

West Volusia Hospital Authority
BOARD OF COMMISSIONERS JOINT MEETING with the
CITIZENS ADVISORY COMMITTEE (CAC)
June 15, 2023 Sanborn Center
815 S. Alabama Avenue, DeLand, FL
5:00 p.m.
AGENDA

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda – Approval of Minutes – Regular Meeting on May 18, 2023
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Wendy Anderson and Analee Monrreal – Research Project Regarding Pierson Farmworkers' Health Risks and Obstacles to Health Care
7. Citizens Advisory Committee – Chair Taylor Hibel
 - A. Minutes Ranking Workshop on May 9, 2023
 - B. Minutes Final Ranking Meeting on May 23, 2023
CAC Ranking Results and Comments with Spreadsheet Attached
 - C. Request to Hold Additional CAC Meeting(s) to Discuss Process for Next Year and Approval to Secure Rental Space
 - D. Discussion regarding CAC Input on Organizations not Included in Ranking
8. CAC Meeting Adjournment (CAC members may exit if desired.)
9. Reporting Agenda
 - A. EBMS May Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona May Report – Darik Croft, COO of miCare miRx and Steve Kelly, Co-founder of miCare
 - C. The House Next Door May Application Processing Report
10. Discussion Items
 - A. WVHA miCare Clinic Phone System (Commissioner Manning – Tabled on 5/18/23)
 - B. Amendment No. 2 to the Administrative Services Agreement Between EBMS and WVHA
 - C. Approval to Schedule Board Workshop for Tour of Halifax Health in Deltona
 - D. Ways to Increase Visibility of WVHA Administrator to Health Card Members
 - E. Board Review of Administrative Applications
 1. Halifax Healthy Communities
 2. THND HealthCard Program
 3. RAAO Prescreening
11. Follow Up Items
 - A. Eligibility Guidelines
12. Administrator Report
13. Finance Report
 - A. May Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
14. Legal Update
15. Adjournment

If any person decides to appeal any decision made by the WVHA with respect to any matter considered at this meeting or hearing he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (FS 286.0105). Individuals with disabilities needing assistance to participate in any of these proceedings should contact the WVHA Administrator at least three (3) working days in advance of the meeting date and time at (386) 626-4870.

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

Sanborn Center Ballroom A
815 S. Alabama Avenue, DeLand, FL

5:00 p.m.
May 18, 2023

Those in Attendance:

Commissioner Voloria Manning
Commissioner Donna Pepin
Commissioner Jennifer Coen
Commissioner Roger Accardi
Commissioner Judy Craig (arrived at 5:35 PM)

CAC Members Present:

Jacquie Lewis
Taylor Hibel

Others Present:

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
WVHA Administrator Stacy Tebo

Call to Order

Chair Coen called the meeting to order. The meeting took place at the Sanborn Center Ballroom A, located at 815 S. Alabama Ave., DeLand, Florida, having been legally noticed in the Daytona Beach News-Journal, a newspaper of general circulation in Volusia County, commencing at 5:09 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Agenda

Motion 043 – 2023 Commissioner Manning moved to approve the agenda as presented. Commissioner Accardi seconded the motion. The motion passed 4-0-1.

Consent Agenda

Approval of Minutes – Joint Meeting with the CAC on April 20, 2023

Motion 044 – 2023 Commissioner Accardi moved to approve the Consent Agenda. Commissioner Manning seconded the motion. The motion passed 4-0-1.

Citizen Comments

There were none.

Citizens Advisory Committee – Chair Taylor Hibel – Verbal Update on May 2nd Q & A Meeting and May 9th Ranking Workshop

Chair Hibel provided an update of the two recent CAC meetings.

**Annual Contractual Utilization Reports to the WVHA Board of Commissioners
Jennifer Stephenson, SMA Healthcare**

Ms. Stephenson verbally provided SMA's annual reports on the three funded programs and answered questions from the Board and audience.

Brenda Flowers, Rising Against All Odds

Ms. Flowers verbally provided RAAO's annual reports on the HIV Outreach Program and the Prescreening Program. She entertained questions from the Board and audience.

Reporting Agenda

EBMS April Report – Rose Alberts, Director of Implementation for Veracity Benefits / EMBS

Ms. Alberts explained that she emailed a corrected report as the original submission included March numbers on the pages following the executive summary.

Citizen Comments

Jacque Lewis voiced concerns regarding the miCare Clinic. Chair Coen noted that Darik Croft would be present at the June meeting, and he would be the appropriate person to speak to clinic operations.

WVHA miCare Clinic DeLand/Deltona April Report – Written Submission

The House Next Door April Application Processing Report

Emergency Services 1st Quarter of 2023 (January – March) Halifax Health | UF Health – Medical Center of Deltona Advent Health DeLand & Advent Health Fish Memorial EMPros

Art Zimmet, Halifax Health Manager of Revenue Cycle Business Operations, introduced himself and explained his role. He and John Guthrie, Halifax Health Vice President of Marketing, answered questions from the Board.

Commissioner Accardi suggested that the Board attend a guided tour of Halifax Deltona, and that would provide them with a greater understanding of hospital operations.

All reports were received into the record.

Discussion Items

WVHA miCare Clinic Phone System (Commissioner Manning)

Commissioner Manning stated her concerns regarding the prompts in the phone system and difficulty reaching a live person. She stressed the importance of patients being able to speak to someone to get their prescriptions filled.

Citizen Comments

Tanner Andrews and Jacque Lewis addressed the Board regarding the concerns raised.

Attorney Small suggested that Ms. Alberts convey the concerns to EBMS and miCare so that it could be addressed at the next meeting.

Board Review of Administrative Applications Halifax Healthy Communities

Chair Coen asked Mr. Guthrie to supply a full year of profit and loss for Healthy Communities. Mr. Guthrie responded he would but noted that not much funding flows through Healthy Communities, and it is a separate organization from Halifax Health. He added the only funding comes from WVHA and a grant from Healthy Start for prenatal screening.

Mr. Guthrie discussed new services at Halifax Deltona and explained the relationship between UF and Halifax.

THND HealthCard Program

Gail Hallmon addressed THND's request for an increase in funding. She explained that staff salaries were adjusted to remain competitive in the market, and they can no longer use the administrative assistant from the therapy program in card services. She clarified the number of staff working in the program and said they have one supervisor, one receptionist/administrative assistant, four employees that work with clients to complete the application, and two employees to check the applications and enroll clients when approved. She added that services are provided in DeLand and Deltona.

RAAO Prescreening

Brenda Flowers stated that applicants are screened at both locations and discussed the building renovations.

Chair Coen noted that RAAO's draft financial statements were just emailed earlier in the day. Ms. Flowers explained the delay and said that the problem occurred when she changed payroll processing companies.

Follow Up

Anti-Fraud Policy

Attorney Small stated the policy contained the input provided at previous meetings and was ready for adoption.

Motion 045 – 2023 Commissioner Craig moved to adopt the anti-fraud policy as presented. Commissioner Accardi seconded the motion. The motion passed unanimously.

Roll call:

Commissioner Craig	Yes
Commissioner Manning	Yes
Chair Coen	Yes
Commissioner Accardi	Yes
Commissioner Pepin	Yes

Eligibility Guidelines

Ms. Tebo stated that the inaccurate references had been corrected; that all income tables were updated for 2023 Federal Poverty Level guidelines; that the Medicaid reference discussed on page 22 at the last meeting had been deleted; that the remaining page to be updated is page 34; and that she and Attorney Small had a conference call scheduled with THND to discuss eligibility guidelines on Monday afternoon.

Administrator Report

Ms. Tebo informed the Board that she attended the West Volusia Collaborative Meeting hosted by Community Legal Services, and that they would be having a guest speaker at the next meeting addressing the recent immigration bill.

She informed the Board that miCare Resource Coordinator Jennette Vicente was actively working to provide card holders with medical equipment not covered under the plan, and clients with sleep apnea can obtain a CPAP machine and associated equipment for \$100 through the American Sleep Apnea Association.

Commissioner Manning suggested that Ms. Tebo be available to health card members. There was discussion, and Chair Coen said that the Board could think about ways to increase visibility before the next meeting.

Finance Report

March Financials

Approval of Disbursements – Check Register & Estimated Expenditures

Ms. Tebo outlined the financials and estimated expenditures for the Board. She noted that Webb Shephard had previously provided financials on a cash basis, but this month he also provided them on an accrual basis to only reflect the current fiscal year expenditures. She added that in future months, Mr. Shephard would prepare the monthly financial statements on an accrual basis.

Motion 046 – 2023 Commissioner Manning moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co and estimated expenditures for the next month totaling \$1,541,139.20. Commissioner Craig seconded the motion. The motion passed 5-0.

Legal Update

Attorney Small informed the Board that he had been in discussions with Heffley & Associates regarding the immigration bill, and they have opined that the bill does not specifically impact the WVHA, as it is not a hospital, city, or county.

Attorney Small spoke about the CAC ranking process and stressed that the ranking process must occur in a public meeting to ensure public participation. He added that rankings can only be shared at the public meeting and confirmed at that time.

There being no further business to come before the Board, the meeting was adjourned at 7:49 p.m.

Adjournment

Jennifer Coen, Chair



Effects of Farm-related Risks and Exposures: Environmental injustice on Farmworkers in Pierson, Florida

Analee Monrreal
Department of Environmental Science and Studies
Stetson University

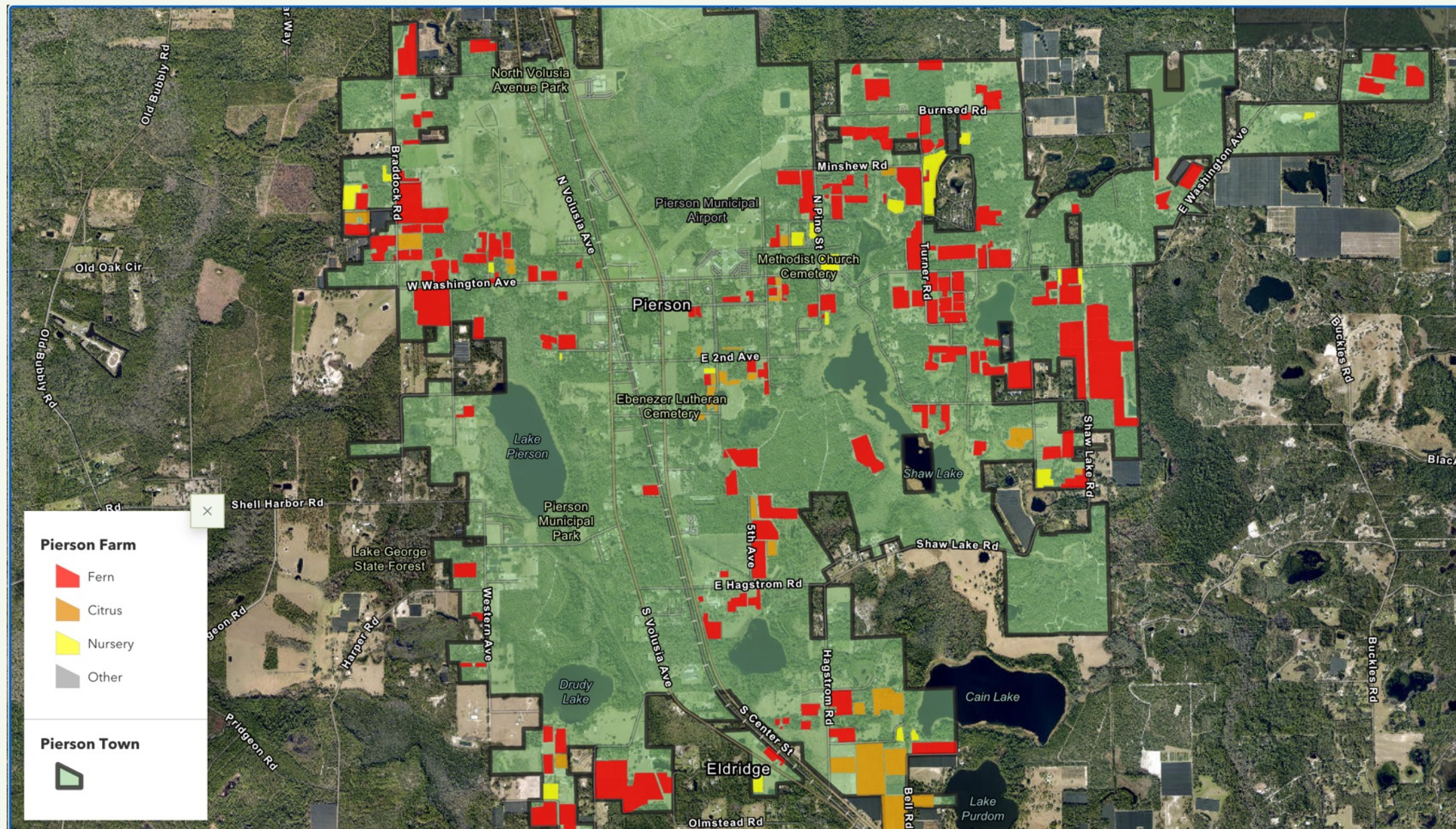


“Fern Capital of the World”

- Pierson, Florida, known as the “Fern Capital of the World” employs many migrant and seasonal workers.
- Pierson ferneries produce 85% of foliage for floral bouquets in the U.S.



Ferns, Citrus, and Nursery Producers

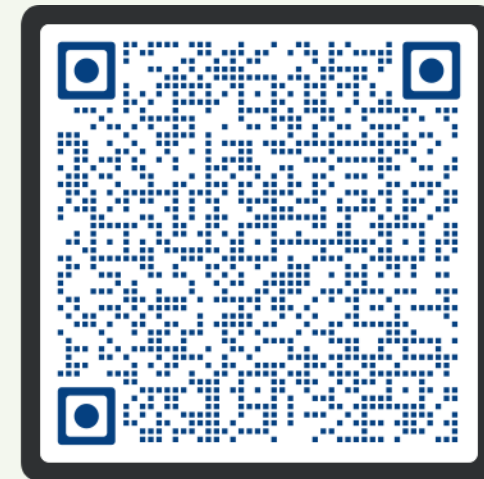


Objectives

- Investigate potential relationship between risks and exposures farmworkers face and their health.
- Inform farmworkers about work-related risks and health care opportunities and advocate for change.

Methods

- Qualitative Research Questions (interviews)
- Developed a StoryMap on ArcGIS online.



QR code to StoryMap

SCAN ME

Participants

- Between October 2022 and January 2023, I interviewed 25 farm workers who currently or had been employed in the farms in Pierson, Florida (snowball sampling)
- For safety of the participants, no name, gender, or the farm location are identified. They are reported as participants 1-25.



Tasks of Workers

1. All workers work approximately 40 hours per week (Monday-Friday).
2. Cut fern stems are grouped into bunches of 20-25. Farm workers are paid by the number of bunches they produce at a rate ranging from \$0.25-.50 per bunch.
 - 23 workers reported they produce on average of 300 bunches a day.
 - Yield ranges from 100 to 600 bunches
3. In some cases, no bathroom or clean drinking water is provided for the workers.



Working Environment



Exposures and Risks

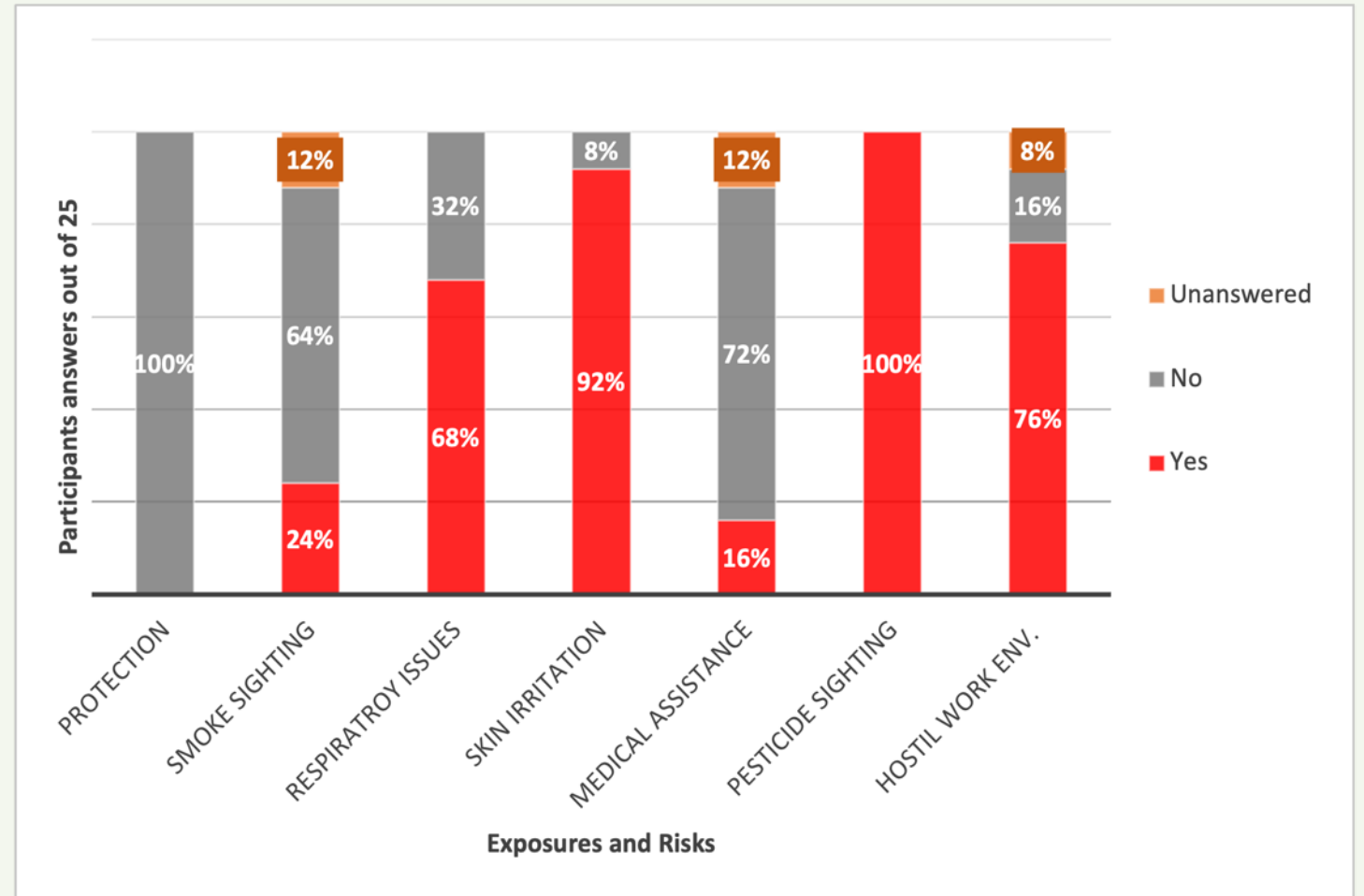
The contamination of the air is extremely detrimental to the environment, animals, and humans from different pollutants being released in the air. Pesticides are often considered a quick, easy, and inexpensive solution for controlling weeds and insect pests, although there is a significant cost.



Workers from 1985 cutting ferns and carrying bunches to cart at the Hagstrom family fernery - Pierson, Florida. State Archives of Florida, Florida Memory.

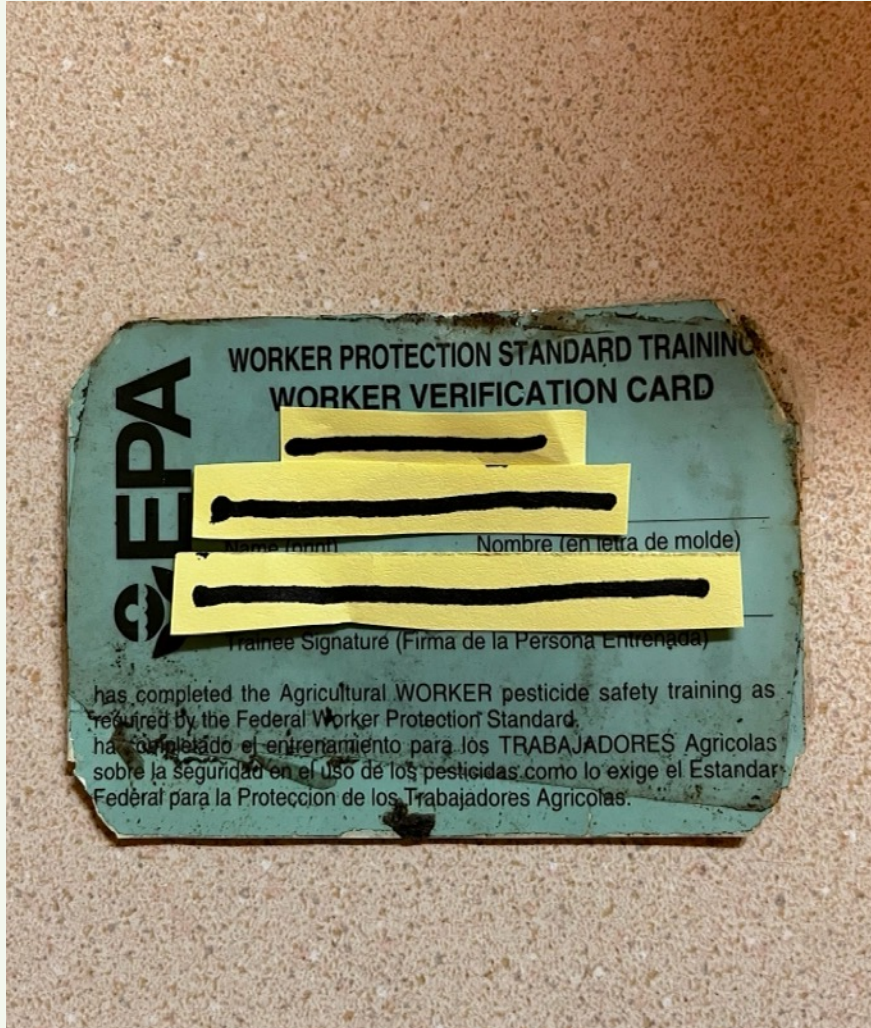
Qualitative Research Questions

1. Protection Provided?
2. Smoke Sighting or Particulates in the air?
3. Respiratory Issues?
4. Skin Irritation?
- 5. Medical Assistance?**
6. Pesticide Sighting?
7. Hostile Work Environment?



Pesticides

- Exposure Pathways: oral, inhalation exposure, ocular, or dermal.
- Pesticide Reporting required in 30 states, including Florida.
- EPA's Worker Protection Standard (WPS) seeks to decrease pesticide poisoning and injuries among agriculture workers.
 - Pesticide training about general health effects.
 - Warning when a field has been sprayed.
 - Supply of water, soap, and towels for periodic washing.
 - Transportation must be available.



Recommendations

work they don't want to do and this is how I am treated, but I
t say nothing because it's just how it is. What can I do? What
I say?" -Participant 9

Immediate solutions:

- Ensure WPS training
- Inform workers about pesticide exposures
- **Improve access to health care services**
- **Train healthcare providers about pesticide exposure symptoms and treatments**
- Increase pay rate

Long-term solution:

- Work with farmers to minimize the use of pesticides through sustainable farming practices



Resources

Bermudez, L. (2012). Farmworkers in Florida: Silence is their rational choice. *Resources*.

Castillo, F., Mora, A. M., Kayser, G. L., Vanos, J., Hyland, C., Yang, A. R., & Eskenazi, B.

(2021). Environmental health threats to Latino migrant farmworkers. *Annual review of public health, 42*, 257-276.

Florida Demographics. Florida Outline. (n.d.), from <https://www.florida-demographics.com/>.

Justice, F. (2013). Exposed and ignored: How pesticides are endangering our nation's farmworkers. *Farmworker Justice. org*.

Truzzi, F., Mandrioli, D., Gnudi, F., Scheepers, P. T., Silbergeld, E. K., Belpoggi, F., & Dinelli,

G. (2021). Comparative evaluation of the cytotoxicity of glyphosate-based herbicides and glycine in L929 and Caco2 cells. *Frontiers in Public Health, 9*, 643898.

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
THE CHISHOLM CENTER
520 S. CLARA AVENUE DELAND
May 9, 2023 - 5:30 PM
MINUTES**

CAC Members/Attendance:

Chair Taylor Hibel
Lyda Kiser
Christian Brown
Jacquie Lewis
Patrick Rogers
Joanna Mercier
Lorna Owens
Maria Valdivia (arrived at 5:36 p.m.)
Vice Chair Althea King (arrived at 5:37 p.m.)

Absent:

Ella Ran

Others Present:

WVHA Commissioner Voloria Manning
WVHA Administrator Stacy Tebo

Call to Order / Opening Observance

Chair Hibel called the CAC Meeting to order at 5:31 p.m. and established that there was a quorum present. The meeting began with The Pledge of Allegiance and a moment of silence.

Approval of Agenda

Member Kiser moved to approve the agenda. Member Lewis seconded the motion. The motion passed by a 7-0-3 vote.

Citizens Comments - None

April HealthCare Expenditures FY 2022-2023

Ms. Tebo stated that the expenditures were up to date for the funded agencies that had applied for funding in the next fiscal year. She added that the expenditures represented half of the year.

Former CAC Member Dr. Jenneffer Pulapaka – Review Process for Ranking

Dr. Pulapaka explained her outline to the CAC and how she approached evaluating the programs.

CAC Tentative Ranking and Discussion for Funding Applicants

Ms. Tebo asked the members to email their final rankings to her by Friday, May 19th. She added that if they required additional space, they could add more rows to the Excel spreadsheet or attach documents containing their reasoning.

Florida Department of Health (FDOH) Dental Services

Member Kiser said the application, like others submitted, provided outputs and not outcomes. She voiced confusion regarding the budget and said it would be helpful to know exactly what the funding was for. She added that multiple agencies had the same issues with their applications.

There was discussion that in previous years, the CAC did not ask agencies these questions. Ms. Tebo suggested that next year they might hold a mandatory pre-application meeting so that expectations were spelled out in advance of submissions.

There was consensus amongst the CAC members to support the funding of the dental program.

The Neighborhood Center Outreach (TNC) - Access to Care

Member Kiser noted that TNC did not answer the questions, was not specific in their budget, unclear about the program, and questioned how they would increase service without an increase in staffing. Member Valdivia agreed with the concern raised regarding service increases and stated that it should have been explained in the application. Chair Hibel informed the others that there is a group of Stetson volunteers that help TNC.

Commissioner Manning said that at this meeting, the members should be sharing their ideas about ranking in addition to asking questions.

Member Valdivia, Member Kiser, and Vice Chair King advocated for partial funding at \$100,000. The other members said they were leaning towards full funding.

The House Next Door (THND) Therapeutic Services

There was consensus that the members present were leaning towards full funding.

Community Legal Services of Mid-Florida (CLSMF)

Member Kiser said the application was not clear, and the budget was not tied to the outcomes. Member Valdivia agreed the application was not clear.

There was discussion that CLSMF assists with providing potential card holders with other sources of coverage such as the VA and SSI. Six CAC members said they were inclined to recommend full funding.

Vice Chair King, Member Kiser, and Member Valdivia recommended funding at the current year level.

Hispanic Health Initiative (HHI) – Taking Care of My Health

Member Kiser said she knows the organization provides a good service, but there were no measures or outcomes in the application. She said the budget amounts do not match the funding request. There was discussion regarding the definition of a full-time employee (FTE) that was not specified in the application.

There was discussion that the program was proactive in disease prevention.

Member Brown noted that at the recent health resource fair, he received more education from HHI than his own primary care provider. Member Valdivia agreed and noted they travel to all areas of West Volusia to educate residents.

Member Rogers said he was leaning toward reduced funding due to the budget issues in the application. The other members signaled they were inclined to recommend full funding.

SMA Residential Treatment Services

There was agreement to recommend full funding.

SMA Psychiatric/Homeless Services

There was agreement to recommend full funding.

SMA Baker Act

There was a question regarding debt service on page eleven as SMA provided their agency budget not specific to the program. Jennifer Stephenson of SMA affirmed debt service was not part of the program budget and said they would do a better job next year of being program specific in their applications.

All members present agreed to recommend full funding as the program provided match funding through the Agency for Health Care Administration.

Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach HSCFV Family Services Coordinator

Manuel Alamo answered questions regarding both programs and spoke about challenges in reaching all areas of the service area. He spoke about barriers to care, client transportation issues, and having a location for their staff to set up in the community. Member Valdivia noted that she was working with the agency to secure a place for them in the Pierson area.

There was agreement amongst the CAC to recommend full funding for both applications.

Rising Against All Odds (RAAO) HIV/Aids/Outreach

Member Rogers spoke about RAAO's 2020 Form 990 and requested they provide an updated Form 990 from 2021.

Member Valdivia said she would like improved information on salaries next year.

Brenda Flowers said her application requested funding of \$167,682.52, but she had since considered increasing the request to \$205,000. She explained that RAAO intended to become an ESS partner with the Department of Children and Families (DCF), and DCF requires ESS partners to have equipment such as a fax machine and two computers for people coming in to apply for food stamps and Medicaid. She added that salary adjustments were needed.

Member Rogers said he was likely leaning towards full funding. The rest of the members said they wanted to recommend full funding.

Creative Living, Inc.

Member Kiser expressed concern that the request is for WVHA to fund 90% of the total budget; that the budget is unclear; that page seven mentions job placement, but it is not mentioned anywhere else; that there is not a budget breakdown; and there is not information regarding what the funding is for.

William McIntyre was present to represent Creative Living. He stated he was not involved in the application preparation and only recently became involved. He explained there would be no program employees, and therapy would be accomplished through contracted services.

Member Valdivia questioned how they would measure success of the program.

Vice Chair King expressed confusion regarding how the application fits into the purpose of the WVHA. Member Brown, Member Kiser, and Vice Chair King said they did not support funding the application.

Member Owens and Member Rogers were undecided.

Chair Hibel, Member Mercier, Member Lewis, and Member Valdivia said they were leaning toward partial funding.

Foundations to Freedom

Member Kiser said she did not support funding.

Member Mercier said she supported partial funding.

Chair Hibel, Member Brown, Member Lewis, Vice Chair King, Member Valdivia, and Member Owens supported full funding.

Member Rogers was undecided.

CAC Comments

The CAC thanked everyone for attending.

Adjournment

There being no further business before the Committee, the meeting was adjourned at 7:29 p.m.

Taylor Hibel, CAC Chair

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
THE CENTER AT DELTONA
ACTIVITY ROOM 1
1640 Dr. Martin Luther King
Blvd. DELTONA, FL
May 23, 2023 - 5:30 PM
MINUTES**

CAC Members/Attendance:

Chair Taylor Hibel (arrived at 5:36 p.m.)
Vice Chair Althea King
Jacquie Lewis
Joanna Mercier
Lyda Kiser
Patrick Rogers
Christian Brown
Lorna Owens (arrived at 5:38 p.m.)
Maria Valdivia (arrived at 5:48 p.m.)

Absent:

Ella Ran (unexcused)

Others Present:

WVHA Commissioner Jennifer Coen
WVHA Commissioner Donna Pepin
Administrator Stacy Tebo

Call to Order / Pledge of Allegiance & Opening Observance

Vice Chair King called the CAC Meeting to order at 5:34 p.m. and established that there was a quorum present. The meeting began with The Pledge of Allegiance and a moment of silence.

Approval of Agenda

Member Lewis moved to approve the agenda. Member Kiser seconded the motion. The motion passed by a 6-0-4 vote.

Citizen Comments

There were none.

Approval of CAC Minutes for May 2, 2023

Member Lewis moved to approve the minutes. Member Kiser seconded the motion. The motion passed by a 6-0-4 vote.

May Healthcare Expenditures 2022-2023

Ms. Tebo stated that she included this for the CAC's information, and the expenditures were up to date for the current fiscal year.

CAC Final Ranking and Discussion for Funding Applicants

Florida Department of Health Dental Services

All members present agreed to choose full funding for the application.

The Neighborhood Center Outreach-Access to Care

All members present except Members Kiser and King agreed to choose full funding for the application. Members Kiser and King chose funding at \$100,000 and stated they were not clear what the extra 25% was for. They agreed that outcome measurements are essential. Vice Chair King noted that the agency had been told in previous years that they needed to specify their outcome measurements.

The House Next Door Therapeutic Services

All members present agreed to choose full funding for the application.

Community Legal Services of Mid-Florida

The following members chose to fully fund the application: Member Owens, Member Lewis, Member Brown, Chair Hibel, Member Valdivia, Member Rogers, and Member Mercier.

Member Kiser chose to fund at the current fiscal year level of \$105,794 because they did not tie their budget to program goals or outcomes. Vice Chair King chose funding at \$100,000 and said they were another agency previously told to specify how services and funding are connected.

Hispanic Health Initiative – Taking Care of My Health

All members except Member Rogers agreed to choose full funding for the application. Member Rogers chose to partially fund the application at \$65,000. There was discussion that their application response needed improvements, and they should articulate specific outcome measurements and records of expenditures.

SMA Residential Treatment Services

All members present agreed to choose full funding for the application.

SMA Psychiatric/Homeless Services

All members present agreed to choose full funding for the application.

SMA Baker Act

All members present agreed to choose full funding for the application.

Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach

All members present agreed to choose full funding for the application.

HSCFV Family Services Coordinator

All members present agreed to choose full funding for the application.

Rising Against All Odds HIV/Aids/Outreach

All members present agreed to choose full funding for the application except Member Rogers who recommended partial funding of \$100,000.

Creative Living, Inc.

There was discussion regarding a need for autistic services, but several members voiced concern regarding the completeness and clarity of the application and if it met the legislative purpose of the WVHA. Vice Chair King stated the application did not meet the criteria of what the CAC and WVHA are charged to do. Ms. Tebo said she did not view the application as complete; that the WVHA reimbursement rate was not stated; that the Medicaid reimbursement rate was not provided as requested; that required documentation was missing; and that all agencies except Creative Living were present at the Q & A meeting.

The following members chose not to fund the application: Member Owens, Member Kiser, Vice Chair King, Member Rogers, and Member Mercier.

Member Brown chose to fully fund the application.

Chair Hibel chose to partially fund the application at \$50,000. Member Lewis chose to partially fund the application at \$65,000. Member Valdivia chose to partially fund the application at \$60,000.

Foundations to Freedom

The following members chose to fully fund the application: Member Owens, Member Lewis, Member Brown, Chair Hibel, and Member Valdivia.

Member Kiser chose not to fund the request because the application was not compliant, lack of specific programming in their budget, high indirect costs, and concerns regarding staff qualifications.

Member Owens left the meeting.

There was discussion regarding the number of people that might be served by the program.

Vice Chair King chose to partially fund the application at \$150,000. Member Rogers chose to partially fund the application at \$100,000 due to the limited numbers of clients served and uncertainty if it met the mission of the WVHA. Member Mercier chose to partially fund the application at \$125,000 due to lack of formal staff qualifications.

Barb Girtman affirmed the services are Medicaid reimbursable and therefore meets the mission of the WVHA; that staff are currently going through the certification process; that the west side doesn't have this type of service; that addiction counseling is a critical need in Volusia County; and that they addressed the issue raised at the previous CAC meeting regarding storage of client medications.

Kelly Haynes, COO of Foundations to Freedom, noted the specific number of employees currently certified and said that by the time the application might be funded, all employees would be certified.

Application Process for Next Year

Ms. Tebo said she would like to extend the process next year so that the CAC has more time to review applications, and they wouldn't have to meet three times in a single month; that there needs to be a hard deadline for submittal of all required documentation so that there are not items such as insurance certificates coming in after the CAC has received the applications; that members had mentioned throughout application review that agencies needed to specify outcomes in their submittals; that meetings be more structured with time limits amongst organizations to ensure fairness; that a mandatory pre-application meeting be instituted, so the agencies understand ahead of time what is required and expected; that the CAC come up with a rubric to address scoring the applications in a more objective manner; and that she would like to schedule an additional meeting in a few months to

discuss the suggestions.

Member Kiser noted that agency budgets should be tied to deliverables specific to WVHA funding, and outcomes for the project funded by WVHA should not be the same as the oversight agency requires. She clarified the rubric would include how much weight goes to different components of the application.

Member Lewis stressed that the agencies specify that they would be utilizing funding to address needs itemized in the latest community health needs assessment. She added that agencies should ask themselves if their goals align with the purpose of the WVHA before applying. She stated that improving the process is meant to protect the WVHA and the people served in the community.

There was discussion regarding one person being designated as a compliance officer that would review and ensure all required documentation is obtained, and that the documentation would not necessarily have to be reviewed by all members.

Member Rogers suggested the following changes to the application: reduction of specified required documents, one set of supporting documents per agency, a pdf of the agencies' latest 990, only including salaries of the top three to five officials in each agency, separating cash completely from in-kind in the budget, inclusion of site visit reports, and bullet points on the application rather than a lengthy narrative.

Member Mercier said if a currently funded agency is applying, they could include a report of what they did in a prior year. Chair Hibel noted that each agency submits an annual report to the Board and speaks at scheduled WVHA meetings throughout the year.

Member Brown said he would like to see a paperless application in the future.

There was discussion that an improved process would provide more credibility for the WVHA.

Ms. Tebo said they would need time to present the CAC's recommendations to the WVHA Board of Commissioners and Attorney Small.

Member Kiser left the meeting.

Member Rogers moved to recommend to the Board that they authorize an additional CAC meeting. Member Mercier seconded the motion. The motion passed 7-0-3.

CAC Comments

The members offered their closing comments and thanked the agencies for their submissions.

Adjournment

There being no further business before the Committee, the meeting was adjourned at 6:46 p.m.

Taylor Hibel, CAC Chair

CAC Final Ranking 5/23/2023 for Applicants 2023-2024

A = Fund at 100% B = Not fund C = Fund, but not at requested amount. Instead, fund at \$ _____

Applicant	Amount	Hibel	King	Lewis	Brown	Rogers	Owens	Mercier	Kiser	Valdivia
FDOH Dental Services	\$150,000.00	A	A	A	A	A	A	A	A	A
The Neighborhood Center (TNC) Outreach	\$125,000.00	A	C-\$100,000	A	A	A	A	A	C-\$100,000	A
THND Therapeutic Services	\$45,000.00	A	A	A	A	A	A	A	A	A
SMA Emergency Behavioral	\$300,000.00	A	A	A	A	A	A	A	A	A
SMA Psychiatric / Homeless	\$90,000.00	A	A	A	A	A	A	A	A	A
SMA Residential	\$550,000.00	A	A	A	A	A	A	A	A	A
Community Legal Services	\$105,833.00	A	C-\$100,000	A	A	A	A	A	C-\$105,794	A
HSCFV Outreach	\$81,560.00	A	A	A	A	A	A	A	A	A
HSCFV Family Service Coordinator	\$76,331.00	A	A	A	A	A	A	A	A	A
Hispanic Health Initiative	\$75,000.00	A	A	A	A	C- \$65,000	A	A	A	A
RAAO HIV/Outreach	\$167,682.52	A	A	A	A	C -\$100,000	A	A	A	A
Creative Living, Inc.	\$100,000.00	C-\$50,000	B	C-\$65,000	A	B	B	B	B	C-\$60,000
Foundations to Freedom	\$250,000.00	A	C-\$150,000	A	A	C -\$100,000	A	C-\$125,000	B	A

Ella Ran - absent

WVHA/CAC Ranking Sheet

CAC Member: Taylor Hibel

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00

A

The FDOH Dental Services program fills a gap in key preventative healthcare especially with Greenberg Dental closing.
The application meets all of our requirements and all of our questions were answered by the FDOH representative.

The Neighborhood Center Outreach-Access to Care \$125,000.00

A

The Neighborhood Center is providing holistic care to unhoused individuals in our community and does an excellent job collaborating with other partners in care. The application meets all of our requirements and all of our questions were answered by the NHC representative.

The House Next Door Therapeutic \$45,000.00

A

The House Next Door has increased staffing and made their services accessible and welcoming to underserved individuals in our community. The application meets all of our requirements and all of our questions were answered by NHD representative.

Community Legal Services of Mid-Florida \$105,833

A

Community Legal Services of Mid-Florida saves the WVHA money by ensuring that people in our community have access to their SSI/SSA benefits. CLSMF has also been intentional about outreach to spread the word about their services and they are active in collaborating with other partners in care. The application meets all of our requirements and all of our questions were answered by the CLSMF representative.

	Hispanic Health Initiative \$75,000.00	A
	Hispanic Health Initiative is going above and beyond to meet community members where they are at to provide culturally competent and responsive health education. The application meets all of our requirements and all of our questions were answered by the HHI representative.	
	SMA Residential \$550,000.00	A
	SMA fills a key need in our county in terms of access to behavioral healthcare. The application meets all of our requirements and all of our questions were answered by the SMA representative.	
	SMA Psychiatric/Homeless \$90,000.00	A
	SMA fills a key need in our county in terms of access to behavioral healthcare. The application meets all of our requirements and all of our questions were answered by the SMA representative.	
		A
	SMA Baker Act \$300,000.00	
	SMA fills a key need in our county in terms of access to behavioral healthcare. The application meets all of our requirements and all of our questions were answered by the SMA representative.	
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	A
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach application meets all of our requirements and all of our questions were answered by HSCFV representative.	
	HSCFV Family Services Coordinator \$76,331.00	A
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach application meets all of our requirements and all of our questions were answered by HSCFV representative.	
		A

Rising Against All Odds \$167,682.52	
Rising Against All Odds is providing an essential health service for our community in an accessible and culturally competent manner. They are responsive to feedback and community needs. The RAAO application meets all of our requirements and all of our questions were answered by the RAAO representation.	
Creative Living, Inc. \$100,000	C, \$50,000
While there is a clear need for behavioral health and speech services in our county, this application was not thorough and the representative was not able to answer all of our questions so I recommend partial funding at \$50,000.	
Foundations to Freedom \$250,000	A
Foundations to Freedom is filling an essential need in our community especially with women and foster youth experiencing housing insecurity. The Foundations to Freedom application meets all of our requirements and all of our questions were answered by the representative.	

WVHA/CAC Ranking Sheet

CAC Member: **Althea King**

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00	A
Met Guidelines but need next year clear outcome measurements to reflect money allocated.	
The Neighborhood Center Outreach-Access to Care \$125,000.00	C
Need clear records to directly reflect funding requested and measurement	\$100,000
The House Next Door Therapeutic \$45,000.00	A
Met Guidelines	
Community Legal Services of Mid-Florida \$105,833	C
Increased amount requested not justified due to inability to tie funding to service	100,000

	Hispanic Health Initiative \$75,000.00	A
	Request next year to have clear outcome measurements and records of expenditures	
	SMA Residential \$550,000.00	A
	Met Guidelines	
	SMA Psychiatric/Homeless \$90,000.00	A
	Met Guidelines	
	SMA Baker Act \$300,000.00	A
	Met Guidelines	
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	A
	Met Guidelines	
	HSCFV Family Services Coordinator \$76,331.00	A
	Met Guidelines	
		A

	Rising Against All Odds \$167,682.52	
	Met Guidelines	
	Creative Living, Inc. \$100,000	B
	Doesn't meet guidelines of population serviced by WVHA	
		A
	Foundations to Freedom \$250,000	
	Met Guidelines	

- 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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00	A
Application is in compliance.	
Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
The Neighborhood Center Outreach-Access to Care \$125,000.00	A
Application is in compliance.	
Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
The House Next Door Therapeutic \$45,000.00	A
Application is in compliance.	
Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
Community Legal Services of Mid-Florida \$105,833	A
Application is in compliance.	
Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	

	Hispanic Health Initiative \$75,000.00	A
	Application has a few mathematical errors, but is otherwise in compliance.	
	Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
	SMA Residential \$550,000.00	A
	Application is in compliance.	
	Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
	SMA Psychiatric/Homeless \$90,000.00	A
	Application is in compliance.	
	Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
	SMA Baker Act \$300,000.00	A
	Application is in compliance.	
	Program meets demonstrated need as outlined in the Comprehensive Community Needs Survey.	
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	A
	Application is in compliance.	
	Program meets demonstrated need as outlined in Comprehensive Community Needs Survey.	
	HSCFV Family Services Coordinator \$76,331.00	A
	Application is in compliance.	
	Program meets community demand as outlined in the most recent Comprehensive Community Needs Survey.	
		A

Rising Against All Odds \$167,682.52	
Application is in compliance.	
Program meets demonstrated need as outlined in most recent Comprehensive Community Needs Study	
Creative Living, Inc. \$100,000	C
Incomplete Application, Meets community need, Better information for outcomes/measurements needed.	\$65,000
Program meets demonstrated need as outlined in most recent Comprehensive Community Needs Study	
Foundations to Freedom \$250,000	A
Application is in compliance	
Program meets demonstrated need as outlined in Comprehensive Community Medical Needs Study	

WVHA/CAC Ranking Sheet

CAC Member: Christian Brown

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

	Florida Department of Health Dental Services \$150,000.00	A
	The Neighborhood Center Outreach-Access to Care \$125,000.00	A
	The House Next Door Therapeutic \$45,000.00	A
	Community Legal Services of Mid-Florida \$105,833	A

	Hispanic Health Initiative \$75,000.00	A
	SMA Residential \$550,000.00	A
	SMA Psychiatric/Homeless \$90,000.00	A
	SMA Baker Act \$300,000.00	
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	A
	HSCFV Family Services Coordinator \$76,331.00	A
		A

	Rising Against All Odds \$167,682.52	
	Creative Living, Inc. \$100,000	C
	\$60,000	
	Creative Living has demonstrated they are filling a vital need. It quite does'nt fall under the WVHA's mission	
	Foundations to Freedom \$250,000	A

WVHA/CAC Ranking Sheet

CAC Member: Patrick Rogers

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

		A, B or C
	Florida Department of Health Dental Services \$150,000.00	A
	A) Fund at 100% Dental health is fundamental to overall health, very limited other providers	
	The Neighborhood Center Outreach-Access to Care \$125,000.00	A
	A) Fund at 100% TNC increases access to services and coordination with multiple services/agencies for high need population	
	The House Next Door Therapeutic \$45,000.00	A
	A) Fund at 100% Addresses critical needs	
	Community Legal Services of Mid-Florida \$105,833	A
	A) Fund at 100% Enables high service utilizing clients to leverage other funding services	

Hispanic Health Initiative \$75,000.00	C
HHI does good work, but financials needed clarification in future applications	\$ 65,000
2022 income was \$134,390.94, but this year is budgeted at \$75K from WVHA only	
Had a net of \$26,563 or 19.8% in 2022	
SMA Residential \$550,000.00	A
A) Fund at 100% High need, Agency has exceeds available funding. Leverages other funding	
SMA Psychiatric/Homeless \$90,000.00	A
A) Fund at 100% High need, Agency has exceeds available funding. Leverages other funding	
SMA Baker Act \$300,000.00	A
A) Fund at 100% High need, Agency has exceeds available funding. Leverages other funding	
Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	A
A) Fund at 100%	
Comprehensive approach in dealing with healthy as well as high risk pregnancy, post partum and follow up care. Increase potential for healthy pregnancy and birth outcomes.	
HSCFV Family Services Coordinator \$76,331.00	A
A) Fund at 100%	
Enables early intervention and support, creating better long term outcomes	
Early intervention significantly reduces long term health care issues and expenses	

Rising Against All Odds \$167,682.52	C
Very good reputation/experience with WVHA	\$100,000
Previous 5 years had \$1.25M net income over expense	
End of 2022 had over \$1.07 in bank ~ 10.6 months of expense	
Full funding may not be needed at this time	
2022 Financial statements not provided with the application	
Creative Living, Inc. \$100,000	B
Although a needed service, I don't believe it fits the mission of WVHA	
Foundations to Freedom \$250,000	C *
New service - in expansion mode	tentative \$100,000
in process of becoming a licensed facility	
* Would like Board confirmation that this does fit under the mission of WVHA	

WVHA/CAC Ranking Sheet

CAC Member: LORNA Owens

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

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- 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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00

They only do emergency - no preventive care
Staff was knowledgeable about the service
provided. However, patient would have to
go to another provider for routine care.
I would love to see them do routine dental care.

A

The Neighborhood Center Outreach-Access to Care \$125,000.00

A

The House Next Door Therapeutic \$45,000.00

The serve the working poor. They
even provide service for pets
as young as one year old. Staff
well trained.

A

Community Legal Services of Mid-Florida \$105,833

A

Hispanic Health Initiative \$75,000.00

They are almost down to
down contact with their client
They know their population very well

A

SMA Residential \$550,000.00

May is mental health month. Since
Covid we are seeing more & more persons
in need of psychiatric and psychological
services

A

SMA Psychiatric/Homeless \$90,000.00

This is a difficult population & I would
like to see more outreach

A

SMA Baker Act \$300,000.00

This entity is being evaluated
with the two above

A

Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00

Maternal & infant mortality is quite
high in Florida. This organization
is needed to help reduce maternal &
infant mortality.

A

HSCFV Family Services Coordinator \$76,331.00

This entity does need to expand
to the best as reasonable.

A

Rising Against All Odds \$167,682.52

I made a phone call to this entity.
Based on the population they served
I want to see how ~~can~~ professional caring
they would send. I found them very helpful.
The video was helpful. This group might want

A

Creative Living, Inc. \$100,000

\$30K

This entity is new and I am not sure
they all their therapist and curriculum together.
They amount is almost their total
Budget

to increase
budget

C

Foundations to Freedom \$250,000

A

→ I had concerns about this entity
and the way they handled or not
clients Medication. I was pleasantly
surprised that they did a quick
easy fix.

WVHA/CAC Ranking Sheet

CAC Member: **Joanna Mercier**

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00

Uncared for dental needs can lead to poor utilization of emergency department resources and can lead to more serious health problems including heart disease. Funding this organization which anticipates a decrease in it's funding will benefit West Volusia residents by decreasing unnecessary ER visits, saving tax dollars and promoting healthy dental care.

A

The Neighborhood Center Outreach-Access to Care \$125,000.00

The Neighborhood Center is an outstanding resource for the homeless population of West Volusia County. It serves as a center for a meals and shelter as well as benefit assistance to those in the homeless community. The referral system that will be implemented as a result of these funds will further streamline services allowing clients have access to other providers in the area so they don't have to use the ER for non emergencies

A

The House Next Door Therapeutic \$45,000.00

The House Next Door is a huge benefit to West Volusia County residents. With so few mental health resources in our state, any program that offers mental health should be strongly considered for funding and this program is no exception. The proposed outcomes are measurable and realistic.

A

Community Legal Services of Mid-Florida \$105,833

Many clients within the WVHA system suffer from chronic illnesses that keep them from being able to work. The benefit of this program to the WVHA clients allows them to be screened for and assisted with getting SSI/Disability/Medicaid/Veteran benefits thereby saving West Volusia tax payer dollars and securing benefits from the state and tapping into Veteran's benefits where applicable.

A

Hispanic Health Initiative \$75,000.00	
Taking Care of My Health/Cuidando Mi Salud	A
Hospitals and emergency departments see a multitude of patients who have uncontrolled, chronic illnesses such as diabetes and hypertension. These illnesses in the uninsured equals hundreds of thousands of tax payer dollars. Funding this program will not only save West Volusia County tax payers but meet the cultural and health needs of this patient population.	
SMA Residential \$550,000.00	
Men's residential	A
This facility provides the opportunity for men develop a program for life that leads to clean time and sobriety. A sober/clean lifestyle allows for circumstances to develop life skills and training that lead to jobs thereby becoming a productive member of society. This new life can lead to employment and the benefits associated with employment therefore allowing for them to rely less on tax supported benefits. Proposed outcomes are measurable and realistic.	
SMA Psychiatric/Homeless \$90,000.00	
Psychiatric Outpatient-The process at SMA outpatient is a comprehensive program. The proposed outcomes are measurable and realistic. The program meets clients where they are-either at SMA or MiCare for ease of access. Mental health is just as important as physical health. Those whose mental health is stabilized are able to manage chronic illness as well leading to a decrease in unnecessary ER visits. Stable mental health also leads to a decrease in incarcerations and homelessness	A
SMA Baker Act \$300,000.00	
This is the only public Baker Act receiving facility for Volusia and Flagler Counties allowing for law enforcement and families access to voluntary or involuntary mental health screening and stabilization thereby avoiding inappropriate usage of emergency departments. I appreciate the training that SMA provides to law enforcement agencies allowing law enforcement to identify those in mental health crisis and transporting them to appropriate mental health facilities and not jail. Outcomes are measurable and realistic. Furthermore SMA had exceeded these benchmarks FY 21-22.	A
Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	
Funding for CARE specialist position to provide outreach and intensive services increasing healthcare access to services allowing for healthy pregnancies, post-partum care, and pediatric follow up particularly in those with substance abuse or untreated mental illness. This organization has exceeded their preset screening goals for 2021-22 and has measurable and realistic outcomes for FY 23-24. Assisting this high risk and vulnerable population is resources for food and housing insecurity, mental health, substance abuse, and follow up pediatric care decreases hospitalization costs due to prematurity, low birth weight, and addicted	A

newborns.	
HSCFV Family Services Coordinator \$76,331.00	
Continued service for coordinator to assist women (preconception, pregnant, or post-partum) in getting	A
access to healthcare. The coordinator meets the client's in the community and has been looking at ways	
to make services more easily accessible to clients. The number of women in Volusia County who do not	
have access to prenatal care is staggering. This problem should not go unchecked and this request	
needs to be supported.	
Proposed outcomes are measurable and realistic	
Rising Against All Odds \$167,682.52	
The funds requested will be used to increase access and ease availability of testing, community based	A
outreach, and improve self-management in those living with or at high risk for HIV. Community organizations	
such as this promote health equality and services to the West Volusia County residents saving tax dollars	
that would otherwise go towards paying for hospitalization/ER visits from complications due to this	
disease process.	
Proposed outcomes are measurable and realistic	
Creative Living, Inc. \$100,000	
This program provides OT/PT/ST and behavior therapies for Autistic individuals. While it is an absolutely	B
worth while organization, it does not particularly meet the needs of the target population of the indigent residents	
of West Volusia County. The proposal does not have any measurable outcomes and there are no	
licensed/medical personnel qualifications listed. Lastly, proposed revenue is not disclosed.	
Foundations to Freedom \$250,000	B
With the mounting mental health and substance abuse problem in West Volusia County a sober living house is a much	
needed resource in our area. With that being said I have concerns of the lack of formal qualifications of the	
case manager/case coordinators other than sober/clean time which may be a liability and disservice to the clients.	

WVHA/CAC Ranking Sheet

CAC Member: **Lyda Kiser**

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00	A
reasonable cost per patient; p. 5 - #s served and # visits are outputs, not outcomes and they do not	150,000
give target numbers; p.5E - makes no sense; budget p. 7&8 how does THIS \$\$ get spent?	
Only because I know the challenges of dental care & the cost of NOT providing it = NOT because the	
submission showed the need	
level funding request	
The Neighborhood Center Outreach-Access to Care \$125,000.00	C
This submission was low-quality and did not even answer the questions asked; I recognize they are a	100,000
known entity but they (C) not specific to THIS program; how will they increase #s without more staff?	
is all "referral" not services; (D) Outcomes not provided; why no org chart? Budget not clear - where are	
the other funds coming from? state on p. 11 but unclear how this relates to this request - did not answer C	
increased funding request	
The House Next Door Therapeutic \$45,000.00	A
a high-need service; p. 4 D - NO actually measurabel outcomes in this application	\$45,000
budget is clear on what WVHA is funding	
**recommend only funding if they provide outcome measures	
This is a reduced request by \$15,000	
Community Legal Services of Mid-Florida \$105,833	C
P4 D - just outputs, not outcomes; no mention of assisting those losing Medicaid in outcomes; do client sign an	105,794
agreement for data collection? p.8D - confusing b/c they said they help people get cards	
Budget not tied to program goals or outcomes	

	slight increase in request	
	Hispanic Health Initiative \$75,000.00	A
	P. 6 - no measures/outcomes need to provide these; Budget amounts don't match request or budget (p12)	\$75,000
	**recommend only funding if they provide outcome measures	
	level funding request	
	SMA Residential \$550,000.00	A
	Response to D - Outcomes STILL doesn't make sense since they are meeting them	550,000
	level funding request	
	SMA Psychiatric/Homeless \$90,000.00	A
	Again, low target numbers;	\$90,000
	Increase from 78,336 (15%)	
	SMA Baker Act \$300,000.00	A
	The "managing entity" is not a good enough response for why specific targets are selected; oucomes	300,000
	are outputs and do not relate to the request for funding; budget - did not list other local funding	
	What is THIS funding paying for? it SHOULD NOT be for interest on debt	
	level funding request	
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	A
	This was the most complete of all applications submitted	81,560
	HSCFV Family Services Coordinator \$76,331.00	A
	p. 4 D - need more than just "receive information" on the 4th item	76,331
	p. 10 - budget does not add up - \$60,345 in expenses but request is \$76,331 (appears they separated	
	payroll taxes & benefits from total personnell costs but did not bole this OR admin/Other totals	
	level funding request	
	Rising Against All Odds \$167,682.52	A
	what are the expenses for charitable contributions?	167,683
	This org does not look for additional funding - need a volunteer grant person	

Creative Living, Inc. \$100,000	C
Did not attend meeting (NOT a reason not to fund);	25,000
Should know cost per unit, or give estimate like Hispanic Health did; unclear about services - know there are few for adults with autism, but hard to figure out; vague outcomes (are outputs) & industry standards	
p. 6 - Budget unclear, added in job coaching on P 7, Budget narrative makes no sense on p. 8	
Foundations to Freedom \$250,000	B**
This submission did not follow instructions; Budget did not provide information and does not specifically address West Volusia residents; budget is not for a specific program but as general funds for entire organization; indirect costs are EXTREMELY high; janitorial & landscaping services are NOT utilities; Need a revised budget and goals for specific programming aspect; **suggest programming at not more than 10% of costs (\$100,000) IF revised budget provided and specific outcome measures provided;	

WVHA/CAC Ranking Sheet

CAC Member: **Maria Valdivia**

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
APPLICANTS APPLYING FOR 2023-2024 FUNDING

A, B or C

Florida Department of Health Dental Services \$150,000.00

Its a need in the community and if gets defunded a lot of families will struggle even more and may be get more serious

A

The Neighborhood Center Outreach-Access to Care \$125,000.00

This center has been and it's a crucial access to services in the community although I think, need to be more specific of

A

The House Next Door Therapeutic \$45,000.00

Provides a a primary need of counseling and mental health services.

A

Community Legal Services of Mid-Florida \$105,833

Needs more clarity on where and how the money is spent and may be increase the outreach for veterans so

A

	Hispanic Health Initiative \$75,000.00	
	They provide crucial information and education on how to make decisions about health and care options available in	A
	SMA Residential \$550,000.00	
	A much needed program for substance abuse illness and mental health.	A
	SMA Psychiatric/Homeless \$90,000.00	
		A
	SMA Baker Act \$300,000.00	
		A
	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	
		A
	Provides outreach and services for the families in West Volusia to have healthcare access	
	HSCFV Family Services Coordinator \$76,331.00	
		A
	Ensures access to healthcare and health insurance for women, infants and young children	
		A

	Rising Against All Odds \$167,682.52	
	They do a good service to the West Volusia providing rapid test for HIV, also promotes awareness and prevention.	
	Creative Living, Inc. \$100,000	
		C
	Although the service is needed is not clear to me how the agency is going to measure or present future results of this	
	Foundations to Freedom \$250,000	
		A
	They facilites and the program they offer for recovery in response of the need in West Volusia is crucial to better the life and health	



EBMS

June 15, 2023

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

5/1/2023 to 5/31/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	6889		Charges	\$5,163,771	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,525,313	Addl Info Not Provided	\$282	0.01%
Medical	\$626,688	\$485	Allowed	\$638,458	Duplicate Charges	\$206,221	3.99%
Professional	\$203,824	\$158	less Member	\$13,082	Plan Limitations	\$1,475,526	28.57%
Facility	\$422,864	\$327	less Adjustments	-\$1,311	Cost Savings	\$2,837,448	54.95%
PBM	\$0	\$0	Paid Benefit	\$626,688	UCR Reductions	\$86	0.00%
Total Plan Paid:	\$626,688	\$485	plus Admin Costs	\$324,681	Other	\$5,749	0.11%
			Total Plan Paid:	\$951,368	Total:	\$4,525,313	87.64%

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
5/31/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	26	24	50	0	0	0	0	50	0	0
20 to 25	19	27	46	0	0	0	0	46	0	0
26 to 29	27	17	44	0	0	0	0	44	0	0
30 to 39	105	98	203	0	0	0	0	203	0	0
40 to 49	129	180	309	0	0	0	0	309	0	0
50 to 59	171	215	386	0	0	0	0	386	0	0
60 to 64	84	98	182	0	0	0	0	182	0	0
65 and Older	25	47	72	0	0	0	0	72	0	0
Totals	586	706	1292	0	0	0	0	1292	0	0
Average Age	46.44	48.52	47.57	0.00	0.00	0.00	0.00	47.57	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 5/31/2023	Employee	Spouse	Dependent
Halifax Hospital Medical	22	\$200,709	0 to 19	\$1,452	\$0	\$0
Adventhealth Deland	85	\$86,544	20 to 25	\$7,875	\$0	\$0
Medical Center Of Deltona	15	\$55,080	26 to 29	\$9,493	\$0	\$0
Adventhealth Fish	56	\$48,513	30 to 39	\$55,658	\$0	\$0
Deland Dialysis	33	\$24,109	40 to 49	\$207,758	\$0	\$0
Florida Cancer Specialists	95	\$23,556	50 to 59	\$227,199	\$0	\$0
Quest Diagnostics Tampa	291	\$18,837	60 to 64	\$85,599	\$0	\$0
6 Radiology Associates	130	\$13,454	65 and Older	\$31,653	\$0	\$0
Halifax Health	14	\$10,964	Totals	\$626,688	\$0	\$0
Orange City Surgery	19	\$7,628				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 22	\$888,512	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 22	\$889,529	Medical	\$20,105	54	\$1,085,670
December 22	\$594,774	Vision	\$0	19	\$0
January 23	\$600,914	RX	\$0	0	\$0
February 23	\$634,112	Total:			\$1,085,670
March 23	\$1,002,816				
April 23	\$537,130				
May 23	\$626,688				
Total:	\$5,774,475				



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

5/1/2023 to 5/31/2023

Benefit Plan: All

Location:

All

TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ANESTHESIA	47	\$92,121	\$76,660	\$15,461	\$0	\$0	\$15,461	2.47%
CHIROPRACTIC	3	\$136	\$75	\$61	\$10	\$0	\$51	0.01%
COVID-19	70	\$6,402	\$6,110	\$292	\$0	\$0	\$292	0.05%
DIALYSIS	58	\$766,754	\$739,262	\$27,493	\$0	\$0	\$27,493	4.39%
DME/APPLIANCE	10	\$3,315	\$3,315	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	381	\$731,943	\$641,332	\$90,612	\$3,509	\$0	\$87,103	13.90%
INELIGIBLE	689	\$475,813	\$475,813	\$0	\$0	\$0	\$0	0.00%
INPATIENT PHYS	244	\$65,499	\$53,346	\$12,154	\$20	\$0	\$12,134	1.94%
IP HOSP CHARGES	41	\$1,402,834	\$1,193,848	\$208,986	\$700	\$0	\$208,286	33.24%
MEDICAL MISC	19	\$11,807	\$10,119	\$1,689	\$40	\$0	\$1,649	0.26%
OFFICE VISIT	787	\$89,934	\$54,271	\$35,663	\$3,080	\$0	\$32,583	5.20%
OP PHYSICIAN	199	\$188,007	\$176,156	\$11,851	\$243	\$0	\$11,608	1.85%
OTHER	264	\$368	\$368	\$0	\$0	-\$1,311	\$1,311	0.21%
OUTPAT HOSP	4	\$3,712	\$3,695	\$17	\$17	\$0	\$0	0.00%
PSYCHIATRIC	104	\$59,139	\$38,356	\$20,783	\$470	\$0	\$20,313	3.24%
RADIATION /CHEMO	73	\$81,250	\$68,203	\$13,047	\$0	\$0	\$13,047	2.08%
REHAB	1	\$30,353	\$30,353	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	5	\$49,284	\$35,578	\$13,706	\$0	\$0	\$13,706	2.19%
SURG FACILITY	60	\$399,498	\$315,383	\$84,115	\$925	\$0	\$83,190	13.27%
SURGERY	233	\$34,287	\$31,426	\$2,861	\$0	\$0	\$2,861	0.46%
SURGERY IP	29	\$37,977	\$34,987	\$2,989	\$0	\$0	\$2,989	0.48%
SURGERY OP	35	\$68,966	\$57,113	\$11,853	\$0	\$0	\$11,853	1.89%
THERAPY	242	\$23,925	\$14,933	\$8,992	\$800	\$0	\$8,192	1.31%
URGENT CARE	9	\$2,945	\$2,142	\$803	\$200	\$0	\$603	0.10%
VISION	2	\$394	\$394	\$0	\$0	\$0	\$0	0.00%
WELLNESS	1022	\$53,055	\$41,808	\$11,247	\$0	\$0	\$11,247	1.79%
XRAY/ LAB	2730	\$484,051	\$420,268	\$63,783	\$3,068	\$0	\$60,715	9.69%
Totals:	7361	\$5,163,771	\$4,525,313	\$638,458	\$13,082	-\$1,311	\$626,688	



Executive Summary for 00532

Client:

West Volusia Hospital Authority

Department: All

Paid Dates:

10/1/2022 to 5/31/2023

Benefit Plan: All

Location:

All

TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	66651		Charges	\$45,939,135	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$39,998,842	Addl Info Not Provided	\$346,217	0.75%
Medical	\$5,774,475	\$559	Allowed	\$5,940,293	Duplicate Charges	\$1,377,528	3.00%
Professional	\$2,179,976	\$211	less Member	\$118,252	Plan Limitations	\$6,311,234	13.74%
Facility	\$3,594,499	\$348	less Adjustments	\$47,565	Cost Savings	\$31,891,296	69.42%
Other	\$0	\$0	Paid Benefit	\$5,774,475	UCR Reductions	\$1,669	0.00%
PBM	\$0	\$0	plus Admin Costs	\$2,221,147	Other	\$70,898	0.15%
Vision	\$0	\$0	Total Plan Paid:	\$7,995,622	Total:	\$39,998,842	87.07%
Total Plan Paid:	\$5,774,475	\$559					

Census										
Census Date:	Male	Female	Total	Male	Female	Male	Female	Total	Total	Total
5/31/2023	Emp	Emp	Employees	Spouse	Spouse	Dep	Dep	Medical	Dental	Vision
0 to 19	26	24	50	0	0	0	0	50	0	0
20 to 25	19	27	46	0	0	0	0	46	0	0
26 to 29	27	17	44	0	0	0	0	44	0	0
30 to 39	105	98	203	0	0	0	0	203	0	0
40 to 49	129	180	309	0	0	0	0	309	0	0
50 to 59	171	215	386	0	0	0	0	386	0	0
60 to 64	84	98	182	0	0	0	0	182	0	0
65 and Older	25	47	72	0	0	0	0	72	0	0
Totals	586	706	1292	0	0	0	0	1292	0	0
Average Age	46.44	48.52	47.57	0.00	0.00	0.00	0.00	47.57	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 5/31/2023	Employee	Spouse	Dependent
Adventhealth Deland	765	\$1,047,014	0 to 19	\$29,608	\$0	\$0
Halifax Hospital Medical	124	\$849,484	20 to 25	\$127,029	\$0	\$0
Adventhealth Fish	571	\$764,777	26 to 29	\$53,517	\$0	\$0
Medical Center Of Deltona	168	\$444,600	30 to 39	\$376,560	\$0	\$0
Florida Cancer Specialists	794	\$433,033	40 to 49	\$1,586,808	\$0	\$0
Deland Dialysis	661	\$291,262	50 to 59	\$2,199,116	\$0	\$0
Quest Diagnostics Tampa	2992	\$185,609	60 to 64	\$848,056	\$0	\$0
6 Radiology Associates	1185	\$144,012	65 and Older	\$553,781	\$0	\$0
Orange City Surgery	153	\$86,946	Totals	\$5,774,475	\$0	\$0
Gastroenterology Of	542	\$75,833				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
October 22	\$888,512	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
November 22	\$889,529	Medical	\$20,105	54	\$1,085,670
December 22	\$594,774	Vision	\$0	19	\$0
January 23	\$600,914	RX	\$0	0	\$0
February 23	\$634,112	Total:			\$1,085,670
March 23	\$1,002,816				
April 23	\$537,130				
May 23	\$626,688				
Total:	\$5,774,475				



Executive Summary for 00532

Client: West Volusia Hospital Authority
 Paid Dates: 10/1/2022 to 5/31/2023
 Location: All
 Department: All
 Benefit Plan: All
 TIN: All

Benefit Analysis								
Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALLERGY CARE	5	\$3,090	\$2,026	\$1,064	\$0	\$0	\$1,064	0.02%
AMBULANCE	23	\$50,670	\$50,670	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	529	\$750,473	\$667,194	\$83,278	\$0	\$0	\$83,278	1.44%
CHIROPRACTIC	89	\$4,341	\$2,441	\$1,901	\$360	\$0	\$1,541	0.03%
COVID-19	311	\$65,044	\$58,994	\$6,050	\$0	\$0	\$6,050	0.10%
DIALYSIS	1101	\$7,066,004	\$6,653,538	\$412,466	\$0	\$0	\$412,466	7.14%
DME/APPLIANCE	60	\$22,112	\$22,112	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	4349	\$6,590,530	\$6,018,150	\$572,380	\$24,951	\$0	\$547,429	9.48%
HOME HEALTH CARE	10	\$24,099	\$23,126	\$974	\$0	\$0	\$974	0.02%
HOSPICE CARE	3	\$18,087	\$18,087	\$0	\$0	\$0	\$0	0.00%
INELIGIBLE	3470	\$2,318,957	\$2,318,551	\$406	\$0	\$0	\$406	0.01%
INPATIENT PHYS	2287	\$588,404	\$460,852	\$127,552	\$20	\$0	\$127,532	2.21%
IP HOSP CHARGES	542	\$13,611,767	\$11,817,654	\$1,794,113	\$10,300	\$0	\$1,783,813	30.89%
MATERNITY	13	\$15,000	\$15,000	\$0	\$0	\$0	\$0	0.00%
MEDICAL MISC	217	\$115,240	\$91,524	\$23,716	\$643	\$0	\$23,073	0.40%
OFFICE VISIT	7024	\$950,335	\$574,448	\$375,887	\$31,510	\$0	\$344,377	5.96%
OP PHYSICIAN	1915	\$746,766	\$594,519	\$152,247	\$2,270	\$0	\$149,977	2.60%
OTHER	1936	\$40,092	\$40,092	\$0	\$0	\$47,565	-\$47,565	-0.82%
OUTPAT HOSP	127	\$169,303	\$153,451	\$15,852	\$1,430	\$0	\$14,422	0.25%
PRESCRIPTION	9	\$219	\$219	\$0	\$0	\$0	\$0	0.00%
PSYCHIATRIC	924	\$379,305	\$269,110	\$110,194	\$3,780	\$0	\$106,414	1.84%
RADIATION /CHEMO	629	\$1,401,099	\$1,044,905	\$356,194	\$44	\$0	\$356,150	6.17%
REHAB	3	\$81,924	\$67,594	\$14,330	\$0	\$0	\$14,330	0.25%
SLEEP DISORDER	12	\$669	\$669	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	22	\$238,976	\$197,203	\$41,773	\$5	\$0	\$41,768	0.72%
SURG FACILITY	522	\$4,883,719	\$4,053,990	\$829,729	\$9,798	\$0	\$819,931	14.20%
SURGERY	1623	\$307,351	\$263,139	\$44,212	\$0	\$0	\$44,212	0.77%
SURGERY IP	208	\$313,620	\$258,366	\$55,254	\$0	\$0	\$55,254	0.96%
SURGERY OP	377	\$586,906	\$457,145	\$129,761	\$0	\$0	\$129,761	2.25%
THERAPY	2292	\$222,843	\$135,677	\$87,166	\$6,850	\$0	\$80,316	1.39%
URGENT CARE	56	\$15,912	\$12,936	\$2,976	\$748	\$0	\$2,228	0.04%
VISION	14	\$2,207	\$2,207	\$0	\$0	\$0	\$0	0.00%
WELLNESS	8516	\$516,333	\$411,896	\$104,437	\$0	\$0	\$104,437	1.81%
XRAY/ LAB	28577	\$3,837,740	\$3,241,359	\$596,380	\$25,542	\$0	\$570,838	9.89%
Totals:	67795	\$45,939,135	\$39,998,842	\$5,940,293	\$118,252	\$47,565	\$5,774,475	



PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 00532

Eligibility Date: : 1/1/2023 to 5/31/2023

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
1/1/2023	1356	0	1356
2/1/2023	1334	0	1334
3/1/2023	1377	0	1377
4/1/2023	1367	0	1367
5/1/2023	1331	0	1331
Total Member Days			1,353.00



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 5/31/2023

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
De Leon Springs FL	76	0	76
Debary, FL	39	0	39
Deland, FL	561	0	561
Deltona, FL	378	0	378
Enterprise, FL	1	0	1
Lake Helen, FL	15	0	15
Orange City, FL	84	0	84
Osteen, FL	12	0	12
Pierson, FL	83	0	83
Seville, FL	30	0	30
Total	1280	0	1280



Tier Census by Product 5/1/2023

Block of Business ID: EBMSI
Client ID: 00532
Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1260	561	699	0	0	0	0	1260
		Subtotal for Active:	1260	561	699	0	0	0	0	1260
		Total for Medical:	1260	561	699	0	0	0	0	1260

Requested by: ReportScheduler from p316 data [P316]

Generated at: 15:25:24 on 01 May 2023

Jv-1.28.5.0

Yes



Tier Census by Product 5/15/2023

Block of Business ID: EBMSI
Client ID: 00532
Status: A,C,NC,R,V

Products: MM,DE,VI

00532 : West Volusia Hospital Authority

Medical	Status	Coverage Level	Total Members	Male Members	Female Members	Male Spouses	Female Spouses	Male Dependents	Female Dependents	Total Enrolled
	Active	Employee Only	1263	566	697	0	0	0	0	1263
		Subtotal for Active:	1263	566	697	0	0	0	0	1263
		Total for Medical:	1263	566	697	0	0	0	0	1263

Requested by: ReportScheduler from p316 data [P316]

Generated at: 01:30:25 on 15 May 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 5/1/2023 to 5/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ANESTHESIA	47	92,121.10	49,085.80	27,574.25	15,461.05	0.00	0.00	15,461.05	2.47%
CHIROPRACTIC	3	136.06	0.00	75.27	60.79	10.00	0.00	50.79	0.01%
COVID-19	70	6,401.91	4,498.00	1,611.61	292.30	0.00	0.00	292.30	0.05%
DIALYSIS	58	766,754.45	241,540.70	497,721.20	27,492.55	0.00	0.00	27,492.55	4.39%
DME/APPLIANCE	10	3,314.79	3,314.79	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	381	731,943.29	74,136.92	567,194.59	90,611.78	3,508.66	0.00	87,103.12	13.90%
INELIGIBLE	689	475,813.12	475,813.12	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	244	65,499.42	34,855.42	18,490.26	12,153.74	20.00	0.00	12,133.74	1.94%
IP HOSP CHARGES	41	1,402,834.15	566,010.91	627,837.27	208,985.97	700.00	0.00	208,285.97	33.24%
MEDICAL MISC	19	11,807.00	650.00	9,468.50	1,688.50	40.00	0.00	1,648.50	0.26%
OFFICE VISIT	787	89,934.30	4,671.71	49,599.28	35,663.31	3,080.00	0.00	32,583.31	5.20%
OP PHYSICIAN	199	188,006.74	41,042.58	135,113.13	11,851.03	243.46	0.00	11,607.57	1.85%
OTHER	267	368.28	324.82	43.46	0.00	0.00	-1,311.24	1,311.24	0.21%
OUTPAT HOSP	4	3,711.86	3,355.00	339.79	17.07	17.07	0.00	0.00	0.00%
PSYCHIATRIC	104	59,139.24	732.60	37,623.42	20,783.22	470.00	0.00	20,313.22	3.24%
RADIATION /CHEMO	73	81,250.29	427.00	67,775.97	13,047.32	0.00	0.00	13,047.32	2.08%
REHAB	1	30,353.00	30,353.00	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	5	49,284.27	0.00	35,578.30	13,705.97	0.00	0.00	13,705.97	2.19%
SURG FACILITY	60	399,497.87	-757.00	316,139.66	84,115.21	925.00	0.00	83,190.21	13.27%
SURGERY	233	34,287.08	0.00	31,425.86	2,861.22	0.00	0.00	2,861.22	0.46%
SURGERY IP	29	37,976.76	32,821.76	2,165.61	2,989.39	0.00	0.00	2,989.39	0.48%
SURGERY OP	35	68,965.76	12,519.67	44,593.55	11,852.54	0.00	0.00	11,852.54	1.89%
THERAPY	242	23,925.21	0.00	14,933.14	8,992.07	800.00	0.00	8,192.07	1.31%
URGENT CARE	9	2,945.00	322.00	1,819.56	803.44	200.00	0.00	603.44	0.10%
VISION	2	394.00	394.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	1022	53,054.86	663.98	41,144.03	11,246.85	0.00	0.00	11,246.85	1.79%
XRAY/ LAB	2730	484,050.93	111,020.43	309,247.71	63,782.79	3,067.56	0.00	60,715.23	9.69%
Totals for 00532	7364	5,163,770.74	1,687,797.21	2,837,515.42	638,458.11	13,081.75	-1,311.24	626,687.60	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 13:12:43 on 01 June 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
 Client ID: 00532
 Paid Date: 10/1/2022 to 5/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	5	3,090.00	0.00	2,025.51	1,064.49	0.00	0.00	1,064.49	0.02%
AMBULANCE	23	50,669.50	50,669.50	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	529	750,472.60	252,503.10	414,691.22	83,278.28	0.00	0.00	83,278.28	1.44%
CHIROPRACTIC	89	4,341.06	154.00	2,286.50	1,900.56	360.00	0.00	1,540.56	0.03%
COVID-19	311	65,043.71	19,410.00	39,584.09	6,049.62	0.00	0.00	6,049.62	0.10%
DIALYSIS	1101	7,066,003.74	-890,238.51	7,543,776.47	412,465.78	0.00	0.00	412,465.78	7.14%
DME/APPLIANCE	60	22,112.00	22,112.00	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	4349	6,590,530.14	1,905,324.74	4,112,825.01	572,380.39	24,951.26	0.00	547,429.13	9.48%
HOME HEALTH CARE	10	24,099.33	1,998.00	21,127.73	973.60	0.00	0.00	973.60	0.02%
HOSPICE CARE	3	18,086.85	18,086.85	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	3470	2,318,956.63	2,317,662.44	888.58	405.61	0.00	0.00	405.61	0.01%
INPATIENT PHYS	2287	588,404.13	240,709.93	220,141.95	127,552.25	20.00	0.00	127,532.25	2.21%
IP HOSP CHARGES	542	13,611,767.12	3,295,560.94	8,522,093.01	1,794,113.17	10,300.00	0.00	1,783,813.17	30.89%
MATERNITY	13	15,000.00	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	217	115,239.70	8,608.74	82,914.98	23,715.98	643.05	0.00	23,072.93	0.40%
OFFICE VISIT	7024	950,334.94	90,620.20	483,827.51	375,887.23	31,510.00	0.00	344,377.23	5.96%
OP PHYSICIAN	1915	746,765.56	-234,755.00	829,273.67	152,246.89	2,270.10	0.00	149,976.79	2.60%
OTHER	2088	40,092.28	40,048.82	43.46	0.00	0.00	47,565.49	-47,565.49	-0.82%
OUTPAT HOSP	127	169,302.99	-14,578.94	168,029.91	15,852.02	1,430.40	0.00	14,421.62	0.25%
PRESCRIPTION	9	218.85	218.85	0.00	0.00	0.00	0.00	0.00	0.00%
PSYCHIATRIC	924	379,304.51	65,580.38	203,529.77	110,194.36	3,780.00	0.00	106,414.36	1.84%
RADIATION /CHEMO	629	1,401,098.62	13,449.89	1,031,455.02	356,193.71	44.00	0.00	356,149.71	6.17%
REHAB	3	81,924.00	30,353.00	37,240.54	14,330.46	0.00	0.00	14,330.46	0.25%
SLEEP DISORDER	12	669.30	669.30	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	22	238,976.46	0.00	197,203.19	41,773.27	5.00	0.00	41,768.27	0.72%
SURG FACILITY	522	4,883,718.69	267,653.62	3,786,336.53	829,728.54	9,797.99	0.00	819,930.55	14.20%
SURGERY	1623	307,350.67	2,094.79	261,044.22	44,211.66	0.00	0.00	44,211.66	0.77%
SURGERY IP	208	313,619.97	121,899.59	136,466.13	55,254.25	0.00	0.00	55,254.25	0.96%
SURGERY OP	377	586,905.66	28,208.50	428,936.42	129,760.74	0.00	0.00	129,760.74	2.25%
THERAPY	2292	222,843.42	5,787.25	129,890.05	87,166.12	6,850.00	0.00	80,316.12	1.39%
URGENT CARE	56	15,912.00	6,012.00	6,924.02	2,975.98	748.06	0.00	2,227.92	0.04%
VISION	14	2,207.35	2,207.35	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	8516	516,333.25	29,178.58	382,717.29	104,437.38	0.00	0.00	104,437.38	1.81%
XRAY/ LAB	28577	3,837,739.51	457,574.31	2,783,784.91	596,380.29	25,542.14	0.00	570,838.15	9.89%

Requested by: ReportScheduler from p316 data [P316]

Generated at: 13:18:45 on 01 June 2023



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2022 to 5/31/2023

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
Totals for 00532	67947	45,939,134.54	8,169,784.22	31,829,057.69	5,940,292.63	118,252.00	47,565.49	5,774,475.14	



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2023 to 5/31/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1669	370,817.26	0.00	0.00	0.00	0.00	370,817.26
miCareDelton	1236	239,735.45	0.00	0.00	0.00	0.00	239,735.45
miCarePierse	108	16,134.89	0.00	0.00	0.00	0.00	16,134.89
N/A	72	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	3085	626,687.60	0.00	0.00	0.00	0.00	626,687.60



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2022 to 5/31/2023

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	3	-106.03	0.00	0.00	0.00	0.00	-106.03
Deltona	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	15071	3,121,682.62	0.00	0.00	0.00	0.00	3,121,682.62
miCareDelton	11729	2,437,601.85	0.00	0.00	0.00	0.00	2,437,601.85
miCarePierse	1028	215,296.70	0.00	0.00	0.00	0.00	215,296.70
N/A	243	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	28075	5,774,475.14	0.00	0.00	0.00	0.00	5,774,475.14



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 5/1/2023 to 5/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	774	0.00	0.00	0.00	0.00	0.00	0.00



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2022 to 5/31/2023

Tin	NPI	Provider	City	State	Specialty	Claim Count	Billed Charges	Over UCR	PPO Discount	Allowed	Plan Paid	Patient Resp
20-4552956	1942540356	Micare LLC	Billings	MT	Clinic	5549	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/22 to 5/31/23

Location Name	Month	Hospital	Laboratory	PCP	Specialty	Facility Physician	Total Claims Count	Total Paid Claims	Total Fixed Costs	Employee Count	PEPM Cost/ Employee	Hospital PEPM	Lab PEPM	PCP PEPM	Specialty PEPM	Facility PEPM
00532 - West Volusia Hospital Authority																
DeLand	10-2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DeLand	04-2023	\$0.00	\$0.00	\$0.00	(\$106.03)	\$0.00	2	(\$106.03)	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	(\$106.03)	\$0.00	3	(\$106.03)	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deltona	03-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	10-2022	\$220,706.47	\$17,765.12	\$0.00	\$127,613.58	\$0.00	1932	\$366,085.17	\$0.00	766	\$477.92	\$288.13	\$23.19	\$0.00	\$166.60	\$0.00
miCareDeLand	11-2022	\$314,460.97	\$16,345.94	\$0.00	\$142,845.67	\$0.00	1922	\$473,652.58	\$0.00	753	\$629.02	\$417.61	\$21.71	\$0.00	\$189.70	\$0.00
miCareDeLand	12-2022	\$226,922.27	\$10,875.83	\$0.00	\$124,030.82	\$0.00	1686	\$361,828.92	\$0.00	741	\$488.30	\$306.24	\$14.68	\$0.00	\$167.38	\$0.00
miCareDeLand	01-2023	\$220,881.16	\$12,361.85	\$0.00	\$126,850.36	\$0.00	1555	\$360,093.37	\$0.00	739	\$487.27	\$298.89	\$16.73	\$0.00	\$171.65	\$0.00
miCareDeLand	02-2023	\$194,187.55	\$12,686.71	\$0.00	\$158,917.11	\$0.00	1966	\$365,791.37	\$0.00	728	\$502.46	\$266.74	\$17.43	\$0.00	\$218.29	\$0.00
miCareDeLand	03-2023	\$258,863.08	\$16,989.08	\$0.00	\$185,493.94	\$0.00	2477	\$461,346.10	\$0.00	767	\$601.49	\$337.50	\$22.15	\$0.00	\$241.84	\$0.00
miCareDeLand	04-2023	\$125,789.99	\$7,089.53	\$0.00	\$229,127.48	\$0.00	1841	\$362,007.00	\$0.00	764	\$473.83	\$164.65	\$9.28	\$0.00	\$299.91	\$0.00
miCareDeLand	05-2023	\$243,162.98	\$15,153.04	\$0.00	\$112,501.24	\$0.00	1663	\$370,817.26	\$0.00	744	\$498.41	\$326.83	\$20.37	\$0.00	\$151.21	\$0.00
	Subtotal:	\$1,804,974.47	\$109,267.10	\$0.00	\$1,207,380.20	\$0.00	15042	\$3,121,621.77	\$0.00	6002	\$520.10	\$300.73	\$18.21	\$0.00	\$201.16	\$0.00
miCareDelton	10-2022	\$268,532.42	\$25,763.65	\$0.00	\$201,416.00	\$0.00	1836	\$495,712.07	\$0.00	563	\$880.48	\$476.97	\$45.76	\$0.00	\$357.75	\$0.00
miCareDelton	11-2022	\$191,566.04	\$22,902.70	\$0.00	\$176,900.74	\$0.00	1704	\$391,369.48	\$0.00	555	\$705.17	\$345.16	\$41.27	\$0.00	\$318.74	\$0.00
miCareDelton	12-2022	\$97,225.97	\$13,934.92	\$0.00	\$106,897.99	\$0.00	1429	\$218,058.88	\$0.00	549	\$397.19	\$177.10	\$25.38	\$0.00	\$194.71	\$0.00
miCareDelton	01-2023	\$116,734.39	\$11,039.68	\$0.00	\$100,036.26	\$0.00	1304	\$227,810.33	\$0.00	544	\$418.77	\$214.59	\$20.29	\$0.00	\$183.89	\$0.00
miCareDelton	02-2023	\$100,452.86	\$13,599.53	\$0.00	\$131,806.59	\$0.00	1533	\$245,858.98	\$0.00	533	\$461.27	\$188.47	\$25.52	\$0.00	\$247.29	\$0.00
miCareDelton	03-2023	\$266,048.91	\$15,203.47	\$0.00	\$191,157.59	\$0.00	1691	\$472,409.97	\$0.00	541	\$873.22	\$491.77	\$28.10	\$0.00	\$353.34	\$0.00
miCareDelton	04-2023	\$82,075.50	\$7,159.91	\$0.00	\$57,411.28	\$0.00	944	\$146,646.69	\$0.00	535	\$274.11	\$153.41	\$13.38	\$0.00	\$107.31	\$0.00
miCareDelton	05-2023	\$145,886.52	\$11,771.40	\$0.00	\$82,077.53	\$0.00	1215	\$239,735.45	\$0.00	516	\$464.60	\$282.73	\$22.81	\$0.00	\$159.06	\$0.00
	Subtotal:	\$1,268,522.61	\$121,375.26	\$0.00	\$1,047,703.98	\$0.00	11656	\$2,437,601.85	\$0.00	4336	\$562.18	\$292.56	\$27.99	\$0.00	\$241.63	\$0.00
miCarePierse	10-2022	\$15,567.57	\$1,544.48	\$0.00	\$9,602.67	\$0.00	143	\$26,714.72	\$0.00	75	\$356.20	\$207.57	\$20.59	\$0.00	\$128.04	\$0.00
miCarePierse	11-2022	\$12,975.18	\$1,505.57	\$0.00	\$9,965.78	\$0.00	137	\$24,446.53	\$0.00	70	\$349.24	\$185.36	\$21.51	\$0.00	\$142.37	\$0.00
miCarePierse	12-2022	\$1,064.86	\$1,339.33	\$0.00	\$12,481.70	\$0.00	124	\$14,885.89	\$0.00	72	\$206.75	\$14.79	\$18.60	\$0.00	\$173.36	\$0.00
miCarePierse	01-2023	\$2,969.07	\$766.10	\$0.00	\$9,275.54	\$0.00	75	\$13,010.71	\$0.00	73	\$178.23	\$40.67	\$10.49	\$0.00	\$127.06	\$0.00
miCarePierse	02-2023	\$10,934.46	\$958.26	\$0.00	\$10,568.55	\$0.00	131	\$22,461.27	\$0.00	73	\$307.69	\$149.79	\$13.13	\$0.00	\$144.77	\$0.00
miCarePierse	03-2023	\$14,142.55	\$2,243.76	\$0.00	\$52,673.96	\$0.00	188	\$69,060.27	\$0.00	69	\$1,000.87	\$204.96	\$32.52	\$0.00	\$763.39	\$0.00
miCarePierse	04-2023	\$17,552.02	\$899.05	\$0.00	\$10,131.35	\$0.00	118	\$28,582.42	\$0.00	68	\$420.33	\$258.12	\$13.22	\$0.00	\$148.99	\$0.00
miCarePierse	05-2023	\$8,329.74	\$1,306.48	\$0.00	\$6,498.67	\$0.00	108	\$16,134.89	\$0.00	71	\$227.25	\$117.32	\$18.40	\$0.00	\$91.53	\$0.00
	Subtotal:	\$83,535.45	\$10,563.03	\$0.00	\$121,198.22	\$0.00	1024	\$215,296.70	\$0.00	571	\$377.05	\$146.30	\$18.50	\$0.00	\$212.26	\$0.00
N/A	10-2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	16	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2022	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	6	\$60.85	\$405,122.59	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10	\$0.00	\$275,618.42	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3	\$0.00	\$237,308.30	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	36	\$0.00	\$442,788.02	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	03-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	30	\$0.00	\$273,298.66	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	04-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	62	\$0.00	\$262,330.13	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	05-2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	72	\$0.00	\$324,680.59	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$60.85	\$0.00	\$0.00	\$0.00	\$0.00	235	\$60.85	\$2,221,146.71	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$3,157,093.38	\$241,205.39	\$0.00	\$2,376,176.37	\$0.00	27961	\$5,774,475.14	\$2,221,146.71	10909	\$732.94	\$289.40	\$22.11	\$0.00	\$217.82	\$0.00

Parameters

Beginning Location:

Ending Location:

Paid Date: 10/1/2022-5/31/2023

Reporting Period: CLIENTYTD

Location: 000-zzzzz

** Census Count Comments: Membership is counted per location, per department, or per plan for each month; an individual with a change may be counted more than one time.



WVHA miCare Clinic Deland and Deltona

May 2023 Report

miCare Utilization

Utilization

Deland	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	192	163	85%	29	15%

Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	149	113	76%	36	24%

Deland and Deltona	Total Available Hours	Total Utilized Hours	% Of Total Available Hours	Total Unscheduled Hours	% Of Total Unscheduled Hours
2023	341	276	81%	65	19%

Total Hours Available: Total hours available for members to schedule, minus scheduled Admin Time

% Total Utilized Hours: Total time that has been scheduled (including "no-shows" since this time was unavailable for other members to schedule an appointment)

Key Insights:

- The Utilization measures Physician Assistant/Nurse Practitioner time available to provide direct patient care.
- The Utilization measures the clinician's scheduled availability to the amount of time used to meet patient appointments.
- Between the two clinics % of the available clinician capacity was used for scheduled appointments; % of clinician time was available for walk-ins and other patient care activities.
- "No Shows" is where patients didn't attend their scheduled clinic appointment.
 - DeLand - 8%
 - Deltona - 12%

Such no shows create systematic "waste" since this scheduled appointment slot was not available to other health card members.

- Administrative Time (chart reviews, medication follow-ups, referrals, provider-to-provider communication; etc.) represents approx. 2% of total capacity and is in line with industry standard for this type of patient care model.



Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand

Clinic Services	Number of visits	%	Notes
Total Provider visits	292	63%	Schedulable patient activities
Total Labs	158	34%	Schedulable patient activities
Total Nurse Visits	13	3%	Schedulable patient activities
Total medication pick-up	453		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	30		Don't have a visit type and are not scheduled appointments
Total Visits	463		

DeLand

- There was a total of **463** clinic visits at the DeLand clinic in May with an additional **453** Medication pick-ups and an additional **30** med pick-ups from the PAP program.
- There were **26 new patients** that established care at the DeLand clinic.
- There were **45 Physicals** in May – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona

Clinic Services	Number of visits	%	Notes
Total Provider visits	217	67%	Schedulable patient activities
Total Labs	88	27%	Schedulable patient activities
Total Nurse Visits	20	6%	Schedulable patient activities
Total medication pick-up	6		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	17		Don't have a visit type and are not scheduled appointments
Total Visits	325		

Deltona

- There was a total of **325** clinic visits at the Deltona clinic in May with an additional 6 Medication pick-ups from Deltona as well as **17** from the PAP program.
- There were **11 new patients** that established care at the Deltona clinic.
- There were **42 Physicals** in May – Male/Female Wellness – Established Patients



miCare Member Migration

May 2023

	Total Unique Patients with Appointments	Total Eligible Membership	Penetration of Membership (%)
Total	616	1,340	46%

*The data above represents unique members who have completed clinic visits or lab appointments. Several health card members have had multiple encounters for the month.

PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications.
- WVHA health card members can qualify for manufacture discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members
- The WVHA miCare Clinic care coordinators work with patients to complete the necessary paperwork to qualify for the PAP (Pharmacy Assistance Program) through the pharmaceutical company.

	April 2023	
PAP Summary 5/1/2023-5/27/2023		
Application Approved	335	\$151,219
Application Pending Approval	3	\$1,519
Application Started but Not Submitted	3	\$1,862
Totals	341	\$154,600
	(Active Applications)	Monthly Savings for May

Key Insights:

- **453 Medications were picked up at the DeLand site**
- **47 PAP medications were picked between the two locations**
- **341 patients have applications for pharmacy assistance programs**
- **WVHA avoided \$154,600 of cost for branded medication**
- **Projected annual cost avoided \$1,855,203**



**Nurturing Families
Building Communities**

The House Next Door
*Serving
Volusia and Flagler Counties*

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 • ACHIEVEMENT



June 1, 2023

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of April there were 220 appointments to assist with new applications and 33 appointments to assist with pended applications from February-March. For a total of 253 Interviews with clients.

191 applications were submitted for verification and enrollment. Of these, 191 were processed by the end of the month includes the roll overs 0 from previous month) leaving the balance of 0 to roll over into June 2023 for approval.

Of the 191 that were processed, 171 were approved and 9 were denied. There were 11 pended remaining.

Currently applications are being processed, approved and the client enrolled in 7 business days. Current enrollment with EBMS is taking up to 7-14 days to appear active in system.

Outreach Efforts:

- Attended West Volusia Community Partners meeting
- Reached out to all clients due to renew with a reminder phone call as well as the reminder letter
- Communicating with Partners working together to better service the community
- Meeting with new organizations that can possibly benefit from the Health Card to partner up with them.

Respectfully submitted by Gail Hallmon /Terrell Irvin

Hi Stacy,

I appreciate the call this morning. I have attached the schematic for the phone system. The operations team has taken note of the concerns and have been working on redesigning the system to make it more user friendly. Please see the audio of the schematic below as well as the key insights. Once completed, I will share with the WVHA Board. Please see below

Current WVHA call flow diagram is attached. Below is the verbiage from the audio prompts on menus:

AA_miCare_WVHA_Main.wav (English/Spanish)

Thank you for calling my care. If this is a medical emergency, hang up and call 911. Please be advised your call may be monitored or recorded for quality and training purposes. If you are a provider, press 1. If you are a patient, press 2, press # to repeat this menu.

AA_miCare_WVHA_Provider.wav

Press one to hear clinic fax number and location
Press two if you have a question on a claim or referral status
Press three to speak with clinic staff
Press # to repeat this menu
Press * to go back to the previous menu

AA_miCare_WVHA_Prov_fax-loc.wav

DeLand Clinic fax number is 866-939-1402 and located at 844 W Plymouth Ave.
Deltona's clinic. Fax number is 866-927-0638 and located at 840 Deltona Blvd, Suite M.
Press # to repeat this menu. Press * to go back to the previous menu.

AA_miCare_WVHA_Member.wav (English/Spanish)

Press 1 for Appointments, Press 2 for all medication requests, press 3 to talk to clinic staff. Press 4 for clinic location and hours of operation. Press # to repeat this menu.
Press * to go back to the previous.

AA-miCare_WVHA_Mem_lang.wav (English/Spanish)

For English, press 1. *For Spanish, press 2.*

AA_miCare_WVHA_Mem_hour-loc.wav (English/Spanish)

Deland clinic is located at 844 W Plymouth Ave. The hours of operation are Monday through Friday, 8:00 AM to 5:00 PM. Deltona clinic is located at 840 Deltona Blvd. Ste. M. The Hours of operation are Monday, Tuesday, Thursday and Friday, 8:00 AM to 5:00 PM. Press # to repeat this menu. Press * to go back to the previous menu.

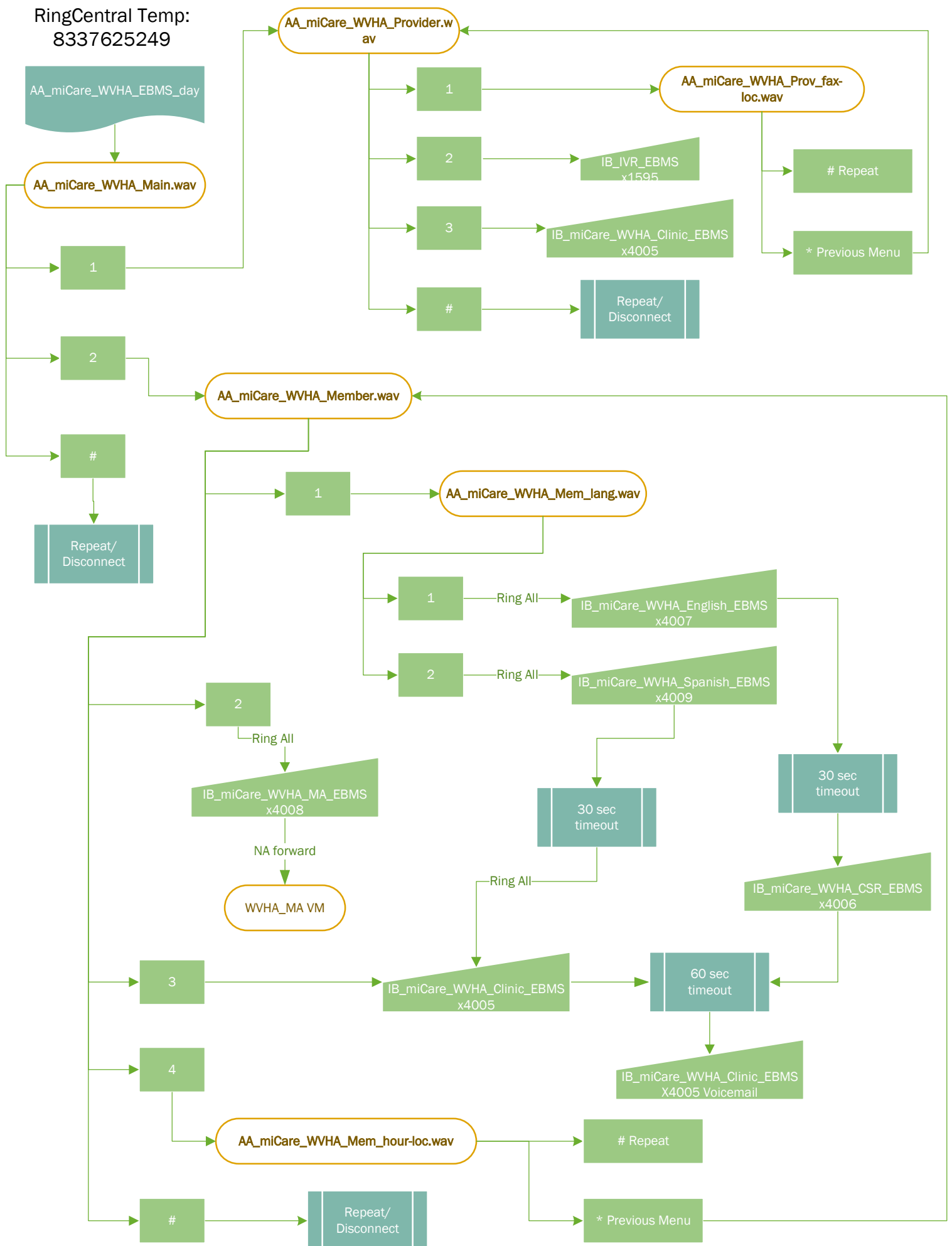
Key insights to the work flow:

- There is integration between the TPA and the clinic. We have developed an integrated phone system that will address both customers (The WVHA provider network as well as the WVHA health card participants)
 - Provider questions
 - Referrals
 - Medication refills
 - Speak with clinic staff
- Automated phone systems are very common not only in the health care industry but any other consumer related business
- The most time anyone would wait on the phone is 90 seconds
- We are constantly aware of the phones and these are top priority to ensure patients are able to access the clinic
- We are always looking for ways to improve and provide a better experience for health card members
- We have bilingual options available for Spanish speaking members

Darik Croft

Chief Operating Officer- miCare miRx

AA_miCare_WVHA_EBMS_day



AMENDMENT No. 2
to the
ADMINISTRATIVE
SERVICES AGREEMENT
together with its respective Exhibits, Attachments, and
Amendments thereto (if any)
Effective on January 1, 2020
(the “Agreement”)
between
Employee Benefit Management Services, LLC
(“EBMS” or “Contract Administrator”)
and
West Volusia Hospital Authority
(the “Authority”)
(together, the “Parties”)

WHEREAS, the Parties previously entered into the above-referenced Agreement for certain services to include the Authority’s access to certain third party administrative services as set forth therein; and

WHEREAS, effective October 1, 2022 (the “Amendment Effective Date”), the Parties have mutually agreed to amend the Agreement to revise certain terms and conditions for services provided herein.

NOW THEREFORE, the Parties agree to amend the Agreement as set forth below and shall execute this Amendment No. 2 thereto, which shall be attached to and incorporated by reference into the Agreement.

1. Commencing on the Amendment Effective Date, the first paragraph to the Agreement is hereby amended by replacing Contract Administrator’s address with 3333 Hesper Road, Billings, Montana 59102.
2. Commencing on the Amendment Effective Date, a new Section 1.07(h) is hereby added to the Agreement as follows:
 - 1.07 (h) complete and return paperwork as may be requested by Contract Administrator in order for Contract Administrator to reasonably deliver (or continue to deliver) the services. Examples of such paperwork include, without limitation, financial and banking documents, renewal checklists and materials, as well as business associate agreements and/or third party data authorizations.
3. Commencing on the Amendment Effective Date, Section 6.04 to the Agreement is hereby amended as follows:
 - 6.04 If the Contract Administrator has questions regarding the application of Chapter 119, Florida Statutes, to the Contract Administrator’s duty to provide public records relating to the Agreement, contact the Custodian of Public Records at (386) 456-1252, stebo@westvolusiahospitalauthority.org, and P.O. Box 940, DeLand, Florida 32721-0940.

All other terms and conditions of the Agreement shall remain in full force and effect. All terms not defined herein shall have the meanings set forth in the Agreement.

IN WITNESS WHEREOF, the undersigned have read and agreed to the terms of this Amendment No. 2.

**EMPLOYEE BENEFIT MANAGEMENT
SERVICES, LLC**

WEST VOLUSIA HOSPITAL AUTHORITY

By: _____

By: _____

Print Name: James Vertino

Print Name: _____

Title: President

Title: _____

Date: 06/07/23

Date: _____

West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised – June 15, 2023

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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) 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) 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 15th 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 15th 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)
 - 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 states that the applicant is ineligible or likely ineligible in whatever wording is being utilized to indicate an interim determination of Medicaid ineligibility: e.g., "likely not eligible due to the state the applicant resides in". The WVHA Enrollment Certifying Agent also 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](#)).

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.
11. Repeated failure to cooperate with the recommendations of WVHA miCare team and/or other agencies to ensure that Members receive the right care at the right time and at best pricing for WVHA Taxpayers.

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 renter/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. Children who are Members of the Household of an adult applicant, but are too young to have a middle or high school photo I.D. may satisfy this requirement with their birth certificate along with verification of the photo I.D. of both parents. 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 11.02](#).
 - 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

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$14,580	\$21,870
2	\$19,720	\$29,580
3	\$24,860	\$37,290
4	\$30,000	\$45,000
5	\$35,140	\$52,710
6	\$40,280	\$60,420
7	\$45,420	\$68,130
8	\$50,560	\$75,840
For families/households with more than 8 persons, add \$4,540 for each additional person.		

The federal poverty guidelines are updated every January, and WVHA utilizes the most current numbers available at the following website. WVHA uses the column labeled 150%.

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

WVHA Health Card Program

ASSET LIMITS

If family unit’s available assets are <= 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

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 pended.

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), WVHA miCare Clinics 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 property terminated by written notice.

I understand that if I or any of my family members receive benefits under WVHA HealthCard to treat an injury or medical condition that was caused by a third party, then WVHA claims a right to be subrogated to the rights of that beneficiary to recover damages from that third party (to be subrogated will mean that WVHA must be reimbursed for the benefits it has paid if the WVHA HealthCard 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).

I certify that the information given by me for the purpose of qualifying for the WVHA HealthCard Program is true and correct. I understand that is my responsibility to report to the WVHA Enrollment Certifying Agent (The House Next Door) with fifteen (15) days any change in my residence and/or mailing address and if my household income goes higher than the 150% gross income limit for my household size. 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 HealthCard Program.

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

Signature of Applicant or Legal Representative

Date

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 result in a Pended application.*

Section 1: General Information.

Date	Applicant Name	Date of Birth	Clinic
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How did you hear about the WVHA Health Card Program? Check one box:

<input type="checkbox"/> WVHA Webpage	<input type="checkbox"/> Printed advertisement or flyer	<input type="checkbox"/> Public meeting	<input type="checkbox"/> Florida Hospital	<input type="checkbox"/> The House Next Door
<input type="checkbox"/> Rising Against All Odds	<input type="checkbox"/> The Neighborhood Center	<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Hispanic Health	<input type="checkbox"/> Other

Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes <i>If Yes, please indicate Carrier and ID #: _____</i>	<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 <i>If Yes, please indicate which coverage you are enrolled in & effective date _____</i>	<input type="checkbox"/> No
2.4 Do receive healthcare assistance or aid other than WVHA?	<input type="checkbox"/> Yes <i>If Yes, please indicate the assistance and/or aid you receive & effective date _____</i>	<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 <i>If Yes, please describe _____</i>	<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):	Married	Separated	Divorced	Single	Widow
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3.2 Do you have any dependent children living in the household?	<input type="checkbox"/> Yes <i>If Yes, how many? _____</i>	<input type="checkbox"/> No
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Section 4: Identification.

4.1 Do you have a Driver License or other Government ID?	<input type="checkbox"/> Yes <i>If Yes, please provide a copy of ID</i>	<input type="checkbox"/> No
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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 - Form I-151

Picture ID:

-Passport

-Green Card

-Form I-551

-Farmworkers Association of Florida-Photo ID

Section 5: Residency.

5.1 Do you own the house where you live?

☐ Yes

If Yes, please provide Property Tax Bill of current or prior year

☐ No

5.2 Do you rent?

☐ Yes

If Yes, please provide a copy of current Lease Contract or Verification of Rent Form

☐ No

5.3 Do you live in someone else's house?

☐ Yes

If Yes, please provide Verification of Support Form

☐ No

5.4 Do you consider yourself homeless?

☐ Yes

If Yes, please provide Homeless Verification Form

☐ 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?

☐ Yes

If Yes, complete the below & provide previous 8 weeks worth of paystubs or DCF Verification of Employment/Loss of Income Form

☐ 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	<input type="checkbox"/> No

	<i>If Yes, please provide copy of statements for all the accounts for last 3 months</i>	
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, & provide any outstanding mortgage documentation outside of your permanent residence</i>	<input type="checkbox"/> No
Property Address	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Address	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address	Date of Sale: ____/____/____	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address	Date of Sale: ____/____/____	Is this a rental property? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
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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
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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		
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:

 WVHA Verification of Rent			
Instructions: 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>			
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
2.1 The monthly rent is \$_____.			
2.2 I began renting at the above location on the following date _____.			
Applicant Signature		Date	
Section 3: Renter/Lessor Information. Must be completed by the Renter/Lessor			
Renter/Lessor Name		Renter/Lessor Phone Number	
Renter/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.	
Section 4: Renter/Lessor Signature			
I, the undersigned, do hereby swear that the information contained herein is true and correct.			
Renter/Lessor Signature		Date	

Section 12.09 Appendix I – 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.*

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

Section 1: -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)
	1A: \$ _____	2A: \$ _____	3A: \$ _____

Section 2: 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)	_____	_____	_____
TOTAL Business Expenses	1B: \$ _____	2B: \$ _____	3B: \$ _____
NET INCOME: Subtract A FROM B = C	1C: \$ _____ (1A minus 1B)	2C: \$ _____ (2A minus 2B)	3C: \$ _____ (3A minus 3C)

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

APPLICANT SIGNATURE: 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.	
Signature _____	Date _____

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

MAY 31, 2023



ACCOUNTANTS' COMPILATION REPORT

To the Board of Commissioners,
West Volusia Hospital Authority:

Management is responsible for the accompanying financial statements of West Volusia Hospital Authority (the Authority), which comprise the balance sheet – modified cash basis as of May 31, 2023, and the related statement of revenue and expenditures budget and actual – modified cash basis for the one month and year to date period then ended 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 the completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

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.

DeLand, Florida
June 15, 2023



**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
MAY 31, 2023**

ASSETS

Ameris Bank - operating	\$ 8,012,414
Ameris Bank - MM	294,190
Ameris Bank - Medicaid MM	2,522,248
Ameris Bank - payroll	27,217
Mainstreet Community Bank - escrow	200,000
Mainstreet Community Bank - MM	1,720,208
Surety Bank - MM	7,499,566
Mainstreet Community Bank - Certificates of deposit	9,136,971
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 29,414,814</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 29,414,814</u></u>
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See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND EIGHT MONTHS ENDED MAY 31, 2023

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 91,656	\$ 14,995,653	\$ 15,900,000	\$ 904,347	94%
Interest income	9,281	176,847	45,000	(131,847)	393%
Other income	-	-	-	-	0%
Total revenues	100,937	15,172,500	15,945,000	772,500	95%
Expenditures					
Healthcare expenditures					
Hospitals					
Halifax Hospital	187,470	890,770			
AdventHealth	84,533	1,112,641			
Total hospitals	272,003	2,003,411	3,000,000	996,589	67%
Specialty Care Services					
Specialty Care - ER	4,600	60,081			
Specialty Care - Non-ER	234,207	2,188,370			
Total Specialty Care Services	238,807	2,248,451	3,000,000	751,549	75%
Emergency Room Care	74,907	519,979	1,000,000	480,021	52%
Primary Care	211,816	1,453,738	2,500,000	1,046,262	58%
Pharmacy	40,509	300,654	900,000	599,346	33%
Florida Dept of Health Dental Svcs	11,314	74,930	150,000	75,070	50%
Hispanic Health Initiatives	3,500	37,525	75,000	37,475	50%
Community Legal Services	8,282	41,148	105,794	64,646	39%
Rising Against All Odds	17,650	120,638	145,140	24,502	83%
HSCFV - Outreach	6,274	47,052	81,560	34,508	58%
HSCFV - Fam Services	6,830	34,148	76,331	42,183	45%
The House Next Door	608	14,356	60,000	45,644	24%
SMA - Homeless Program	8,447	65,125	78,336	13,211	83%
SMA - Residential Treatment	75,384	390,310	550,000	159,690	71%
SMA - Baker Act - Match	-	277,645	300,000	22,355	93%
H C R A - In County	7,947	28,346	400,000	371,654	7%
H C R A - Outside County	6,109	15,176	400,000	384,824	4%
The Neighborhood Center	10,250	68,850	100,000	31,150	69%
Healthy Communities Kid Care Outreach	4,785	37,159	72,202	35,043	51%
Other Healthcare Expenditures	-	-	370,000	370,000	0%
Total healthcare expenditures	1,005,422	7,778,641	13,364,363	5,585,722	58%
Personnel services					
Regular salaries and wages	5,425	43,400	65,588	22,188	66%
FICA	415	3,551	5,017	1,466	71%
Retirement	646	4,112	8,467	4,355	49%
Life and Health Insurance	952	6,964	12,000	5,036	58%
Workers Compensation Claims	-	9,764	25,000	15,236	39%
Total personnel services	7,438	67,791	116,072	48,281	58%
Other expenditures					
Legal Counsel	6,975	43,972	85,000	41,028	52%
Outside Legal Counsel	4,077	46,077	72,000	25,923	64%
Outside Legislative Advisory	6,000	48,000	72,000	24,000	67%
Audit	-	19,170	20,000	830	96%
General Accounting	9,000	63,000	108,000	45,000	58%
Application Screening - THND	36,320	256,702	447,364	190,662	57%
Application Screening - RAAO	3,648	24,000	81,452	57,452	29%
TPA Services (EBMS)	31,172	215,612	682,000	466,388	32%
Building Occupancy Costs	-	-	100,000	100,000	0%
Advertising	-	2,403	10,000	7,597	24%
Other Operating Expenditures	493	25,182	30,000	4,818	84%
Office Supplies	-	-	6,749	6,749	0%
Tax Collector & Appraiser Fee	74,080	513,114	650,000	136,886	79%
City of DeLand Tax Increment District	-	111,805	100,000	(11,805)	112%
Total other expenditures	171,765	1,369,037	2,464,565	1,095,528	56%
Total expenditures	1,184,625	9,215,469	15,945,000	6,729,531	58%
Excess (deficiency) of revenues over expenditures	\$ (1,083,688)	\$ 5,957,031	\$ -	\$ (5,957,031)	0%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: June 6, 2023

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for June 15, 2023 Regular Meeting

Summarized below are updates on active legal matters/issues for which some new information has become available since my last legal update. This Memorandum will not reflect updates on matters resolved by a final vote of the Board and thereby already summarized in the May 18, 2023 Regular Meeting Minutes.

I. Proposal from Stacy Tebo to Modify Her Employment Agreement Dated June 16, 2022.

With an internal email circulated to Board members on or about May 30, 2023, Ms. Tebo has requested the Board to discuss a modification of her Employment Agreement dated June 16, 2022. She is requesting an insertion to provide vacation or sick time benefits or both as a combined paid-time-off benefit. She provided her own research about what other local governments and MiCare provide to their new employees in the chart pasted below:

DeLand – 17

Orange City – 20

DeBary – 20

Deltona – 22

Volusia County – 28

miCare – 20

This is a matter left to the Board's policy discretion as to whether and how much of such benefits to provide its only employee. Florida law does not require that any such benefits be provided to a local government employee, particularly where, as here, the employee is the only employee and has no backup coverage. If after due consideration and discussion, a majority of the Board decides to approve this proposed new benefit, counsel would recommend that the Board consider a motion in following form, substituting whatever number of days is agreed:

Motion to Amend Employment Agreement Dated June 16, 2022 with the addition of a new Miscellaneous paragraph IX(m), stating:

After completing one-year of continuous employment and on her anniversary date each year thereafter, Employee shall accrue twenty (20) paid working day absences ("Absent Days"). All vacation time, sick time and personal absences are included in these paid Absent Days. At the end of a monthly pay period, if Employees total hours are less than the Employee's regularly scheduled hours, the Board Accountant will automatically apply accrued Absent Time. Once accrued, Absent Time must be utilized within the 12-month period immediately following accrual or forfeited; Employee will forfeit any Absent Time that is not taken within 12 months of its accrual. Whenever practicable, Employee shall notify the Board of her expected Absent Days at least one-month in advance; such advance notice shall not be required when Absent Days are necessary but

cannot be anticipated with reasonable care.

II. **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."