

**West Volusia Hospital Authority  
Application Workshop  
WVHA BOARD OF COMMISSIONERS  
June 20, 2019 4:00 p.m.  
DeLand City Hall  
120 S. Florida Avenue, DeLand, FL  
AGENDA**

1. Call to Order
2. Approval of Proposed Agenda
3. Family Health Source Primary Care, OB/GYN and Pharmacy Services FY 2019-2020
4. WVHA Administrative Services FY 2019-2020
  - A. The House Next Door HealthCard Screening Process
  - B. Rising Against All Odds Proposal for Prescreening
  - C. Healthy Communities Outreach Services
5. Emergency Medicine Professional (EMPros)
6. Commissioners Comments
7. Adjournment

West Volusia Hospital Authority  
Joint Meeting of the  
WVHA BOARD OF COMMISSIONERS and the CITIZENS  
ADVISORY COMMITTEE (CAC)  
June 20, 2019 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 Regular Meeting May 16, 2019
5. Citizens Comments
6. Citizens Advisory Committee (CAC), Elmer Holt, Chair
  - A. Minutes Discussion/Q&A Meeting May 7, 2019
  - B. Minutes Ranking Meeting May 21, 2019
  - C. CAC Ranking Results and Comments May 21, 2019 (spreadsheets attached)
7. CAC meeting adjournment (CAC members may exit if desired)
8. Reporting Agenda
  - A. UMR May 2019 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 2019 Report
  - C. The House Next Door May 2019 Application Processing Report
9. Gail Hallmon, Operations Director, THND Quarterly Verbal Report WVHA HealthCard Eligibility
10. Discussion Items
  - A. Annual Filing Requirement Statement of Interest Form 1 (attached)
  - B. SMA Baker Act-Emergency Behavioral Health Services Match-Remove from CAC Review Process
  - C. Emergency Medicine Professional (EMPros) CAC Recommend WVHA Board of Commissioners Make the Funding Determination
  - D. Rising Against All Odds (RAAO) database implementation and subsequent self-audit findings resulting in refund due to WVHA of \$655.00 (letter dated 5/9/2019 and invoices attached)
  - E. RAAO Budget Increase for Prescreening Services of \$16,688 for fiscal year 2018-2019
  - F. Follow Up Items
    1. WVHA Eligibility Guidelines Revised 6/20/2019
    2. City Commission June 17, 2019 Meeting to consider the WVHA CRA extension exemption request
    3. Advent Health DeLand (AHD) and Advent Health Fish Memorial (AHFM) Status of Future WVHA Funding – Workshop TBD
11. Finance Report
  - A. May Financials
  - B. June 1, 2019 pre-preliminary Tax Roll Values per F.S. 200.065(8)
12. Legal Update
13. Commissioner Comments
14. Adjournment

## ERRATA SHEET FOR WVHA MEETING MINTUES OF MAY 16, 2019

Page 2 of 6 below Motion 054 – 2019 Changed “Mr. Small explained it was publicly noticed, and the Board has the right to amend their agenda”.

To clarify more accurately, “Mr. Small explained that it was publicly noticed as a Regular Meeting which allows the Board to considering all business coming before the Board, and the Board has the right to amend their agenda”.

Page 5 of 6 last paragraph changed “Mr. Small confirmed that Member Soukup is in violation of the Sunshine Law”.

To clarify more accurately, “Mr. Small reviewed the circumstances that would suggest a potential violation of the Sunshine Law”.

Page 6 of 6 last paragraph, last sentence deleted in its entirety, “Mr. Small stressed that the hospitals need to prepare their presentation and deliver that to Ms. Long before any workshop could be scheduled”.

**WEST VOLUSIA HOSPITAL AUTHORITY  
WVHA BOARD OF COMMISSIONERS REGULAR MEETING**

DeLand City Hall  
120 S. Florida Avenue, DeLand, Florida  
May 16, 2019  
5:00 p.m.

**Those in Attendance:**

Commissioner Dolores Guzman  
Commissioner John Hill  
Commissioner Judy Craig  
Commissioner Voloria Manning

**Absent:**

Commissioner Andy Ferrari

**CAC Members Present:**

Jenneffer Pulapaka  
Ann Flowers  
Lynn Hoganson  
Elmer Holt  
Donna Pepin

**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 Regular Meeting**

Chair 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 with The Pledge of Allegiance followed by a moment of silence.

**Approval of Proposed Agenda**

**Motion 051 – 2019** Commissioner Hill motioned to approve the agenda as presented. Commissioner Guzman seconded the motion. The motion passed unanimously.

**Consent Agenda**

**Approval of Minutes – Special Meeting April 18, 2019  
- Joint Meeting April 18, 2019**

**Motion 052 - 2019** Commissioner Manning motioned to approve the Consent Agenda. Commissioner Guzman seconded the motion. The motion passed unanimously.

## **Citizens Comments**

There were three.

### **Citizens Advisory Committee-Elmer Holt, Chair**

**Memo dated 5/14/2019 from Elmer Holt (attached)**

**Email from Brian Soukup dated 5/15/2019 (attached)**

Commissioner Guzman addressed the Board regarding the email that was submitted by CAC Member Brian Soukup pointing out that it was in violation of the Sunshine Law. She further questioned Mr. Soukup accusing Hispanic Health Initiative of discrimination without any evidence to support that accusation. Further, he infers that Attorney Small makes half a million dollars in WVHA attorney's fees, when there is no truth to that statement. Commissioner Guzman asked Attorney Small what the Board can do from this point?

**Motion 053 – 2019** Commissioner Guzman motioned to have CAC member Brian Soukup removed from the Committee.

Mr. Small addressed the Board suggesting that they offer up a motion to amend the May 16, 2019 Meeting Agenda to remove CAC member Brian Soukup as an additional Discussion Item and then the Board could discuss this matter and take action in whatever way the Board wanted to proceed.

The motion died for lack of a second.

**Motion 054 – 2019** Commissioner Guzman motioned to add Discussion Item C. Removing CAC Member Brian Soukup from the Committee. Commissioner Manning seconded the motion.

Commissioner Hill asked if this was a matter of notification to the public to amend this agenda?

Mr. Small explained that it was publicly noticed as a Regular Meeting which allows the Board to considering all business coming before the Board, and the Board has the right to amend their agenda. He further stated that it would be fair to give Mr. Soukup some notice and an opportunity to be heard, but the Board does not have to as a legal matter.

Commissioner Hill stated that he did not agree with placing this on the agenda and not offering proper notification to the person whose removal is being considered. He asked this Commission to consider appropriate notification for that individual to speak on his behalf.

Chair Craig called for the vote; in favor were Commissioner Guzman, Commissioner Manning and Commissioner Craig; Commissioner Hill voted as opposed. The motion passed.

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

**Nicole Sharbono, VP, SMA Healthcare Systems**

**Brenda Flowers, CEO/Founder, Rising Against All Odds**

2 of 6 pages

Regular Meeting – Minutes

May 16, 2019

Ms. Nicole Sharbono, SMA, VP presented their written contractual utilization to the Board (attached).

When the Board reached Rising Against All Odds (RAAO) contractual utilization report to the Board, Ms. Brenda Flowers, CEO had not yet arrived. The Board accepted RAAO's written submission (attached).

## **Reporting Agenda**

### **UMR April 2019 Report – Written Submission**

**FQHC Report, Laurie Asbury, CEO, Northeast Florida Health Services, Inc. d/b/a Family Health Source (FHS) April 2019 Report**

**The House Next Door (THND) April 2019 HealthCard Application Report**

There was Board discussion and concern over the increase in HealthCard members in April by 176 members.

Ms. Jennifer Nadilkov, CEO and Graciela Acosta, HealthCard Supervisor, THND addressed the Board in regards to the increase in HealthCard members during the month of April.

Ms. Acosta explained the process involved in processing the WVHA HC Applications, including the screening, roll-over and the pended application process. There were some back logged applications when UMR ceased processing the WVHA HC Applications in mid-December to present day. Ms. Acosta stated that she was very proud of her team and the gains they have made in processing the HC Applications.

Mr. Cantlay asked Ms. Acosta if they could identify the applications processed, pended and rolled over in more detail in their monthly invoices to the Board.

Ms. Acosta replied that they would.

## **Hospital Quarterly Report**

**Advent Health Fish Memorial (AHFM) Rob Deininger, CEO and/or Eric Ostarly, CFO**

**AHFM Annual Certification of Compliance**

**Advent Health DeLand (AHD) Lorenzo Brown, CEO and/or Kyle Glass, CFO**

**AHD Annual Certification of Compliance**

Mr. Eric Ostarly updated the Board in regards to hospital matters including that AHFM received an A Rating from the Leap Frog Organization for the third year in a row. He continued by updating the Board regarding their patient navigation program. In the past year, AHFM has offered this program to 97% of their discharged patients; of that 97%, 77% accepted assistance and of that 77%, 41% accepted assistance and follow-up care. This is to decrease overall costs for hospital care. As it relates to WVHA HC members, the metrics are even better. 97% of WVHA HC members were offered this same service in the past year; of that 97%, 84% accepted assistance and of that 84%, 47% accepted assistance and scheduled follow-up care. Currently, they have 19 WVHA HC members in this program.

3 of 6 pages

Regular Meeting – Minutes

May 16, 2019

Mr. Kyle Glass updated the Board and AHD also received an A Rating from the Leap Frog Organization. He reviewed the AHD quality indicator metrics for the WVHA. AHD also provides the same navigation program to their discharged patient population, including the WVHA HC members.

Mr. Small referred to AHD's May 9, 2019 certification of compliance letter to the WVHA, specifically paragraph 3. "Yes, we still maintain the name of 'Florida Hospital DeLand'".

Mr. Glass admitted that should be 'Advent Health DeLand'.

Mr. Small stated that when this certification compliance letter process began, it was expected that it would be a thoughtful certification process every year.

Mr. Glass apologized and gave the Board assurances that this would be corrected.

### **Discussion Items**

#### **The House Next Door (THND) – Tracking Undocumented HealthCard Applicants**

Commissioner Hill withdrew this agenda item explaining that he had already obtained this information on his own.

### **Follow Up Items**

#### **WVHA Eligibility Guidelines Revised/Updated 5/16/2019**

Ms. Long explained that most changes are a matter of housekeeping and repagination. There were two recommended changes made by THND that Ms. Long deferred to Ms. Graciela Acosta to speak to.

*5:46 p.m. Commissioner John Hill exited the meeting due to a prior engagement.*

Ms. Acosta addressed the Board and referred to page 5 of the Eligibility Guidelines (EG's), Section 2.02, #4. Medical Coverage. It currently reads, "All applicants must provide proof of Medicaid application or denial". THND was recommending that the language reflect the same description as found on page 17, 1. D. "Applicants unable to provide documentation of citizenship will be exempt from applying for Medicaid". The other requested change was from page 13, Section 7.03 last sentence, "Window envelopes are not acceptable". THND would like to implement a policy of accepting window envelopes as long as the address sheet is also provided.

### **CAC Member Brian Soukup**

Commissioner Guzman asked the CAC members present if they would like to speak about this agenda item?

CAC Member Lynn Hoganson addressed the Board stating that she was very proud to serve on the CAC. Having read Chair Elmer Holt's memo, she agreed with Chair Holt's position. Further, she read Member Soukup's email. She felt that Member Soukup's behavior was appalling and uncalled for. "Name calling and accusations are not going to get us anywhere".

4 of 6 pages

Regular Meeting – Minutes

May 16, 2019

CAC Member Jenneffer Pulapaka thanked Chair Holt for his memo and felt that he stated everything that needed to be said. Further, the email that was submitted by Member Soukup was very uncomfortable to read as she was not ready for the level of retaliation that she saw.

Attorney Small left the dais to address the Board as a citizen rather than as legal counsel.

Mr. Small addressed the Board and stated that in his 12 years as legal counsel for the WVHA Board he's never experienced an unwarranted attack of this magnitude. He has never met Mr. Soukup, or if he has, he doesn't recall. He stated that he feels that the statement made by Mr. Soukup (Mr. Small read from member Soukup's email), "The attorney for the WVHA brings in half a (\$1) million dollars a year to be the attorney. This is more than local cities in West Volusia pay for a complete attorney's firm to run their day-to-day operations. That is money that should be spent on programs and services for the indigent. Just because the salaries are on full display does not mean that the WVHA should be paying 100% of the salaries because some of these organizations are not raising outside money from other funding sources".

Mr. Small stated that he feels that this is so counter-factual and contrary to the very information that goes out every month to every Board member and every CAC member that clearly shows that his budget line item maximum is \$70,000.00 and he didn't recall ever maxing that budget out, except for one year when the WVHA had major changes occurring. To put out into the public sphere that he is a grossly over-paid, part-time attorney, is something that he has this morning referred to his own attorney to consider the defamation and liable. That email was actually sent out to the Daytona Beach News Journal and the DeLand Beacon.

*Chair Craig passed the gavel to Vice-Chair Guzman*

Commissioner Craig stated that after reading the email sent out by Member Soukup, and reaffirmed that he violated the Sunshine Law, she believed that his email was not factual.

**Motion 055 – 2019** Commissioner Craig motioned to remove Brian Soukup from the CAC. Commissioner Manning seconded the motion.

Mr. Small suggested that the Board should consider suspending this action and give notice to Member Soukup to come before the Board to be heard.

Commissioner Manning believed that Member Soukup should be removed for violating the Sunshine Law and the defamation against Attorney Small.

Mr. Small reviewed the circumstances that would suggest a potential violation of the Sunshine Law. Chair Holt sent his memo through Ms. Long, and did not mention any names. Ms. Long appropriately forwarded it to the WVHA Board and the CAC with the warning, "Please do not reply to all or send emails to each other to avoid any violation of the Sunshine Law". Mr. Small asked Chair Holt if any reference was made to the CAC pointing them to his Legal Update that contains the warning regarding violating the Sunshine Law?

CAC Chair Holt explained that he had asked Ms. Long to place the Sunshine Law on the May 7, 2019 CAC Discussion/Q&A Meeting and Mr. Holt explained the law and directed each CAC member present, including Member Soukup, to go out to the WVHA website and read Attorney Small's Legal Update that contains the rules of the Sunshine Law.

The motion passed unanimously.

*Vice-Chair Guzman passed the gavel back to Chair Craig*

### **Financial Report**

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

**Motion 056 – 2019** Commissioner Guzman motioned to pay bills totaling \$2,267,272.86 (See attached). Commissioner Manning seconded the motion. The motion passed unanimously.

### **Legal Update**

Mr. Theodore Small, Legal Counsel for the WVHA.

Mr. Small updated the Board that the City of DeLand is agreeable to have the WVHA Chair come before their Commission meeting regarding the extension to the Downtown DeLand CRA, but that date has not yet been determined.

There was also a meeting with the Chair, Mr. Small and the hospital representatives to discuss the future of any collaboration between the WVHA and Advent Health DeLand and Advent Health Fish Memorial with the current 20-year contract scheduled to terminate on September 30, 2020. Mr. Small suggested scheduling a workshop for the hospitals to present their compelling arguments as to continued WVHA funding.

### **Commissioner Comments**

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

Adjournment,

Judy Craig, Chair

**CITIZENS ADVISORY COMMITTEE MEETING  
WEST VOLUSIA HOSPITAL AUTHORITY  
DREGGORS, RIGSBY & TEAL, P.A.  
1006 N. WOODLAND BLVD., DELAND FL  
MAY 21, 2019  
5:15PM  
MINUTES**

**CAC Members/Attendance:**

Elmer Holt  
Alissa Lapinsky  
Ann Flowers  
Althea Whittaker  
Lynn Hoganson  
Jenneffer Pulapaka  
Linda White  
Donna Pepin

**Absent:**

Sarah Prado (Excused)

**Others Present:**

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

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**Call to Order**

CAC Chair Elmer Holt opened the meeting with The Pledge of Allegiance followed with a moment of silence.

**Approval of Agenda**

Member Jenneffer Pulapaka motioned to approve the agenda. Member Alissa Lapinsky seconded the motion. The motion passed unanimously.

**Citizens Comments**

There were none.

**Discussion/Q&A for current funding applicants**

- a. Florida Department of Health Dental Services (FDOH)
- b. The House Next Door Therapeutic Services (THND)
- c. Rising Against All Odds HIV/Aids Outreach (RAAO)
- d. SMA Baker Act-Emergency Behavioral Health Services
- e. SMA Psychiatric Services to Homeless
- f. SMA Residential Treatment Services
- g. The Neighborhood Center Outreach Program/Access to Care (TNC)
- h. Hispanic Health Initiative HRA/Education/Case Management (HHI)
- i. Community Legal Services of Mid-Florida (CLSMF)

- j. Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator
- k. HSCFV WIS/NOS Services

**Ranking for new Funding Applications**

- a. Emergency Medicine Professionals
- b. SMA Healthcare Medication Assisted Treatment
- c. The Neighborhood Center Healthcare Navigation Program

The Committee read their rankings for the public record (attached).

There was CAC general consent that the funding request from Emergency Medicine Professionals (EMPros) should either be negotiated with the hospitals and EMPs. Or the ultimate decision to fund or not, as discussed during the last CAC meeting the possibility of appropriating the budget for physician services to EMPs, was best left to be decided upon by the WVHA Board of Commissioners.

Chair Holt asked the Committee to entertain a motion to acknowledge the receipt of the recommendations from fellow CAC members as recorded during the public meeting.

Member Lapinsky motioned to acknowledge the receipt of the recommendations from fellow CAC members as recorded during the public meeting. Member Pulapaka seconded the motion. The motion passed unanimously.

**CAC Comments**

**Adjournment**

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

Elmer Holt, CAC Chair

**WVHA Funding Applicants 2019-2020**

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 sheets with CAC

	Funds Requested	Althea Whittaker	Ann Flowers	Jenneffer Pulapaka	Sarah Prado	Alissa Lapinsky	Donna Pepin	Linda White	Elmer Holt	Lynn Hoganson
Florida Department of Health	\$228,000.00	A) \$228,000	C) \$175,000	B) \$0.00	Absent/ex cused	A) \$228,000	A) \$228,000	C) \$200,000	C) \$218,000	A) \$228,000
The House Next Door	\$120,000.00	A) \$120,000	A) \$120,000	A) \$120,000		A) \$120,000	A) \$120,000	A) \$120,000	A) \$120,000	A) \$120,000
Rising Against All Odds	\$235,000.00	A) \$235,000	C) \$200,000	A) \$235,000		A) \$235,000	A) \$235,000	C) \$154,700	A) \$235,000	A) \$235,000
SMA Baker Act	\$300,000.00	A) \$300,000	A) \$300,000	A) \$300,000		A) \$300,000	A) \$300,000	A) \$300,000	A) \$300,000	A) \$300,000
SMA Pyschiatric Services to Homeless	\$126,000.00	C) \$88,200	C) \$70,000	C) \$78,336		A) \$126,000	A) \$126,000	C) 78,336	C) \$85,336	A) \$126,000
SMA Residential Services	\$550,000.00	A) \$550,000	C) \$500,000	A) \$550,000		A) \$550,000	A) \$550,000	A) \$550,000	A) \$550,000	A) \$550,000
The Neighborhood Center (TNC)	\$100,000.00	A) \$100,000	C) \$65,000	A) \$100,000		A) \$100,000	A) \$100,000	C) \$70,000	C) \$78,000	A) \$100,000
Hispanic Health Initiative	\$100,000.00	C) \$75,000	C) \$75,000	B) \$0.00		C) \$75,000	C) \$75,000	C) \$50,000	C) \$83,000	C) \$75,000
Community Legal Services of Mid-Florida	\$86,627.00	A) \$86,627	C) \$75,000	B) \$0.00		A) \$86,627	C) \$76,931	C) 76,931	C) \$81,431	A) \$86,627
Healthy Start Coalition of Flagler & Volusia (HSCFV)	\$68,859.00	A) \$68,859	A) 68,859	A) \$68,859		A) \$68,859	A) \$68,859	A) \$68,859	A) \$68,859	A) \$68,859
HSCFV WIS/NOS	\$73,500.00	A) \$73,500	A) \$73,500	A) \$73,500		A) \$73,500	A) \$73,500	A) \$73,500	A) \$73,500	A) \$73,500
<b>WVHA New Funding Applicants 2019-2020</b>										
Emergency Medicine Professionals	\$252,414.00	B) \$0.00	B) \$0.00	A) \$252,414		B) \$0.00	B) \$0.00	B) \$0.00	B) \$0.00	B) \$0.00
SMA Medication Assisted Treatment	\$208,631.00	B) \$0.00	B) \$0.00	B) \$0.00		B) \$0.00	A) \$208,631	C) \$105,000	B) \$0.00	A) \$208,631
TNC Healthcare Navigation Program	\$50,000.00	B) \$0.00	C) \$40,000	B) \$0.00		A) \$50,000	A) \$50,000	C) \$25,000	B) \$0.00	A) \$50,000

## WVHA/CAC Ranking Sheet

**CAC Member:** Althea Whittaker

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:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name**

### CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

1	Florida Department of Health Dental Services		
	A) Justified increase based on utilization of services.		A
	B)		
	C)		
2	The House Next Door Therapeutic Services		
	A) Proof of utilization of services.		A
	B)		
	C)		
3	Rising Against All Odds HIV/Aids/Outreach		
	A) Agency making effort to reach client who are in need of services.		A
	B)		
	C)		
4	SMA Baker Act-Emergency Behavioral Health Services		
	A) Requested amount is only 3.59% of cost		A
	B)		
	C)		
5	SMA Psychiatric Services to Homeless		
	A)		C
	B)		
	C) Fund at 80% of request \$88, 200 / Reduced based on salary		
6	SMA Residential Services		
	A) Requested amount is only 23.85% of cost		A
	B)		
	C)		
7	The Neighborhood Center Outreach-Access to Care		
	A) Requested amount is only 47% of cost		A
	B)		
	C)		

8	Hispanic Health Initiative HRA/Education/Case Mgmt	
	A)	
	B)	
	C) Fund at 75,000 / Reduced based on salary	C
9	Community Legal Services of Mid-Florida	
	A) Justified increase based on utilization of services.	A
	B)	
	C)	
10	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
	A) Proof of utilization of services.	A
	B)	
	C)	
11	HSCFV WIS/NOS Services	
	A) Proof of utilization of services.	A
	B)	
	C)	
	<b>NEW AGENCY APPLICANTS FOR 2019-2020</b>	
1	Emergency Medicine Professionals	
	A)	
	B) Need to go back to contract with hospital for negotiation for payment of services	B
	C)	
2	SMA Medication Assisted Treatment	
	A)	
	B) Recommend securing a grant	B
	C)	
3	The Neighborhood Center Healthcare Navigation Program	
	A)	
	B) Recommend securing a grant	B
	C)	

## 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:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name**

### CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

1	<b>Florida Department of Health Dental Services</b>	<b>C</b>
	I know a healthy mouth makes for a healthy body. If your teeth are in bad condition it will affect your health in many areas.	\$175,000
2	<b>The House Next Door Therapeutic Services</b>	<b>A</b>
	This agency has the cooperation we are striving for. They are working well with the other agencies to put the clients where they need to be to get the help they need. This agency has plans to add more departments within their agency that is needed in our community. I commend this agency.	\$120,000
3	<b>Rising Against All Odds HIV/Aids/Outreach</b>	<b>C</b>
	I can't say it enough there need to be more agency visibility in the community. If I may be so bold as to suggest our young children should know about your agency and what you represent.	\$200,000
4	<b>SMA Baker Act-Emergency Behavioral Health Services</b>	<b>A</b>
	This program is needed in our community, many are affected by the behavior, police, families and property. You are doing Aids testing and collaborating with other agencies. Thank you!!!	\$300,000
5	<b>SMA Psychiatric Services to Homeless</b>	<b>C</b>
	This service work in conjunction with your other programs. You wrote you have your own pharmacy in Daytona. You wrote you contract laboratory services, your pharmacy total to me is a high. Thank you !!!	\$70,000
6	<b>SMA Residential Services</b>	<b>C</b>
	The work your agency is doing is commendable, taking in and treating clients to get back on their feet. You get help from hospitals, other agencies and walk-ins so keep up the good work. Thank you !!!	\$500,000
7	<b>The Neighborhood Center Outreach-Access to Care</b>	<b>C</b>
	I understand your agency was having issues with WVHA card however; I hope this did not stop you from trying to get the card information out to the community. Thank you!!!	\$65,000

8	<b>Hispanic Health Initiative HRA/Education/Case Mgmt</b> I have seen your agency out at events. I hope you will keep giving all adults information about your agency. I also noticed your liability insurance has expired. At our last meeting you said your agency will not be asking for an increase. Thank you !!!	<b>C</b> \$75,000
9	<b>Community Legal Services of Mid-Florida</b> This service is well needed across the board dealing with the clients, insurance companies and doing follow up work to get the clients what they need and deserve. Thank you !!!	<b>C</b> \$75,000
10	<b>Healthy Start Coalition of Flagler &amp; Volusia (HSCFV) Family Services Coordinator</b> I am proud and happy this agency is available to the public. I pray and hope you around for a very long time. Moms and Dads need you and the babies that are yet to come. Thank you !!!	<b>A</b> \$68,859
11	<b>HSCFV WIS/NOS Services</b> I hope this agency is around a long time. Many moms not getting help and after birth mom and baby is in need of help. If they don't get the managed help that's needed I guarantee the tax payers will pay.	<b>A</b> \$73,500
1	<b>Emergency Medicine Professionals</b> This service you're asking WVHA to finance is already being paid for by tax payers money. I could be wrong this I call is double dipping. We have no shortage of ambulances or health care in our hospitals in our area. The salaries are high I understand these are licensed professionals however; we are here to help and alleviate to cost of tax payers funds in our area. Yes you are a For Profit agency and I wish you success.	<b>B</b> \$0
2	<b>SMA Medication Assisted Treatment</b> I didn't read in your packet where your new program would be any different from what you are doing now. No information was submitted to support funding for this new program. All your clients must see a health care provider and be evaluated. All information is in your computers for all to read. The salaries and administrative fees outweigh the program cost to help the people.	<b>B</b> \$0
3	<b>The Neighborhood Center Healthcare Navigation Program</b> In my opinion we are not reaching these people because we are not out in the trenches so how could they know we are here to serve them. More visibility is needed.	<b>C</b> \$40,000

## WVHA/CAC Ranking Sheet

**CAC Member: Jenneffer Pulapaka**

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:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name**

### CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

1	Florida Department of Health Dental Services	B
	A)	
	B) Medicare patients do not receive Dental care, therefore this applicants funding is denied. Emergency dental services is covered at Advent Health DeLand already.	
	C)	
2	The House Next Door Therapeutic Services	A
	A) Funding= \$120,000.00 - no changes from previous year	
	B)	
	C)	
3	Rising Against All Odds HIV/Aids/Outreach	A
	A)	
	B)	
	C) Funding = \$235,000.00.00 from previous year. No additional funding or increase.	
4	SMA Baker Act-Emergency Behavioral Health Services	A
	A) Funding = \$300,000.00 - no changes from presious year	
	B)	
	C)	

5	SMA Psychiatric Services to Homeless	C
	A)	
	B)	
	C) Funding= \$78,336.00 - from previous year. No additional funding or increase.	
6	SMA Residential Services	A
	A)	
	B)	
	C) Funding: \$550,000.00-from previous year. No additional funding or increase.	
7	The Neighborhood Center Outreach-Access to Care	A
	A) Funding \$100,000.00 - increased from last year to cover the increased demands of the community and overlapping services that I denied additional funding for.	
	B)	
	C)	
8	Hispanic Health Initiative HRA/Education/Case Mgmt	B
	A)	
	B) Advent Health DeLand offers diabetic education class in a 1 on 1 and group setting. They have 2 Registered Nurses who are Certified Diabetic Educators, with 1 being a Certified Medical Dietician. They have translation services for all languages. WVHA UMR is an accepted insurance with authorization on file.	
	C)	
9	Community Legal Services of Mid-Florida	B
	A)	
	B) There are 5 attorney offices in DeLand that offer Social Security Disability assistance contingent on approval. Their services do not cost WVHA.	
	C)	
10	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	A
	A) Funding = \$68,859.00	
	B)	

	C)	
11	HSCFV WIS/NOS Services	A
	A) Funding = \$73,500.00	
	B)	
	C)	
	<b>NEW AGENCY APPLICANTS FOR 2019-2020</b>	
1	Emergency Medicine Professionals	A
	A) Full funding. Emergency physicians are specialists. They need to be compensated for their time, regardless of whether there are contractual issues with the hospital. I agree with the recommendation to first take the two portions (\$112k each) from the hospital. Hospital physicians are a salaried position with the hospital, and should not be receiving double compensation for their services. \$252,414.00	
	B)	
	C)	
2	SMA Medication Assisted Treatment	B
	A)	
	B) No funding. At this time the focus is on budget and handling the current increasing patient load, not implementing new programs.	
	C)	
3	The Neighborhood Center Healthcare Navigation Program	B
	A)	
	B) No funding. Advent Health has a Community Care Team, Deb and Grace 386-943-3230 – Patient must have 3 encounters,(ie Hospital occurrences) in a year, unless meets medical necessity, to qualify for a navigation program. They offer assistance with applying for Medicare, Medicaid, and other affordable health insurance options as well as multiple other services - food banks, etc.	
	C)	
4	Vessel of Honor Outreach Center	B
	A)	

B) No funding. At this time the focus is on budget and handling the current increasing patient load, not implementing new programs.

C)


## WVHA/CAC Ranking Sheet

**CAC Member:** Alissa Lapinsky

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:

**Please provide detailed explanations for your rankings in the spaces below  
each Agency Name**

### CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

1	Florida Department of Health Dental Services	A
	A) Great benefit for the cost paid. Also important they do as much as possible for our money. Great partnership.	
	B)	
	C)	
2	The House Next Door Therapeutic Services	A
	A) This is one of our most important entities out there. Providing mental health is important to keeping our	
	population both mentally and physically healthy. it benefits not only each patient, but snakes out into the patient's	
	life as well, multiplying the benefits.	
3	Rising Against All Odds HIV/Aids/Outreach	A
	A) Yet another important partner in keeping our area healthy. I believe it is worth funding at 100% HOWEVER, if	
	the grant spoken about, for \$20K per month, is received, I fully believe you should step back from accepting your	
	entire budget from us, and using mostly grant money, until a proposed plan for program growth grants using	
	more money.	
4	SMA Baker Act-Emergency Behavioral Health Services	A

A) Super important program for the most at risk of self harm, that fragile portion of our community needs care by  
 Those most adept at helping them. Also, appreciate the billing readjustment after the meeting with Atty Small  
 I think it proves their willingness to not waste resources.

5 SMA Psychiatric Services to Homeless

A

A) Fully fund as an important program. This is how we keep those at highest risk off the streets of our  
 B)  
 C)

6 SMA Residential Services

A

A) As our huge drug problem shows, programs like this is crucial in our community.  
 B)  
 C)

7 The Neighborhood Center Outreach-Access to Care

A

A) Important service warrants dollars asked for.  
 B)  
 C)

8 Hispanic Health Initiative HRA/Education/Case Mgmt

C

A) While important, I am voting to fund at last year's level. I expect a clearer picture of where funds go in the future.  
 I think a breakdown of events and how many people you help at each event would help me see clearly the  
 benefit of your services for our money. In addition, I have a client who has reached out multiple times with no  
 answer. This bothers me and worries me as to where our money is going.

9 Community Legal Services of Mid-Florida

A) As the only entity that actually saves us money in the long run, I think it'd be foolish not to fully fund.  
 B)

A

	C)	
10	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	A
	A) Important to fund for the future of children and families at risk.	
	B)	
	C)	
11	HSCFV WIS/NOS Services	A
	A) New mothers and children in need are important. It's near impossible to do it without help.	
	B)	
	C)	
	<b>NEW AGENCY APPLICANTS FOR 2019-2020</b>	
1	Emergency Medicine Professionals	B
	A) I think that this year unfortunately the fight needs to be taken up at the hospital. But in future years should have a separate contract with Empros, and just take out the portion of care the hospital receives for emergency medicine and give it straight to them instead.	
2	SMA Medication Assisted Treatment	B
	A) unfortunately, I don't know if over extending a current programs resources are the best move. And don't think it would be beneficial right now to fund this proposed program for our area.	
	C)	
3	The Neighborhood Center Healthcare Navigation Program	A
	A) I think healthcare navigation is something that quite a few of our patients need. And I think it would be wise to fund this for a year and see what the return on our dollars would be. reassess next year and see if it's that's worth continuing.	
4	Vessel of Honor Outreach Center	
	A)	
	B)	

# WVHA/CAC Ranking Sheet

CAC Member: Donna Pepin

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:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

1 Florida Department of Health Dental Services

A) 100% unless we are close to maximum of budget

B)

C)

it is a critical service, Dental problems are painful and a huge health risk.

A

2 The House Next Door Therapeutic Services

A) Fund full 100% they are not asking for an increase  
salaries are low

C)

A

3 Rising Against All Odds HIV/Aids/Outreach

A)

B)

C) 75% of request 243,311 if max in budget full 100% increase not full great program - support when 2 days, MD in a month

C

A

4 SMA Baker Act-Emergency Behavioral Health Services

A) 100% only 24 hr receiving facility for Volusia/Flagler

B)

C)

A

5 SMA Psychiatric Services to Homeless

A) 100% new therapist reduces waiting times to be seen

B)

C)

A

6 SMA Residential Services

A) 100% not asking for increase comprehensive behavioral health

B)

C)

(4 month waiting list) in

A

7 The Neighborhood Center Outreach-Access to Care

A) 100% increase in referral requests, increase in housing capacity

B)

C)

A

\* other funding?

\* If requesting no increase (Type meeting 5/7 request) A=100%

any data on  
how much they  
spend?

8	Hispanic Health Initiative HRA/Education/Case Mgmt		
	A)		
	B)		
	C) Same no increase - needed to reach Spanish speaking citizens, used less than half of money by 6 months. Overlaps some other programs but pretty important program	C	* 2 A
9	Community Legal Services of Mid-Florida		
	A)		
	B)		
	C) Fund SAME AS last year. Not as necessary as other programs. Used less than half of fiscal year amount by 6 month period.	C	
10	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator		
	A) 100% no increase asked for	A	
	B)		
	C)		
11	HSCFV WIS/NOS Services		
	A) 100% Check into other resources for women out of the area but would want all to be seen. Important program	A	
	B)		
	C)		
NEW AGENCY APPLICANTS FOR 2019-2020			
1	Emergency Medicine Professionals		
	A)		
	B) No, they are for profit and have a funding source (Advertiser)	B	
	C)		
2	SMA Medication Assisted Treatment		
	A) 100% Substance abuse causes many problems and needs to be addressed	A	
	B)		
	C)		
3	The Neighborhood Center Healthcare Navigation Program		
	A) 100% We need people to explain and advocate for the clients to access benefits.	A	
	B)		
	C)		

\* 2 It was corrected at the 5/7 meeting that, they did not want to ask for an increase.

**WVHA/CAC Ranking Sheet****CAC Member: Linda White**

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:

Please provide detailed explanations for your rankings in the spaces below each Agency Name

**CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020****A, B or C**

1	Florida Department of Health Dental Services	
	A)	
	B)	
	C) 200,000.00Same funding as last year .. Good utilization* Agency Stability* in line with Medicaid	200,000.00
	CAC member not ranking any requests for increased funding ..	
2	The House Next Door Therapeutic Services	
	A) Critical need services. 2. Good utilization 3. Cost in line with Medicaid . 4. Organizational Stability	120,000.00
	B)	
	C)	
	* No increase requested	
3	Rising Against All Odds HIV/Aids/Outreach	
	A)	
	B)	
	C) 154,700.00 ) current year request 235,000.00 - 33k contract costs +47,300 Admin costs	154,700.00
	No noted revenue stream to cover payroll or basic admin operations * Need stronger proof of serving indigent clients since no additional funding sources	
4	SMA Baker Act-Emergency Behavioral Health Services	

		300,000.00 ( Prefer stronger proof of indigent status )
	A) 300,000.00 Full Funding , critical need services , good utilization (Note : Services not billed to card )	
	B)	
	C)	
	* No increase requests	
5	SMA Psychiatric Services to Homeless	
	A)	
	B)	
	C) 78,336.00 * Fund at same amount as last year - Good Utilization, Stable Program History	78,336.00
	* CAC member not ranking any requests for increases ..	
6	SMA Residential Services	
	A) Full funding request - Good Utilization , Stable Agency ( no increase in funding requested	550,000.00
	B)	
	C)	
	* No increase requested	
7	The Neighborhood Center Outreach-Access to Care	
	A)	
	B)	
	C) 70,000.00 Fund at same amount as last year . - Good Utilization , card billable services	70,000.00
	* CAC member not ranking any requests for increased funding	
8	Hispanic Health Initiative HRA/Education/Case Mgmt	
	A)	
	B)	
	C) 50,000.00 Decrease 25,000.00 of 29,500.00 Admin cost of current fiscal years	50,000.00
	No noted revenue stream outside WVHA for payroll and basic operational expense ,	

	No noted linking to clinical oversight for counseling . Suggest decreasing reliance on WVHA for Basic Admin of Organization	
	Suggest linking with another clinically licensed agency for clinical oversight of health counseling	
9	Community Legal Services of Mid-Florida	
	A)	
	B)	
	C) 76,391.00 Fund at last year amount : Good utilization, appropriate costs previously negotiated	76, 931.00
	* would be nice to have more outcome data on a monthly basis	
	* CAC member not ranking any increases for funding	
#	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	
	A) 68,859.00 1.Critical Need services 2. Good Utilization, 3. Appropriate costs and documentation .	
	B)	
	C)	
	* No increase requested ..	
#	HSCFV WIS/NOS Services	
	A) 73,500.00 , Good Utilization , Appropriate cost , Same amt requested as last year .	73,500.00
	B)	
	C)	
	* No increase requested	
	<b>NEW AGENCY APPLICANTS FOR 2019-2020</b>	
1	Emergency Medicine Professionals	
	A)	
	B) Not enough information or knowledge of contractual agreements to make decision .. Refer to Authority Board and Legal	
	C)	
2	SMA Medication Assisted Treatment	
	A)	
	B)	
	C.) 105,000.00 * Half requested amt of 208,631 rounded *	105,000.00

	Fund all new program requests at 50% to establish outcome and utilization baseline for future requests	
	Historically Stable Agency .. Requests identifiable as critical community need	
3	The Neighborhood Center Healthcare Navigation Program	
	A)	
	B)	
	C) 25,000.00 * Half requested amount of 50,000.00	25,000.00
	Fund all new program requests at 50% to establish outcomes and utilization baseline for future requests	
	Program associated with City of DeLand Shelter .	
4	Vessel of Honor Outreach Center	
	A)	
	B) Non Compliance	
	C)	

## WVHA/CAC Ranking Sheet

**CAC Member:** **Elmer Holt**

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:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name**

### CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

Agency Name		Requested	Recommendation	Difference +/-
Florida Department of Health Dental Services				
A)				
B)				
C) 14% Increase requested. There is a high correlation to oral care and general wellness. In order to	C	\$228,000	\$218,000	(\$10,000)
C) increase dental care opportunities for recipients, I recommend an increase of \$18,000.				
This is a 9% increase.				
The House Next Door Therapeutic Services				
A) Increase not requested, recommend funding at last year budget level.	A	\$120,000	\$120,000	\$0
B)				
C)				
Rising Against All Odds HIV/Aids/Outreach				
A)				
B)				
C) 9% increase requested. Due to the preventative nature of the services provided which reduces	A	\$235,000	\$235,000	\$0
healthcare expenditures, I recommend an increase of \$14,000. This is a 6% increase.				
I strongly urge the Agency to diversify their income stream for less dependency on the WVHA				
SMA Baker Act-Emergency Behavioral Health Services				
A) Increase not requested, recommend funding at last year budget level.	A	\$300,000	\$300,000	\$0
B)				
C)				
SMA Psychiatric Services to Homeless				
A)				

B)				
C) 61% increase requested. In recognition of the importance of providing mental health care to the homeless and the fact SMA reaches their budget limit quickly I recommend an increase of \$7000.	C	\$126,000	\$85,336	(\$40,664)
An increase of 9%.				
SMA Residential Services				
A) Increase not requested, recommend funding at last year budget level.	A	\$550,000	\$550,000	\$0
B)				
C)				
The Neighborhood Center Outreach-Access to Care				
A)				
B)				
C) 43% increase requested. Although double digit increases in services provided has occurred, I recommend an increase of \$8000. An increase of 11%.	C	\$100,000	\$78,000	(\$22,000)
Hispanic Health Initiative HRA/Education/Case Mgmt.				
A)				
B)				
C) Increase requested 33%. Per the Q&A meeting it was stated that the funds would be earmarked for the outreach vehicle which has not arrived. Based on this, I recommend an increase of \$8000 to cover the current services provided and not in consideration for the vehicle. An increase of 11%.	C	\$100,000	\$83,000	(\$17,000)
Community Legal Services of Mid-Florida				
A)				
B)				
C) 13% increase requested. I recommend an increase of \$4500 to cover increased services to WVHA members. An increase of 6%.	C	\$86,627	\$81,431	(\$5,196)
Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator				
A) Increase not requested, recommend funding at last year budget level.	A	\$68,859	\$68,859	\$0
B)				
C)				
HSCFV WIS/NOS Services				
A) Increase not requested, recommend funding at last year budget level.	A	\$73,500	\$73,500	\$0
B)				
C)				

NEW AGENCY APPLICANTS FOR 2019-2020				
Emergency Medicine Professionals				
A)				
B) I recommend that the WVHA maintain the reimbursement structure currently in place and address any negotiation through the hospital contracts.	B	\$252,414	\$0	(\$252,414)
C)				
SMA Medication Assisted Treatment				
A)				
B) I do not recommend major expenditure increases for new programs.	B	\$208,631	\$0	(\$208,631)
C)				
The Neighborhood Center Healthcare Navigation Program				
A)				
B) I do not recommend major expenditure increases for new programs.	B	\$50,000	\$0	(\$50,000)
C)				
Vessel of Honor Outreach Center				
A)				
B) Applicant removed from consideration by the WVHA Board	B	\$0	\$0	\$0
C)				

## WVHA/CAC Ranking Sheet

**CAC Member:** Lynn Hoganson

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:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name**

### CURRENTLY FUNDED APPLICANTS APPLYING FOR 2019-2020

A, B or C

1	Florida Department of Health Dental Services		
	A)		A
	B)		
	C)		
	Only dental available on the West Side. Feel it is a much needed service. Preventive care will cost us in the future.		
2	The House Next Door Therapeutic Services		
	A)		A
	B)		
	C)		
3	Rising Against All Odds HIV/Aids/Outreach		
	A)		A
	B)		
	C)		
	Try to get funding from other organizations too.		
4	SMA Baker Act-Emergency Behavioral Health Services		
	A)		A
	B)		
	C)		
	With the rise of drug addicted population I see this need more then ever.		
5	SMA Psychiatric Services to Homeless		
	A)		A
	B)		
	C)		
	SMA is know as the one place the indigent can get detoxed and put in work programs to get them back into the work force.		
6	SMA Residential Services		
	A)		A
	B)		
	C)		
	It stands to reason , they have more beds and a new facility opening so needed more then ever		
7	The Neighborhood Center Outreach-Access to Care		
	A)		A
	B)		
	C)		

8	Hispanic Health Initiative HRA/Education/Case Mgmt	C
	A)	
	B)	
	C) \$75,000	
9	Community Legal Services of Mid-Florida	A
	A)	
	B)	
	C)	
	We are lucky to have them considering they do so much pro bono work what they are asking is miniscul considering the results with our clients	
10	Healthy Start Coalition of Flagler & Volusia (HSCFV) Family Services Coordinator	A
	A)	
	B)	
	C)	
11	HSCFV WIS/NOS Services	
	A)	
	B)	
	C)	
	<b>NEW AGENCY APPLICANTS FOR 2019-2020</b>	
1	Emergency Medicine Professionals	B
	A)	
	B)	
	C)	
	They should go back to their original soure the Hospital	
2	SMA Medication Assisted Treatment	A
	A)	
	B)	
	C)	
	I have referred client to SMA for over four years and they have helped so many get back to work and back into our community	
3	The Neighborhood Center Healthcare Navigation Program	A
	A)	
	B)	
	C)	
	I feel they help the people who fall through the cracks. The hospital does have programs but only after 3 hospitalizations. Would like to give it one year.	



UMR

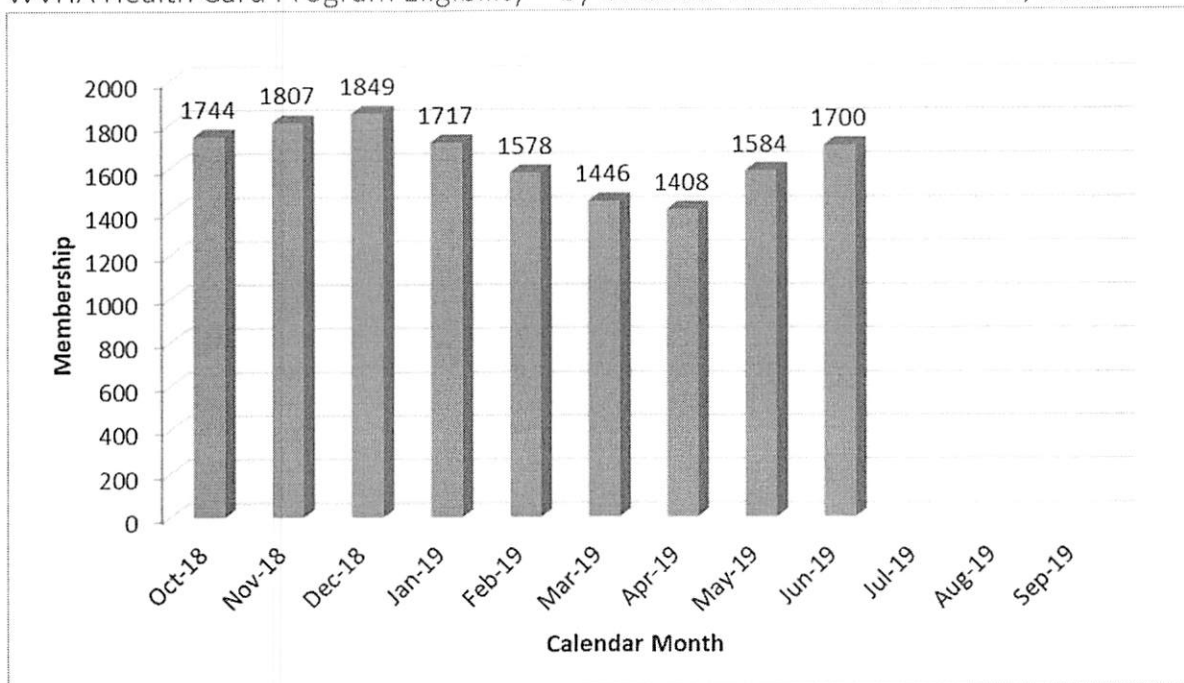
June 20, 2019

Submission Report for WVHA Board Members

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## WVHA Health Card Program Eligibility – by Calendar Month – as of June 1, 2019



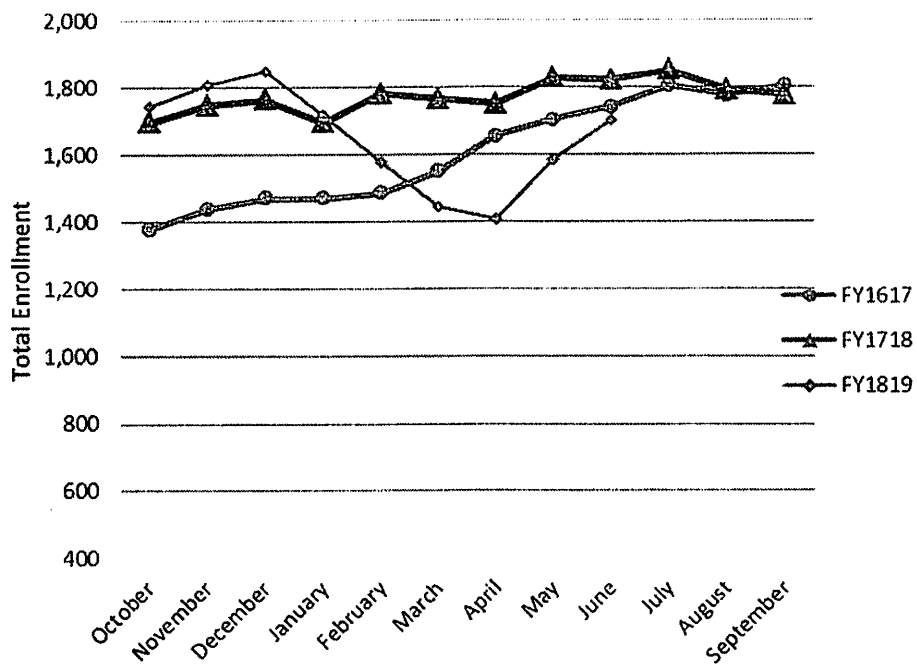
Eligibility reported above reflects eligibility as of the first of each month.

As of June 1, 2019, total program eligibility was 1,700 patients.

## WVHA Enrollment by Fiscal Year – as of June 1, 2019

### WVHA Enrollment By Fiscal Year

Month of Fiscal Year	FY1819
October	1,744
November	1,807
December	1,849
January	1,717
February	1,578
March	1,446
April	1,408
May	1,584
June	1,700
July	
August	
September	
Grand Total	14,833



## WVHA Enrollment by Zip Code – as of June 1, 2019

WVHA Enrollment by Zip Code by Month				
Zip Code	May-19	Jun-19	Jul-19	Aug-19
32102	5	5		
32130	62	62		
32180	106	106		
32190	19	19		
32706	2	2		
32713	64	64		
32720	362	362		
32721	4	4		
32724	285	285		
32725	334	334		
32728	3	3		
32732	1	1		
32738	294	294		
32744	26	26		
32753	1	1		
32759	1	1		
32763	113	113		
32764	15	15		
32774	3	3		
32762	1	0		
32763	107	113		
32764	13	15		
32774	3	3		

## Medical and Prescription Drug Claim Data

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

	FY1819				
Month	Drug Costs	Dispensing Fee Less Copayments	Total Costs	Total Rx's Filled	Avg Cost Per Rx
October	\$55,005.45	\$7,661.22	\$62,666.67	3,451	\$18.16
November	\$55,658.13	\$7,008.54	\$62,666.67	3,157	\$19.85
December	\$85,000.00	\$4,502.16	\$89,502.16	2,027	\$44.15
January	\$66,232.60	\$4,930.62	\$71,163.22	2,221	\$32.04
February	\$53,124.87	\$5,151.28	\$58,276.15	2,324	\$25.08
March	\$35,517.40	\$4,886.40	\$40,403.80	2,220	\$18.20
April	\$117,732.26	\$5,170.39	\$62,690.09	2,329	\$26.92
May					
June					
July					
August					
September					
Grand Total	\$468,270.71	\$39,310.61	\$447,368.76	17,729	\$25.23

## Combined Medical Costs (as of Claims Payment through 5/31/2019)

Medical and pharmacy costs are reported on a paid basis

Fiscal Year	Hospital	Lab	PCP	Specialty	Facility Physicians	Pharmacy	Total Costs	Member Months	Overall Per Member Per Month (PMPM)	Hospital PMPM	Lab PMPM	PCP PMPM	Specialty PMPM	Pharmacy PMPM
<b>FY1819</b>	<b>\$4,063,568.49</b>	<b>\$308,099.67</b>	<b>\$661,669.17</b>	<b>\$2,295,995.46</b>	<b>\$107,678.12</b>	<b>\$447,368.76</b>	<b>\$7,884,379.67</b>	<b>13,133</b>	<b>\$600.35</b>	<b>\$309.42</b>	<b>\$23.46</b>	<b>\$50.38</b>	<b>\$174.83</b>	<b>\$34.06</b>
October	\$14,319.08	\$64,081.46	\$124,186.81	\$351,047.84	\$0.00	\$62,666.67	\$616,301.86	1744	\$353.38	\$8.21	\$36.74	\$71.21	\$201.29	\$35.93
November	\$64,583.26	\$26,032.33	\$74,964.35	\$186,963.92	\$0.00	\$62,666.67	\$415,210.53	1807	\$229.78	\$35.74	\$14.41	\$41.49	\$103.47	\$34.68
December	\$261,035.64	\$65,053.76	\$91,409.27	\$305,262.72	\$0.00	\$89,502.16	\$812,263.55	1849	\$439.30	\$141.18	\$35.18	\$49.44	\$165.10	\$48.41
January	\$1,068,458.10	\$23,389.99	\$53,066.17	\$287,311.72	\$39,478.62	\$71,163.22	\$1,542,867.82	1717	\$898.58	\$622.28	\$13.62	\$30.91	\$167.33	\$41.45
February	\$2,464,398.16	\$36,655.51	\$1,991.59	\$287,643.00	\$0.00	\$58,276.15	\$2,848,964.41	1578	\$1,805.43	\$1,561.72	\$23.23	\$1.26	\$182.28	\$36.93
March	\$385,346.04	\$34,197.22	\$64,117.36	\$250,263.73	\$23,710.35	\$40,403.80	\$798,038.50	1446	\$551.89	\$266.49	\$23.65	\$44.34	\$173.07	\$27.94
April	-\$301,802.24	\$30,259.72	\$156,056.93	\$250,402.07	\$0.00	\$62,690.09	\$197,606.57	1408	\$140.35	-\$214.35	\$21.49	\$110.84	\$177.84	\$44.52
May	\$107,230.45	\$28,429.68	\$95,876.69	\$377,100.46	\$44,489.15		\$653,126.43	1584	\$412.33	\$67.70	\$17.95	\$60.53	\$238.07	\$0.00
June							\$0.00							
July							\$0.00							
August							\$0.00							
September							\$0.00							
<b>Grand Total</b>	<b>\$4,063,568.49</b>	<b>\$308,099.67</b>	<b>\$661,669.17</b>	<b>\$2,295,995.46</b>	<b>\$107,678.12</b>	<b>\$447,368.76</b>	<b>\$7,884,379.67</b>	<b>13,133</b>	<b>\$600.35</b>	<b>\$309.42</b>	<b>\$23.46</b>	<b>\$50.38</b>	<b>\$174.83</b>	<b>\$34.06</b>

PCP Encounter Claims by Clinic by Month (as of Claims Payment through 5/31/2019)

Month	FY1819					Total
	NEFHS Deland	NEFHS Deltona	NEFHS Pierson	NEFHS Stone Street	NEFHS Daytona	
October	453	511	158	0	19	1,141
November	274	358	85	0	4	721
December	338	296	121	0	13	768
January	197	233	55	0	11	496
February	33	26	8	0	3	70
March	174	238	103	0	10	525
April	668	634	161	0	17	1,480
May	247	269	67	0	7	590
June						0
July						0
August						0
September						0
Grand Total	2,384	2,565	758	0	84	5,791

PCP encounter claims are reported on a paid basis

## Specialty Care Services by Specialty – Top 25 (May, 2019)

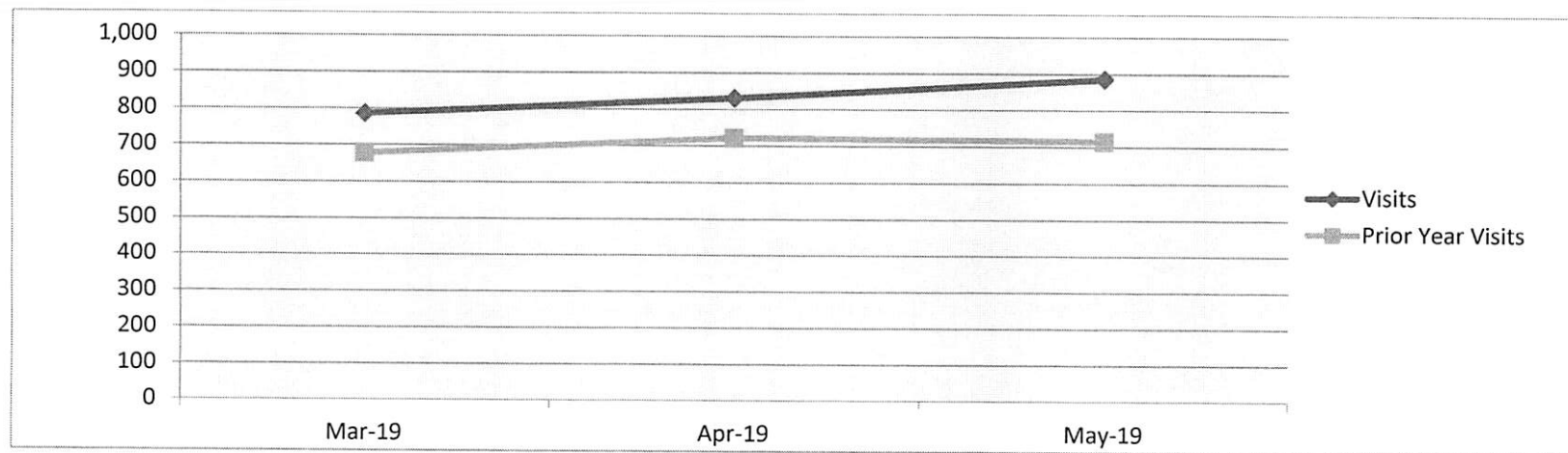
SPECIALTY CARE SERVICES BY SPECIALTY - TOP 25 FOR MAY						
Order	SPECIALTY	Unique Patients	Claim Volume		Paid	Cost Per Patient
1	Obstetrics & Gynecology	120	375	\$	99,628.24	\$ 265.68
2	Internal Medicine	63	119	\$	40,247.41	\$ 338.21
3	Oncology	19	40	\$	37,125.14	\$ 928.13
4	Cardiovascular Diseases	60	89	\$	35,053.91	\$ 393.86
5	Orthopedic Surgery	45	63	\$	25,547.02	\$ 405.51
6	Physical & Occupational Therapy	36	136	\$	17,621.70	\$ 129.57
7	Radiology	249	403	\$	15,478.77	\$ 38.41
8	Surgery Center	20	22	\$	11,983.13	\$ 544.69
9	Hematology Oncology	25	38	\$	10,681.71	\$ 281.10
10	Ophthalmology	48	57	\$	9,281.36	\$ 162.83
11	Pain Management	40	51	\$	7,921.83	\$ 155.33
12	Gastroenterology	40	55	\$	7,903.81	\$ 143.71
13	Pulmonary Medicine	34	72	\$	6,524.45	\$ 90.62
14	Infectious Diseases	34	52	\$	4,788.97	\$ 92.10
15	Family Practice	33	58	\$	4,678.16	\$ 80.66
16	Nurse Anesthetist	33	36	\$	4,658.24	\$ 129.40
17	Urology	21	28	\$	3,577.62	\$ 127.77
18	Nephrology	18	50	\$	3,395.24	\$ 67.90
19	Anesthesiology	27	27	\$	3,237.00	\$ 119.89
20	Nurse Practitioner	35	38	\$	3,219.88	\$ 84.73
21	Podiatry	15	19	\$	2,904.05	\$ 152.84
22	Counselor / Therapist	27	37	\$	2,670.96	\$ 72.19
23	Physiatrists / Phys Med Dr.	7	8	\$	2,036.68	\$ 254.59
24	Dermatology	18	20	\$	1,911.00	\$ 95.55
25	Neurology	18	18	\$	1,674.43	\$ 93.02

Current Items:

- WVHA signature on the Summary Plan Description
- The \$35,966.95 one month fee waiver was applied to the June monthly Invoice

**Patient Visits**

	Mar-19	Apr-19	May-19
Visits	786	832	886
Prior Year Visits	678	722	716

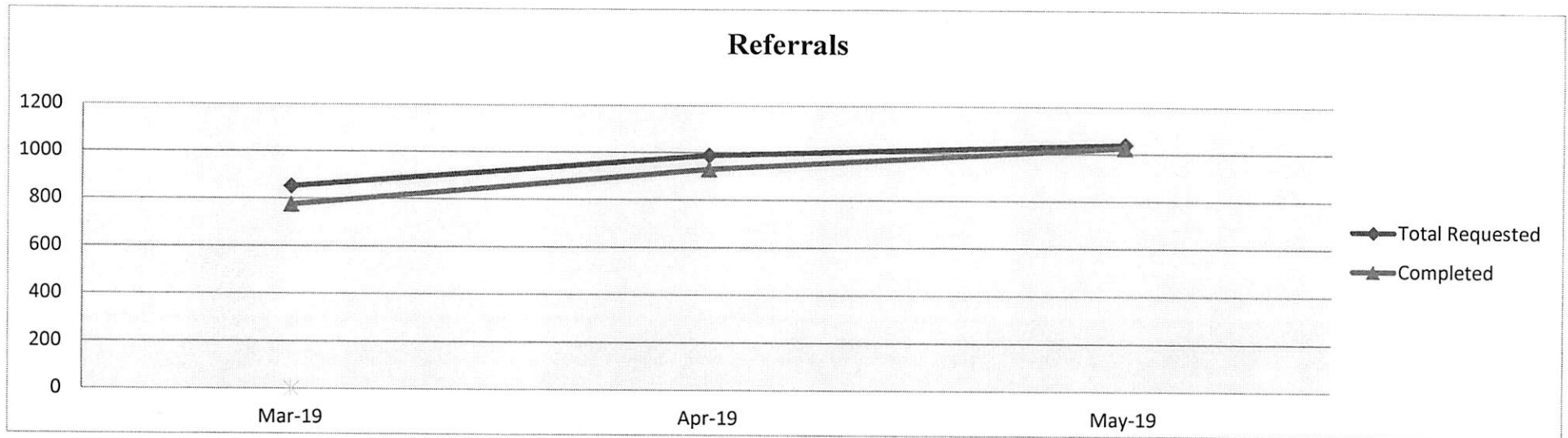


**Patient Visits by Location**

Location	Mar-19	Apr-19	May-19
Deland Medical	338	373	381
Deltona Medical	315	348	378
Pierson Medical	108	98	119
Daytona	14	13	8
<b>Total</b>	<b>775</b>	<b>832</b>	<b>886</b>

### Referrals

	Mar-19	Apr-19	May-19
NEFHS Providers (refer to footnote 1)	109	137	185
Internal Specialty Providers (refer to footnote 2)	743	851	854
Total	852	988	1039
Outstanding NEFHS Providers	9	11	3
Outstanding Int. Specialty Providers	68	47	10
Completed	775	930	1026
Total Requested	852	988	1039



1 NEFHS provider referrals are generated by NEFHS PCP for imaging and durable medical equipment (DME).

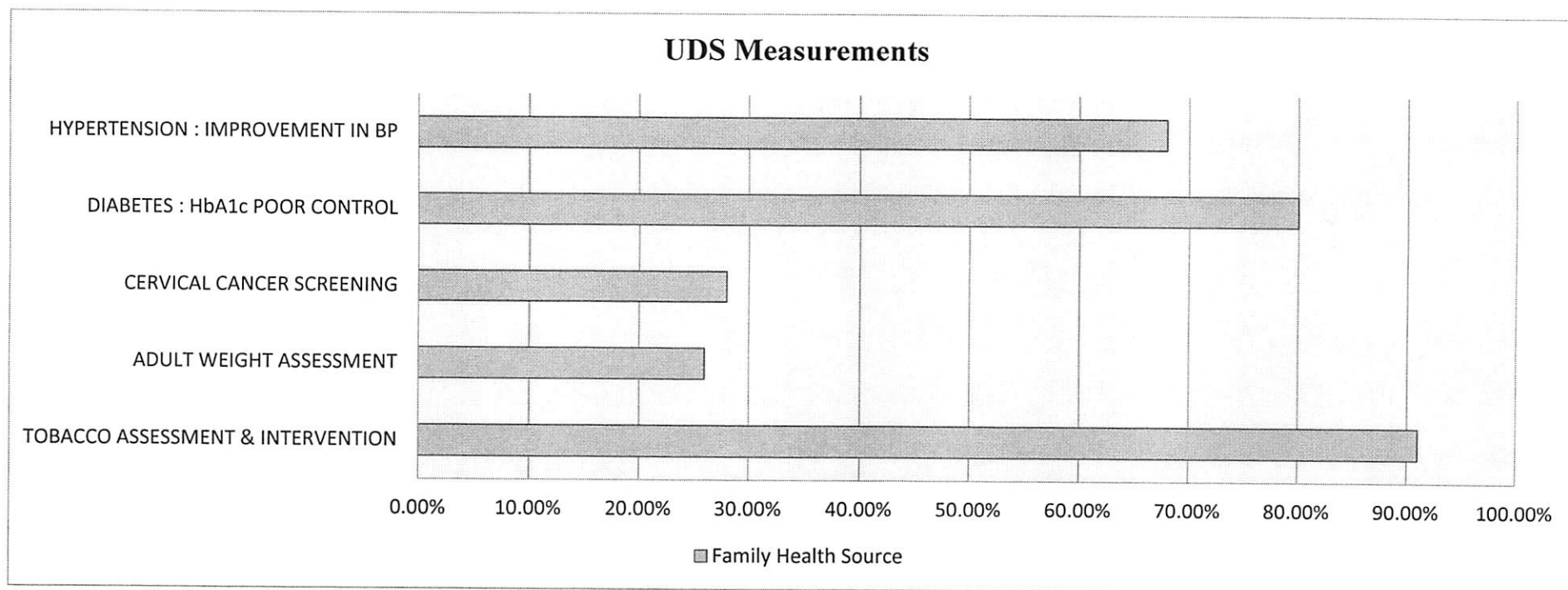
2 Internal specialty provider referrals are generated by NEFHS PCP for consultation with a specialist.

### Appointment Times

Location	Provider	Appointments
Daytona	Johnson	Same Day
Daytona	Sauls	Same Day
DeLand	Kodish	Same Day
DeLand	Smith	Same Day
DeLand	Hoblick	Same Day
DeLand	Sanchez	Same Day
DeLand	Vasanji	Same Day
Deltona	Baldassarre	Same Day
Deltona	Rodriguez	Same Day
Deltona	Macalua	Same Day
Deltona	Mancini	Same Day
Pierson	Roberson	Same Day
Pierson	Kessack	Same Day

### UDS Measures

Clinical Measures for the month of May 2019	Family Health
TOBACCO ASSESSMENT & INTERVENTION	91.00%
ADULT WEIGHT ASSESSMENT	26.00%
CERVICAL CANCER SCREENING	28.00%
DIABETES : HbA1c POOR CONTROL	80.00%
HYPERTENSION : IMPROVEMENT IN BP	68.00%





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**Administrative**

Offices 804

North Woodland

Blvd. DeLand, FL

32720

386-734-7571

386-734-0252 (fax)

**DeLand Counseling Center**

121 W. Pennsylvania Ave.

DeLand, FL 32720

Counseling: 386-738-9169

Programs: 386-734-2236

386-943-8823 (fax)

**Deltona Counseling**

Center 840 Deltona

Blvd., Suite K Deltona,

FL 32725

Counseling and Programs:

386-860-1776

386-860-6006 (fax)

**Flagler Counseling**

Center

25 N Old Kings Road #7B

Palm Coast, FL 32137

386-738-9169

386-943-8823

**S. Daytona Counseling Center**

1000 Big Tree

Road Daytona

Beach, FL

32114 386-301-

4073

386-492-7638 (fax)



CREDIBILITY • INTEGRITY • ACCOUNTABILITY



June 5, 2019

West Volusia Hospital Authority

**Monthly Enrollment Report**

In the month of May there were 295 appointments to assist with new applications and 66 appointments to assist with pended applications from April for a total of 361 face to face contact with clients.

295 applications were submitted for verification and enrollment. Of these, 371 were processed by the end of the month (includes the roll overs from previous month) leaving the balance of 0 (none) to roll over into June for approval.

Of the 371 that were processed, 323 were approved and 15 were denied. The remaining 33 were pended and letters were sent out to the clients.

Currently applications are being processed, approved and the client enrolled in 7 business days. Please note it takes up to five days once we enter the data into the UMR system for the client to be enrolled.

Respectfully submitted by Gail Hallmon



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Thursday, May 9, 2019

Good Afternoon Commissioners, Attorney Small, Dreggors, Rigsby & Teal, P.A.

In January 2019, RAAO successfully implemented a custom database "RABase", and improved our data tracking system. The integration of the data system will fully address the concerns of the Board of Commissioners:

- Duplicate billing
- Tracking number of services

To further meet fiduciary responsibilities, RAAO has conducted an internal audit of submitted billing invoices from the newly implemented database. Per our Funding Agreement, clients may only be billed one unit of service for services rendered. In this audit, we discovered that the database allowed for multiple units of service to be billed to an individual if the time was not entered within a certain parameter.

To address our audit findings, we have taken corrective action for these discrepancies. Please see attachments for January and February submitted utilizations and invoices. Individual reimbursement checks will be written for Jan in the amount of \$375.00 and Feb in the amount of \$655.00. Also we have added a time and unit of service restriction to prevent future occurrences.

Additionally, we are continuously enhancing the data system requirements, including the use of more business rules to allow RAAO to implement an ongoing audit process, auditing the data entry and file completion for each client.

Respectfully,

*Brenda Flowers Dalley*

Brenda Flowers Dalley

Founder/CEO, Rising Against All Odds

phone: (386) 202-4209

mobile: (386) 215-7881

address: 312 South Woodland Blvd. DeLand, FL 32720

site: [www.risingagainstallodds.com](http://www.risingagainstallodds.com)

email: [bdalley@risingagainstallodds.com](mailto:bdalley@risingagainstallodds.com)

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,*  
Edward Everett Hale

Jan

**Rising Against All Odds, Inc.**

312 S. Woodland Blvd, Deland, FL.

**Corrected Invoice**

May 6, 2019

Invoice Number: HIV0119

For Pursuant to Service Agreement, please accept this invoice for services for the month of January 2019

ITEM #	DESCRIPTION OF SERVICES	Units of Service	Reimbursement Rate Per unit of service	Total Reimbursement Requested
1	HIV Testing/Counseling (Individual)	102	\$100.00	\$10,200.00
2	Health Behavioral/Education	75	\$50.00	\$3,750.00
3	CC/Case Management/Ref/Trans	65	\$25.00	\$1,625.00
<b>Total</b>				<b>\$15,575.00</b>

-15950

-\$375.00

Please make all checks payable to:

Rising Against All Odds, Inc.

Brenda Flowers

312 W. Woodland Blvd, Deland, FL 32720

(386) 202-4209

bdalley@risingagainstallodds.com

## Billing Summary

Client ID	Service Date	Service ID	RAAO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
121	11/21/2018	192	HB	Deltona	0.5	0.50	1	Billable	1/2/2019	\$50.00
60	12/3/2018	162	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
30	1/2/2019	32	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/2/2019	\$100.00
1	1/2/2019	1	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/2/2019	\$100.00
36	1/2/2019	39	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/2/2019	\$100.00
35	1/2/2019	38	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/2/2019	\$100.00
34	1/2/2019	37	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/2/2019	\$100.00
95	1/2/2019	36	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/2/2019	\$0.00
61	1/2/2019	100	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/2/2019	\$0.00
31	1/2/2019	33	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/2/2019	\$50.00
25	1/2/2019	27	HIVC/HIVT	Orange City	1	1.00	1	Billable	1/2/2019	\$100.00
23	1/2/2019	24	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/2/2019	\$50.00
32	1/2/2019	257	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/2/2019	\$0.00
86	1/3/2019	113	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/3/2019	\$25.00
90	1/3/2019	117	HIVC/HIVT	DeLand (Volusia)	0.5	1.00	0.5	Non-Billable	1/3/2019	\$0.00
89	1/3/2019	116	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/3/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
88	1/3/2019	115	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/3/2019	\$100.00
87	1/3/2019	114	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/3/2019	\$100.00
85	1/3/2019	112	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/3/2019	\$75.00
84	1/3/2019	110	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/3/2019	\$100.00
82	1/3/2019	106	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/3/2019	\$100.00
81	1/3/2019	104	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/3/2019	\$100.00
83	1/3/2019	108	HIVC/HIVT	Orange City	1	1.00	1	Billable	1/3/2019	\$100.00
18	1/3/2019	1105	CC	DeLand (Volusia)	1	0.50	2	Billable	1/3/2019	\$50.00
9	1/4/2019	10	HIVC/HIVT	Deltona	13	1.00	13	Non-Billable	1/4/2019	\$0.00
33	1/4/2019	35	CC	DeLand (Volusia)	1.5	0.50	3	Non-Billable	1/4/2019	\$0.00
91	1/4/2019	123	HIVC/HIVT	DeBary	1	1.00	1	Billable	1/4/2019	\$100.00
6	1/4/2019	7	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/4/2019	\$0.00
29	1/4/2019	30	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/4/2019	\$100.00
24	1/4/2019	25	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/4/2019	\$0.00
27	1/4/2019	28	HIVC/HIVT	Orange City	1	1.00	1	Billable	1/4/2019	\$100.00
26	1/4/2019	26	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/4/2019	\$100.00
12	1/4/2019	12	CC	DeLand (Volusia)	1	0.50	2	Billable	1/4/2019	\$50.00
3	1/4/2019	3	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/4/2019	\$75.00
14	1/4/2019	14	HIVC/HIVT	Deltona	1	1.00	1	Non-Billable	1/4/2019	\$0.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
22	1/4/2019	23	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/4/2019	\$100.00
15	1/4/2019	15	HIVC/HIVT	Deltona	1	1.00	1	Billable	1/15/2019	\$100.00
20	1/4/2019	21	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/4/2019	\$100.00
28	1/4/2019	29	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/15/2019	\$0.00
141	1/7/2019	217	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/7/2019	\$100.00
2	1/7/2019	2	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/7/2019	\$100.00
162	1/7/2019	266	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/7/2019	\$50.00
11	1/7/2019	11	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/7/2019	\$100.00
18	1/7/2019	136	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/7/2019	\$25.00
17	1/7/2019	17	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/8/2019	\$100.00
21	1/7/2019	22	CC	DeLand (Volusia)	1	0.50	2	Non-Billable	1/15/2019	\$0.00
162	1/7/2019	268	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/7/2019	\$50.00
10	1/7/2019	9	HIVC/HIVT	DeLand	1	1.00	1	Non-Billable	1/7/2019	\$0.00
4	1/7/2019	4	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/7/2019	\$100.00
8	1/7/2019	8	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/7/2019	\$100.00
5	1/7/2019	5	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/7/2019	\$100.00
32	1/7/2019	256	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/7/2019	\$50.00
7	1/7/2019	6	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/7/2019	\$100.00
95	1/8/2019	129	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/8/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
72	1/8/2019	218	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/8/2019	\$50.00
97	1/8/2019	134	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/8/2019	\$50.00
332	1/8/2019	767	CC	DeLand	2	0.50	4	Billable	1/8/2019	\$100.00
29	1/8/2019	133	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/8/2019	\$75.00
93	1/8/2019	126	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/8/2019	\$100.00
92	1/8/2019	124	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/8/2019	\$100.00
7	1/9/2019	137	HB	DeLand	0.5	0.50	1	Billable	1/9/2019	\$50.00
26	1/9/2019	119	HB	DeLand	0.5	0.50	1	Non-Billable	1/9/2019	\$0.00
26	1/9/2019	118	HB	DeLand	0.5	0.50	1	Billable	1/9/2019	\$50.00
36	1/9/2019	103	HB	DeLand	0.5	0.50	1	Billable	1/9/2019	\$50.00
34	1/9/2019	102	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00
61	1/9/2019	63	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/9/2019	\$0.00
11	1/9/2019	139	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00
83	1/9/2019	109	HB	Orange City	0.5	0.50	1	Billable	1/9/2019	\$50.00
63	1/9/2019	65	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/9/2019	\$0.00
255	1/9/2019	472	HIVC/HIVT	Deltona	1	1.00	1	Non-Billable	1/9/2019	\$0.00
173	1/9/2019	283	HB	Lake Helen	0.5	0.50	1	Billable	1/9/2019	\$50.00
172	1/9/2019	281	HB	Cassadaga	0.5	0.50	1	Billable	1/9/2019	\$50.00
8	1/9/2019	138	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
35	1/9/2019	101	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00
65	1/9/2019	68	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/16/2019	\$50.00
30	1/9/2019	99	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00
22	1/9/2019	86	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00
15	1/9/2019	84	HB	Deltona	0.5	0.50	1	Billable	1/22/2019	\$50.00
62	1/9/2019	64	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/9/2019	\$100.00
44	1/10/2019	47	HIVC/HIVT	DeLand	1	1.00	1	Non-Billable	1/10/2019	\$0.00
170	1/10/2019	279	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/10/2019	\$100.00
37	1/10/2019	40	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/10/2019	\$100.00
39	1/10/2019	42	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/10/2019	\$100.00
41	1/10/2019	44	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/10/2019	\$100.00
42	1/10/2019	45	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/10/2019	\$100.00
45	1/10/2019	48	HB	Orange City	0.5	0.50	1	Billable	1/10/2019	\$50.00
64	1/10/2019	67	HIVC/HIVT	DeBary	1	1.00	1	Billable	1/10/2019	\$100.00
101	1/11/2019	1149	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
6	1/11/2019	69	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
99	1/11/2019	144	CC	DeLand (Volusia)	1	0.50	2	Billable	1/11/2019	\$50.00
29	1/11/2019	147	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/11/2019	\$75.00
86	1/11/2019	149	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$25.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
85	1/11/2019	153	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$25.00
104	1/11/2019	152	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
100	1/11/2019	146	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
103	1/11/2019	151	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/11/2019	\$0.00
18	1/11/2019	145	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$25.00
95	1/11/2019	130	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$50.00
93	1/11/2019	127	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$50.00
92	1/11/2019	125	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$50.00
63	1/11/2019	87	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/11/2019	\$0.00
62	1/11/2019	82	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/11/2019	\$50.00
70	1/11/2019	77	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
12	1/11/2019	76	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/11/2019	\$0.00
69	1/11/2019	75	CC	DeLand (Volusia)	1	0.50	2	Billable	1/11/2019	\$50.00
21	1/11/2019	74	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/17/2019	\$0.00
66	1/11/2019	70	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
102	1/11/2019	150	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
68	1/11/2019	73	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/17/2019	\$100.00
101	1/11/2019	148	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/11/2019	\$100.00
140	1/11/2019	216	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/11/2019	\$75.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
58	1/14/2019	60	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/14/2019	\$75.00
207	1/14/2019	460	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
81	1/14/2019	105	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
82	1/14/2019	107	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/9/2019	\$50.00
14	1/14/2019	122	HB	Deltona	0.5	0.50	1	Non-Billable	1/14/2019	\$0.00
28	1/14/2019	267	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/14/2019	\$0.00
60	1/14/2019	62	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
57	1/14/2019	59	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
56	1/14/2019	57	HB	Orange City	0.5	0.50	1	Billable	1/14/2019	\$50.00
61	1/14/2019	155	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/14/2019	\$100.00
53	1/14/2019	53	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/14/2019	\$100.00
52	1/14/2019	157	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/14/2019	\$100.00
51	1/14/2019	52	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/14/2019	\$100.00
60	1/14/2019	161	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
55	1/14/2019	56	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/14/2019	\$100.00
84	1/14/2019	111	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/14/2019	\$50.00
24	1/14/2019	120	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/14/2019	\$0.00
49	1/15/2019	169	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/15/2019	\$50.00
13	1/15/2019	13	HIVC/HIVT	Orange City	1	1.00	1	Billable	1/15/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
107	1/15/2019	168	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/15/2019	\$50.00
46	1/15/2019	49	HB	Pierson	0.5	0.50	1	Billable	1/15/2019	\$50.00
152	1/15/2019	238	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/15/2019	\$25.00
106	1/15/2019	166	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/15/2019	\$100.00
142	1/16/2019	219	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/16/2019	\$100.00
95	1/16/2019	215	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/16/2019	\$0.00
32	1/16/2019	34	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/16/2019	\$25.00
9	1/16/2019	121	HB	Deltona	0.5	0.50	1	Non-Billable	1/16/2019	\$0.00
144	1/16/2019	224	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/16/2019	\$100.00
255	1/16/2019	473	HB	Deltona	0.5	0.50	1	Non-Billable	1/16/2019	\$0.00
149	1/16/2019	234	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/16/2019	\$100.00
34	1/16/2019	251	CC	DeLand (Volusia)	1	0.50	2	Non-Billable	1/16/2019	\$0.00
35	1/16/2019	239	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/16/2019	\$25.00
21	1/16/2019	236	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/16/2019	\$50.00
150	1/16/2019	235	CC	Deltona	2	0.50	4	Billable	1/16/2019	\$100.00
118	1/16/2019	188	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/16/2019	\$100.00
146	1/16/2019	232	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/31/2019	\$0.00
144	1/16/2019	229	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/16/2019	\$100.00
20	1/16/2019	83	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/16/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
27	1/16/2019	85	HB	Orange City	0.5	0.50	1	Billable	1/16/2019	\$50.00
143	1/16/2019	221	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/16/2019	\$100.00
96	1/17/2019	72	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/17/2019	\$100.00
130	1/17/2019	205	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/17/2019	\$50.00
133	1/17/2019	208	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/17/2019	\$75.00
131	1/17/2019	207	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/17/2019	\$100.00
134	1/17/2019	210	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/17/2019	\$50.00
66	1/17/2019	142	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/17/2019	\$50.00
105	1/17/2019	165	HIVC/HIVT	DeBary	1	1.00	1	Billable	1/17/2019	\$100.00
61	1/17/2019	156	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
44	1/17/2019	154	HB	DeLand	1	0.50	2	Non-Billable	1/17/2019	\$0.00
6	1/17/2019	143	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/17/2019	\$50.00
126	1/17/2019	199	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/17/2019	\$100.00
128	1/17/2019	203	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/17/2019	\$100.00
42	1/17/2019	140	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/17/2019	\$50.00
125	1/17/2019	196	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/17/2019	\$100.00
123	1/17/2019	193	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/17/2019	\$100.00
160	1/18/2019	259	HIVC/HIVT	Orange City	1	1.00	1	Billable	1/18/2019	\$100.00
84	1/18/2019	260	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/18/2019	\$0.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
161	1/18/2019	261	HIVC/HIVT	No ZIP	1	1.00	1	Billable	1/18/2019	\$100.00
83	1/18/2019	262	CC	Orange City	0.5	0.50	1	Billable	1/18/2019	\$25.00
22	1/18/2019	263	CC	DeLand (Volusia)	1	0.50	2	Billable	1/18/2019	\$50.00
146	1/22/2019	233	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/22/2019	\$0.00
106	1/22/2019	167	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
10	1/22/2019	46	HB	DeLand	0.5	0.50	1	Non-Billable	1/22/2019	\$0.00
53	1/22/2019	159	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
52	1/22/2019	158	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
108	1/22/2019	170	HIVC/HIVT	Deltona	1	1.00	1	Billable	1/22/2019	\$100.00
109	1/22/2019	172	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/22/2019	\$100.00
110	1/22/2019	174	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/22/2019	\$100.00
111	1/22/2019	176	CC	DeLand (Volusia)	1	0.50	2	Non-Billable	1/22/2019	\$0.00
112	1/22/2019	177	HIVC/HIVT	Deltona	1	1.00	1	Billable	1/22/2019	\$100.00
113	1/22/2019	178	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/22/2019	\$100.00
144	1/22/2019	225	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
1	1/22/2019	181	CC	DeLand (Volusia)	1	0.50	2	Billable	1/22/2019	\$50.00
41	1/22/2019	141	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
61	1/22/2019	264	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/22/2019	\$0.00
64	1/22/2019	135	HB	DeBary	0.5	0.50	1	Billable	1/22/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
114	1/22/2019	179	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/22/2019	\$0.00
55	1/22/2019	265	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
143	1/22/2019	222	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
142	1/22/2019	220	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/22/2019	\$50.00
119	1/23/2019	189	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	1/23/2019	\$0.00
12	1/23/2019	183	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/23/2019	\$100.00
115	1/23/2019	182	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/23/2019	\$100.00
116	1/23/2019	186	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/23/2019	\$100.00
117	1/23/2019	187	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/23/2019	\$100.00
120	1/24/2019	191	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
111	1/24/2019	190	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
129	1/24/2019	206	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
127	1/24/2019	202	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
76	1/24/2019	198	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
132	1/24/2019	209	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
137	1/24/2019	212	CC	DeLand (Volusia)	2	0.50	4	Billable	1/24/2019	\$100.00
136	1/24/2019	211	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
124	1/24/2019	195	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/24/2019	\$100.00
126	1/25/2019	201	HB	DeLand	0.5	0.50	1	Billable	1/25/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
12	1/25/2019	185	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/25/2019	\$50.00
123	1/25/2019	194	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/25/2019	\$50.00
128	1/25/2019	204	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/25/2019	\$50.00
125	1/25/2019	197	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/25/2019	\$50.00
96	1/25/2019	41	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/25/2019	\$50.00
84	1/28/2019	255	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/28/2019	\$25.00
23	1/28/2019	254	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/28/2019	\$25.00
86	1/28/2019	258	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/28/2019	\$0.00
157	1/28/2019	250	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/28/2019	\$50.00
52	1/28/2019	247	HB	DeLand (Volusia)	#####	0.50	#####	Non-Billable	1/28/2019	\$0.00
107	1/28/2019	246	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/28/2019	\$0.00
8	1/28/2019	245	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/28/2019	\$25.00
154	1/28/2019	241	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/28/2019	\$100.00
153	1/28/2019	240	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/28/2019	\$100.00
22	1/28/2019	200	CC	DeLand (Volusia)	1	0.50	2	Billable	1/28/2019	\$50.00
156	1/28/2019	244	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/28/2019	\$100.00
73	1/29/2019	90	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/29/2019	\$100.00
77	1/29/2019	94	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/29/2019	\$100.00
71	1/29/2019	88	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/29/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
78	1/29/2019	95	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/29/2019	\$100.00
79	1/29/2019	96	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/29/2019	\$50.00
76	1/29/2019	93	CC	DeLand (Volusia)	0.5	0.50	1	Billable	1/29/2019	\$25.00
74	1/29/2019	91	HIVC/HIVT	DeLand	1	1.00	1	Billable	1/29/2019	\$100.00
72	1/29/2019	89	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/29/2019	\$100.00
80	1/29/2019	98	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/29/2019	\$100.00
76	1/30/2019	290	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
127	1/30/2019	291	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
111	1/30/2019	288	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
132	1/30/2019	287	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
129	1/30/2019	286	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
124	1/30/2019	285	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
156	1/30/2019	284	HB	DeLand	0.5	0.50	1	Billable	1/30/2019	\$50.00
120	1/30/2019	289	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/30/2019	\$50.00
167	1/30/2019	275	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/30/2019	\$100.00
166	1/30/2019	274	HIVC/HIVT	Orange City	1	1.00	1	Billable	1/30/2019	\$100.00
165	1/30/2019	273	HIVC/HIVT	Deltona	1	1.00	1	Billable	1/30/2019	\$100.00
163	1/30/2019	271	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/30/2019	\$100.00
106	1/30/2019	270	CC	DeLand (Volusia)	0.5	0.50	1	Non-Billable	1/30/2019	\$0.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
168	1/30/2019	277	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/30/2019	\$100.00
148	1/31/2019	228	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/31/2019	\$100.00
70	1/31/2019	223	CC	DeLand (Volusia)	1.5	0.50	3	Billable	1/31/2019	\$75.00
145	1/31/2019	226	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	1/31/2019	\$100.00
147	1/31/2019	227	CC	DeLand (Volusia)	1	0.50	2	Billable	1/31/2019	\$50.00
128	1/31/2019	213	CC	DeLand (Volusia)	1	0.50	2	Non-Billable	1/31/2019	\$0.00
171	12/3/2019	280	HB	DeLand (Volusia)	0.5	0.50	1	Billable	1/2/2019	\$50.00
Billing Total										\$15,575.00

Feb

**Rising Against All Odds, Inc.**

312 S. Woodland Blvd, Deland, FL.

**Corrected Invoice**

**May 6, 2019**

Invoice Number: HIV0219

For Pursuant to Service Agreement, please accept this invoice for services for the month of February 2019

ITEM #	DESCRIPTION OF SERVICES	Total Units of Service	Per Unit Rate	Total Reimbursement Requested
1	HIV Test/Counseling/Individual	89	\$100.00	\$8,900.00
2	Health Behavioral/Education	74	\$50.00	\$3,700.00
3	CC/Case Management/Ref/Trans	29	\$25.00	\$725.00
INVOICE TOTAL				\$13,325.00

-13980

Please make all checks payable to:

Rising Against All Odds, Inc.

**-\$655.00**

Brenda Flowers

312 W. Woodland Blvd, Deland, FL 32720

(386) 202-4209

bdalley@risingagainstallodds.com



RISING | AGAINST | ALL | ODDS

## Billing Summary

Client ID	Service Date	Service ID	RAAO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
59	12/3/2018	163	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00
88	1/3/2019	243	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/10/2019	\$50.00
96	1/8/2019	539	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
59	1/14/2019	61	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00
256	1/15/2019	477	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
96	1/17/2019	476	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00
186	1/18/2019	309	HIVC/HIVT	Orange City	1	1.00	1	Billable	2/20/2019	\$100.00
6	1/23/2019	276	CC	DeLand (Volusia)	0.5	0.50	1	Billable	2/11/2019	\$25.00
262	2/1/2019	492	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
263	2/1/2019	493	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
264	2/1/2019	494	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
265	2/1/2019	495	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/1/2019	\$0.00
144	2/1/2019	496	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/1/2019	\$0.00
110	2/1/2019	175	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00
241	2/1/2019	491	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
116	2/1/2019	184	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
124	2/1/2019	497	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/1/2019	\$0.00
109	2/1/2019	173	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00
128	2/1/2019	538	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/1/2019	\$50.00
266	2/1/2019	498	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/1/2019	\$100.00
114	2/1/2019	180	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/1/2019	\$0.00
260	2/4/2019	488	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/4/2019	\$100.00
8	2/4/2019	489	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/4/2019	\$0.00
105	2/4/2019	544	HB	DeBary	0.5	0.50	1	Billable	2/4/2019	\$50.00
261	2/4/2019	490	HIVC/HIVT	Lake Helen	1	1.00	1	Billable	2/4/2019	\$100.00
236	2/5/2019	499	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/5/2019	\$100.00
70	2/5/2019	503	CC	DeLand (Volusia)	1.5	0.50	3	Billable	2/5/2019	\$75.00
147	2/5/2019	504	CC	DeLand (Volusia)	2.5	0.50	5	Non-Billable	2/5/2019	\$0.00
268	2/5/2019	505	HIVC/HIVT	Deltona	1	1.00	1	Non-Billable	2/5/2019	\$0.00
137	2/5/2019	506	CC	DeLand (Volusia)	1.5	0.50	3	Billable	2/5/2019	\$75.00
269	2/5/2019	507	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/5/2019	\$100.00
146	2/5/2019	501	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/5/2019	\$0.00
267	2/5/2019	500	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/5/2019	\$0.00
29	2/5/2019	502	CC	DeLand (Volusia)	1.5	0.50	3	Billable	2/5/2019	\$75.00
253	2/5/2019	465	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/5/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
272	2/5/2019	517	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/6/2019	\$0.00
71	2/6/2019	468	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/6/2019	\$100.00
185	2/6/2019	471	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/6/2019	\$100.00
257	2/6/2019	478	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/6/2019	\$100.00
148	2/6/2019	372	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/6/2019	\$50.00
87	2/6/2019	516	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/6/2019	\$50.00
161	2/6/2019	543	HB	No ZIP	0.5	0.50	1	Non-Billable	2/6/2019	\$0.00
69	2/6/2019	519	CC	DeLand (Volusia)	1.5	0.50	3	Billable	2/6/2019	\$75.00
107	2/6/2019	508	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/6/2019	\$50.00
154	2/6/2019	515	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/6/2019	\$0.00
271	2/6/2019	514	HIVC/HIVT	Deltona	1	1.00	1	Billable	2/6/2019	\$100.00
267	2/6/2019	513	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/6/2019	\$100.00
52	2/6/2019	512	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/6/2019	\$0.00
270	2/6/2019	511	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/9/2019	\$100.00
149	2/6/2019	510	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/6/2019	\$0.00
21	2/6/2019	509	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/6/2019	\$0.00
273	2/6/2019	520	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/6/2019	\$100.00
258	2/7/2019	481	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/7/2019	\$100.00
78	2/7/2019	295	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/7/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
163	2/7/2019	542	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/7/2019	\$50.00
165	2/7/2019	294	HB	Deltona	0.5	0.50	1	Billable	2/7/2019	\$50.00
77	2/7/2019	293	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/7/2019	\$50.00
73	2/7/2019	292	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/7/2019	\$50.00
259	2/7/2019	483	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/7/2019	\$100.00
275	2/7/2019	522	HIVC/HIVT	Lake Helen	1	1.00	1	Billable	2/7/2019	\$100.00
274	2/7/2019	521	HIVC/HIVT	Lake Helen	1	1.00	1	Billable	2/7/2019	\$100.00
238	2/7/2019	523	CC	DeLand (Volusia)	1	0.50	2	Billable	2/7/2019	\$50.00
232	2/11/2019	396	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/11/2019	\$100.00
154	2/11/2019	395	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/11/2019	\$0.00
156	2/11/2019	397	HB	DeLand	0.5	0.50	1	Billable	2/11/2019	\$50.00
127	2/11/2019	530	CC	DeLand (Volusia)	0.5	0.50	1	Billable	2/11/2019	\$25.00
31	2/11/2019	528	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/11/2019	\$0.00
62	2/11/2019	485	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/11/2019	\$100.00
125	2/11/2019	525	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/11/2019	\$50.00
129	2/11/2019	529	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/11/2019	\$50.00
276	2/11/2019	524	HIVC/HIVT	Deltona	1	1.00	1	Billable	2/11/2019	\$100.00
92	2/11/2019	527	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/11/2019	\$50.00
104	2/11/2019	526	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/11/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
66	2/12/2019	435	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/12/2019	\$50.00
240	2/12/2019	438	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/12/2019	\$0.00
177	2/12/2019	439	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/12/2019	\$100.00
87	2/12/2019	437	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/12/2019	\$100.00
239	2/12/2019	436	HIVC/HIVT	Orange City	1	1.00	1	Billable	2/12/2019	\$100.00
149	2/13/2019	305	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
183	2/13/2019	304	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
182	2/13/2019	303	HIVC/HIVT	DeLand	1	1.00	1	Billable	2/13/2019	\$100.00
185	2/13/2019	308	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/13/2019	\$0.00
52	2/13/2019	301	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
178	2/13/2019	307	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
179	2/13/2019	299	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
181	2/13/2019	302	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
21	2/13/2019	461	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
132	2/13/2019	323	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
196	2/13/2019	321	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/13/2019	\$0.00
195	2/13/2019	319	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00
194	2/13/2019	317	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/13/2019	\$0.00
184	2/13/2019	306	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/13/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
191	2/14/2019	313	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/14/2019	\$100.00
189	2/14/2019	312	HIVC/HIVT	DeLand	1	1.00	1	Billable	2/14/2019	\$100.00
12	2/14/2019	367	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/14/2019	\$50.00
198	2/14/2019	324	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/14/2019	\$100.00
100	2/14/2019	325	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/14/2019	\$50.00
187	2/15/2019	310	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/15/2019	\$100.00
190	2/15/2019	314	HIVC/HIVT	DeLand	1	1.00	1	Billable	2/15/2019	\$100.00
40	2/15/2019	318	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/15/2019	\$100.00
188	2/15/2019	311	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/15/2019	\$100.00
193	2/15/2019	399	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/15/2019	\$100.00
192	2/15/2019	315	HIVC/HIVT	DeLand	1	1.00	1	Billable	2/15/2019	\$100.00
273	2/18/2019	534	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
270	2/18/2019	533	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
267	2/18/2019	532	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
185	2/18/2019	474	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
271	2/18/2019	531	HB	Deltona	0.5	0.50	1	Billable	2/18/2019	\$50.00
62	2/18/2019	486	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
259	2/18/2019	484	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
249	2/18/2019	455	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/18/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
258	2/18/2019	482	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
257	2/18/2019	479	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
71	2/18/2019	470	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
253	2/18/2019	467	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/18/2019	\$50.00
198	2/19/2019	330	HB	DeLand (Volusia)	1	0.50	2	Non-Billable	2/19/2019	\$0.00
200	2/19/2019	329	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
92	2/19/2019	453	HB	DeLand (Volusia)	1	0.50	2	Non-Billable	2/19/2019	\$0.00
76	2/19/2019	328	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/19/2019	\$50.00
124	2/19/2019	368	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/19/2019	\$50.00
207	2/19/2019	338	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
100	2/19/2019	331	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/19/2019	\$0.00
206	2/19/2019	337	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
205	2/19/2019	336	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
203	2/19/2019	335	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
4	2/19/2019	334	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
202	2/19/2019	333	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
208	2/19/2019	339	CC	DeLand	2	0.50	4	Billable	2/19/2019	\$100.00
62	2/19/2019	326	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/19/2019	\$0.00
29	2/19/2019	389	CC	DeLand (Volusia)	1.5	0.50	3	Billable	2/19/2019	\$75.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
180	2/19/2019	300	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
147	2/19/2019	456	CC	DeLand (Volusia)	2	0.50	4	Billable	2/19/2019	\$100.00
241	2/19/2019	442	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/19/2019	\$50.00
253	2/19/2019	464	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/19/2019	\$0.00
154	2/19/2019	454	HB	DeLand (Volusia)	1	0.50	2	Non-Billable	2/19/2019	\$0.00
248	2/19/2019	451	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
247	2/19/2019	449	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/19/2019	\$100.00
199	2/19/2019	327	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/19/2019	\$0.00
213	2/20/2019	346	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
250	2/20/2019	457	HIVC/HIVT	DeLand	1	1.00	1	Billable	2/20/2019	\$100.00
209	2/20/2019	340	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
31	2/20/2019	341	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
251	2/20/2019	458	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
214	2/20/2019	347	HIVC/HIVT	Orange City	1	1.00	1	Billable	2/20/2019	\$100.00
211	2/20/2019	343	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
246	2/20/2019	448	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Non-Billable	2/20/2019	\$0.00
79	2/20/2019	345	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/20/2019	\$50.00
212	2/20/2019	344	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00
210	2/20/2019	342	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/20/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
218	2/21/2019	359	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/21/2019	\$100.00
215	2/21/2019	355	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/21/2019	\$100.00
217	2/21/2019	358	HIVC/HIVT	DeLand	1	1.00	1	Non-Billable	2/21/2019	\$0.00
219	2/21/2019	360	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/21/2019	\$100.00
220	2/21/2019	361	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/21/2019	\$100.00
22	2/21/2019	362	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/26/2019	\$50.00
221	2/21/2019	363	HIVC/HIVT	Orange City	1	1.00	1	Billable	2/21/2019	\$100.00
201	2/21/2019	332	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/21/2019	\$100.00
216	2/21/2019	357	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/21/2019	\$100.00
195	2/22/2019	320	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
148	2/22/2019	373	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/22/2019	\$0.00
178	2/22/2019	348	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
181	2/22/2019	400	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
180	2/22/2019	401	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
194	2/22/2019	441	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/22/2019	\$0.00
228	2/22/2019	377	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/22/2019	\$100.00
196	2/22/2019	443	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/22/2019	\$0.00
238	2/22/2019	43	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/22/2019	\$100.00
41	2/22/2019	374	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
225	2/22/2019	371	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/22/2019	\$100.00
21	2/22/2019	462	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
182	2/22/2019	352	HB	DeLand	0.5	0.50	1	Billable	2/22/2019	\$50.00
240	2/22/2019	536	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/22/2019	\$0.00
177	2/22/2019	537	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
149	2/22/2019	354	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
179	2/22/2019	353	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
87	2/22/2019	535	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/23/2019	\$50.00
52	2/22/2019	349	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
226	2/22/2019	375	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/22/2019	\$100.00
132	2/22/2019	351	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
184	2/22/2019	350	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/22/2019	\$50.00
190	2/25/2019	388	HB	DeLand	0.5	0.50	1	Non-Billable	2/25/2019	\$0.00
222	2/25/2019	364	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/25/2019	\$100.00
219	2/25/2019	404	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/25/2019	\$0.00
154	2/25/2019	403	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/25/2019	\$50.00
216	2/25/2019	402	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/25/2019	\$0.00
178	2/26/2019	406	HB	DeLand (Volusia)	0.5	0.50	1	Non-Billable	2/26/2019	\$0.00
234	2/26/2019	405	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/26/2019	\$100.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
103	2/26/2019	356	CC	DeLand (Volusia)	1	0.50	2	Non-Billable	2/26/2019	\$0.00
231	2/26/2019	390	HIVC/HIVT	DeLand	1	1.00	1	Billable	2/26/2019	\$100.00
214	2/27/2019	413	HB	Orange City	0.5	0.50	1	Billable	2/27/2019	\$50.00
127	2/27/2019	366	CC	DeLand (Volusia)	1	0.50	2	Billable	2/27/2019	\$50.00
148	2/27/2019	369	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/27/2019	\$50.00
224	2/27/2019	370	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/27/2019	\$100.00
226	2/27/2019	376	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/22/2019	\$100.00
229	2/27/2019	378	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/27/2019	\$100.00
219	2/27/2019	423	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/27/2019	\$50.00
218	2/27/2019	422	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/27/2019	\$50.00
221	2/27/2019	421	HB	Orange City	0.5	0.50	1	Billable	2/27/2019	\$50.00
217	2/27/2019	420	HB	DeLand	0.5	0.50	1	Non-Billable	2/27/2019	\$0.00
213	2/27/2019	415	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/27/2019	\$50.00
200	2/27/2019	412	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/27/2019	\$50.00
230	2/27/2019	379	HIVC/HIVT	DeBary	1	1.00	1	Billable	2/27/2019	\$100.00
215	2/27/2019	392	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/27/2019	\$50.00
233	2/28/2019	398	HIVC/HIVT	DeLand (Volusia)	1	1.00	1	Billable	2/28/2019	\$100.00
212	2/28/2019	391	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00
40	2/28/2019	407	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00

Client ID	Service Date	Service ID	RAOO Service Type	City	Duration of Service	Unit Multiplier	Billable Units	Billing Status	Billing Status Date	Billing Amount
189	2/28/2019	381	HB	DeLand	0.5	0.50	1	Billable	2/28/2019	\$50.00
283	2/28/2019	433	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00
187	2/28/2019	382	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00
192	2/28/2019	383	HB	DeLand	0.5	0.50	1	Billable	2/28/2019	\$50.00
190	2/28/2019	384	HB	DeLand	0.5	0.50	1	Billable	2/28/2019	\$50.00
191	2/28/2019	385	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00
183	2/28/2019	387	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00
243	2/28/2019	419	HB	DeLand (Volusia)	0.5	0.50	1	Billable	2/28/2019	\$50.00
Billing Total										\$13,325.00



Wednesday, May 15, 2019

West Volusia Hospital Authority  
c/o Dreggors, Rigsby & Teal, P.A.  
1006 N Woodland Blvd #A  
DeLand, FL 32720

Dear West Volusia Hospital Authority Board of Commissioners,

The West Volusia Hospital Authority (WVHA) tasked Rising Against All Odds, Inc. (RAAO) to assist with processing and pre-screening WVHA Health Card applications beginning in 2014. Today, RAAO has been successful in this program, serving the homeless and hard to reach populations and is, thereby, exceeding allocated funding for the Health Card pre-screening program. For the period of October 1 to April 30, 2019, RAAO pre-screened an average of 22 applications per month. Using this number, RAAO anticipates a total of 264 applications pre-screened and submitted for the current funding year. RAAO was funded \$34,000 for the Health Card pre-screening program in 2018-2019, which was the same funding amount as the preceding year, compensating for only 177 applications.

Due to the success in reaching hard-to-reach indigent individuals, RAAO has projected a deficit and will exhaust the current funds sometime in July 2019. RAAO has been consistently underfunded for the Health Card program, according to the Funding Agreement. Because of the number of pre-screening performed, RAAO was required to reimburse the WVHA for an overpayment for the 2017-2018 funding year.

RAAO is committed to the communities we serve and will continue to do so, however, this funding is imperative to the continued success of RAAO's unique service to the hard-to-reach indigent and homeless communities. It is a service no other funded agency provides.

These underserved clients are destitute, sick and in need of care. RAAO coordinates transportation and care provided by Family Health Source, Stewart-Marchman Behavioral Health and other community agencies. RAAO encourages healthy habits, including access to the WVHA health card, in the event the individual does not qualify for Medicaid or the Affordable Care Act. Many of these uninsured individuals have untreated chronic conditions and will deteriorate, resulting in excess visits to the Emergency Department at an average cost of \$4,232<sup>1</sup> per person, thus, increasing the burden on West Volusia taxpayers. Diverting these hard-to-reach clients to the WVHA Health Card and ensuring continuity of care prevents needless Emergency Department visits.

At this time, RAAO would like to request that the WVHA Board of Commissioners resolve this deficit by increasing the funds for the current funding year by \$16,688. This increase in funding will allow RAAO to continue a high level of quality pre-screened applications and further reduce costs to the taxing authority and taxpayers.

Respectfully,

*Brenda V. Flowers-Dalley*

Brenda Flowers-Dalley, CEO

o: (386) 202-4209

m: (386) 215-7881

e: [bdalley@risingagainstallodds.com](mailto:bdalley@risingagainstallodds.com)

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<sup>1</sup> Floridahealthfinder.gov. (2017). *FloridaHealthFinder*. [online] Available at: <https://www.floridahealthfinder.gov/QueryTool/QTResults.aspx?T=E> [Accessed 9 May 2019].

# West Volusia Hospital Authority (WVHA)

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## *Health Card Program*

### *Eligibility Guidelines and Procedures*

*Revised –June 20<sup>th</sup>, 2019*

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# **WVHA Statement of Purpose**

## **Section 1.01 Purpose**

To document the establishment of an eligibility policy.

## **Section 1.02 Policy**

The West Volusia Hospital Authority (WVHA) Enabling Act recognizes that it is in the public interest to provide a source of funding for indigent and medically needy residents of the West Volusia Hospital Authority Taxing District and to maximize the health and well-being of residents by providing comprehensive planning, funding, and coordination of health care service delivery. Program elements may include, but not be limited to, preventive health services, ambulatory care, outpatient services, hospital services, trauma health services, and rehabilitative services, as feasible. All programs should be coordinated to maximize the delivery of quality health care.

The WVHA Board of Commissioners has established policies and procedures to qualify clients who are in need of medical services, who do not have the ability to pay, and are residents of the WVHA Taxing District.

WVHA Health Card availability is restricted until all other means of payment have been exhausted, including, but not limited to, bank accounts, certificates of deposit, stock ownership, bank loans, savings accounts, mutual funds, non-exempt property, insurance loans, family member loans and the like. If an individual or a family member receives benefits under WVHA Health Card to treat an injury or medical condition that was caused by a third party, then WVHA hereby claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (e.g. a defendant in a lawsuit or a defendant's insurer). WVHA must be reimbursed for the benefits it has paid if the WVHA Health Card member or his/her family recovers any damages or receives payments from that third party or an insurer on account of that injury or medical condition.

As this policy cannot cover all variables, it should be noted that on occasion a determination must be made upon the available facts coupled with the good judgment of the WVHA Enrollment Certifying Agent.

## Article II. WVHA Summary of Criteria

### Section 2.01 Purpose

To provide an overview of the WVHA criteria for eligibility.

### Section 2.02 Policy

Each applicant must meet the following criteria for consideration of enrollment:

1. Residency (Article VIII).

All applicants must reside within the WVHA District (refer to Section 11.03)

- a. Residency exists when the applicant has been residing for at least three (3) months within the District.
- b. Exception - Those qualified as "homeless" are subject to a one (1) month residency requirement.

2. Identification (Article VIII).

An applicant must provide the forms of identification that are required under this policy.

3. Income (Article IX).

The calculated family income must be equal to or below the West Volusia Hospital Authority Board approved percentage of the Federal Poverty Level Guidelines for that family unit size.

4. Medical Coverage.

All US Citizens must produce proof of Medicaid application or denial before consideration for WVHA programs. Denials for reasons of noncompliance will not be accepted.

Note: The ACA insurance exchange will also be a point of entry for Medicaid applications

5. WVHA Affordable Care Act (ACA) Requirements

The WVHA policy is that the WVHA Health Care Program funds health care for indigent residents only as a payer of last resort (thereby avoiding replacement of affordable private insurance or displacement of available federal programs). It is the policy of the WVHA Board of Commissioners that an application for insurance coverage, tax credits, and subsidies under the ACA insurance exchange ([www.healthcare.gov](http://www.healthcare.gov)) is a requirement before an applicant can qualify for a WVHA health card. All other provisions of the WVHA Eligibility Guidelines are in addition to the ACA requirements.

Denials of eligibility, tax credits or cost-sharing subsidies for reasons of noncompliance with established exchange procedures will not be accepted.

WVHA reserves the right to verify all information. Verification includes but is not limited to income, assets, credit, and employment. This may be accomplished at any time during the application process, enrollment or after benefits have been assigned. If any information is discovered to be false or altered in any way, WVHA may deny the application or dis-enroll the member and recover any charges previously adjusted under this program. Any member or applicant denied for falsification of information may be prohibited from ever applying again.

WVHA is the payer of last resort and assists patients with no medical benefits. Patients that have health coverage are excluded from the program. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify an applicant from the WVHA Health Card program because such programs are not considered inclusive medical benefits.

## Section 2.03 Purpose

To summarize the eligibility process.

## Section 2.04 Policy

All applicants follow a three (3) step process to verify enrollment into WVHA programs. The steps include: Application, Evaluation and Determination, and Enrollment. The Evaluation, Determination, and Enrollment steps are performed exclusively by a WVHA Enrollment Certifying Agent.

### *Procedures*

The following is the procedure used for determining eligibility for the WVHA program:

1. Application: The application (Section 12.04) and assessment form (Section 12.05) must be fully completed by the applicant. The following documentation is required to complete the application.
  - a. Proof of residency in WVHA Taxing District (Article VIII)
  - b. Identification (Article IX)
  - c. Proof of Income (Article X)
  - d. Proof of Assets (Article XI)
  - e. Proof of Medicaid Application or Medicaid Application Denial Letter
  - f. Proof of Affordable Care Act ([www.healthcare.gov](http://www.healthcare.gov)) Application
  - g. **Applicants can only apply for WVHA Assistance during periods of Open Enrollment as defined by the Federal Government for coverage under the Affordable Care Act. WVHA adopts the Open Enrollment Period set forth by the Federal Government, including Special Enrollment Periods.**
    - i. Exceptions:
      1. New applicants: applicants that were not eligible during the prior six (6) months AND were NOT eligible during the last Open Enrollment Period may apply for WVHA assistance outside of the Open Enrollment Period set forth by the Federal Government.
        - a. Unless the new applicant is determined to have a non-citizen resident exemption, all new applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
          - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
          - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
      2. Renewal applicants: applicants that were eligible on the date that their application was received by the Enrollment Certifying Agent.
        - a. Unless the renewal applicant is determined to have a non-citizen resident exemption, all renewal applicants must still apply for and obtain an ACA Determination Letter to be submitted with their application for WVHA Assistance.
          - i. If a Special Enrollment Period is indicated, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.
          - ii. If no Special Enrollment Period is indicated, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.
    3. Applicants Eligible for ACA Special Enrollment Periods
      - i. If a Special Enrollment Period is indicated on the ACA Determination Letter, and the cost of a plan, net of premium tax credits, is less than 8% of gross income, the WVHA application will be denied.

- ii. If a Special Enrollment Period is indicated, but the cost of a plan is more than 8%, the patient may obtain WVHA assistance if all other WVHA eligibility requirements are met.

h. Available ACA Plans

- i. If the cost of a plan, net of premium tax credits, is less than 8% of gross income (excluding child support, gifts, Supplemental Security Income (SSI), Veteran's disability payments, Worker's compensation, proceeds from loans (like student, home equity or bank loans)), the WVHA application may be denied entirely, or approved for a shortened period of assistance.
  - 1. The WVHA Enrollment Certifying Agent will make the determination of whether or not a plan is available at a cost of less than 8% of the applicant's annual gross income by reviewing premium costs for the applicant (based upon age, gender, residence) indicated on the ACA Marketplace website in concert with the ACA Determination Letter information.
    - a. In this case, the WVHA Application will be denied
    - b. If, however, the applicant submits proof of coverage within the month they enroll for the ACA plan, and the applicant meets all other WVHA eligibility guidelines, the WVHA Enrollment Certifying Agent may approve a shortened period of eligibility. This is to allow for WVHA assistance during the short period prior to the patient's effective date with the ACA Plan.
      - i. Patients that apply for an ACA plan prior to the 15<sup>th</sup> of the month become effective for the ACA plan on the 1st day of the following month.
      - ii. Patients that apply for an ACA plan after the 15<sup>th</sup> of the month become effective on the first day of the second month following enrollment.
        - 1. WVHA assistance for the gap between the date the patient enrolled in an ACA plan and the ACA plan effective date shall not exceed a period of 45 days.

2. Evaluation and Determination:

- a. Upon receipt of the application and assessment form, the WVHA Enrollment Certifying Agent will evaluate the application and documentation for accuracy and appropriateness.
- b. Prior to submitting an application for WVHA, applicants must first submit an application for insurance on the ACA insurance exchange ([www.healthcare.gov](http://www.healthcare.gov))
  - i. Note: The ACA insurance exchange will also be a point of entry for Medicaid applications.
  - ii. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association (FWA) in lieu of an ACA Application. The date of the FWA attestation shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
  - iii. Note: Deferred Action for Childhood Arrivals (DACA) residents may submit proof of their Employment Authorization Card in lieu of an ACA determination letter.
  - iv. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Application. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- c. WVHA Applicants must submit an ACA determination letter along with their WVHA application as proof of their ACA application. The date of the ACA Determination Letter shall not be dated any earlier than 30 days prior to the receipt of the WVHA Application to the WVHA Enrollment Certifying Agent; provided however, the ACA may be dated up to and including a date 6 months prior to the receipt of the WVHA Application by the WVHA Enrollment Certifying Agent if the ACA Determination Letter is accompanied by a ACA Pre-Qualifying Form (See Appendix K, 0) which is completed by a Person Assisting who is approved by WVHA.

- i. Note: Non-citizen Residents of the WVHA Taxing District may submit an attestation from the Farm Workers Association in lieu of an ACA Determination Letter. The date of the attestation from FWA must be within 30 days of the application.
- ii. Note: Homeless residents of the WVHA Taxing District may submit a Homeless Verification Form (See Appendix G, Section 12.11) in lieu of an ACA Determination Letter. The date of the Homeless Verification Form shall not be dated any earlier than 30 days prior to receipt of the WVHA Application to the WVHA Enrollment Certifying Agent.
- iii. If the WVHA Applicant's Household income is less than 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
  - 1. If the only item that the ACA Determination Letter requests additional information to complete the application is to confirm tax filing status, the ACA Determination Letter shall be considered complete.
- iv. If the WVHA Applicant's Household income is greater than or equal to 100% of the Federal Poverty Guidelines, and the ACA Determination Letter requests additional information in order to process the ACA insurance application, the WVHA applicant must provide the information in order for their WVHA application to be considered complete.
  - 1. The WVHA applicant **CANNOT** be approved for WVHA assistance unless the ACA Determination Letter is complete (does not require additional information to determine eligibility for coverage or eligibility for premium tax credits or out of pocket costs credits/subsidies).
- v. The WVHA Enrollment Certifying Agent has discretion to approve an applicant if the ACA Determination Letter is plainly in error based on a generally known computer glitch or other similar problem that prevents the issuance of accurate ACA Determination Letters, but the Agent may exercise this discretion only after verifying that this computer glitch or other problem has been reported in writing to CMS and/or HHS officials who have responsibility to work on a solution. This includes the attestation process where the WVHA Enrollment Certifying Agent has assisted the applicant with uploading documentation after verifying that the application would not meet the ACA subsidy or tax credit requirement based on income.
- d. The information provided in the application and accompanying documentation is the basis for one of three determinations. The application determination must be made on a timely basis.
  - a. Denied- The case is denied and a "Notice of Determination" is sent to the applicant and documented. Applicant does not proceed to enrollment.
  - b. Pending – The case may be returned for corrections or the submission of additional information. Cases can only be pended for a total of 30 calendar days. While an application is pending submission of additional information, the WVHA Enrollment Certifying Agent has discretion to accept in lieu of requested documents the written clarifications on basic questions about an applicant (e.g., marital status, relationship to applicant) submitted by a supervisory level staff member at a WVHA funded agency; provided however, the applicant must be mailed a copy of any such clarification with notice that it will be considered as a part of the application unless objected. If the required information or some such clarification is not received, the case will be denied on the 31st calendar day.
  - c. Approved – The case is approved. "Notice of Determination" is sent to the applicant. Applicant proceeds to enrollment.
- 3. Enrollment: The enrollment process includes:
  - a. Explanation of the benefits covered under the assigned plan and how to receive care.
  - b. Explaining the policy and providing a copy of the WVHA guidelines.
  - c. The issuance and explanation of the WVHA Health Card.

## **Article III. WVHA Application Time Standards**

### **Section 3.01 Purpose**

To define the allowable time standards for submission of applications and supporting documentation for the purpose of eligibility determination.

### **Section 3.02 Policy**

#### **Time Standards – Applications:**

1. **Date of Application:** The application date is determined in one of the followings ways:
  - a. The date the application is received by WVHA Enrollment Certifying Agent becomes the enrollment date should the applicant be found to be eligible.
  - b. The date of emergency room treatment or date of discharge if patient was subsequently admitted to an approved WVHA area hospital. These applicants must be instructed to make arrangements for initial screening and application at designated WVHA Enrollment Certifying Agent within fifteen (15) business days.
2. **Time Standards – Submission for eligibility determination:**
  - a. WVHA Enrollment Certifying Agent will respond to applications and make a determination in a timely manner.
3. **Reapplication – (after denial)**
  - a. Effective February 16, 2016, an applicant may reapply 21 days from date of denial should there be a material change in application circumstances. After submitting three (3) applications and receiving three (3) denials, the applicant may reapply ONLY after presenting a money order in the amount of \$21.00 and payable to the WVHA.
4. **Renewal**
  - a. A WVHA Enrollee can apply for renewal no earlier than 30 days prior to expiration date of existing card. If a cardholder applies at renewal, and a lapse occurs within 30 days from coverage term date, dates will be adjusted to avoid a lapse in coverage. Each reapplication is treated as a new application and all forms and updated documents need to be submitted accordingly.
5. **Eligibility Term**
  - a. WVHA Health Cards are issued for a period of six (6) months. WVHA reserves the right to issue short term eligibility periods for special circumstances to be determined by WVHA Enrollment Certifying Agent.

## Article IV. WVHA Family Size

### Section 4.01 Purpose

To identify the person or persons to be considered as part or all of a family unit.

### Section 4.02 Policy

WVHA Enrollment Certifying Agent shall consider family size as part of the eligibility process. Inmates under the control of a law enforcement authority or under prison control are excluded from consideration.

### Section 4.03 Definitions

To determine if the family unit's gross income is within the WVHA income standards, it must first be determined who is in the applicant's family unit.

A family unit is defined as one or more persons residing together in the same household, whose needs, income, and assets are included in the household budget (excluding: roomers, boarders, lodgers, wards, employees, foster children, or adult dependents who are not Full Time Students). Members include the applicant, legal spouse, dependent children, stepchildren, adopted children, unrelated minor children for whom the individual has legal guardianship or custody, legal guardian, or natural parents of minor children, or minor siblings.

**Other relatives under the age of 18 and living in the household** must be dependent on the Head of the Family for financial support and claimed as a dependent for income tax purposes and does not have an independent income, to be considered part of the family unit.

**Full Time Students**-Persons 18 years of age or older who are full-time students (this must be proven and documented by IRS tax documentation in which the student is claimed as a dependent) are considered part of the family unit size until 24 years of age, after which they are considered as a separate family unit. Documentation must be provided and placed in the eligibility file.

**Persons Not Considered Part of the Family Unit**- Parent, grandparent, son, daughter, brother, or sister 18 years of age or older who resides in the family residence is not considered part of the family unit size, but a separate family except as described above. (Full Time Students)

**Emancipated persons** are not considered part of the family unit size, but rather as a separate family.

If a residence is shared by one or more family units, the Federal Poverty Level Guideline levels are applied to each family unit and not to the residence as a whole.

Eligibility is based on the entire family unit.

**Qualifying Levels** - The family size along with the gross income is compared to approved qualifying levels for the purpose of determining eligibility.

## **Article V. WVHA Qualifying Levels**

### **Section 5.01 Purpose**

To identify the application of qualifying levels based on family size and income.

### **Section 5.02 Policy**

WVHA utilizes the Federal Poverty Level Guidelines, published annually in the Federal Register and approved for use on April 1 of each year. The guidelines are used to determine qualifying levels for eligibility. The WVHA Board establishes the qualifying percentages which cannot be modified without WVHA Board approval.

### **Section 5.03 Guideline**

150% of the approved Federal Poverty Level Guidelines for children and adults - Link below: (See Appendix A – Current Federal Poverty Guidelines).

<http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html>

## **Article VI. WVHA Termination**

### **Section 6.01 Purpose**

To establish criteria for the termination of member eligibility for WVHA Health Card programs.

### **Section 6.02 Policy**

Termination of individuals from assigned programs may occur if evidence of the following is discovered:

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.

If terminated for reasons 1,4,5,6,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.

Termination of entire family unit from assigned programs may occur if evidence of the following is discovered:

1. Providing false information by evidence of submission or omission; changing, tampering or altering information printed on a Health Card in any way
2. Income exceeds guidelines
3. Assets exceed guidelines

If terminated for reason 1, entire family unit is ineligible for future consideration.

## Article VII. WVHA Residency

### Section 7.01 Purpose

This section defines residency as it relates to the WVHA Health Card eligibility process and identifies acceptable documentation to prove residency in the WVHA Taxing District (Appendix C - WVHA Taxing District (Zip Codes Included in District)).

### Section 7.02 Policy

The applicant must reside in WVHA Taxing District. Except for those qualified as "homeless", residency exists when the applicant has lived within the WVHA Taxing District and has been a permanent resident for a minimum of three (3) months.

- Homeless residency is established when a homeless applicant registers at an approved social service agency and has been seen by that agency for at least one (1) month.
- Residency does not exist when the stay is for a temporary purpose or there is intent to return to another location outside of the WVHA Taxing District.
- Admission to an institution located within WVHA Taxing District does not constitute fulfillment of the residency requirement.
- A student attending school away from home is considered a resident of the county in which his parents reside if he is claimed as a dependent for federal income tax purposes.
- A visit to West Volusia County for any purpose does not qualify as residency.
- A temporary living arrangement in WVHA Taxing District prior to admission/treatment in a medical facility does not qualify as residency.
- Documentation supplied by the applicant to prove residency may not be used to verify the applicant's identity.
- For applications containing multiple applicants from the same household, documents for the head of household shall apply to all applicants in the same application for the purposes of establishing residency.
- 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.

### Section 7.03 Procedures

All residency documentation must be copied and placed in the applicant's permanent case file. WVHA may request to see original documentation.

Residency for WVHA programs is satisfied when an applicant provides proof of WVHA Taxing District residency by presenting any two (2) of the following documents (The documents may be from different street addresses, as long as the street addresses are within the WVHA Tax District).

APPLICANT IS HOMELESS (only one (1) document required):

- WVHA Homeless Verification Form (Section 12.06) from an approved social service agency. (must have a valid mailing address)

APPLICANT LIVES WITH OTHERS OR RENTS/OWNS (Two (2) Documents required):

- WVHA Verification of Support (Section 12.07)
- Vehicle Registration
- Children registered in West Volusia Schools
- 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.

- Property tax bill
- Mortgage payment
- Lease Agreement/Contract
- WVHA Verification of Rent (Section 12.08)
- Utility bills

#### APPLICANT IS ENROLLED IN A FACILITY OR AGENCY PROGRAM:

- Letter from agency or group home where applicant is enrolled.
- Proof of West Volusia residency as outlined above for immediate past three (3) month period,
- If applicant was homeless prior to enrollment, then proof of residency for one (1) month as outlined above.

#### Section 7.04 Definitions

- Property Tax Bill - For current or prior year depending on the date of application (most recent bill issued). WVHA Enrollment Certifying Agent will confirm data from Volusia County website.
  - Lease Agreement/Contract - The lease must be for the current year. The documentation must include landlord's name, address, telephone number, and lease start and end date.
  - Rent Receipts - The rent receipts must be for the immediate past three (3) months. If the required receipts are not available, a WVHA Verification of Rent form may be completed and signed by the rentor/lessor (Section 12.08).
  - Utility Bills - Electric, water, telephone, gas or other city or county utilities or other contracted service (i.e. pest control, cable service...) that would indicate the address the service is provided, for the past immediate three (3) months. These are only accepted as proof of residency for applicants that own or rent and must be in the same name as the applicant.
  - Enrollment in a Facility or Agency Program - Letter from agency or group home where applicant is enrolled. This form of documentation must be accompanied by an approved proof of residence for the past immediate three (3) months in the WVHA Taxing District prior to enrollment in the facility program. (Homeless - one (1) month -(Section 12.06))
  - WVHA Verification of Support- if the applicant is living with another party (Section 12.07).
  - WVHA Homeless Verification Form from a WVHA approved social service agency (Section 12.06)
  - Vehicle Registration in the name of applicant/spouse. Must be current and include address in the WVHA Taxing District.
  - Proof of children registered in area schools.
- Applicants that provide a WVHA Verification of Support, may be subject to verification through skip tracing, credit report and property search tools. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.
  - All proof of residency documents must show street address within the WVHA Tax District.
  - Post office boxes may be used for mailing purposes only. Applicants mailing address must include their residence physical address. Applicants with post office boxes are still required to meet all residency requirements. The USPO will deliver mail to a post office box shown on the line directly above City and State line and physical address shown below name.

Example:      Name of applicant  
                     Street Address  
                     Post Office Box  
                     City, State and Zip

Note: Any WVHA member mail or correspondence returned to WVHA Enrollment Certifying Agent as undeliverable or with an invalid address will be subject to suspension of coverage until a new application can be processed or address is verified by applicant.

## **Article VIII. WVHA Identification**

### **Section 8.01 Purpose**

To define identification as it relates to WVHA eligibility.

### **Section 8.02 Policy**

Every applicant must provide copies of two (2) acceptable documents (one must be a photo I.D.) to prove his/her identity. Identification must be current.

### **Section 8.03 Procedures**

The following define acceptable documentation for proving identification.

- a. Birth Certificate
- b. Florida Picture Identification Card (Such as Florida Driver's License with West Volusia address)
- c. Social Security Card
- d. The Farmworker Association of Florida, Inc. (Photo Identification with correct address)
- e. Passport
- f. Certificate or official document that includes name, address, and social security number (such as a tax form or social security document).
- g. Alien Registration receipt card, (Green card, Form I-151 or I-551)
- h. Any government issued photo identification

## **Article IX. WVHA Income**

### **Section 9.01 Purpose**

To identify the sources, calculation, and verification of income and how it relates to the WVHA Health Card eligibility process.

### **Section 9.02 Policy**

The WVHA Board will set the income levels allowable for inclusion into the WVHA programs.

All income must be verified by the source of the income.

Income will be calculated using a Quarterly (thirteen weeks) or Annual (fifty-two weeks) method.

### **Section 9.03 Definitions**

**Gross Income**-The amount of income received as of the date of the application for the prior twelve (12) month time period under consideration. For family size of two or more, income for all household members must be included.

### **Section 9.04 Procedures**

The following are considered as sources of income or value for the purposes of determining eligibility:

1. Wages, salaries and gratuities, Pay Stubs for previous 8 weeks
2. Social Security Benefits for any household member
3. Supplemental Social Security Income (SSI) or Disability Benefits
4. Temporary Assistance for Needy Families (TANF)
5. Retirement or Pension Benefits, Stocks, Bonds and Annuities (e.g., 401K, 403B, IRA, SEP)
6. Royalties and Rents/Income from Rental Property
7. Unemployment/Worker's Compensation Statement
8. Veterans or Military Benefits/Allotments
9. Strike Benefits
10. Insurance and Annuity Income
11. Dividends and Interest Earnings (stocks, bonds, etc.)
12. Estate and Trust Fund Income
13. Private Loans of a Recurring Nature
14. Training Stipends
15. Alimony/Child Support
16. Inheritance
17. Compensation for an Injury/Settlements
18. Gifts-(include donations from churches, other organizations and family members.)
19. Insurance Payments
20. Self-employment Income. Defined as the amount of "net profit (loss)" as reported on tax return Form 1040 Schedule C, line 31. The WVHA Enrollment Certifying Agent may request supporting documentation for deductions not in line with industry standards. Deductions for personal expenses and wages will be adjusted accordingly. (Include last Quarter Financial Statements, bank settlements and most recent Tax Return)
21. All sources of value including free rent and barter goods will be used to determine the applicant's income
22. Housing Assistance Statement (Section Eight)
23. Food Stamps/Social Pensions
24. DCF Verification of Employment/Loss of Income Form

25. WVHA Verification of Support Form (Section 12.07) (unemployed applicants)

26. Most Recent Tax Return, 1040

27. Other income from any other source

(a) Verification of Income

1. Income verification is accomplished by submitting copies of the

- a. Most recent individual income tax return, Form 1040 and W-2's for all wage earners in household
- b. Recent paystubs- Eight (8) weeks prior or Florida DCF Verification of Employment/Loss of Income Form from current employer and/or Year to Date for all jobs.
  1. If applicant has recently lost their job, the Loss of Income Section of the DCF Verification of Employment/Loss of Income Form must be completed.
- c. Bank Statements (previous three (3) months) include all pages
- d. Medicaid Denial Letter or proof of Medicaid application and date of application. (Clinics, specialists, pharmacy and hospitals should check for Medicaid eligibility each time a patient presents for services, even if the patient has a current WVHA Health Card). Applicants unable to provide documentation of citizenship will be exempt from applying for Medicaid.
- e. Unemployment/Worker's Compensation Statement. Applicants unable to provide documentation of citizenship will be exempt from applying for unemployment benefits.
- f. Child Support/Alimony
- g. Social Security Benefits for any family member
- h. Pensions/Retirements/Interest
- i. Veterans Benefits
- j. Any settlements, court ordered or otherwise. Evidence of amount and duration of all settlements are required.
- k. Other appropriate supporting documents.
- l. Self-Employment
  1. Bank Statements for all business accounts for the last 3 (three) months; all pages must be included
  2. Previous Year's Business Tax Return-complete w/attachments/schedules
  3. Most recent self-employment quarterly financial statement

(b) Calculation of Income

2. The calculation of income is calculated by the annual method. This method calculates the previous twelve (12) months of gross earnings received to establish a monthly average income (MAI). This MAI is compared to the WVHA Board approved level as it relates to the Federal Poverty Level Guidelines, to determine qualification for the WVHA programs.
3. The following methods shall be used to compute MAI:
  - a. Hourly rate known x 2080 hours (year) divided by 12 = monthly income
  - b. Weekly rate known x 52 weeks (year) divided by 12 = monthly income
  - c. Bi-weekly rate known x 26 weeks (year) divided by 12 = monthly income
  - d. Yearly rate known divided by 12 = monthly income
  - e. If the applicant has worked or will work part of the year, the monthly income amount will be determined predicated upon the number of months worked. For example, if the applicant

works 9 months, then the total amount of earnings during the 9 months will be divided by 12 to arrive at a monthly income amount.

If an applicant is claiming \$0 income and **lives alone**, the applicant must provide a notarized WVHA Verification of Support Form which includes statement of monthly household expenses that are paid on his/her behalf. This amount is considered applicant's monthly income. The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

If an applicant is claiming \$0 income and **resides with others** the applicant must provide a notarized Verification of Support Form which includes statement of monthly household expenses and the number of people in the household. (Divide the total expenses by the number of people in household to calculate the applicant's monthly income amount) The relationship between the applicant(s) and the person providing support to the applicant must be indicated.

## Article X. WVHA Assets

### Section 10.01 Purpose

To identify sources, calculation and verification of assets and how it relates to the WVHA Health Card eligibility process

### Section 10.02 Policy

The WVHA Board will set the asset levels allowable for inclusion into the WVHA programs.

### Section 10.03 Procedures

The following are considered assets that are **excluded** from asset calculations.

#### 1. Assets Excluded

- a. One homestead-A homestead is defined as a house, trailer, boat or motor vehicle in which the family unit resides.
- b. Household furnishings
- c. One automobile in operating condition
- d. Clothing
- e. Tools used in employment
- f. Cemetery plots, crypts, vaults, mausoleums and urns
- g. Produce and animals raised for the applicant's personal home consumption
- h. Long term fixed retirement accounts (e.g., 401K, 403B, IRA, SEP). Income from these accounts will still be included when calculating household income.
- i. Assets that are jointly owned by an applicant who is deemed a victim of domestic violence can be excluded when that asset is jointly owned with the accused and the applicant is no longer residing in the homestead.
  - i. Official court documentation, such as a restraining order, must be supplied as proof that the applicant is a victim of domestic violence.
  - ii. The WVHA Health Card program will require a certified statement from a court official, or a notarized statement from the applicant attesting that the applicant is unable to liquidate the subject asset because of a domestic violence situation.

In order to be considered, an asset must first be "available" to the applicant or family unit. An asset is available if the applicant or member of the family unit has the right, authority or power to liquidate the property or his share of the property. The following assets, if "available," must be considered toward the asset limit:

#### 2. Assets to be considered

- a. Checking and saving accounts- the value of a checking or savings account excludes amounts deposited in the four (4) weeks prior to application because such funds are counted as income.
- b. Equity value of real property other than homestead. The value is verified by the county appraiser of the county in which the property is located. The equity value is determined by subtracting the amount of any encumbrances from the value of the asset. The encumbrances subtracted from the property value (for the purpose of the asset calculation under this program) must be tied to the property through formalized legal obligation. Generally, this is a recorded lien or mortgage where the financial institution retains the title to a property until the borrower repays the amount, in turn prohibiting the owner from exercising full control over their property (i.e.: receiving payment from a buyer when selling or transferring the title). An unrecorded loan provided to the property owner [for example a loan from a friend or family member] is not considered an encumbrance for asset amount determination.
- c. Cash surrender value of life insurance, if the combined face value of all policies owned by the family unit exceeds \$1,500.

- d. Additional automobiles or motor vehicles- applicant should provide either the N.A.D.A. Book value or the vehicle registration and mileage. Otherwise, the WVHA Enrollment Certifying Agent will assign value at the average N.A.D.A. value of the vehicle.
  - e. Recreational vehicles-With value determined by a statement from a commercial seller of such vehicles and verified by photocopies of registration.
  - f. Trusts. With value based on the principal of the trust and verified by a statement from the Trustee.
  - g. Stocks, bonds and other investment assets. With value verified by the value listed in stock value of newspaper or statement from other reliable sources.
- 
- To determine whether Assets are within the Limits for the WVHA Health Card Program, refer to the chart located in Section 12.03.
  - If family unit's available assets are less than or equal to the amount shown on the chart for a household of the same size, then the applicant has met the asset criterion for the WVHA Health Card Program.
  - If family unit's available assets are greater than the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

## Article XI. Appendices

### Section 11.01 Appendix A – Current Federal Poverty Guidelines

#### **2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>	<b>150%</b>
1	\$12,490	\$18,735
2	\$16,910	\$25,365
3	\$21,330	\$31,995
4	\$25,750	\$38,625
5	\$30,170	\$45,255
6	\$34,590	\$51,885
7	\$39,010	\$58,515
8	\$43,430	\$65,145
For families/households with more than 8 persons, add \$4,420 for each additional person.		

SOURCE: <https://aspe.hhs.gov/poverty-guidelines>

## Section 11.02      Appendix B - Asset Limits

### WVHA Health Card Program

#### ASSET LIMITS

If family unit's available assets are  $\leq$  the amount shown on the chart for a household of the same size, then the patient has met the asset criterion for the WVHA Health Card Program.

If family unit's available assets are  $>$  the amount shown on the chart for a household of the same size, then the applicant is not eligible to participate in the WVHA Health Card Program.

FAMILY SIZE	ASSET LIMIT
1	\$5,000
2	\$5,500
3	\$6,000
4	\$6,500
5	\$7,000
6	\$7,500
7	\$8,000
8	\$8,500
9	\$9,000
10	\$9,500

Each Additional Person \$500

[http://ahca.myflorida.com/Medicaid/statewide\\_mc/pdf/mma/Public Notice.pdf](http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Public Notice.pdf)

(this link to the medically needy guidelines does not work & I couldn't find this chart for 2019 anywhere)

These limits follow limits set forth in the Medicaid Medically Needy guidelines and may be updated accordingly.

## Section 11.03      Appendix C - WVHA Taxing District (Zip Codes Included in District)

# West Volusia Hospital Authority Taxing District

## Zip Codes

32102	Astor * (Only Volusia County Side)
If address has 5 numbers- Lake County	
32105	Barberville
32130	DeLeon Springs
32180	Pierson
32190	Seville
32706	Cassadaga
32713	DeBary
32720	DeLand * (Only Volusia County Side)
If address has 5 numbers – Lake County Side	
32721	DeLand (P.O. Boxes)
32722	Glenwood
32723	DeLand
32724	DeLand
32725	Deltona
32728	Deltona
32738	Deltona
32739	Deltona
32744	Lake Helen
32754	Mims * (Only Volusia County)
32763	Orange City
32764	Osteen
32774	Orange City

\* These zip codes overlap other counties. Look up record on ***Volusia County Property Appraiser*** or ***Volusia County Tax Collector*** websites to confirm they are located within the county.



# WVHA HEALTH CARD APPLICATION

Application Date: 

**Section 1: Applicant Information.** All members of Household may apply through same application. Please indicate all applicants in Section 2 'Members of the Household'.

Last		First	Middle	Maiden or Other Name	
Physical Address (where you reside)					
City			County	State	Zip
Mailing Address					
City				State	Zip
How long have you lived at residence?	Temp/Perm	Rent/Own/Other	Daytime Telephone	Evening Telephone	
Date of Birth	Sex (circle one) Male      Female		Social Security Number		
Previous address if less than 3 months					
City				State	Zip

**Section 2: Members of the Household.** List legal spouse, dependent children, stepchildren, adopted children, unrelated minor with proof of custody, children over 18 up to 24 years old that are full time students and claimed on parent's income taxes as dependents.

Name	Applying for Health Card	DOB	Relationship	SS#
1.	Yes No (circle one)			
2.	Yes No (circle one)			
3.	Yes No (circle one)			
4.	Yes No (circle one)			
5.	Yes No (circle one)			
6.	Yes No (circle one)			
7.	Yes No (circle one)			
8.	Yes No (circle one)			

**Section 3: Authorization to Release Medical and Individually-Identifiable Protected Health Information (PHI).**

*All Applicants over 18 must sign below or application will be pending.*

I on my behalf and on behalf of any applying family member under the age of 18, do hereby authorize West Volusia Hospital Authority (WVHA), Northeast Florida Health Services, Inc. (NFHS), and any of their successors and/or assigns and any of their independent sub-contractors and participating providers, to release and exchange any and all data, records and information related to medical records and individually identifiable protected health information (PHI) in their respective capacities as covered entities under HIPAA, and as allowable under federal and state laws, including but not limited to the data, records and information as necessary to provide care and/or administer the WVHA Indigent Health Card Program.

I hereby waive, relinquish and release the organizations referenced above, who have been granted the authority to release information to each other and otherwise, from any and all claims arising out of my authorization to release this information in accordance with the terms of this document.

A photocopy of this Authorization is considered as valid as the original. You are entitled to make and return a photocopy of this authorization. The authorization referenced above in regards to medical records shall remain in effect indefinitely unless properly terminated by written notice.

I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program.

\_\_\_\_\_  
Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Legal Representative

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Date

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Signature of Applicant or Legal Representative

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Signature of Applicant or Legal Representative

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Date

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Signature of Applicant or Legal Representative

\_\_\_\_\_  
Date



# WVHA HEALTH CARD ASSESSMENT FORM

Screened by

(THND Representative): \_\_\_\_\_

**Instructions:** Please complete this form in its entirety. This form must be completed by all applicants over 18, including legal spouses who are not applying. *Failure to provide separate WVHA Health Card Assessment Forms will results in a Pended application.*

## Section 1: General Information.

Date	Applicant Name	Date of Birth	Clinic
------	----------------	---------------	--------

How did you hear about the WVHA Health Card Program? Check one box:

- ☐ WVHA Webpage   
 ☐ Printed advertisement or flyer   
 ☐ Public meeting   
 ☐ Florida Hospital   
 ☐ The House Next Door  
☐ Rising Against All Odds   
☐ The Neighborhood Center   
☐ Healthy Start   
☐ Hispanic Health   
☐ Other

## Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes If Yes, please indicate Carrier and ID #: _____	<input type="checkbox"/> No
2.2 Are you eligible for COBRA Benefits from a current/prior employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.3 Do you have Medicare A or B?	<input type="checkbox"/> Yes If Yes, please indicate which coverage you are enrolled in & effective date _____	<input type="checkbox"/> No
2.4 Do receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes If Yes, please indicate the assistance and/or aid you receive & effective date _____	<input type="checkbox"/> No
2.5 If you are seeking services for an injury, is your injury due to a work related or auto accident?	<input type="checkbox"/> Yes If Yes, please describe _____	<input type="checkbox"/> No

2.6 Proof of Medicaid application or denial is required. Please ensure to include this with your submission

## Section 3: Family Size.

3.1 Marital Status (Circle One):	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widow	
3.2 Do you have any dependent children living in the household?	<input type="checkbox"/> Yes If Yes, how many? _____	<input type="checkbox"/> No

## Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes If Yes, please provide a copy of ID _____	<input type="checkbox"/> No
--	---	-----------------------------

4.2 Two (2) forms of ID are required, one (1) must be a picture ID. Please circle any other proof of identification provided other than a Driver License.

Non-Picture ID:

-Social Security Card

-Birth Certificate

-Certificate or Official Document w/ Name, Address, & SSN

Picture ID:

-Passport

-Green Card

-Form I-151

-Form I-551

-Farmworkers Association of Florida-Photo ID

**Section 5: Residency.**

5.1 Do you own the house where you live?	<input type="checkbox"/> Yes <i>If Yes, please provide Property Tax Bill of current or prior year</i>	<input type="checkbox"/> No
5.2 Do you rent?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of current Lease Contract or Verification of Rent Form</i>	<input type="checkbox"/> No
5.3 Do you live in someone else's house?	<input type="checkbox"/> Yes <i>If Yes, please provide Verification of Support Form</i>	<input type="checkbox"/> No
5.4 Do you consider yourself homeless?	<input type="checkbox"/> Yes <i>If Yes, please provide Homeless Verification Form</i>	<input type="checkbox"/> No

5.5 All proof of residency documents must show street address within the WVHA Tax District and must be for the past immediate 3 months. Two (2) forms of residency are required, unless you are homeless applicant. Homeless applications only need to submit the Homeless Verification Form.

Please circle any other proof of residency provided:

- Utility Bills (Electric, Water, Telephone, Gas, etc.)
- Mail received for three (3) month period
- Vehicle Registration in the applicant/spouse's name
- Mortgage Payment
- Proof of children registered in West Volusia School

**Section 6: Financial Information.**

6.1 Have you been employed in the last 8 weeks?	<input type="checkbox"/> Yes <i>If Yes, complete the below &amp; provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form</i>	<input type="checkbox"/> No
Employer Name	Pay Rate (circle one) Hourly    Daily    Weekly    Biweekly    Monthly	
Employer Address		
City	State	Zip

6.2 Have you lost your job in the last 8 weeks?	<input type="checkbox"/> Yes <i>If Yes, please provide a DCF Verification of Employment/Loss of Income Form</i>	<input type="checkbox"/> No
6.3 Are you self-employed?	<input type="checkbox"/> Yes <i>If Yes, please provide most recent tax return (complete with all schedules/forms) or self-employment quarterly statement</i>	<input type="checkbox"/> No
6.4 Are you receiving Unemployment or Worker's Comp benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide Unemployment or Worker's Comp Documents</i>	<input type="checkbox"/> No
6.5 Is someone else supporting you financially?	<input type="checkbox"/> Yes <i>If Yes, please provide notarized Verification of Support Form</i>	<input type="checkbox"/> No
6.6 Do you receive Veteran or Military Benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide benefits paperwork</i>	<input type="checkbox"/> No
6.7 Do you receive any settlements?	<input type="checkbox"/> Yes <i>If Yes, please provide settlement paperwork</i>	<input type="checkbox"/> No
6.8 Do you receive Food Stamps?	<input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation from Florida DCF along with approved amount.</i>	<input type="checkbox"/> No
6.9 Are you receiving any monthly Pension or Retirement Income?	<input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i>	<input type="checkbox"/> No
6.10 Do you receive Alimony/Child Support Income?	<input type="checkbox"/> Yes <i>If Yes, please provide documentation with amount you receive, if applicable</i>	<input type="checkbox"/> No
6.11 Do you receive any income from rental properties?	<input type="checkbox"/> Yes <i>If Yes, please provide rental income amount and rental agreement</i>	<input type="checkbox"/> No
6.12 Do you receive Social Security Income/Disability Benefits?	<input type="checkbox"/> Yes <i>If Yes, please provide supporting documentation</i>	<input type="checkbox"/> No

**Section 7: List All Sources of Income for the Household** (i.e. Temporary Assistance for Needy Families, Strike Benefits, Insurance/Annuity Income, Dividend/Interest Earning, Training Stipends, Compensation for Injury/Settlement, Gifts from Churches/family/organizations, etc.) Please provide all supporting documentation for any income listed below.

Individual's Name	Type of Income	Source of Income or Employer	Monthly Amount (before deductions)

**Section 8: Assets**

8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes <i>If Yes, please provide copy of statements for all the accounts for last 3 months</i>	<input type="checkbox"/> No
8.2 Do you own a Business?	<input type="checkbox"/> Yes <i>If Yes, please provide last Quarter Business Financial Statements and Bank Statements</i>	<input type="checkbox"/> No
8.3 Do you own property(ies) in other counties/states or country (including rental properties that you own)?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties you own below, including lots, &amp; provide any outstanding mortgage documentation outside of your permanent residence</i>	<input type="checkbox"/> No
Property Address	Is this a rental property? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>	
Property Address	Is this a rental property? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>	
Property Address	Is this a rental property? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>	
8.4 Have you sold or transferred title to any property in the last 3 years?	<input type="checkbox"/> Yes <i>If Yes, please list all the properties, including lots and supply supporting documentation as proof of this sale</i>	<input type="checkbox"/> No
Property Address	Date of Sale: ____/____/____	Is this a rental property? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>
Property Address	Date of Sale: ____/____/____	Is this a rental property? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>
Property Address	Date of Sale: ____/____/____	Is this a rental property? <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div>
8.5 How many automobiles, motorized vehicles or motorcycles do you own?  Single automobile should only be recorded on <u>one</u> applicant's assessment form	_____ <i>For two or more vehicles also include the value as determined by N.A.D.A book along with vehicle(s) registration.</i>	
8.6 Do you own any recreational vehicles?	<input type="checkbox"/> Yes <i>If you do own, please provide vehicle(s) registration along with the value determined by a statement from a commercial seller of such vehicle(s)</i>	<input type="checkbox"/> No

**Section 9: List All Sources of Assets for the Household (i.e. IRAs, CDs, Inheritances, pensions, stocks, trust funds, cash surrender value of life insurance, etc.). Please provide all supporting documentation for any assets listed below.**

Asset Type	Source of Asset	Amount	Monthly or Lump Sum	
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Lump Sum
			<input type="checkbox"/> Monthly	<input type="checkbox"/> Lump Sum

**Section 10: Applicant Certification.**

I certify that the information given by me for the purpose of qualifying for the WVHA Health Card Program is true and correct. I understand and hereby authorize WVHA and its agents to conduct such investigation, including, but not limited to obtaining my credit report, as necessary and at any time during the application process, enrollment or after benefits have been assigned to verify the accuracy of the information provided. I understand that any misrepresentation by evidence of submission or omission may result in my termination from the WVHA Health Card Program.

Signature of Individual or Legal Representative

Date



## WVHA Homeless Verification Form

**Agency Instructions:** *To be printed on Agency letterhead. Please complete this form in its entirety.  
Failure to provide all information on Homeless Verification Form will result in a Pended application.*

### Section 1: General Information.

Date	Client Name	Date of Birth	Photo ID Number
------	-------------	---------------	-----------------

### Section 2: Mailing Address.

Mailing Address (where your WVHA Health Card correspondences should be mailed)			
City	County	State	Zip

Length of time in Volusia County

### Section 3: Agency Assessment.

I, \_\_\_\_\_, based on my assessment certify that the client has met the H.U.D. definition of homeless and has been within the West Volusia Tax District for at least one month.

Agency Signature:	Date:
Client Signature:	Date:

## Section 12.07 Appendix G - WVHA Verification of Support Form



### WVHA Verification of Support

**Instructions:** Please complete this form in its entirety. Failure to provide all information on Verification of Support Form will result in a Pended application.

#### Section 1: General Information.

Date	Applicant Name	Date of Birth	Last Four Digits of SSN
------	----------------	---------------	-------------------------

#### Section 2: I am presently residing at.

Physical Address

City	County	State	Zip
------	--------	-------	-----

I have been residing at the above address since: \_\_\_\_\_

#### Section 3: My previous address was.

Address

City	County	State	Zip
------	--------	-------	-----

I lived at this previous address for: \_\_\_\_\_

#### Section 4: My food and/or living expenses are provided by.

Provider Name

Applicant Signature	Date
---------------------	------

#### Section 5: To be completed by Provider.

5.1 Do you only provide a place to stay (rent free) and no monthly expenses are provided to the applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

5.2 Does the applicant reside with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

#### - INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

- The amount listed below should be the household expenses for where the applicant resides.
- If the provider pays for household expenses on behalf of the applicant (even if they live in separate homes) the dollar amount must be listed here. Question 5.4 would then indicate the qualified family members on the WVHA Health Card application that the provider is supporting.
- If the provider DOES NOT pay for household expenses on behalf of the applicant, please indicate \$0 or N/A on 5.3 and 5.4.

5.3 Total monthly household expenses covering all residents (rent, electric, water, groceries, etc.) \$ \_\_\_\_\_

5.4 Total number of people residing in household (including the applicant) \_\_\_\_\_

5.5 In addition to the monthly household expenses, I provide \$ \_\_\_\_\_ per month to the applicant.

Provider Name	Relationship to Applicant
---------------	---------------------------

Provider Address	City
------------------	------


State	Zip	Provider Phone No.
-------	-----	--------------------

#### Section 6: Provider Signature & Notary.

I, the undersigned, being responsible for the named applicant, do hereby swear that the information contained herein is true and correct, and that I am providing support for named applicant.

Provider Signature:	Date:
---------------------	-------

Notary Public	Notary Public Seal:
---------------	---------------------

 <h2 style="display: inline; margin-left: 10px;">WVHA Verification of Rent</h2>			
<b>Instructions:</b> Please complete this form in its entirety. <i>Failure to provide all information on Verification of Rent Form will result in a <u>Pended</u> application.</i>			
<b>Section 1: General Information.</b>			
Date:	Applicant Name:	Date of Birth:	Last Four Digits of SSN:
<b>Section 2: I am presently residing at.</b>			
Physical Address			
City	County	State	Zip
2.1 The monthly rent is \$_____.			
2.2 I began renting at the above location on the following date _____.			
Applicant Signature		Date	
<b>Section 3: Rentor/Lessor Information.</b> Must be completed by the Rentor/Lessor			
Rentor/Lessor Name		Rentor/Lessor Phone Number	
Rentor/Lessor Address			
City		State	Zip
Relationship to Tenant			
Tenant Name			
3.1 I am renting the address listed above in Section 2 to the applicant since _____ (date).			
3.2 The current monthly rental rate is \$_____.			
3.3 The monthly rent does / does not (circle one) include utilities.		3.4 If yes, list utilities included.	
<b>Section 4: Rentor/Lessor Signature</b>			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Rentor/Lessor Signature		Date	

**Affordable Care Act Enrollment Prequalifying Intake Interview 2017-18**

Person Assisting \_\_\_\_\_ DATE: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Phone # \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

The below set of questions will help us determine if you are eligible for the Affordable Care Marketplace. Upon qualification the Person Assisting will help you enroll in HealthCare.Gov.

In the event you're not eligible at this time, you will be given this supporting document which will serve as proof you attempted to apply for the marketplace. At such time you will be given options for health care and instructions on how to apply for alternative coverage.

Those that are not covered by the marketplace due to ineligibility are protected from the:

- 2% yearly household income penalty or
- \$325 per person for the year (\$162 per child under 18. The maximum penalty per family using this method is \$925 per family.

*If you don't have coverage in 2018, you'll pay the higher of these two amounts.*

1. A Veteran? Yes\_\_\_ No\_\_\_ If yes, will they be willing to drop all of their coverage through VA? (If both Yes, proceed with enrollment)
2. A Native American? Yes\_\_\_ No\_\_\_ (If yes, will not qualify for subsidy.)
3. Parent of children already on Healthy Kids plan? Yes\_\_\_ No\_\_\_
4. Under age 64? Yes\_\_\_ No\_\_\_ If older, they are or soon will be covered by Medicare
5. Currently Covered by Medicaid? Yes\_\_\_ No\_\_\_
6. Do you or anyone in your household have employer coverage or been offered employer coverage? Yes\_\_\_ No\_\_\_ (If Yes, will not qualify for subsidy but may still shop the marketplace)
7. Do you have verifiable income? Yes\_\_\_ No\_\_\_ Threshold is \$11,770 for 1 person or \$15,930 for a couple.

**2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES****AND THE DISTRICT OF COLUMBIA**

Persons in family/household	Poverty guideline	150%
1	\$12,490	\$18,735
2	\$16,910	\$25,365
3	\$21,330	\$31,995
4	\$25,750	\$38,625
5	\$30,170	\$45,255
6	\$34,590	\$51,885
7	\$39,010	\$58,515
8	\$43,430	\$65,145
For families/households with more than 8 people, add \$4,420 for each additional person.		

I attest that the Person Assisting has discussed the qualifications to enroll and that I understand my eligibility and options for healthcare. (Check circle that applies)

- ☐ I qualify for the Marketplace and I'm enrolling today
- ☐ I don't qualify for the Marketplace because my income falls below the poverty guideline
- ☐ I qualify for the Marketplace but the cost of the premiums (net of any tax credits/subsidies) is more than 8% of my gross annual income.

\_\_\_\_\_  
Signature of Consumer\_\_\_\_\_  
Signature of Person Assisting

# Section 12.10 Appendix J - WVHA Self-Employment Quarterly Statement



## WVHA Health Card: Self Employment Quarterly Statement

**Instructions:** Please complete this form in its entirety. This form must be completed if you are self-employed and do not make enough to file on income taxes. *Failure to provide all information on the form will result in a Pended application.*

<b>1. APPLICANT'S NAME:</b> (First) _____ (M.I.) _____ (Last) _____			
<b>2. APPLICANT'S PERCENTAGE OF OWNERSHIP IN THIS BUSINESS:</b> _____ %			
<b>3. BUSINESS OWNER NAME(S)</b> (First) _____ (M.I.) _____ (Last) _____			
<b>4. BUSINESS NAME:</b> _____			
<b>5. BUSINESS ADDRESS:</b> _____			<b>6. BUSINESS PHONE #</b> _____

<b>Section 1:</b> -Total Gross Income- Add total monthly income and sales from your business each of the past 3 months.	MONTH 1 _____/_____ (MM) (YY)	MONTH 2 _____/_____ (MM) (YY)	MONTH 3 _____/_____ (MM) (YY)
	<b>1A: \$</b> _____	<b>2A: \$</b> _____	<b>3A: \$</b> _____

<b>Section 2:</b> Business Expenses	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
Supplies	\$ _____	\$ _____	\$ _____
Heat/Utilities/Phone	_____	_____	_____
Business property rent	_____	_____	_____
Business Equipment Rent	_____	_____	_____
Business Vehicle Expenses	_____	_____	_____
Business Taxes	_____	_____	_____
Advertising	_____	_____	_____
Insurance	_____	_____	_____
Bank Charges	_____	_____	_____
Other (specify)	_____	_____	_____
<b>TOTAL Business Expenses</b>	<b>1B: \$</b> _____	<b>2B: \$</b> _____	<b>3B: \$</b> _____
<b>NET INCOME:</b> Subtract A FROM B = C	<b>1C: \$</b> _____ (1A minus 1B)	<b>2C: \$</b> _____ (2A minus 2B)	<b>3C: \$</b> _____ (3A minus 3C)

<b>Section 3: Calculate average monthly income</b>	
<b>TOTAL 3 MONTHS:</b> \$ _____ (ADD 1C, 2C, 3C)	<b>AVERAGE 3 MONTHS:</b> \$ _____ (DIVIDE TOTAL 3 MONTHS BY 3)

<b>APPLICANT SIGNATURE:</b> Applicants must read and sign the below	
I certify that I have no other way to document the above self-employment income and that all of the above information is true and correct. I attest that all income and expenses on this form are truly for my self-employment business.	
<b>Signature</b> _____	<b>Date</b> _____

**West Volusia Hospital Authority  
Financial Statements  
May 31, 2019**



Dreggors, Rigsby & Teal, P.A.

*Advisors for Life*

Certified Public Accountant | Registered Investment Advisor

1006 N. Woodland Boulevard ■ DeLand, FL 32720

(386) 734-9441 ■ [www.drtcpa.com](http://www.drtcpa.com)

Ronald J. Cantlay, CPA/CFP®

James H. Dreggors, CPA

Victoria A. Kizma, CPA

Robin C. Lennon, CPA

John A. Powers, CPA

Ann J. Rigsby, CPA/PFS/CFP®

Melissa J. Trickey, 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, 2019 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.*

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

June 06, 2019

MEMBERS

**West Volusia Hospital Authority**  
**Balance Sheet**  
**Modified Cash Basis**  
**May 31, 2019**

**Assets**

**Current Assets**

Petty Cash	\$ 100.00
Intracoastal Bank - Money Market	7,211,036.13
Intracoastal Bank - Operating	691,480.97
Mainstreet Community Bank - MM	10,516,695.56
Taxes Receivable	92,073.00
<b>Total Current Assets</b>	<b><u>18,511,385.66</u></b>

**Fixed Assets**

Land	145,000.00
Buildings	422,024.71
Building Improvements	350,822.58
Equipment	251.78
<b>Total Fixed Assets</b>	<b><u>918,099.07</u></b>
Less Accum. Depreciation	<u>(296,440.64)</u>
<b>Total Net Fixed Assets</b>	<b><u>621,658.43</u></b>

**Other Assets**

Deposits	<u>2,000.00</u>
<b>Total Other Assets</b>	<b><u>2,000.00</u></b>
<b>Total Assets</b>	<b><u><u>19,135,044.09</u></u></b>

**Liabilities and Net Assets**

**Current Liabilities**

Security Deposit	5,110.00
Deferred Revenue	88,660.00
<b>Total Current Liabilities</b>	<b><u>93,770.00</u></b>

**Net Assets**

Unassigned Fund Balance	10,444,019.53
Restricted Fund Balance	208,000.00
Nonspendable Fund Balance	621,658.43
Net Income Excess (Deficit)	7,767,596.13
<b>Total Net Assets</b>	<b><u>19,041,274.09</u></b>
<b>Total Liabilities and Net Assets</b>	<b><u><u>\$ 19,135,044.09</u></u></b>

**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, 2019**

	<u>Annual Budget</u>	<u>Current Period Actual</u>	<u>Year To Date Actual</u>	<u>Budget Balance</u>
<b>Revenue</b>				
Ad Valorem Taxes	20,194,000	203,566	19,594,910	599,090
Investment Income	55,000	14,666	96,386	(41,386)
Rental Income	70,968	0	45,536	25,432
<b>Total Revenue</b>	<b>20,319,968</b>	<b>218,232</b>	<b>19,736,832</b>	<b>583,136</b>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	5,848,544	998,797	4,215,778	1,632,766
Northeast Florida Health Services	1,932,281	191,550	994,682	937,599
Specialty Care	4,375,000	554,952	2,221,122	2,153,878
County Medicaid Reimbursement	2,385,000	195,966	1,567,732	817,268
The House Next Door	120,000	8,866	61,736	58,264
The Neighborhood Center	70,000	6,500	52,825	17,175
Community Life Center Outreach Services	20,000	0	550	19,450
Rising Against All Odds	235,000	13,625	100,133	134,867
Community Legal Services	76,931	7,106	42,028	34,903
Hispanic Health Initiatives	75,000	7,100	35,150	39,850
Florida Dept of Health Dental Svcs	200,000	20,688	138,369	61,631
Good Samaritan	60,000	0	0	60,000
Stewart Marchman - ACT	925,336	65,313	835,608	89,728
Health Start Coalition of Flagler & Volusia	142,359	13,964	83,482	58,877
H C R A	819,612	23,882	139,997	679,615
Other Healthcare Costs	863,412	0	0	863,412
<b>Total Healthcare Expenditures</b>	<b>18,148,475</b>	<b>2,108,309</b>	<b>10,489,192</b>	<b>7,659,283</b>
<b>Other Expenditures</b>				
Advertising	5,000	147	4,505	495
Annual Independent Audit	16,000	0	16,100	(100)
Building & Office Costs	6,500	272	2,710	3,790
General Accounting	68,100	5,592	40,160	27,940
General Administrative	65,100	4,763	28,449	36,651
Legal Counsel	70,000	5,600	35,010	34,990
Special Accounting	5,000	0	0	5,000
City of DeLand Tax Increment District	100,000	(8,179)	64,265	35,735
Tax Collector & Appraiser Fee	603,880	73,774	601,972	1,908
TPA Services	500,000	88,053	425,408	74,592
Eligibility / Enrollment	30,000	0	4,221	25,779
Healthy Communities	72,036	5,309	39,184	32,852
Application Screening				
Application Screening - THND	317,872	32,868	171,761	146,111
Application Screening - RAAO	34,005	4,224	28,992	5,013
Application Screening - SMA	3,000	0	84	2,916
Workers Compensation Claims	25,000	0	13,429	11,571
Other Operating Expenditures	250,000	286	3,795	246,205
<b>Total Other Expenditures</b>	<b>2,171,493</b>	<b>212,709</b>	<b>1,480,045</b>	<b>691,448</b>
<b>Total Expenditures</b>	<b>20,319,968</b>	<b>2,321,018</b>	<b>11,969,237</b>	<b>8,350,731</b>
<b>Excess ( Deficit)</b>	<b>0</b>	<b>(2,102,786)</b>	<b>7,767,595</b>	<b>(7,767,595)</b>

See Accountants' Compilation 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, 2019**

	Annual Budget	Current Period Actual	Year To Date Actual	Budget Balance
<b>Healthcare Expenditures</b>				
Adventist Health Systems				
Florida Hospital DeLand	2,811,772	411,260	2,181,862	629,910
Florida Hospital Fish Memorial	2,811,772	543,048	1,926,238	885,534
Florida Hospital DeLand - Physicians	112,500	24,905	57,826	54,674
Florida Hospital Fish - Physicians	112,500	19,584	49,852	62,648
Northeast Florida Health Services				
NEFHS - Pharmacy	752,281	62,690	447,544	304,737
NEFHS - Obstetrics	30,000	4,195	32,732	(2,732)
NEFHS - Primary Care	1,150,000	124,665	514,406	635,594
Specialty Care	4,375,000	554,952	2,221,122	2,153,878
County Medicaid Reimbursement	2,385,000	195,966	1,567,732	817,268
Florida Dept of Health Dental Svcs	200,000	20,688	138,369	61,631
Good Samaritan				
Good Samaritan Health Clinic	30,000	0	0	30,000
Good Samaritan Dental Clinic	30,000	0	0	30,000
The House Next Door	120,000	8,866	61,736	58,264
The Neighborhood Center	70,000	6,500	52,825	17,175
Community Life Center Outreach Services	20,000	0	550	19,450
Rising Against All Odds	235,000	13,625	100,133	134,867
Community Legal Services	76,931	7,106	42,028	34,903
Hispanic Health Initiatives	75,000	7,100	35,150	39,850
Stewart Marchman - ACT				
SMA - Homeless Program	75,336	7,125	54,480	20,856
SMA - Residential Treatment	550,000	37,339	497,355	52,645
SMA - Baker Act - Match	300,000	20,849	283,773	16,227
Health Start Coalition of Flagler & Volusia				
HSCFV - Outreach	73,500	6,220	32,124	41,376
HSCFV - Fam Services	68,859	7,744	51,358	17,501
HCRA				
H C R A - In County	400,000	23,882	123,270	276,730
H C R A - Outside County	419,612	0	16,727	402,885
Other Healthcare Costs	863,412	0	0	863,412
<b>Total Healthcare Expenditures</b>	<b>18,148,475</b>	<b>2,108,309</b>	<b>10,489,192</b>	<b>7,659,283</b>

**West Volusia Hospital Authority**  
**Schedule II - Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**For the 1 Month and 8 Months Ended May 31, 2019 and May 31, 2018**

	1 Month Ended May 31, 2019	1 Month Ended May 31, 2018	8 Months Ended May 31, 2019	8 Months Ended May 31, 2018
<b>Revenue</b>				
Ad Valorem Taxes	203,566	247,429	19,594,910	19,328,327
Investment Income	14,666	6,349	96,386	39,880
Rental Income	0	5,692	45,536	45,536
Other Income	0	0	0	203
<b>Total Revenue</b>	<u>218,232</u>	<u>259,470</u>	<u>19,736,832</u>	<u>19,413,946</u>
<b>Healthcare Expenditures</b>				
Adventist Health Systems	998,797	840,668	4,215,778	4,734,650
Northeast Florida Health Services	191,550	231,426	994,682	1,022,423
Specialty Care	554,952	552,552	2,221,122	1,999,663
County Medicaid Reimbursement	195,966	185,652	1,567,732	1,485,218
The House Next Door	8,866	7,364	61,736	59,091
The Neighborhood Center	6,500	8,075	52,825	43,075
Community Life Center Outreach Services	0	1,325	550	15,925
Rising Against All Odds	13,625	14,875	100,133	122,325
Community Legal Services	7,106	1,766	42,028	19,837
Hispanic Health Initiatives	7,100	3,075	35,150	56,325
Deltona Firefighters Foun Access to Hlth	0	0	0	661
Florida Dept of Health Dental Svcs	20,688	15,089	138,369	176,491
Good Samaritan	0	3,669	0	27,099
Stewart Marchman - ACT	65,313	79,925	835,608	514,717
Health Start Coalition of Flagler & Volusia	13,964	11,582	83,482	82,484
H C R A	23,882	134	139,997	78,260
<b>Total Healthcare Expenditures</b>	<u>2,108,309</u>	<u>1,957,177</u>	<u>10,489,192</u>	<u>10,438,244</u>
<b>Other Expenditures</b>				
Advertising	147	823	4,505	2,217
Annual Independent Audit	0	0	16,100	15,800
Building & Office Costs	272	193	2,710	3,473
General Accounting	5,592	3,806	40,160	34,804
General Administrative	4,763	4,186	28,449	36,780
Legal Counsel	5,600	3,180	35,010	36,980
City of DeLand Tax Increment District	(8,179)	0	64,265	69,746
Tax Collector & Appraiser Fee	73,774	4,896	601,972	526,422
TPA Services	88,053	44,930	425,408	285,397
Eligibility / Enrollment	0	9,912	4,221	31,731
Healthy Communities	5,309	5,358	39,184	38,436
Application Screening				
Application Screening - THND	32,868	15,812	171,761	110,683
Application Screening - RAAO	4,224	1,920	28,992	16,704
Application Screening - SMA	0	30	84	2,379
Workers Compensation Claims	0	0	13,429	21,730
Other Operating Expenditures	286	43	3,795	1,634
<b>Total Other Expenditures</b>	<u>212,709</u>	<u>95,089</u>	<u>1,480,045</u>	<u>1,234,916</u>

See Accountants' Compilation Report

**West Volusia Hospital Authority**  
**Schedule II - Statement of Revenue and Expenditures**  
**Modified Cash Basis**  
**For the 1 Month and 8 Months Ended May 31, 2019 and May 31, 2018**

	1 Month Ended May 31, 2019	1 Month Ended May 31, 2018	8 Months Ended May 31, 2019	8 Months Ended May 31, 2018
<b>Total Expenditures</b>	<u>2,321,018</u>	<u>2,052,266</u>	<u>11,969,237</u>	<u>11,673,160</u>
<b>Excess ( Deficit)</b>	<u><u>(2,102,786)</u></u>	<u><u>(1,792,796)</u></u>	<u><u>7,767,595</u></u>	<u><u>7,740,786</u></u>



**Volusia County**  
FLORIDA  
Larry Bartlett, JD, CFA  
Property Appraiser

June 1, 2019

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

Attention: Eileen Long, Administrator

Re: June 1 Estimate of 2019 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 2019 taxable value within your jurisdiction. The official Preliminary Tax Roll will be certified to you by the DR420 on or before July 1, 2019.

Estimated 2019 Values

Just Value	19,297,039,746
Taxable Value	10,519,658,760
New Construction	209,295,262
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.

Sincerely,



Larry Bartlett  
Volusia County Property Appraiser

## LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: June 11, 2019

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority - Update for June 20, 2019 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update on May 16, 2019. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the May 16, 2019 Meeting Minutes.

- I. **Negotiations with UMR for TPA Services for Renewal Agreement.** [*See new info. in italics and bold*] [*Refer back to Legal Update Memorandum dated 1/8/19 and 3/21/19 and 4/9/19 for additional background details.*]

***As an update on follow-through of the promised 1-month UMR Service Fee waiver, the new UMR customer service liaison, Donna Lupo notified counsel that she had received final approval of the \$35,966.95 one month admin fee credit and it would be applied to the WVHA next Admin Fee invoice.***

- II. **Discussions with EMPros Re: Restructuring Nature of Primary Care Physicians Indigent Hospital Patient Program Reimbursement Agreement (2005), as amended.** [*See new info. in italics and bold*] [*Refer back to Legal Update Memorandum dated 3/21/19 for additional background details.*]

As proposed during the November 2018 Regular Meeting, Ms. Maureen France organized a joint meeting on December 11, 2018 at Florida Hospital DeLand with herself, EMPros President, Charles D. Duva, MD, EMPros Regional Operations Coordinator, Kristin McCabe-Kline, MD, FHD CFO, Kyle Glass (FHFMD CFO, Eric Ostarly was expected but unable to attend). The discussion lasted about one and a half hours and focused principally on sharing background on 1. how the underlying 2006 Agreement which is subject to renewal each year, is a separate and distinct agreement from the 2000 Omnibus Agreement concerning the sale of the Hospital to Adventist, which is a 20 year agreement that is set to expire in September, 2020; 2. Why the 2005 Agreement was structured between WVHA and the Hospitals in 2005 without EMPros as a party; 3. how EMPros contracted with the Hospitals year after year without even becoming aware that the pool of monies it was being paid for providing physicians to staff the Hospitals' ERs was based on funding received from WVHA; 4. how the recent changes in federal and state programs that otherwise reimburse EMPros services and also the approximate 10% increases in qualified Health Card patients, is now motivating EMPros to seek more reimbursements to avoid a reduction in the quality of services available to all ER patients; 5. why EMPros would prefer to negotiate a reimbursement contract directly with

WVHA as opposed to having the Hospitals as intermediaries for whatever reimbursements are provided by WVHA, and how it would be willing to propose multiple options for a restructured agreement including being contracted as specialists in the UMR network, negotiating a higher per patient amount which is adjusted for inflation from the amount agreed to in the 2005 Agreement, or a flat rate overall annual reimbursement amount to make the overall funding predictable to WVHA and cut down on paperwork on both sides; 6. why the Hospitals would prefer not to remain as intermediaries and may be willing to ask for less monies to reimburse the Hospitals for the separate category of inpatient physician services which is currently covered under the same 2005 Agreement and often leads to depletion of reimbursements that are available to EMPros before the WVHA funding year. Counsel emphasized to those gathered that the option of including EMPros as specialists is impractical on a number of levels, including the fact that specialty care network is managed, contracted and owned by UMR, not WVHA and restructuring finally settled WVHA policies that establish a PCP referral for all specialty services reimbursed under that network. The meeting concluded with EMPros taking on responsibility for coming up with a proposal that clearly and specifically explains what it wants to be paid and why those amounts are justified based on comparisons with the overall marketplace.

During its presentation at the March meeting, EMPros committed to putting its proposal for a direct contract with WVHA in a completed funding application. To date counsel has not been provided with a copy of EMPros's completed application. Depending on its contents as to rates of reimbursement and proposed funding limit, the Board will need to consider whether this application should be reviewed alongside other non-primary care applications that are usually processed by the CAC in the first instance, or whether it should be reviewed directly by the Board without a preliminary review by the CAC. Regardless of how this application is processed, the Board (and if applicable, the CAC) should be mindful that a decision to fund EMPros directly is akin to past decisions where prior Boards have been persuaded to take on financial responsibility to pay for health care costs that are the actual responsibility of other entities with greater resources (e.g., HCRA, Medicaid Match, Baker Act, which are all programs which would fall upon the County of Volusia if WVHA had refused or ever refuses to pay, or ceases to exist/is statutorily eliminated and is therefore unable to pay). In this instance, the federal government places responsibility for providing quality ER services on the current owner and operator of the hospitals, Adventist Health Systems. WVHA will need to be mindful of its fiduciary obligation to taxpayers as it evaluates the degree to which it will undertake more financial responsibility from Adventist Health Systems to fairly compensate the ER specialists, which Adventist Health Systems is required to do as a cost of owning and operating the hospitals. In this regard, please recall that as of October 1, 2020, unless a renewal contract is negotiated, Adventist Health Systems will own and operate the hospitals without any restrictions or control, or requirement of reimbursement for ER services by WVHA. *In view of the CAC's decision to pass back to the Board responsibility for determining whether or not to fund EMPros directly for the healthcare it provides to Healthcard members in Adventist Health's ER, counsel reiterates the above background overview to assist the Board in framing its decision.*

III. Downtown DeLand CRA: Notice of Amendment to Extend CRA Expiration from September 30, 2025 to December 31, 2036. [See new info. in italics and bold] [Refer back to Legal Update Memorandum dated 3/21/19 for additional background details.]

*Assistant City Manager, Mike Grebosz sent notice that the City Commission will be officially considering the WVHA exemption request at the June 17<sup>th</sup> City Commission meeting. Counsel recommends that Chair Craig (or a designated alternate) be present along with counsel to respond to any questions about WVHA's request for a limited exemption pursuant to Section 163.387(2)(c)(7) & (d)(1), Florida Statutes (and any other applicable provision of law) from the obligation to pay incremental assessments to fund the Downtown DeLand CRA from September 30, 2025 to December 31, 2036 ("Extension Period"), the eleven year period that the Downtown CRA and the City Commission voted to extend that CRA's duration.*

IV. WVHA as Plaintiff in Federal Multidistrict Litigation for National Prescription Opiate Litigation, James Vickaryous, Managing Partner of Vickaryous Law Firm. [See new info. in italics and bold]

Counsel talked preliminarily with Jim Vickaryous, the Managing Partner of the Vickaryous Law Firm about WVHA retaining his law firm to represent WVHA on a contingency basis and file a lawsuit on behalf of WVHA in the federal multidistrict litigation for national prescription opiate litigation. Attorney Vickaryous plans to present a formal proposal to explain the details, but in a nutshell the proposed representation would offer WVHA a seat at the table among many other governmental and private entities around the nation that are suing pharmaceutical companies. These lawsuits are seeking to recover damages related to the substantial health care and prescription costs that have been paid to treat residents who became addicted to opioids. As of this writing, counsel has not yet received a draft of the proposed retainer agreement or the presentation materials. Attorney Vickaryous has indicated in an introductory call that if desired, WVHA would become one of several Florida based local government clients which his firm would represent. The contingency basis of the representation would provide that the Vickaryous Law Firm would be paid 20% of any net recovery after costs and WVHA would keep the remaining 80%. Attorney Vickaryous believes that it would be important to get WVHA's lawsuit on file as soon as practicable before settlement talks begin and conclude concerning a Tier 1 lawsuit that is scheduled for trial in Ohio during October, 2019. Attorney Vickaryous believes that the defendants in that lawsuit may want to negotiate a global settlement of all pending lawsuits and it would be advantageous for WVHA to have a seat at that table, particularly in light of the substantial annual budget expenses being paid to SMA and for prescriptions that are directly related to the opioid epidemic. Counsel expects to receive and review the details prior to the March meeting and have a recommendation as to the form of the retainer agreement at that time. As an overall matter, the proposal sounds like a potential opportunity for WVHA to recoup substantial taxpayer dollars, but it may take some time before any recovery is obtained. *Following the Board's authorization of Chair Craig to sign the proposed contingency agreement subject to a clarification that the net of any recovery to WVHA only be reduced to reimburse "reasonable" attorney's fees, Chair Craig has executed the revised*

*agreement and it is being circulated for signatures by all the retained co-counsel. It is anticipated that in the next couple weeks, Jim Vickaryous, one his co-counsel, Michael Kahn and counsel will have a telephone conference to facilitate collection of background details that would be necessary for them to finalize and file a complaint on behalf of WVHA.*

V. **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 Eligibility Determination provider, currently The House Next Door, as the governing rules for determining who is eligible to receive a WVHA Health Card. Once deemed eligible, THND transmits a listing to the Third Party Administrator, currently UMR, and UMR mails the eligible beneficiary 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 in 2017. That process will start with a presentation by THND 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, 2019; provided however, the Board would consider amending the EGs more frequently than annually where it is demonstrated by UMR and/or other proposers that that such exceptional action is necessary to fulfill the public purposes of WVHA. *At this June meeting, THND will present a final version of the proposed changes that were included for "first reading" during the May Board Meeting. Unless new changes are proposed and must be considered, the Board should be prepared to finally approve the final version with an effective date on or about July 15, 2019.*

## VI. General Compliance with the Sunshine Law [See new info. in italics and bold]

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 talking about or discussing any matter on which foreseeable action will be taken by the public board or commission. (If your conversation 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; *provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.*

The Sunshine Law 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.

*With the increased use of social media accounts, including Facebook and other community and political blogs, Board members should be mindful of the following Florida Attorney General guidance before posting on Facebook, or other blogs an opinion or viewpoint on matters likely to come before the Board. In AG Opinion 08-07, the Florida Attorney General concluded that the use of a website blog or message board to solicit comment from other members of the board or commission by their response on matters that would come before the board would trigger the requirements of the Sunshine Law. As stated therein:*

*'While there is no statutory prohibition against a city council member posting comments on a privately maintained electronic bulletin board or blog, . . . members of the board or commission must not engage in an exchange or discussion of matters that foreseeably will come before the board or commission for official action. The use of such an electronic means of posting one's comments and the inherent availability of other participants or contributors to act as liaisons would create an environment that could easily become a forum for members of a board or commission to discuss official issues which*

*should most appropriately be conducted at a public meeting in compliance with the Government in the Sunshine Law. It would be incumbent upon the commission members to avoid any action that could be construed as an attempt to evade the requirements of the law.\**

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 <http://www.ethics.state.fl.us/>. 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.