would make it impossible for WVHA to obtain what it and the CAC have determined are necessary access to health care functions.

II. Access to Healthcare—Discrete and Limited Cost Healthcare Screening Testing and Education w/ Case Management Services

- a. Rising Against All Ods, Inc. -- HIV/AIDS Outreach and Case Management
- b. Hispanic Health Initiatives, Inc.'s Taking Care of My Health

For these Category II programs, limited screening was originally approved on the belief that these agencies, as promised in their funding application, would target their outreach to the most impoverished neighborhoods within the Tax District and that to the extent that any nonindigents would be served, it would only be "incidental" to their providing testing, education and case management services to indigent residents as required under the Enabling Legislation (See Section 1 of Enabling Legislation (2004). Unfortunately based on recent selfreporting by Hispanic Health, it is now clear that significant numbers of individuals with other public or private health insurance can obtain these services unless these agencies at least screen out those with insurance based on good faith self-reporting and collection of data. Accordingly, counsel has recommended (and the Board approved) that these agencies be required to implement the "no public or private insurance coverage" requirement, as set forth in Section 2.02(4)&(5) of the Eligibility Guidelines by at least asking potential clients whether they have insurance coverage and maintaining these self-reported responses in their files. Eventually, counsel would develop an attachment for future funding agreements that would require these agencies to obtain executed verification of their client's insurance status after they have been warned about providing false statements.

If an agency has not been mentioned in the two categories above, counsel recommends that their full screening requirements be maintained within their funding agreements. Instead, counsel recommends that any deficiencies in their screening be addressed after they have at least fully implemented good faith efforts to comply with the currently contracted screening requirements. If the above stated recommendations are accepted and approved, counsel is not recommending any substantive changes to the Eligibility Guidelines. Any changes indicated above can be implemented in revised funding agreement for the coming 2018-19 fiscal year.

Counsel has reviewed the overview and redlined version of changes proposed by UMR and THND and has no basis for any objection to these changes from a legal perspective. Counsel did note and send notification to Mr. Jacobs about a potential discrepancy between what is overviewed and what is redlined on page 14, but defers to UMR and THND for any necessary clarification of their proposed changes.

IV. New Methodology for Calculating the Medicaid Contribution Required from Counties and/or Hospital Districts Who "Benefit" from the Medicaid Program—SB 1520 (2013 Florida Legislature) [See new info. in italics and bold]

As some Board members may recall, in 2012 the Florida Legislature passed HB-5301 which required counties and/or hospital districts who "benefit" from the Medicaid program to catch up on disputed Medicaid bills dating back to 2001. After much research, discussion and legal and political wrangling, WVHA ultimately resolved to continue its longstanding commitment to reimburse the County of Volusia (the "County") for the County's required contribution to the State of Florida Medicaid Program for hospital bill payments on behalf of indigent residents of the West Volusia Tax District. For both the unpaid Medicaid bills dating back to

2001 and future Medicaid bills, the County and WVHA agreed to set aside their disagreement about whether WVHA actually "benefits" from the Medicaid program as do the other hospital districts (Halifax and Southeast Volusia) which receive direct Medicaid payments for services rendered at hospitals which they own and operate. Instead, the ultimate resolution to this dispute was WVHA's agreement to continue reimbursing the County for a portion of its required contribution to the Medicaid Program as long as the County certified that it had verified that hospital bills apportioned to WVHA concerned healthcare services for persons who were indigent residents of the West Volusia Tax District at the time of service. This agreed-upon Medicaid billing procedure was fully implemented and was the basis for the Board's approval of all Medicaid payments during the 2012-13 fiscal year.

However, with the passage of SB 1520 by the 2013 Florida Legislature, the State of Florida Medicaid Program will no longer bill the County based on the actual amount of services rendered to individual Medicaid recipients within the County. Instead, the State of Florida is now allowed to assess counties based on statutory formulas with the stated goals of 1. relieving counties of having to devote administrative time to check and verify recipient addresses and 2. making the process compatible with AHCA's new Diagnosis Related Group (DRG) reimbursement system, whereby hospitals are reimbursed a flat rate per diagnosis code regardless of the number of hospitalization days. (Although not acknowledged in the FAC materials I reviewed, it is counsel's understanding that AHCA pushed hard for passage of the new law in order to relieve itself of many administrative burdens associated with the prior reimbursements procedures)

The formula that applied for the first two years under the new regime was based solely on the "percentage share of payments", which represents the County's percentage share of total Medicaid payments for all counties, based on six months of resolved payments during SFY 2012-13. Because the County has three independent hospital districts which had traditionally split responsibilities for the County's assessment based on the residency of the hospital inpatient at the time of service, the County divided responsibility for the new formula assessments based solely on the percentage of Medicaid enrollees within each of the hospital taxing districts, as determined by their zip codes as of March 2013: 45.97% in West Volusia Taxing District (39,802 enrollees); 44.42% in Halifax Taxing District (38,461enrollees); and 9.61% in Southeast Volusia Taxing District (8,318 enrollees).

However, beginning in SFY 15-16 and through SFY 19-20, the formula that will apply is based on a five year transitional period where two formulas are utilized, the percentage share of payments formula and a new "enrollment percentage". The new "enrollment percentage" formula represents the total Florida Medicaid enrollees living in the County as of March of that year divided by the total number of Medicaid enrollees in Florida. During the transition period, the proportionate weight of the "percentage share of payments" formula decreases each year and the proportionate weight of a new enrollment percentage is increased each year. For example, in SFY 15-16, the percentage share of payments formula will count for 80% and the enrollment percentage will count for only 20% of the County's total assessment. However, by SFY 18-19, the percentage share of payments formula will only count for 20% and the enrollment percentage will count for 80% of the County's total assessment. In SFY 2019-20, the enrollment percentage will count for 100% of the County's total Medicaid assessment.

Under the new law, the Department of Revenue (DOR) is required to notify each county by June 1 of its total SFY Medicaid contribution. Each county is then required to begin paying its assessed contribution in equal monthly installments by the 5<sup>th</sup> day of each month. If a county fails to make these monthly payments, the DOR is required to reduce the county's half-cent sales tax distribution. Therefore, the County will be unforgiving of any resistance by WVHA or the other hospital districts to pay whatever is decided as "our proportionate share" of the assessed contribution.

Counsel will defer to the CPAs at DRT to provide the Board with an analysis of the detailed numbers and how the change in the proportionate weight of the two formulas during the transitional period which starts this year. From a broad analytical perspective and based on preliminary discussions with representatives of other hospital districts, it appears that WVHA could be assessed an increasingly larger amount for Medicaid each year because the total assessment to each county is no longer based upon data on actual hospital stays/services provided and is no longer going to distinguish hospitals versus nursing homes stays/services. (Under the prior formula, the County paid all of the Medicaid contribution attributed to nursing home stays). Apparently, the data on actual usage is no longer being collected and maintained by AHCA. Instead, by the end of the transitional period DOR will simply assess the County one lump sum assessment based entirely on per capita enrollment in zip codes associated with Volusia County, without any consideration of the actual Medicaid usage by these enrollees and without any division as between hospital stays and nursing home stays. Further, counsel has confirmed that DOR is not making any distinction based on actual physical addresses of the Medicaid enrollees. Therefore, those with zip codes that DOR associates with Volusia County will be included in the County's assessment even if those enrollees actually live in Lake or Flagler County.

Counsel, DRT and other representatives from Halifax and Southeast have scheduled a conference call this week in order to discuss a potential mutual strategy for negotiating with the County about how to deal with those features of the new "enrollment percentage" formula that will result in WVHA and the other districts becoming responsible for both hospital stays and nursing home care of Medicaid enrollees. Counsel is not expecting that the other districts will be as concerned about the lack of perfect correlation between the States use of inexact zip coding as the sole means to determine "residency", because they have other revenue other than ad valorem taxes and could pay for nonresidents without a per se violation of their Enabling Legislation. But at some point if this zip code methodology is not addressed, WVHA may be faced with a choice between violating its Enabling Legislation and reneging on its traditional willingness to pay its proportionate share of the County's Medicaid assessment. It would help counsel to advise the Board on this choice if the Board would authorize "special accounting" by DRT or HSl, or both working collaboratively, to come up with a reasonable estimate of how many actual Lake County residents with a 32720 zip code are Medicaid enrollees. If that number is not significant, then it would allow counsel to articulate for the Board a justification for considering this cost as "incidental" to the larger cost of providing healthcare to actual residents of the Tax District. The converse is also true.

Consistent with the methodology tentatively agreed in a conference call last month between

representatives of all three hospital districts in Volusia County, Mr. Powers has prepared a preliminary spreadsheet indicating how utilizing the average of four years of WVHA's percentage of the overall Volusia County's required contribution to the Medicaid Program will actually decrease WVHA's contribution percentage to 31.02%, as compared to 31.84% for 2014-15. Mr. Powers received notice that the County has agreed to the joint proposal from all three hospital districts. Apparently County Council approval was not required and WVHA should receive a formal letter confirming the County's approval. Counsel has requested that this matter be placed on the Board's Discussion Agenda for the September 17<sup>th</sup> meeting and recommends that the Board formally approve the jointly proposed methodology until, hopefully, some legislative fix occurs to replace the statutory "enrollment percentage" formula that would be applicable if this joint proposal were not agreed by all parties.

As for past several years, counsel agrees with DRT that WVHA should agree with Halifax and Southeast to continue the same contribution percentages for Medicaid Match payments as were jointly agreed for the 2015-16 transitional year. However, counsel highly recommends that the Board review the above summarized background to what was agreed only as a temporary fix and give due consideration that the transitional phase in period will end with State Fiscal Year 2019-20. At that time, all unresolved legal issues about whether WVHA can legally reimburse for Lake County non-residents who have a West Volusia zip code, as well as how to deal apportion percentages between hospital and nursing home stays by Medicaid enrollees.

V. Preliminary Discussions Concerning Renewal of Indigent Care Reimbursement Agreement with FHD and FHFM. [See new info. in italics and bold]

On April 3<sup>rd</sup>, counsel met at FHD with Chair Ferrari, Nigel Hinds and Eric Ostarly to continue discussions about whether both parties are interested in renewing the Indigent Care Reimbursement Agreement (2000) ("Agreement") and if so, what particular provisions should become the subject of renegotiation and public input at the upcoming May 10<sup>th</sup> workshop on this topic. Those present generally agreed that WVHA, FHD and FHFM would be interested in renewing the Agreement but with negotiation concerning the following provisions:

- 1. The Term for any renewal contract will likely be agreed between 5 and 10 years.
- 2. Requirement that the Hospital's Chief of Staff has to sit on the FHD's Board of Directors in view of past experience with conflicts of interest in certain discussions.
- 3. Overlapping provision within the separate sale agreement that FHD would have to maintain at least 156 beds and also "maintain services" that existed in 2000, particularly given FHD's past shut down of Pediatrics and plans to migrate OB-GYN deliveries after 2020 to FHFM's new tower construction. Hospitals would like to clarify this provision to take into account new abilities to achieve better quality of services by locating them on whichever "campus" is deemed most appropriate by hospital professionals after input from community and WVHA. All were very interested in expanding reimbursed services to include community health programs, including primary care outreach for preventative care.
- 4. Reimbursement rates established at 105% Medicare for inpatient and 125% for outpatient care services at both FHD and FHFM. Hospitals anticipate being able to

- agree on lower rates, but it is too far out to make a definitive commitment.
- 5. Relationship between maintenance of independent medical staff and clinically integrated network of employed and independent physicians and impact on recruiting and retention of quality physicians.
- 6. Degree of coordination of ED and hospital services that WVHA may potentially contract to reimburse Halifax for its new West Volusia facilities.
- 7. It is not expected that any right of first refusal to buy back the hospitals would be any part of the renewal contact.

#### VI. General Compliance with the Sunshine Law:

The Government in the Sunshine Law, section 286.011, Florida Statutes, provides in pertinent part:

\*All meetings of any board or commission . . . of any agency or authority of any county, municipal corporation, or political subdivision . . . at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting."

It is impossible to summarize all relevant points of the Sunshine Law, but please note that courts uniformly interpret this provision as prohibiting two or more members of the same board or commission from discussing any matter on which foreseeable action will be taken by the pubic board or commission. (If your discussion with another board member concerns personal or business matters unrelated to the Authority, the Sunshine Law does not apply)

Please note that the Sunshine Law DOES apply to "off-the record" chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters likely to come before the Board. It also prohibits nonmembers (staff, lawyers, accountants, and members of the public) from serving as liaisons between Board members concerning matters likely to come before the Board.

Please note that as the Board's attorney, Counsel's role is to assist the aggregate Board with legal compliance, not to provide individualized legal opinions to a particular board member. For specific questions concerning your own compliance, please direct those inquiries to the Florida Commission on Ethics. Their website can be found at <a href="http://www.ethics.state.fl.us/">http://www.ethics.state.fl.us/</a>. Although their website material suggests the need for a written inquiry, each individual Board member is a "public officer" and thereby has the right to obtain informal telephone advice on common questions at (850) 488-7864.