

WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS & CITIZENS ADVISORY COMMITTEE
JOINT MEETING
March 19, 2026
5:00 PM
Sanborn Center
815 S. Alabama Avenue, DeLand, FL
AGENDA

1. Call to Order
2. Pledge of Allegiance Followed by a Moment of Silence
3. Approval of Proposed Agenda
4. Consent Agenda:
 - A. Approval of Minutes – Workshop held February 19, 2026
 - B. Approval of Minutes – Regular Meeting held February 19, 2026
 - C. Quarter One Uneven Spend-Down of Funding – Hispanic Health Initiatives
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee – Chair Patrick Rogers
 - A. CAC Meeting Minutes of February 3, 2026
7. Annual Contractual Utilization Report to the WVHA Board of Commissioners
 - A. Priscilla Montijo of the Florida Department of Health Dental Program
 - B. Savannah Griffin of The Neighborhood Center Access to Care Program
8. Reporting Agenda:
 - A. EBMS February Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona February Report – Todd Ragar, MD Medical Director, miCare
 - C. The House Next Door (THND) February Application Processing Report
9. Discussion Items:
 - A. WVHA Funding Applications Received Spreadsheet FY 2026-2027
 - B. Primary and Mobile Clinic Funding Agreement with True Health for FY 2026
 - C. Public Awareness and Outreach Services Agreement with Applichat Solutions, Inc.
 - D. WVHA YouTube Channel (Tabled on February 19, 2026 – Commissioner Ford)
 - E. Property Tax Elimination – Next Steps (Commissioner Ford)
 - F. Eligibility Guidelines
 - G. Notice of New National Opioid Settlement and Upcoming Action Needed to Participate: May 4, 2026 Deadline
 - H. Non-Renewal of Lease Agreement for Justin Square Suite M
 - I. Transition Update for MiCare Clinic Consolidation (Commissioner Craig)
 - J. Reconsideration of the Deltona miCare Clinic Closure (Commissioner Coen)
10. Follow Up Item – Mobile Health Clinic Plan (Commissioner Moore)
11. Administrator Report
12. Finance Report
 - A. February Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
13. Legal Update
14. Upcoming – CAC Q & A on April 7, 2026, at the Center at Deltona and Regular Board Meeting on April 16, 2026, at the Sanborn Center
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 WORKSHOP**

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
February 19, 2026

Board Members in Attendance:

Commissioner Jennifer Coen
Commissioner Judy Craig
Commissioner Rakeem Ford
Commissioner Voloria Manning
Commissioner Jennifer Moore

Others Present:

Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
WVHA Administrator Stacy Tebo
CAC Member Patrick Rogers
CAC Member Jabari Brown
CAC Member Maria Valdivia

Call to Order

Chair Ford called the workshop to order. The workshop 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 4:01 p.m.

Approval of Proposed Agenda

Motion 016 – 2026 Commissioner Craig moved to approve the amended agenda. Commissioner Manning seconded. The motion passed 5-0.

Citizen Comments

There was consensus to hear the public comments before Commissioner discussion.

The following citizens addressed the Board regarding clinic consolidation: Dolores Guzman, Tanner Andrews, Rev. Dr. Caroline Shine, Robert Trombetta, Sally Garcia, John Simmons, Chris Nabicht, Judy Ngying, Carmen May, Rosemarie Latham, CAC Member Patrick Rogers, David Markle, CAC Member Maria Valdivia, Janae Ponder, and CAC Member Jabari Brown.

Deltona Commissioner Chris Nabicht submitted a resolution passed by the City of Deltona supporting the Deltona clinic.

Time Certain 4:30 PM Commissioner Discussion of miCare Clinic Consolidation

Commissioner Craig stated that she asked for the workshop so that they could make a decision before the last minute; that the DeLand clinic space is underutilized; that the Board is considering a contract with True Health to save taxpayer dollars and make use of their mobile clinic; that True Health has a voucher program for patient transportation services; that card members would be able to choose between True Health and the existing DeLand miCare Clinic; and that she was concerned about declining membership numbers.

Commissioner Coen voiced support for keeping the Deltona clinic open and stated that True Health has one location in West Volusia; that miCare provides ER diversion, life coaching to change behaviors for improved health, prescription pickup, lab work, access to WVHA funded programs

like SMA Healthcare, one-on-one attention to patients' needs, access to Community Legal Services to transition card members over to VA benefits or Social Security Disability coverage, follow-up with hospitals, measurable data contained in monthly and quarterly reports, annual health population report for preventable diseases, and management of specialty care referrals; and that the Deltona clinic provides space for staff from The House Next Door to meet with applicants and card members twice per week.

Commissioner Moore shared her struggles when she moved to Florida in 2001 as a young mother with three kids. She cited US Census data for 2023-2024 and the percentages of residents in each West Volusia city that were at or below the poverty level. She listed available primary care in West Volusia and noted the uninsured rate for adults in Volusia County is one in five. She stated that the greatest need is in Pierson and Spring Hill; that people in Pierson cannot afford transportation to get the care that they need; that there are overburdened emergency departments reducing workforce productivity; that the economic structure perpetuates the poverty cycle; that WVHA has to face the reality of what is going on in Tallahassee with respect to property taxes and future funding; that WVHA needs to be good stewards with the money it has to make the funding go as far as possible; that they need to expand access to healthcare for everyone in the district, and the status quo is not working; and that they need to find new ways to serve everybody in the district.

Commissioner Manning said she was on the Board for thirteen years, and they have tried many ways to get the word out about the program; that the WVHA health card program is the best kept secret; that the DeLand miCare Clinic is not being utilized at its full capacity; that the Deltona miCare Clinic is hard to find, and it is not in a good location; that a mobile clinic will be visible like the Big Red Bus that handles blood donations; that True Health has transportation vouchers for clients to get to the hospital if needed; that it would be a lower cost to the taxpayers to utilize the mobile clinic; that they can set up the mobile clinic in various churches and libraries in Deltona; and that they could serve more people in the district with a mobile clinic.

Chair Ford stated that they could use both the mobile clinic and maintain the Deltona miCare Clinic; that he believes in providing two access points in West Volusia; that according to the enabling legislation, WVHA is charged with providing access to healthcare services, therefore they should keep Deltona open; and that providing access is hard when there is only one point of entry. He added that in his first year, he provided marketing strategies to promote awareness of the health card program, and they would be addressing the RFP submittals later in the regular meeting.

There was consensus to take a five-minute break before the regular meeting.

Adjournment

There being no further business to come before the Board, the workshop was adjourned at 5:31 p.m.

Adjournment – Rakeem Ford, Chair

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

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
February 19, 2026

Board Members in Attendance:

Commissioner Jennifer Coen
Commissioner Judy Craig
Commissioner Rakeem Ford
Commissioner Voloria Manning
Commissioner Jennifer Moore

Others Present:

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

Call to Order

Chair Ford 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 5:37 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Amended Agenda

Chair Ford recommended that they move the Follow-Up Item for miCare Clinic Consolidation /Survey up to Discussion Item 7A. Commissioner Coen said she wanted to discuss her health care consultant item before the clinic consolidation. Chair Ford clarified that Health Care Consultant for Long Term Strategy would be 7A, miCare Clinic Consolidation/Survey would be 7B, Review of Responses to RFP for Public Awareness and Outreach Services would be 7C, and then the remaining items would follow as listed on the agenda.

Motion 017 – 2026 Commissioner Craig moved to approve the amended agenda. Commissioner Coen seconded. The motion passed 5-0.

Consent Agenda

**Approval of Minutes - Regular Meeting January 15, 2026
Quarter One Uneven Spend-Down of Funding
FDOH Dental Program
RAAO HIV Outreach Program
The Neighborhood Center Access to Care**

Motion 018 – 2026 Commissioner Craig moved to approve the Consent Agenda. Commissioner Manning seconded. The motion passed 5-0.

Citizen Comments

Rebecca Herrera voiced concern regarding Medicaid Share of Cost relating to WVHA health card eligibility requirements and said her card would expire on March 21st.

Chris Dubal stated he is a pharmacist at Orange City Community Pharmacy, and there is a lag for patients to receive their medications through miCare. He said he could save the WVHA funding.

Reporting Agenda

EBMS January Report – Written Submission

WVHA miCare Clinic DeLand/Deltona January Report – Senior Account Executive Sue Wayte and Senior Vice President, Member and Clinical Transformation Tom Brown

Ms. Wayte introduced Tom Brown and outlined the report for the Board. Commissioner Craig asked Ms. Wayte to discuss member migration.

Mr. Brown affirmed his commitment to serving the WVHA Board of Commissioners.

Commissioner Craig noted that originally EBMS was supposed to handle marketing to increase health card membership, and she would like Mr. Brown to work towards that goal.

Attorney Small gave a brief history of WVHA's relationship with EBMS, beginning with Dr. Murray to grow the business and move towards Phase Three to reduce WVHA's costs.

Mr. Brown stated that they do not currently have an entity to partner with, but they were in talks with Volusia County Sheriff; that the Sheriff would be coming onboard separately in 2027, and they ultimately decided to go a different route; that their discussions with the Sheriff opened other doors in the area to find a partner for WVHA to cut costs; that they are in discussion with a potential client he could not disclose at this time; and that they have scaled up their sales force in Central Florida. He added that clinic capacity would need to be figured out once a partner is identified depending on the partner's membership.

The House Next Door (THND) January Application Processing Report

Chris Booker presented his report. Commissioner Manning asked Mr. Booker to explain the issue raised during Citizen Comments regarding Medicaid Share of Cost. Mr. Booker explained that the change in the eligibility guidelines was that applicants must produce a Medicaid denial letter within sixty days of their WVHA application; that the issue was raised in their last site visit that some files did not contain Medicaid denial letters; that applicants are given a sixty-day provisional enrollment to produce the denial letter; and that WVHA coverage is terminated after the sixty days have elapsed.

Commissioner Coen asked what percentage of clients are losing coverage with respect to the sixty-day provisional enrollment. She added that she heard of another card member having the same issue in the last few days.

Attorney Small recommended that Mr. Booker research the issue and bring it back to the Board.

**Hospital Services 4th Quarter of 2025 (Oct – Dec)
Halifax Health | UF Health – Medical Center of Deltona**

Administrator Ben Eby updated the Board on hospital expansion to be completed in April.

Advent Health DeLand & Advent Health Fish Memorial

Jonathan Armstrong and Kenneth Zill were present, and there were no questions.

EMPros

The reports were received into the written record.

Discussion Items

Healthcare Consultant for Long Term Strategy (Commissioner Coen)

Commissioner Coen stated that in a previous meeting, she had mentioned a break-even point with respect to clinic consolidation ; that she had not meant that because WVHA does not sell anything ;

that what she was looking for was a cost-benefit analysis performed by a healthcare expert ; that they have a relationship with Veracity and could start there or use some other expert ; and that she implored the Board to perform a cost-benefit analysis study prior to making a decision on the clinic consolidation.

miCare Clinic Consolidation / Survey

Citizen Comments

Tanner Andrews, David Markle, and Rosemarie Latham addressed the Board.

Motion 019 – 2026 Commissioner Craig moved to close the Deltona clinic, consolidate into DeLand, and look into an alternative for Deltona in that the True Health program is available. Commissioner Manning seconded.

Chair Ford opened the floor for discussion.

Commissioner Coen stated her desire to correct the record regarding a miCare report from March 2025 that listed 101 Deltona residents using the Deltona clinic exclusively; that it became clear the figure was an error; that 437 card members use Deltona exclusively, which is 26% of card members; and that 47% of card members utilize Deltona, but not exclusively.

Mr. Brown apologized for the confusion in numbers, and clarified that the numbers cited by Commissioner Coen reflected the year ending September 30, 2025, and the March 2025 numbers were based on the year ending September 30, 2024.

Commissioner Moore questioned how the Board could trust that the numbers being given are now accurate.

Mr. Brown responded that there was a difference between counting patients that exclusively choose Deltona and those that use both clinics. He affirmed that the current numbers being presented have been checked multiple times, and he is confident in the accuracy. He suggested a useful data point would be to survey each Deltona clinic patient in the next month to ask how they feel about the possibility of the clinic closing.

Commissioner Manning said that a card member showed up for her appointment in DeLand and was asked if she could go to Deltona instead. She added that she thought they were trying to stack the clients in Deltona to have a higher count.

Commissioner Coen pointed out that the True Health agreement for \$55,000 is for ten mobile deployments. She wondered how everyone would be served in Deltona and Pierson.

Attorney Small said the issue should not be framed as the mobile clinic replacing the Deltona clinic, and the proposed True Health agreement is not ready for Board approval. He said what he needed from the Board is direction concerning the Justin Square lease renewal.

Commissioner Craig called the question for Motion 019-2026. The motion passed 3-2, with Commissioner Coen and Chair Ford dissenting.

Roll Call:

Commissioner Coen	No
Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Ford	No

Review of Responses to RFP for Public Awareness and Outreach Services

Ms. Tebo said that she had six of the seven entities that submitted responses available online via Teams, and she had her speaker connected to the computer. She offered to call out each one alphabetically.

Attorney Small urged the Board to allow each entity to introduce themselves and ask questions before moving on to the next submittal. The Board Members and Attorney Small asked questions of the entities participating online.

The Board discussed the applications with each other before reading their scores aloud.

Ms. Tebo recorded each Board Member's scoring in a spreadsheet (attached) as they read them aloud for each applicant and evaluation category. The overall average for each response was calculated, and the highest score was Applichat at 4.8 followed by (spark) at 4.42.

Motion 020 – 2026 Commissioner Craig moved to direct Attorney Small to negotiate an agreement with Applichat, and if unsuccessful, he should negotiate an agreement with the entity having the next highest score. Commissioner Manning seconded. The motion passed 5-0.

WVHA YouTube Channel (Tabled on January 15, 2026 – Commissioner Ford)

Chair Ford said he would like to table the item.

Motion 021-2026 Commissioner Manning moved to table until the next meeting. Commissioner Moore seconded, and the motion passed 5-0.

Potential Funding Agreement with True Health

Mobile Health Clinic Plan (Commissioner Moore follow up item)

Attorney Small explained that he modeled the draft agreement after the one WVHA had with NEFHS; that it would authorize a card member to be seen at any True Health location or mobile unit based on a sliding scale; that he spoke with Mr. Booker at THND on coordination for verifying health card membership; that the amount was based on a limited number of mobile deployments; and that the Board could test out the use of mobile clinics in the limited contractual terms ending in September.

Chief Operations Officer Nurez Madhany introduced his team members present. He clarified that any card member could be seen at their location in Enterprise or other locations outside the county, and they have two mobile units that could go anywhere in Volusia County. He noted that the units are ADA accessible, and they usually partner with locations that offer access to restrooms.

Commissioner Coen asked Mr. Madhany several questions about services available in Enterprise. Mr. Madhany said they have one APRN offering primary care and labwork to adults and children with the capacity to see ten more patients per day. He said they do not have a life coach but would refer members to EBMS. He said prescription pickup was not available, but they would send prescriptions to the patients' pharmacy of choice. He said he could speak to their marketing department about providing information to card members regarding WVHA's other funded agencies, and they could work with the firm just selected for the RFP to promote WVHA. He noted that EBMS would still monitor specialty care as the TPA, and True Health would not have access to information for ER diversion.

Commissioner Manning asked when they could start. Mr. Madhany answered that their attorney conferred with Attorney Small earlier in the day, and they should have the agreement ready for the next meeting.

Motion 022 – 2026 Commissioner Craig moved to direct Attorney Small to move forward with finalization of the agreement with True Health. Commissioner Moore seconded. The motion passed 3-2, with Commissioner Coen and Chair Ford dissenting.

James Moore & Co Management Representation Letter to the Board and WVHA Management Representation Letter to Powell and Jones in reference to FY 2024-2025 Audit

Motion 023 – 2026 Commissioner Craig moved to approve the signing of the management representation letter from WVHA to Powell and Jones on grounds of the representation letter from James Moore. Commissioner Moore seconded. The motion passed 5-0.

Tentative Dates & Location for September Budget Hearings and Regular Meeting

Ms. Tebo asked the Board to approve the dates September 10th and September 24th in the Sanborn Center.

Motion 024-2026 Commissioner Craig moved to approve the dates and location as described by Ms. Tebo. Commissioner Coen seconded. The motion passed 5-0.

Administrator Report

Ms. Tebo said she received and deposited the check from SMA after the last meeting and noted SMA would be hosting the monthly West Volusia Collaborative meeting the following Wednesday at 2:00 p.m. She mentioned there are property tax bills still in play, and the last day of the Legislative Session is March 13th. She reminded everyone that the applications for funding are due March 5th.

Finance Report

January Financials

Approval of Disbursements – Check Register & Estimated Expenditures

There were no questions on the financial statements provided by James Moore. Ms. Tebo pointed out the \$1,667,603 transfer from Ameris Money Market to Ameris Operating.

Motion 025-2026 Commissioner Coen moved to approve, authorize, and warrant the payment of the bills outlined in the check register presented by James Moore & Co., the \$1,667,603 transfer from Ameris Money Market to Ameris Operating, and estimated expenditures for the next month totaling \$4,064,618. Commissioner Moore seconded the motion. The motion passed 5-0.

Legal Update

Attorney Small had nothing further to discuss.

Upcoming – Joint Meeting with the CAC on March 19, 2026

Chair Ford reminded everyone that the meeting would be held at the Sanborn Center.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 8:07 p.m.

Adjournment – Rakeem Ford, Chair

**WEST VOLUSIA HOSPITAL AUTHORITY
AGENDA MEMO**

TO: WVHA Commissioners
FROM: Stacy Tebo, WVHA Administrator
RE: Quarter One Uneven Spend-Down of Funding
DATE: March 19, 2026

The following provision is contained in the funding agreement for Hispanic Health Initiatives (HHI).

“If Grantee’s combined invoices for any quarter exceed one-fourth the Funding Limit, the Grantee shall (before the next regularly scheduled Board meeting materials deadline) submit to the Board a letter to explain the uneven spend-down of Funding and to notify the Board whether it anticipates making a request to the Authority for additional funding for the October 1, 2025 through September 30, 2026 Funding Period.”

The letter submitted by HHI applies to the first quarter of the current fiscal year, which is October through December. Services are invoiced the following month. Per James Moore & Co’s January financial statements, HHI was at 26%.



Web: HHI2001.org

Email: info@hhi2001.org

“Building Healthier Communities
One Person At A Time”

Tel: 386-320-0110

Fax: 386-320-0861

3/11/26

West Volusia Hospital Authority Board

Dear Members of the Board,

Please accept this letter in accordance with Section 4.1 of the WVHA–HHI 2025–2026 Funding Agreement, which states that if the Grantee’s combined invoices for any quarter exceed one-fourth of the Funding Limit, the Grantee must submit a written explanation of the uneven spend-down of funds and indicate whether it anticipates requesting additional funding for the October 1, 2025 through September 30, 2026 funding period.

During the first quarter of the current funding period, Hispanic Health Initiatives, Inc. (HHI) experienced an unexpected increase in program participation. This higher level of community engagement resulted in program activity and associated expenditures exceeding the projected quarterly allocation. As a result, the combined invoices submitted for the first quarter exceeded one-fourth of the annual Funding Limit.

The increase in participation reflects a greater demand for HHI’s services within the community and aligns with the organization’s mission to expand access to health education, prevention services, and care navigation for residents in the West Volusia service area.

At this time, HHI does not anticipate submitting a request to the Authority for additional funding for the October 1, 2025 through September 30, 2026 funding period. The organization will continue to monitor program participation and expenditures to ensure responsible stewardship of the funds awarded.

Thank you for your continued support of HHI’s efforts to improve community health outcomes in West Volusia.

Sincerely,

A handwritten signature in black ink that reads "P. Willems".

Peter Willems

Executive Director

Hispanic Health Initiatives, Inc.

Hispanic Health Initiatives, Inc., 501(c)3 Non-Profit (EIN#59-3654481)

Office: 70 Spring Vista Dr., Unit #1, Debarry, FL. 32713

Mail: P.O. Box 5824 Deltona, FL. 32728-5824

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
SANBORN CENTER
815 S. ALABAMA AVENUE
FEBRUARY 3, 2026
MINUTES**

CAC Members/Attendance:

Patrick Rogers
Jabari Brown
Angela Price
Thelma Belton
Najwa Worthen
Natalie Brown

Absent:

Chelsey Brown
Maria Valdivia
Randa Mayers
Gwen Monroe

Others Present:

WVHA Commissioner Judy Craig
WVHA Commissioner Rakeem Ford
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
WVHA Administrator Stacy Tebo

Call to Order / Pledge of Allegiance

The CAC Meeting was called to order at 5:36 p.m.

Approval of Agenda

Member Jabari Brown moved to approve the agenda. Member Worthen seconded the motion. The motion passed by a 6-0-4 vote.

Election of Officers

Chair

Member Rogers opened the floor for nominations. He said he was willing to serve again if no other member wanted to volunteer. By acclamation, Member Rogers was declared Chair.

Vice-Chair

Chair Rogers opened the floor for nominations and nominated Member Jabari Brown. Chair Rogers asked if there were any other nominations, and there were none. By acclamation, Member Jabari Brown was declared Vice-Chair.

Citizens Comments - None

Attorney Theodore W. Small, Legal Counsel

CAC Bylaws

Attorney Small said that the CAC is established to provide assistance to the Board of Commissioners on those matters that are assigned to it by Board of Commissioners; that if the

CAC thinks of new ways to be helpful to the Board other than the evaluation of the funding applications; that a member can ask Ms. Tebo to put that item on the agenda. He emphasized the expectation for members to attend meetings; that a quorum of six members must be present to conduct business; that an absent member cannot vote by proxy; that if a member is absent from the final ranking meeting on June 2nd, the member cannot participate in the scoring process; that if a member has a reason for absence, that should be communicated to Ms. Tebo, and she will communicate it to Chair Rogers; and that if there is not a quorum, the group can still meet, but they cannot vote on any business. He explained that at the end, each member will decide if each application will get full funding, partial funding, or no funding. He added that the CAC members' decisions will be forwarded to the Board as recommendations, and the Board is responsible for final funding determination when they adopt their annual budget in September.

WVHA Enabling Legislation

Attorney Small stated the purpose of WVHA as an independent special taxing district is to provide access to health care for indigent residents of the district; that if the CAC receives an application that does not further the cause of access to health care for indigent residents, members should be aware that it would not be funded, and they should recommend that it not move forward in the process; that indigency is defined by the WVHA healthcard program eligibility guidelines and procedures, and is another way of describing people who are experiencing poverty; that the guidelines can be read on the WVHA website; that residents must prove they have lived in the district for a specified amount of time; that applications should demonstrate they have an administrative process to qualify people under the guidelines; and that proposed healthcare is to be provided or overseen by licensed healthcare professionals or entities.

Attorney Small discussed an application submitted the previous year that did not demonstrate the requirements he explained. There was discussion amongst the returning members about the application.

Citizen Comments

Mr. Belton commented on the prior application.

Florida Sunshine Law

Attorney Small explained Florida's Sunshine Law and stressed that CAC members cannot have discussion outside of the public meetings with other CAC members if the discussion pertains to something that might foreseeably come before the CAC for a vote. He added that CAC members are free to speak with the WVHA Board of Commissioners, himself, or Ms. Tebo. He stated that the Sunshine Law prohibits two or more members of the same board or commission from talking about or discussing any matter on which foreseeable action will be taken; that it also prohibits chatting with fellow committee members during a meeting when everyone cannot hear the discussion; that social media should not be used to discuss issues either; that his recommendation is it is best not to post views about CAC business on social media; and that members can talk about whatever they like during a meeting.

Chair Rogers asked if two CAC members can visit an applicant's site at the same time. Attorney Small said they can, but they should not discuss committee business. He stressed that the members should be very careful not to communicate with each other.

Conflicts of Interest

Attorney Small explained conflicts of interest and pointed out the applicable section in the bylaws. He stated that members shall not derive pecuniary profit or direct benefit from any action of the committee, either as individuals or in a corporate capacity or entity of which the member is a

participant; that members shall not be employed by or on the board of any agencies funded by WVHA; that it essentially means a member cannot profit from its votes; and that if a specific question arises, members can call the Florida Commission on Ethics.

Commissioner Judy Craig – Parliamentary Procedure

Commissioner Craig welcomed everyone and explained the importance of following parliamentary procedure to maintain order during meetings. She noted they generally follow Roberts Rules of Order as a guide. She provided a cheat sheet to the members outlining the basics of a meeting and how to move through an agenda. She explained that basic motions can be made by any member at any time during the meeting using the words “I move that”; that another member would need to second the motion before moving forward to discussion; that the motion dies if it is not seconded; that motions can also be amended before the vote happens; that motions to table can be used when discussion has not led to resolution; and that members should wait for the Chair to recognize them before speaking.

Scheduled Meetings – 2026

Time, Date & Location of CAC Meetings

Steps in Funding Review Process

Ms. Tebo pointed out that two of the CAC’s individual meetings would be held at The Center at Deltona; that CAC meetings begin at 5:30 p.m.; that there are two joint meetings at 5:00 p.m. with the Board on March 19th and June 18th; and that the joint meetings would be held in the Sanborn Center.

Ms. Tebo said the funding application is on the home page of the WVHA website in Word format; that application submittals are due to her by noon on March 5th; that she would contact the CAC members a week later when application copies are ready for pickup at the miCare DeLand clinic at 844 W. Plymouth Avenue; that if they are not picked up, she would bring the applications to the joint meeting; that she would also scan and email the applications to the members; and that the Q and A meeting on April 7th is important, and attendance is mandatory for applicants.

Funding Application

Outputs and Outcomes

Rubric

Ms. Tebo noted the outputs versus outcomes graphic and the rubric are provided to assist members in their assessment of the applications. She added that members are not required to use the rubric, but it can be used as a guide.

Adjournment

There being no further business before the Committee, Member Jabari Brown moved to adjourn, and Member Benzo seconded the motion. By unanimous vote, the meeting was adjourned at 7:01 p.m.

Patrick Rogers, CAC Chair

**WVHA-FDOH Dental Services
Contractual Agreement
Mid-Year Report**



**Priscilla I Montijo
Orange City Manager**

Our Mission

- To provide Volusia County residents with exceptional patient care by delivering high-quality, complete dental services that promote oral health and overall well-being.

Services Provided

- **Preventive Care:** Exams, cleanings, fluoride treatments, sealants, and patient education to prevent cavities and gum disease.
 - Education (oral hygiene instructions, nutritional and tobacco counseling)
- **Diagnostic Services:** X-rays, oral cancer screenings, and thorough evaluations.
- **Restorative Treatments:** Fillings.
- **Oral Surgery:** Simple Extractions (primarily baby teeth).

Services Provided

- **Periodontal Care:** Treatment for gum disease, including scaling and root planing.
- **Emergency Care:** Managing dental pain, infections, and urgent issues.
 - Provide referrals: Endodontist, Oral surgeon, Orthodontist, Prosthodontists, General Dentist, and Periodontist.
- **Specialty Services:** Pulpotomy, Incision and Drainage (I&D) performed on baby teeth.

Contract History

- FY-20/21 \$223,000 74% spent
- FY-21/22 \$150,000 88% spent
- FY-22/23 \$150,000 98% spent
- FY-23/24 \$160,000 Funding exhausted
- FY-24-25 \$165,000 86% spent

October 1, 2025 - January 31, 2026

*value based of American Dental Association usual and customary fees

Client Comments

“Thank you. I feel I can smile again”

“I will use the services again”

“Staff were awesome”

“What would I do without you”

“Thank you so much!”

“Great service!”

QUESTIONS??



WEST VOLUSIA HOSPITAL AUTHORITY 2024 -2025 UTILIZATION REPORT ACCESS TO CARE PROGRAM

March 2026



[www .neighborhoodcenterwv .org](http://www.neighborhoodcenterwv.org)



PRESENTATION OUTLINE

1

Access to Care Program

2

Agency Services

3

Partnerships

4

Data

5

Success Story

FOUNDED:
1969

MOTTO:

"A place with a
heart"

MISSION:

What We Do



Feed the
Hungry



House the
Homeless



Prevent
Homelessness

ACCESS TO CARE PROGRAM

The Access to Care program swiftly connects impoverished West Volusia residents with local medical providers. These providers proactively address the clients' medical needs, helping to prevent emergency room visits for their illnesses or medical needs.



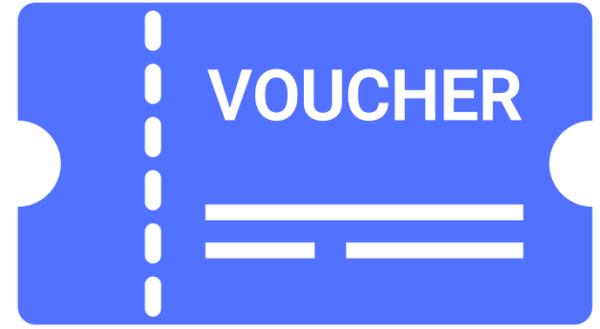
Partnerships



OCT 2024 - SEPT 2025



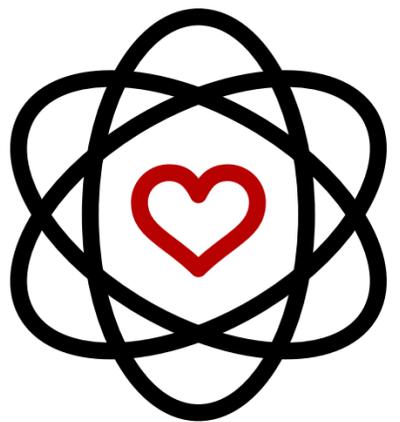
**3,006 Unique
Clients Served**



**5,190 Vouchers
Written**

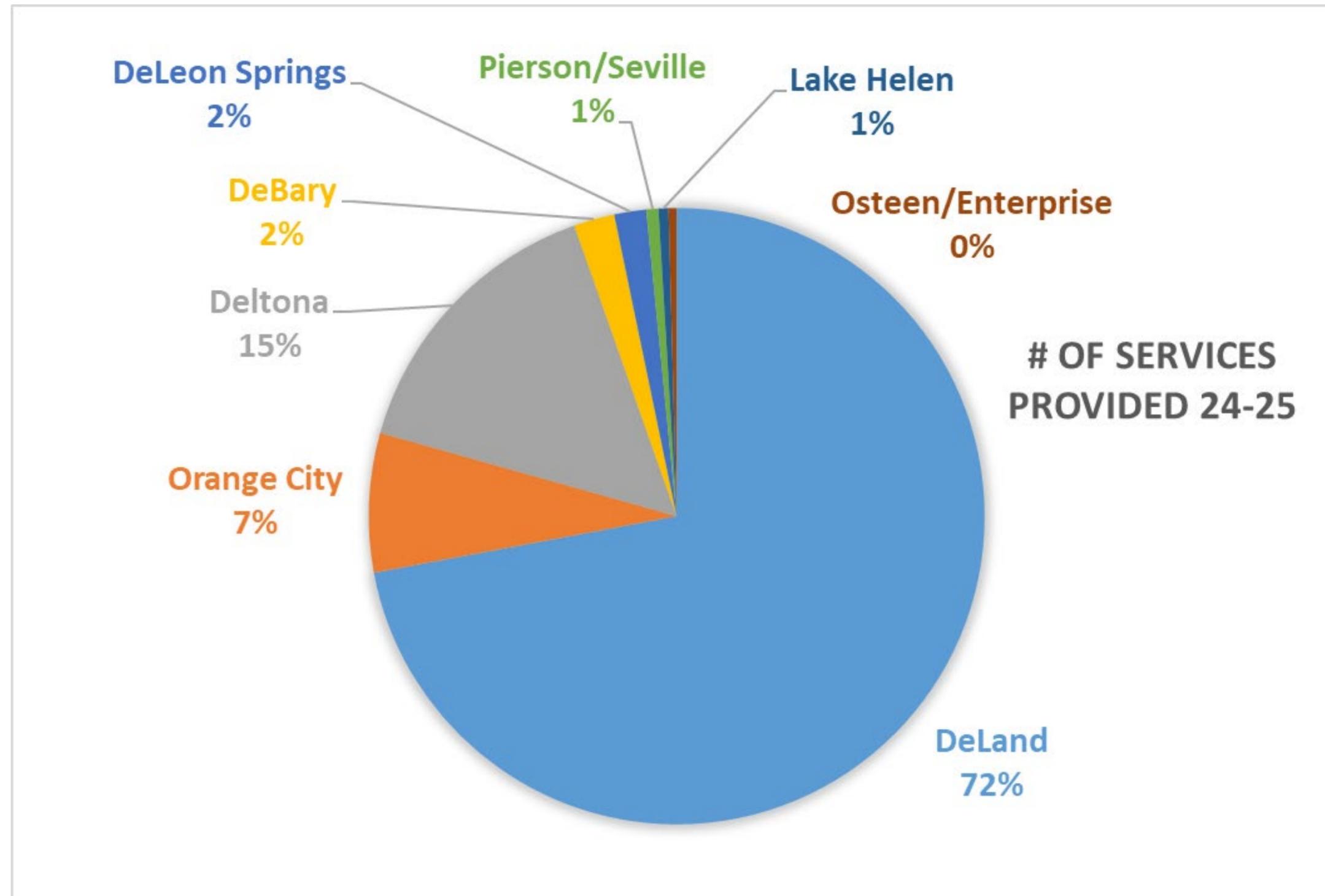


**5,190 Number of
Services Provided**



**Total Value of
Services
\$128,750**

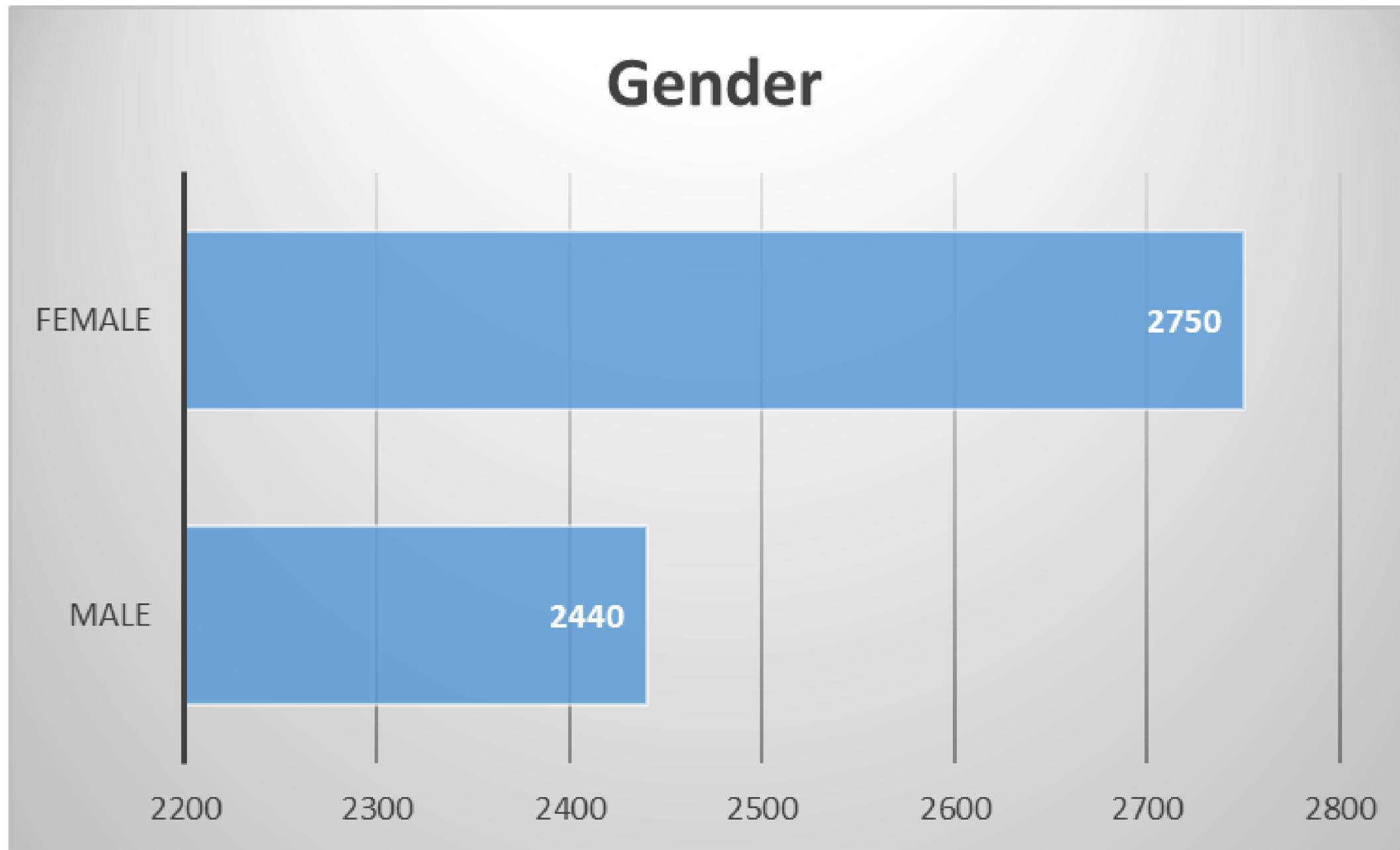
24-25 Grant Cycle



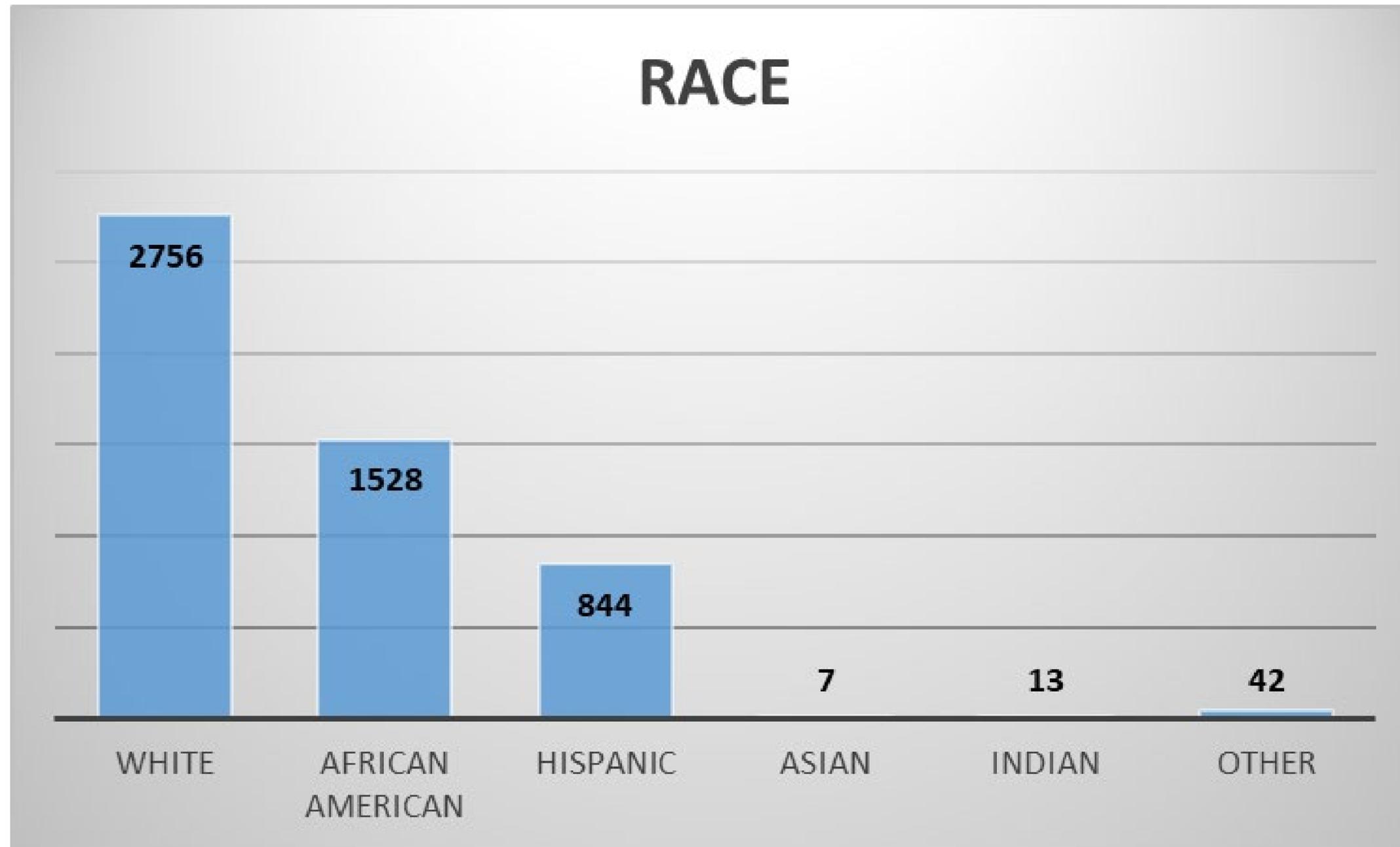
City Services:

Osteen/Enterprise	- 22
Lake Helen	- 27
Pierson/Seville	- 33
DeLeon Springs	- 87
DeBary	- 111
Deltona	- 791
Orange City	379
DeLand	3,740
All Cities:	5,190

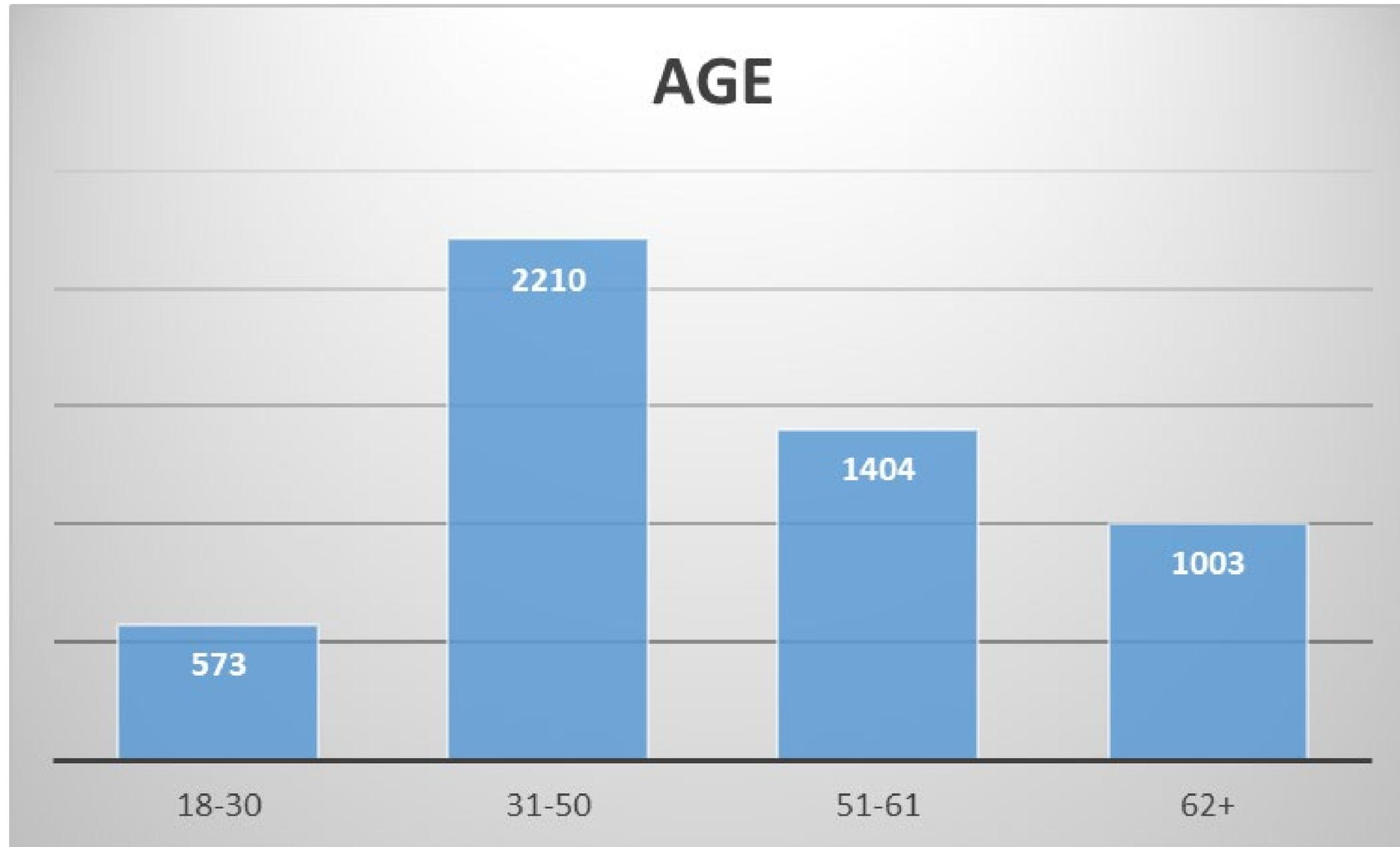
CLIENT DEMOGRAPHICS



CLIENT DEMOGRAPHICS



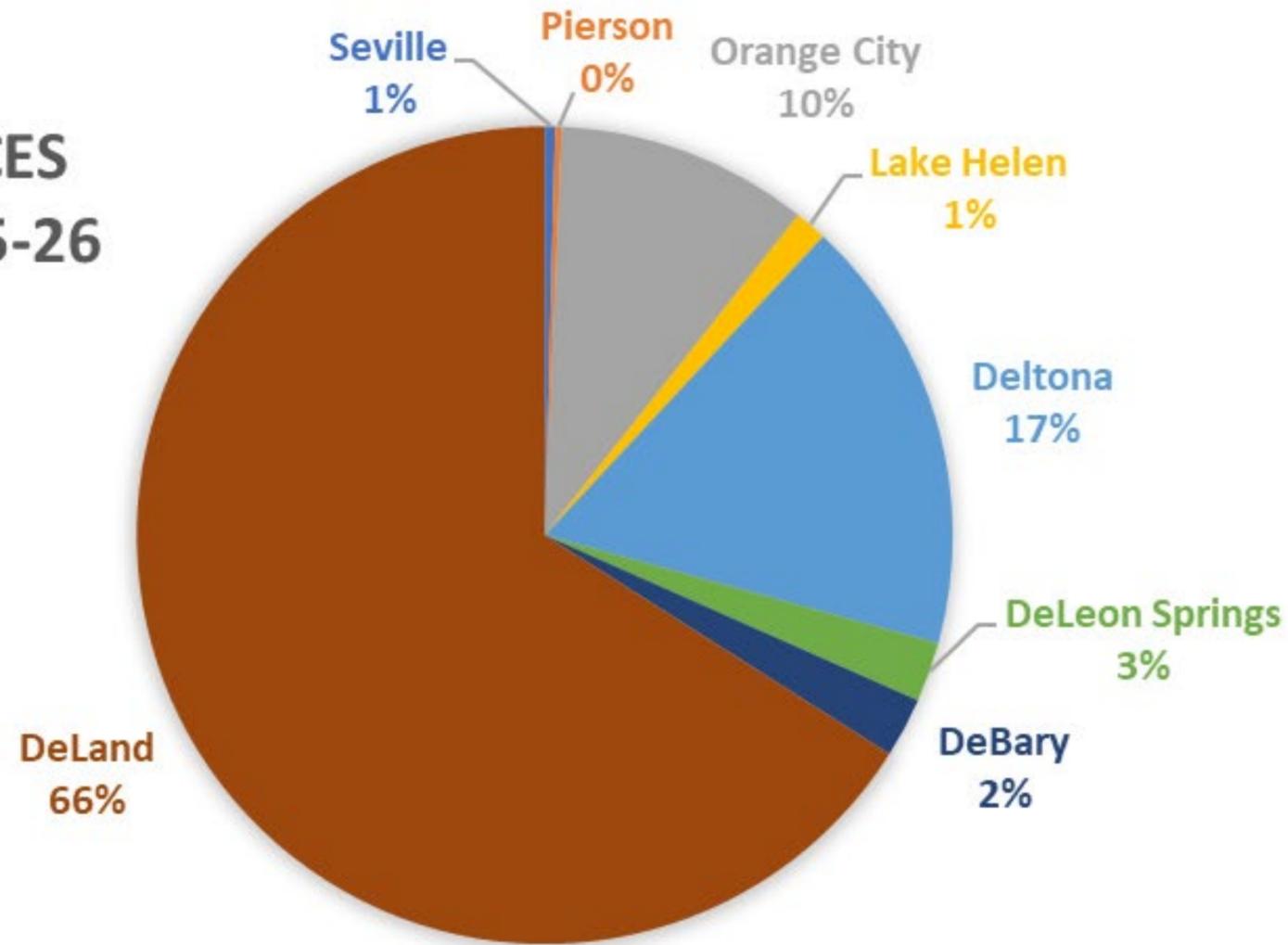
CLIENT DEMOGRAPHICS



25-26 Grant Cycle

October 2025 - January 2026

OF SERVICES PROVIDED 25-26



City Services:
Lake Helen - 25
Pierson - 5
Seville - 8
DeLeon Springs - 46
DeBary - 46
Deltona - 337
Orange City - 195
DeLand - 1,286

All Cities: 1,948

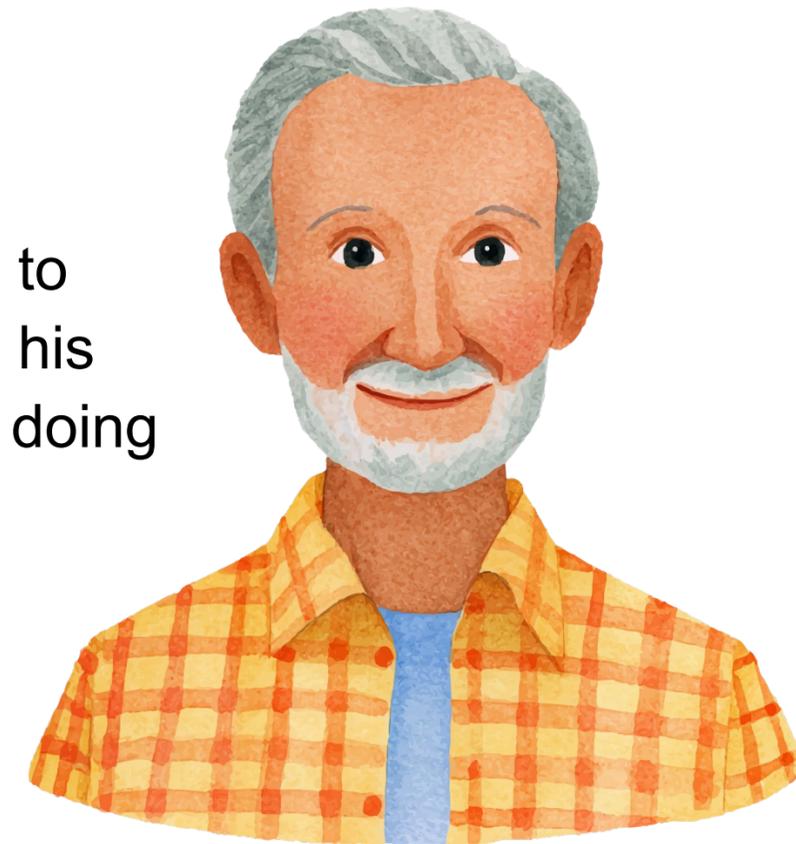
Client Success: Meet John

John, a 60 year old male from Deltona, came into Prevention Services Department seeking a referral for medical care. He had health challenges, but due the cost of health insurance he had not been to the doctor in many years.

Accessed basic necessities and support services including receiving the WVHA Health Card to gain access to health care.

He was able to obtain WVHA Health Card and recieved primary care services. At the doctor he found out he had high blood pressure and diabetes.

John is now connected to ongoing care to help manage his health and is doing very well.



Client Success: Meet Joanne

Joanne, a 50 year old female from DeLand, came in seeking a referral for medical care. Joanne had been homeless for 5 years and recently moved into our Permanent Supportive Housing Program.

Accessed basic necessities and support services including receiving the WVHA Health Card to gain access to health care, food, and clothing voucher from our Thrift Store.

She was able to obtain WVHA Health Card. She is currently receiving treatment and medical support for a cancer diagnosis and ongoing mental health challenges.

Joanne came back to our office and expressed sincere gratitude for the assistance provided in helping her access WVHA services as she believes it has saved her life. She now regularly volunteers in our food pantry.





EBMS

March 2026

Submission Report for
WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 2/1/2026 to 2/28/2026
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	5310		Charges	\$5,313,605	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$4,656,937	Duplicate Charges	\$39,463	0.74%
Medical	\$649,985	\$483	Allowed	\$656,667	Plan Limitations	\$971,524	18.28%
Professional	\$236,248	\$175	less Member	\$7,450	Cost Savings	\$3,645,266	68.60%
Facility	\$413,738	\$307	less Adjustments	-\$768	UCR Reductions	\$185	0.00%
PBM	\$0	\$0	Paid Benefit	\$649,985	Other	\$500	0.01%
Total Plan Paid:	\$649,985	\$483	plus Admin Costs	\$328,159	Total:	\$4,656,937	87.64%
			Total Plan Paid:	\$978,144			

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
2/28/2026										
0 to 19	38	30	68	0	0	0	0	68	0	0
20 to 25	26	42	68	0	0	0	0	68	0	0
26 to 29	29	26	55	0	0	0	0	55	0	0
30 to 39	104	104	208	0	0	0	0	208	0	0
40 to 49	145	181	326	0	0	0	0	326	0	0
50 to 59	148	202	350	0	0	0	0	350	0	0
60 to 64	78	113	191	0	0	0	0	191	0	0
65 and Older	34	47	81	0	0	0	0	81	0	0
Totals	602	745	1347	0	0	0	0	1347	0	0
Average Age	45.11	47.21	46.27	0.00	0.00	0.00	0.00	46.27	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 2/28/2026	Employee	Spouse	Dependent
Adventhealth Deland	52	\$112,754	0 to 19	\$2,840	\$0	\$0
Adventhealth Fish	48	\$90,755	20 to 25	\$11,454	\$0	\$0
Florida Cancer Specialists	82	\$69,486	26 to 29	\$8,037	\$0	\$0
Medical Center Of Deltona	9	\$69,294	30 to 39	\$54,889	\$0	\$0
Halifax Hospital Medical	5	\$54,147	40 to 49	\$112,398	\$0	\$0
Shands UF	2	\$42,932	50 to 59	\$168,821	\$0	\$0
Deland Dialysis	26	\$30,547	60 to 64	\$249,514	\$0	\$0
Quest Diagnostics Tampa	223	\$15,975	65 and Older	\$42,032	\$0	\$0
Halifax Health	9	\$15,524	Totals	\$649,985	\$0	\$0
06 Radiology Associates	91	\$10,535				

Claims Paid by Month		Average Lag & Average Spend (rolling 12 months)			
Month	Paid	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
October 25	\$289,856	Medical	\$23,921	41	\$980,761
November 25	\$551,040	Vision	\$0	10	\$0
December 25	\$712,075	RX	\$0	234	\$0
January 26	\$1,174,160	Total:			\$980,761
February 26	\$649,985				
Total:	\$3,377,116				



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 2/1/2026 to 2/28/2026
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	1	\$540	\$360	\$180	\$10	\$0	\$170	0.03%
ANESTHESIA	45	\$93,655	\$79,135	\$14,520	\$0	\$0	\$14,520	2.23%
CHIROPRACTIC	4	\$442	\$298	\$144	\$30	\$0	\$114	0.02%
DIALYSIS	58	\$1,125,766	\$1,081,000	\$44,766	\$0	\$0	\$44,766	6.89%
DME/APPLIANCE	17	\$2,617	\$2,617	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	332	\$611,825	\$559,430	\$52,394	\$1,800	\$0	\$50,594	7.78%
INELIGIBLE	400	\$365,311	\$365,116	\$196	\$0	\$0	\$196	0.03%
INPATIENT PHYS	288	\$98,948	\$78,954	\$19,994	\$0	\$0	\$19,994	3.08%
IP HOSP CHARGES	65	\$1,730,580	\$1,493,947	\$236,633	\$1,300	\$0	\$235,333	36.21%
MATERNITY	14	\$6,137	\$5,160	\$977	\$0	\$0	\$977	0.15%
MEDICAL MISC	31	\$20,356	\$19,359	\$997	\$140	\$0	\$857	0.13%
OFFICE VISIT	594	\$93,809	\$66,674	\$27,135	\$2,210	\$0	\$24,925	3.83%
OP PHYSICIAN	130	\$72,972	\$48,791	\$24,181	\$181	\$0	\$24,000	3.69%
OTHER	202	\$0	\$0	\$0	\$0	-\$768	\$768	0.12%
OUTPAT HOSP	6	\$26,734	\$24,642	\$2,092	\$50	\$0	\$2,042	0.31%
PSYCHIATRIC	61	\$8,908	\$4,499	\$4,409	\$185	\$0	\$4,224	0.65%
RADIATION /CHEMO	60	\$147,501	\$98,354	\$49,147	\$9	\$0	\$49,137	7.56%
SLEEP DISORDER	7	\$535	\$535	\$0	\$0	\$0	\$0	0.00%
SURG FACILITY	41	\$360,110	\$266,011	\$94,098	\$650	\$0	\$93,448	14.38%
SURGERY	182	\$35,775	\$34,105	\$1,670	\$0	\$0	\$1,670	0.26%
SURGERY IP	26	\$81,182	\$62,369	\$18,813	\$0	\$0	\$18,813	2.89%
SURGERY OP	15	\$12,840	\$9,483	\$3,357	\$0	\$0	\$3,357	0.52%
THERAPY	94	\$7,645	\$4,411	\$3,234	\$340	\$0	\$2,894	0.45%
URGENT CARE	19	\$3,535	\$2,440	\$1,095	\$175	\$0	\$920	0.14%
VISION	2	\$274	\$274	\$0	\$0	\$0	\$0	0.00%
WELLNESS	496	\$38,201	\$30,420	\$7,781	\$0	\$0	\$7,781	1.20%
XRAY/LAB	2381	\$367,409	\$318,554	\$48,855	\$369	\$0	\$48,485	7.46%
Totals:	5571	\$5,313,605	\$4,656,937	\$656,667	\$7,450	-\$768	\$649,985	



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 2/28/2026
Location: All

Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary			Cash Flow Summary		Disallowed Charges by Category		
Claim Counts	33427		Charges	\$33,320,903	Disallowed Category	Amount	% of Gross
Claim Type	Total Paid	Per EE/Mo	less Disallowed	\$29,900,047	Addl Info Not Provided	\$96,646	0.29%
Medical	\$3,377,116	\$501	Allowed	\$3,420,856	Duplicate Charges	\$890,002	2.67%
Professional	\$1,500,261	\$223	less Member	\$49,630	Not Medically...	\$480	0.00%
Facility	\$1,876,854	\$279	less Adjustments	-\$5,924	Plan Limitations	\$9,205,379	27.63%
PBM	\$0	\$0	Paid Benefit	\$3,377,116	Cost Savings	\$19,645,941	58.96%
Total Plan Paid:	\$3,377,116	\$501	plus Admin Costs	\$1,733,005	UCR Reductions	\$2,892	0.01%
			Total Plan Paid:	\$5,110,121	Other	\$58,709	0.18%
					Total:	\$29,900,047	89.73%

Census										
Census Date:	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
2/28/2026										
0 to 19	38	30	68	0	0	0	0	68	0	0
20 to 25	26	42	68	0	0	0	0	68	0	0
26 to 29	29	26	55	0	0	0	0	55	0	0
30 to 39	104	104	208	0	0	0	0	208	0	0
40 to 49	145	181	326	0	0	0	0	326	0	0
50 to 59	148	202	350	0	0	0	0	350	0	0
60 to 64	78	113	191	0	0	0	0	191	0	0
65 and Older	34	47	81	0	0	0	0	81	0	0
Totals	602	745	1347	0	0	0	0	1347	0	0
Average Age	45.11	47.21	46.27	0.00	0.00	0.00	0.00	46.27	0.00	0.00

Top Paid			Plan Payment by Age & Claimant Type			
Name	Claim Count	Paid	Census Date: 2/28/2026	Employee	Spouse	Dependent
Adventhealth Deland	391	\$599,225	0 to 19	\$14,997	\$0	\$0
Florida Cancer Specialists	471	\$399,015	20 to 25	\$59,585	\$0	\$0
Adventhealth Fish	391	\$372,555	26 to 29	\$76,684	\$0	\$0
Halifax Hospital Medical	42	\$280,805	30 to 39	\$257,199	\$0	\$0
Medical Center Of Deltona	71	\$250,636	40 to 49	\$434,911	\$0	\$0
Deland Dialysis	209	\$170,598	50 to 59	\$1,292,176	\$0	\$0
Quest Diagnostics Tampa	1760	\$115,267	60 to 64	\$868,443	\$0	\$0
Shands UF	8	\$83,653	65 and Older	\$373,121	\$0	\$0
06 Radiology Associates	580	\$66,593	Totals	\$3,377,116	\$0	\$0
Adventhealth Deland	469	\$44,064				

Claims Paid by Month			Average Lag & Average Spend (rolling 12 months)			
Month	Claim Count	Paid	Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
October 25		\$289,856	Medical	\$23,921	41	\$980,761
November 25		\$551,040	Vision	\$0	10	\$0
December 25		\$712,075	RX	\$0	234	\$0
January 26		\$1,174,160				
February 26		\$649,985				
Total:		\$3,377,116	Total:			\$980,761



Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 2/28/2026
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	1	\$540	\$360	\$180	\$10	\$0	\$170	0.01%
AMBULANCE	19	\$8,818	\$8,818	\$0	\$0	\$0	\$0	0.00%
ANESTHESIA	258	\$461,419	\$386,482	\$74,937	\$0	\$0	\$74,937	2.22%
CHIROPRACTIC	110	\$11,814	\$8,260	\$3,554	\$530	\$0	\$3,024	0.09%
DIALYSIS	410	\$8,139,277	\$7,894,928	\$244,349	\$0	\$0	\$244,349	7.24%
DME/APPLIANCE	41	\$31,622	\$31,622	\$0	\$0	\$0	\$0	0.00%
EMERG ROOM CHRGS	2059	\$4,199,338	\$3,826,644	\$372,694	\$11,532	\$0	\$361,162	10.69%
INELIGIBLE	2049	\$1,033,796	\$1,032,028	\$1,767	\$0	\$0	\$1,767	0.05%
INPATIENT PHYS	1246	\$368,774	\$292,820	\$75,954	\$0	\$0	\$75,954	2.25%
IP HOSP CHARGES	346	\$9,363,824	\$8,562,766	\$801,057	\$4,350	\$0	\$796,707	23.59%
MATERNITY	52	\$36,874	\$34,355	\$2,519	\$0	\$0	\$2,519	0.07%
MEDICAL MISC	207	\$109,738	\$97,886	\$11,852	\$771	\$0	\$11,081	0.33%
OFFICE VISIT	3553	\$567,929	\$384,957	\$182,972	\$15,240	\$0	\$167,732	4.97%
OP PHYSICIAN	918	\$571,861	\$406,410	\$165,451	\$895	\$0	\$164,556	4.87%
OTHER	855	\$12,783	\$7,200	\$5,582	\$0	-\$5,924	\$11,506	0.34%
OUTPAT HOSP	159	\$356,513	\$320,704	\$35,809	\$2,924	\$0	\$32,885	0.97%
PSYCHIATRIC	580	\$136,206	\$78,939	\$57,266	\$1,903	\$0	\$55,363	1.64%
RADIATION /CHEMO	655	\$1,226,017	\$915,668	\$310,349	\$105	\$0	\$310,244	9.19%
SLEEP DISORDER	9	\$631	\$631	\$0	\$0	\$0	\$0	0.00%
SUBS ABUSE	14	\$58,705	\$48,414	\$10,291	\$0	\$0	\$10,291	0.30%
SURG FACILITY	250	\$2,437,813	\$2,066,693	\$371,120	\$3,775	\$0	\$367,345	10.88%
SURGERY	783	\$189,007	\$150,990	\$38,017	\$0	\$0	\$38,017	1.13%
SURGERY IP	134	\$237,433	\$180,226	\$57,207	\$0	\$0	\$57,207	1.69%
SURGERY OP	184	\$188,417	\$136,311	\$52,106	\$0	\$0	\$52,106	1.54%
THERAPY	1170	\$115,238	\$78,982	\$36,256	\$3,310	\$0	\$32,912	0.97%
URGENT CARE	74	\$14,767	\$10,296	\$4,471	\$800	\$0	\$3,671	0.11%
VISION	3	\$274	\$274	\$0	\$0	\$0	\$0	0.00%
WELLNESS	2860	\$242,422	\$197,199	\$45,223	\$0	\$0	\$45,223	1.34%
XRAY/LAB	15210	\$3,199,056	\$2,739,183	\$459,873	\$3,485	\$0	\$456,388	13.51%
Totals:	34209	\$33,320,903	\$29,900,047	\$3,420,856	\$49,630	-\$5,924	\$3,377,116	

Block of Business ID:
Client ID:

EBMSI
00532

Eligibility Date: : 10/1/2025 to 9/30/2026

Month-Year	Employee Count	Dependent Count	Total Member
00532-West Volusia Hospital Authority			
10/1/2025	1594	0	1594
11/1/2025	1566	0	1566
12/1/2025	1525	0	1525
1/1/2026	1509	0	1509
2/1/2026	1462	0	1462
3/1/2026	1346	0	1346
4/1/2026	1174	0	1174
5/1/2026	967	0	967
6/1/2026	773	0	773
7/1/2026	577	0	577
8/1/2026	318	0	318
9/1/2026	86	0	86
Total Member Days			1,074.75



Enrollment Counts by City and State

Block of Business ID:
Client ID:

EBMSI
00532

As Of Date: 2/28/2026

City, State	Employee Count	Dependent Count	Total Count
Cassadaga, FL	1	0	1
De Leon Springs, FL	115	0	115
Debary, FL	32	0	32
Deland, FL	656	0	656
Deltona, FL	318	0	318
Lake Helen, FL	9	0	9
Orange City, FL	75	0	75
Osteen, FL	9	0	9
Pierson, FL	90	0	90
Seville, FL	42	0	42
Total	1347	0	1347



Tier Census by Product 2/1/2026

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	1373	614	759	0	0	0	0	1373
		Subtotal for Active:	1373	614	759	0	0	0	0	1373
		Total for Medical:	1373	614	759	0	0	0	0	1373



Tier Census by Product 2/15/2026

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	1356	607	749	0	0	0	0	1356
		Subtotal for Active:	1356	607	749	0	0	0	0	1356
		Total for Medical:	1356	607	749	0	0	0	0	1356



Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 2/1/2026 to 2/28/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	540.00	0.00	359.76	180.24	10.00	0.00	170.24	0.03%
ANESTHESIA	45	93,654.70	29,910.00	49,224.63	14,520.07	0.00	0.00	14,520.07	2.23%
CHIROPRACTIC	4	442.30	119.92	178.47	143.91	30.00	0.00	113.91	0.02%
DIALYSIS	58	1,125,765.60	30,709.10	1,050,290.63	44,765.87	0.00	0.00	44,765.87	6.89%
DME/APPLIANCE	17	2,616.53	2,616.53	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	332	611,824.74	139,111.08	420,319.36	52,394.30	1,800.00	0.00	50,594.30	7.78%
INELIGIBLE	400	365,311.28	364,269.12	846.50	195.66	0.00	0.00	195.66	0.03%
INPATIENT PHYS	288	98,947.99	28,103.56	50,850.67	19,993.76	0.00	0.00	19,993.76	3.08%
IP HOSP CHARGES	65	1,730,579.92	175,621.43	1,318,325.73	236,632.76	1,300.00	0.00	235,332.76	36.21%
MATERNITY	14	6,136.92	3,753.96	1,405.91	977.05	0.00	0.00	977.05	0.15%
MEDICAL MISC	31	20,356.38	13,842.38	5,516.75	997.25	140.00	0.00	857.25	0.13%
OFFICE VISIT	594	93,808.96	11,511.70	55,162.75	27,134.51	2,210.00	0.00	24,924.51	3.83%
OP PHYSICIAN	130	72,971.99	0.00	48,790.98	24,181.01	181.20	0.00	23,999.81	3.69%
OTHER	206	0.00	0.00	0.00	0.00	0.00	-767.76	767.76	0.12%
OUTPAT HOSP	6	26,733.71	6,494.23	18,147.83	2,091.65	50.00	0.00	2,041.65	0.31%
PSYCHIATRIC	61	8,907.85	1,820.00	2,678.59	4,409.26	185.00	0.00	4,224.26	0.65%
RADIATION /CHEMO	60	147,501.14	0.00	98,354.40	49,146.74	9.27	0.00	49,137.47	7.56%
SLEEP DISORDER	7	534.63	534.63	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	41	360,109.61	3,897.06	262,114.15	94,098.40	650.00	0.00	93,448.40	14.38%
SURGERY	182	35,774.60	23,490.00	10,614.68	1,669.92	0.00	0.00	1,669.92	0.26%
SURGERY IP	26	81,182.00	595.00	61,773.58	18,813.42	0.00	0.00	18,813.42	2.89%
SURGERY OP	15	12,840.00	2,537.00	6,946.36	3,356.64	0.00	0.00	3,356.64	0.52%
THERAPY	94	7,645.00	207.00	4,204.05	3,233.95	340.00	0.00	2,893.95	0.45%
URGENT CARE	19	3,535.00	0.00	2,439.85	1,095.15	175.00	0.00	920.15	0.14%
VISION	2	274.00	274.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	496	38,200.84	1,702.35	28,717.31	7,781.18	0.00	0.00	7,781.18	1.20%
XRAY/ LAB	2381	367,408.99	89,310.46	229,244.03	48,854.50	369.15	0.00	48,485.35	7.46%
Totals for 00532	5575	5,313,604.68	930,430.51	3,726,506.97	656,667.20	7,449.62	-767.76	649,985.34	

Requested by: ReportScheduler from p316 data [P316]

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Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2025 to 2/28/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	1	540.00	0.00	359.76	180.24	10.00	0.00	170.24	0.01%
AMBULANCE	19	8,817.80	8,817.80	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	258	461,418.90	44,492.80	341,989.39	74,936.71	0.00	0.00	74,936.71	2.22%
CHIROPRACTIC	110	11,813.96	2,687.52	5,572.30	3,554.14	530.00	0.00	3,024.14	0.09%
DIALYSIS	410	8,139,277.41	-36,892.14	7,931,820.63	244,348.92	0.00	0.00	244,348.92	7.24%
DME/APPLIANCE	41	31,621.57	31,621.57	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	2059	4,199,338.12	658,732.45	3,167,911.73	372,693.94	11,532.34	0.00	361,161.60	10.69%
INELIGIBLE	2049	1,033,795.79	1,021,046.80	10,981.68	1,767.31	0.00	0.00	1,767.31	0.05%
INPATIENT PHYS	1246	368,774.47	142,301.42	150,519.03	75,954.02	0.00	0.00	75,954.02	2.25%
IP HOSP CHARGES	346	9,363,823.63	2,889,628.72	5,673,137.71	801,057.20	4,350.00	0.00	796,707.20	23.59%
MATERNITY	52	36,873.92	30,430.96	3,924.42	2,518.54	0.00	0.00	2,518.54	0.07%
MEDICAL MISC	207	109,737.56	64,766.56	33,119.13	11,851.87	770.64	0.00	11,081.23	0.33%
OFFICE VISIT	3553	567,929.49	55,354.57	329,602.91	182,972.01	15,240.00	0.00	167,732.01	4.97%
OP PHYSICIAN	918	571,861.34	3,885.98	402,524.43	165,450.93	894.82	0.00	164,556.11	4.87%
OTHER	893	12,782.50	1,618.00	5,582.25	5,582.25	0.00	-5,924.00	11,506.25	0.34%
OUTPAT HOSP	159	356,512.62	22,555.40	298,148.57	35,808.65	2,923.85	0.00	32,884.80	0.97%
PSYCHIATRIC	580	136,205.78	18,856.29	60,083.02	57,266.47	1,903.29	0.00	55,363.18	1.64%
RADIATION /CHEMO	655	1,226,016.56	85,873.00	829,794.71	310,348.85	104.91	0.00	310,243.94	9.19%
SLEEP DISORDER	9	630.76	630.76	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	14	58,705.27	8,448.95	39,965.20	10,291.12	0.00	0.00	10,291.12	0.30%
SURG FACILITY	250	2,437,812.79	119,734.80	1,946,958.35	371,119.64	3,775.00	0.00	367,344.64	10.88%
SURGERY	783	189,006.92	40,704.74	110,284.87	38,017.31	0.00	0.00	38,017.31	1.13%
SURGERY IP	134	237,433.00	39,910.42	140,316.03	57,206.55	0.00	0.00	57,206.55	1.69%
SURGERY OP	184	188,416.96	19,995.50	116,315.12	52,106.34	0.00	0.00	52,106.34	1.54%
THERAPY	1170	115,237.83	18,183.83	60,798.08	36,255.92	3,310.00	0.00	32,912.07	0.97%
URGENT CARE	74	14,766.80	0.00	10,295.53	4,471.27	800.00	0.00	3,671.27	0.11%
VISION	3	274.00	274.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	2860	242,421.77	10,658.12	186,540.82	45,222.83	0.00	0.00	45,222.83	1.34%
XRAY/ LAB	15210	3,199,055.86	501,236.49	2,237,946.37	459,873.00	3,485.49	0.00	456,387.51	13.51%
Totals for 00532	34247	33,320,903.38	5,805,555.31	24,094,492.04	3,420,856.03	49,630.34	-5,924.00	3,377,115.84	

Requested by: ReportScheduler from p316 data [P316]

Generated at: 09:16:15 on 01 March 2026





Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 2/1/2026 to 2/28/2026

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	1400	329,227.63	0.00	0.00	0.00	0.00	329,227.63
miCareDelton	963	308,551.06	0.00	0.00	0.00	0.00	308,551.06
miCarePierso	64	12,206.65	0.00	0.00	0.00	0.00	12,206.65
N/A	16	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	2443	649,985.34	0.00	0.00	0.00	0.00	649,985.34

Requested by: ReportScheduler from p316 data [P316]

Generated at: 07:10:56 on 01 March 2026



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 2/28/2026

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
miCareDeLand	8160	1,908,127.45	0.00	0.00	0.00	0.00	1,908,127.45
miCareDelton	6019	1,384,316.64	0.00	0.00	0.00	0.00	1,384,316.64
miCarePierso	430	84,671.75	0.00	0.00	0.00	0.00	84,671.75
N/A	60	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	14669	3,377,115.84	0.00	0.00	0.00	0.00	3,377,115.84



Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 2/1/2026 to 2/28/2026

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	547	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: 10/1/2025 to 2/28/2026

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	2521	0.00	0.00	0.00	0.00	0.00	0.00



CLAIMS PAID BY MONTH

Paid Date: 10/1/25 to 2/28/26

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																
Deltona	02-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
miCareDeLand	10-2025	\$7,707.89	\$14,663.72	\$705.73	\$113,840.49	\$0.00	1490	\$136,917.83	\$0.00	1023	\$133.84	\$7.53	\$14.33	\$0.69	\$111.28	\$0.00
miCareDeLand	11-2025	\$124,473.94	\$24,400.58	\$627.15	\$178,462.15	\$0.00	1619	\$327,963.82	\$0.00	1015	\$323.12	\$122.63	\$24.04	\$0.62	\$175.82	\$0.00
miCareDeLand	12-2025	\$190,118.41	\$18,506.81	\$501.72	\$211,473.54	\$0.00	1500	\$420,600.48	\$0.00	998	\$421.44	\$190.50	\$18.54	\$0.50	\$211.90	\$0.00
miCareDeLand	01-2026	\$419,155.94	\$28,915.27	\$1,454.53	\$243,891.95	\$0.00	2038	\$693,417.69	\$0.00	982	\$706.13	\$426.84	\$29.45	\$1.48	\$248.36	\$0.00
miCareDeLand	02-2026	\$203,405.11	\$17,118.45	\$376.29	\$108,327.78	\$0.00	1366	\$329,227.63	\$0.00	956	\$344.38	\$212.77	\$17.91	\$0.39	\$113.31	\$0.00
	Subtotal:	\$944,861.29	\$103,604.83	\$3,665.42	\$855,995.91	\$0.00	8013	\$1,908,127.45	\$0.00	4974	\$383.62	\$189.96	\$20.83	\$0.74	\$172.09	\$0.00
miCareDelton	10-2025	\$19,148.75	\$13,496.02	\$2,927.99	\$111,245.93	\$0.00	1179	\$146,818.69	\$0.00	510	\$287.88	\$37.55	\$26.46	\$5.74	\$218.13	\$0.00
miCareDelton	11-2025	\$51,040.09	\$17,004.47	\$1,581.25	\$135,933.45	\$0.00	1336	\$205,559.26	\$0.00	491	\$418.65	\$103.95	\$34.63	\$3.22	\$276.85	\$0.00
miCareDelton	12-2025	\$129,821.14	\$11,243.46	\$116.84	\$131,944.41	\$0.00	1052	\$273,125.85	\$0.00	467	\$584.85	\$277.99	\$24.08	\$0.25	\$282.54	\$0.00
miCareDelton	01-2026	\$296,075.89	\$12,610.54	\$142.66	\$141,432.69	\$0.00	1414	\$450,261.78	\$0.00	467	\$964.16	\$634.00	\$27.00	\$0.31	\$302.85	\$0.00
miCareDelton	02-2026	\$143,168.23	\$5,621.10	\$191.79	\$159,569.94	\$0.00	930	\$308,551.06	\$0.00	447	\$690.27	\$320.29	\$12.58	\$0.43	\$356.98	\$0.00
	Subtotal:	\$639,254.10	\$59,975.59	\$4,960.53	\$680,126.42	\$0.00	5911	\$1,384,316.64	\$0.00	2382	\$581.16	\$268.37	\$25.18	\$2.08	\$285.53	\$0.00
miCarePierso	10-2025	\$0.00	\$661.38	\$0.00	\$5,458.28	\$0.00	78	\$6,119.66	\$0.00	61	\$100.32	\$0.00	\$10.84	\$0.00	\$89.48	\$0.00
miCarePierso	11-2025	\$6,524.31	\$1,612.10	\$0.00	\$9,380.26	\$0.00	89	\$17,516.67	\$0.00	60	\$291.94	\$108.74	\$26.87	\$0.00	\$156.34	\$0.00
miCarePierso	12-2025	\$5,372.41	\$1,708.36	\$0.00	\$11,267.82	\$0.00	95	\$18,348.59	\$0.00	60	\$305.81	\$89.54	\$28.47	\$0.00	\$187.80	\$0.00
miCarePierso	01-2026	\$11,751.54	\$2,094.17	\$0.00	\$16,634.47	\$0.00	103	\$30,480.18	\$0.00	60	\$508.00	\$195.86	\$34.90	\$0.00	\$277.24	\$0.00
miCarePierso	02-2026	\$196.84	\$1,160.62	\$0.00	\$10,849.19	\$0.00	58	\$12,206.65	\$0.00	58	\$210.46	\$3.39	\$20.01	\$0.00	\$187.06	\$0.00
	Subtotal:	\$23,845.10	\$7,236.63	\$0.00	\$53,590.02	\$0.00	423	\$84,671.75	\$0.00	299	\$283.18	\$79.75	\$24.20	\$0.00	\$179.23	\$0.00
N/A	10-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	20	\$0.00	\$421,273.86	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	11-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$344,690.09	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	12-2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	4	\$0.00	\$314,207.22	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	01-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	20	\$0.00	\$324,675.66	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N/A	02-2026	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	16	\$0.00	\$328,158.50	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	60	\$0.00	\$1,733,005.33	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total:	\$1,607,960.49	\$170,817.05	\$8,625.95	\$1,589,712.35	\$0.00	14407	\$3,377,115.84	\$1,733,005.33	7656	\$667.47	\$210.03	\$22.31	\$1.13	\$207.64	\$0.00

Parameters

Beginning Location:
 Ending Location:
 Paid Date: 10/1/2025-2/28/2026
 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

February 2026 Report

miCare Utilization

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
DeLand			
2026	240	199	83%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Deltona			
2026	184	138	75%

	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
Overall			
2026	424	337	79%

Description of Terms:

- **Utilization** - measures provider (Physician, Nurse Practitioner Physician Assistant) time available to provide direct patient care
- **BOB – Book of Business** - describes the average over the miCare clients’ clinics
- **Member Migration** – shows the % of members who have used the clinic withing a given date range against the number or eligible members
- **Unique Patient** – refers to each member being counted individually within given period
- **Benchmark** – refers to the industry average or standard
- **No Shows** - is where patients didn’t attend their scheduled clinic appointment
- **Administrative Time** – (chart review, medication follow-ups, referrals, provider-to provider communications etc.) represents approx. 2% of total capacity and is in line with industry standards

No Show Rate

	No Show Count	No Show %
DeLand	72	8%
Deltona	35	6%



Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	Number of visits	%	Notes
Total Provider visits	360	44%	Schedulable patient activities
Total Labs	219	27%	Schedulable patient activities
Total Nurse Visits	6	1%	Schedulable patient activities
Total medication pick-up	216		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	25		Don't have a visit type and are not scheduled appointments
Total Visits	826		

DeLand

- There was a total of 585 clinic visits at the DeLand clinic in February plus 216 medication pick-ups and an additional 25 med pick-ups from the PAP program
- Of the 585 clinic visits, there were 15 phone visits
- There were 20 **new patients** that established care at the DeLand clinic last month
- There were 73 **Physicals** in February – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	Number of visits	%	Notes
Total Provider visits	265	51%	Schedulable patient activities
Total Labs	102	20%	Schedulable patient activities
Total Nurse Visits	5	1%	Schedulable patient activities
Total medication pick-up	132		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	15		Don't have a visit type and are not scheduled appointments
Total Visits			

Deltona

- There was a total of 372 clinic visits at the Deltona clinic in February plus 132 medication pick-ups from Deltona as well as 15 med pick-ups from the PAP program
- Of the 372 visits, 19 were phone visits
- There were 12 **new patients** that established care at the Deltona clinic last month
- There were 47 **Physicals** in February – Male/Female Wellness – Established Patients



miCare Member Migration

February 2026

	Total Unique Patients with Appointments	DeLand	Deltona
Total Eligible Membership	1,384	467	290

*** Member migration showed 48% for February**

*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 and may use both sites.

PAP (Pharmacy Assistance Program)- WVHA Health Card Members

- The data below demonstrates pharmacy cost avoided for the WVHA for prescribed branded medications on an annualized basis.
- WVHA health card members can qualify for manufacturer discounts and the ability to receive prescription branded medications with no out of pocket expense to health card members

PAP Summary – February 2026	
Application Approved	398
Application Pending Approval	2
Application Started but Not Submitted	3
Total Active Applications	403
	(Active Applications)

Key Insights:

- **40 PAP medications were picked up between the two locations**
- **Currently, WVHA has 403 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,603,267**

Administrative Office
804 North Woodland Blvd.
DeLand, FL 32720
386-734-7571



DeLand Service Center
114 South Alabama Avenue
DeLand, FL 32724
386-738-9169

Serving Volusia & Flagler Counties

March 3, 2026

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of February there were 311 client interviews conducted. Of these, 250 appointments were to assist with new /renew applications and 61 to assist with pending applications

For the month a total of 250 applications were submitted for verification and enrollment. Of these, 250 were processed by the end of the month, leaving no rollovers to carry over into the following month for approval.

Of the 250 that were processed, 180 were approved, 9 were denied, and 61 pending.

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

Application Source	New	Renewal	Total
House Next Door	12	198	210
Halifax (Health Fund Solutions)	3	0	3
Advent Health/FL Hospital	4	1	5
RAAO	12	17	29
Other/WVHA Website	1	0	1
SMA	1	0	1
Neighborhood center	1	0	1
Totals	34	216	250

Outreach Efforts:

- Attended West Volusia Community Partners meeting.
- Reached out to all clients due to renew with a reminder phone call as well as a reminder letter.
- Communicating with partners, working together to better service the community
- Working Events in the Community

Respectfully submitted by Chris Booker

2026-2027 Funding Applications received.

Agency name-CAC Review	Date Rec'd	Amount Requested	Last Year	Difference +/-
The Neighborhood Center (TNC) Outreach-Access to Care	3/4/2026	109,000	125,000	-16000
The House Next Door (THND) Therapeutic Services	3/4/2026	45,000	45,000	0
SMA Emergency Behavioral Health Services		0	150,000	-150000
SMA Psychiatric Outpatient Services	3/4/2026	90,000	90,000	0
SMA Residential Treatment Services	3/4/2025	700,000	550,000	150000
Community Legal Services of Mid-Florida (CLSMF) MLP Services	3/5/2026	94,695	88,500	6195
Life-Spire Community Services, Inc.	3/5/2026	74,500	74,500	0
Levi Long Sickle Cell Association	3/5/2026	65,000	0	65000
Easterseals Northeast Central FL		0	15,000	-15000
*Hispanic Health Initiative (HHI) RECEIVED at 12:15 PM	3/5/2025	100,000	100,000	0
Rising Against All Odds (RAAO) HIV/Aids/Outreach	3/5/2026	274,781	249,801	24980
Sub-Total		1,742,976	1,652,801	90,175

THROUGH 2/28/26

FYE APPROVED 2026 Budget	YTD Actual 2026	Difference +/-
165,000	62,671	102329
125,000	48,626	76374
45,000	13,040	31960
150,000	0	150000
90,000	31,260	58740
550,000	0	550000
88,500	28,033	60467
74,500	294	74206
0	0	0
15,000	0	15000
100,000	30,950	69050
249,801	88,825	160976
1,652,801	303,699	1349102

Administrative Applications-Board of Commissioner Review	Date Received	Amount Requested	Last Year	Difference +/-
RAAO Prescreening	3/10/2026	107,516	97,742	9774
Healthy Communities Outreach (KidCare)	3/4/2026	72,202	72,202	0
Sub-Total		179,718	614,952	-435234

THROUGH 2/28/26

FYE 2026 Budget	YTD Actual 2026	Difference +/-
445,008.00	147,481.00	297527
97,742.00	26,112.00	71630
72,202.00	23,586.00	48616
614,952.00	197,179.00	417773

Combined Totals	1,922,694	2,267,753	- 345,059	2,267,753	500,878	1,766,875
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From: [Theodore Small](#)
To: [Stacy Tebo](#)
Cc: webb.shephard@jmco.com
Subject: Fwd: Proposed Funding Agreement--Fully Negotiated and Finally Approved by True Health, along with Cover Ltr from CEO to Chair Ford
Date: Tuesday, February 24, 2026 9:26:02 AM
Attachments: [WVHA Letter.pdf](#)
[WVHA--Agreements--True Health FOHC--2025-26 Final Draft#5.docx](#)

Good morning, Stacy:

Please ensure that the attached are forwarded to the Board and included in the March Board Meeting materials: 1. a cover letter from the CEO of True Health; 2. a redlined version of an agreement that tracks the changes that I summarized during last Thursday's meeting as well as a few additional typos and formatting changes, as compared to the version that was included in the February Meeting Materials. We still have plenty of time to negotiate any changes that members of the Board suggests. But the attached terms have been approved by True Health if the Board approves it.

Regarding potential changes, my goal was to keep this contract limited to a simple and low flat rate per visit reimbursement rate in order to see how it works out for all parties. But True Health would be open to any of the expanded tasks that were mentioned during last Thursday's meeting if the Board would be open to negotiating a similar PMPM (per member per month) arrangement for those extra services (similar to the \$43+/PMPM arrangement we have with EBMS).

Feel free to reply with any questions or suggestions, tsmall

----- Forwarded message -----

From: Nurez Madhany <nurez.madhany@mytruehealth.org>
Date: Feb 23, 2026 15:17
Subject: RE: redacted
To: Theodore Small tsmall@westvolusiahospitalauthority

Hi Ted. Please see attached for the final approved draft and the letter from Janelle. Let me know if you need anything else at this time or if you have any suggestions for the letter. Thank you.

My Best,

Nurez

DISCLAIMER: The information contained in this electronic message is legally privileged and confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any dissemination of this e-mail or any of its attachments or components may constitute a violation



February 23, 2026

West Volusia Hospital Authority
Attn: Rakeem R. Ford, Chairman
P.O. Box 940
DeLand, FL 32721-0940

Dear Mr. Ford:

On behalf of all of us at True Health, thank you for the trust you have placed in us.

We are truly grateful for the opportunity to care for West Volusia Hospital Authority (WVHA) card holders and to support your mission of improving health outcomes and ensure equitable access to care for indigent residents. Your partnership allows us to expand your primary care services and meet patients where they are through our mobile health units.

We value this collaboration and look forward to building a long, successful, and impactful relationship with WVHA for years to come.

With sincere appreciation,

Janelle Dunn
Chief Executive Officer

**WEST VOLUSIA HOSPITAL AUTHORITY –
CENTRAL FLORIDA FAMILY HEALTH CENTER INC. DBA “True Health”
FUNDING AGREEMENT 2026**

This Funding Agreement (this "Agreement") is entered into as of _____, 2026, between WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and CENTRAL FLORIDA FAMILY HEALTH CENTER, INC. dba “True Health” ("Grantee").

Background Information

The Authority is an independent special tax district encompassing the western portion of Volusia County, Florida (the "Tax District"), created by a special act of the Florida Legislature, Chapter 57-2085, Laws of Florida, as amended and re-codified (the "Enabling Legislation"), for the purpose of establishing, operating, and maintaining hospitals and other health care facilities for the care of indigents of the Tax District and for pay patients and to participate in other activities to promote the general health of the Tax District.

Grantee is a community-based, 501(c)(3), non-profit Federally Qualified Health Center, “FQHC” currently located in Seminole County, Florida that operates health clinics in multiple locations around Central Florida, including the Tax District. Grantee’s program is intended to deliver care to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation’s veterans. Grantee is awarded federal funding to serve populations in the service area of Central Florida. The healthcare related programs to be provided pursuant to this Agreement through Grantee will include all services within Grantee’s scope .

The parties endeavor to create mechanisms and programs to encourage health and wellness amongst the indigent population of the Tax District thereby decreasing the overall financial impact associated with indigent medical care.

The Grantee in addition to providing health care services for the Authority’s Indigent Healthcare Program, will also provide access to health care services to all other persons regardless of financial status. Healthcare services themselves will be provided on a sliding scale fee basis as approved by the Board of Grantee and in compliance with all applicable FQHC program requirements.

The Enabling Legislation authorizes and empowers the Authority to enter into lawful contracts that its Board of Commissioners may deem proper or expedient to carry out the purposes of the Enabling Legislation. The Board of Commissioners of the Authority has determined that the total consideration and benefits to be received by the Authority in connection with this funding Agreement merit its adoption.

The Authority's Board of Commissioners further has determined that this Agreement is authorized by the Enabling Legislation and is necessary for the preservation of the public health, for the public good, and for the use of the public within the Tax District.

NOW THEREFORE, in consideration of the representations, mutual promises and covenants contained herein, the parties agree as follows:

TERMS

1. **Term of the Agreement.** The Term of this Agreement shall begin on the date first written above ["Effective Date"], and shall continue through September 30, 2026. This agreement shall auto renew in successive one-year terms, unless a ninety (90) days-notice is provided to terminate by either party. Leading up to a renewal, the parties agree to negotiate in good faith appropriate changes in the prior term's Funding Limit to reflect actual experience and reasonable expectations of growth.

2. **Program.** "Program" as used in this Agreement shall mean the Grantee's provision of healthcare access to WVHA Health Card members to its multiple health clinics and mobile health clinic.

3. **Funding.** The Authority agrees to provide up to \$55,000 (Fifty-five Thousand dollars) in Funding ("Funding Limit") through September 30, 2026 to facilitate the Program. Funding Limit was calculated by estimating 10 (ten) clinical encounters per day at an estimated average sliding scale rate of \$80 dollars per visit plus \$20 for any lab work needed. In addition, the Funding Limit includes an estimated 10 (ten) mobile deployments, at dates and times mutually agreed to by the parties, at a rate of \$2,500 per deployment. The actual fees per visit will be determined as set forth in Paragraph 4 and the actual number of mobile deployments will be decided after coordination and approval of the Authority's Board of Commissioners. ***Grantee acknowledges that the Authority has not approved additional funding, and there is no obligation of any kind on the part of the Authority to provide additional funding, for the Program, however Grantee may apply for additional funding consistent with Authority practices. Grantee agrees to continue to seek additional third party funding for all of its programs, including this Program.***

4. **Disbursements.** The Authority shall reimburse Grantee for the Allowable Costs that the Grantee incurs for the Program in accordance with the following provisions:

4.1 Funding Disbursements ("Disbursements") will be made in monthly installments up to the Funding Limit subject to, and based upon, the presentation of utilization data and other supportive information on a monthly basis directly to the Authority's Administrator. If Grantee's combined invoices for any quarter exceed one-fourth the Funding Limit, the Grantee shall (before the next regularly scheduled Board meeting materials deadline) submit to the Board a letter to explain the uneven spend-down of Funding and to notify the Board whether it anticipates making a request to the Authority for additional funding before the end of the Authority's fiscal year on September 30th. Undisputed invoices submitted by Grantee shall be paid by the Authority within thirty (30) days of presentment. The Authority may, in its sole discretion, deny payment for invoices that are not submitted within sixty (60) days after the health care services were provided. In no event shall the annual aggregate Funding Disbursements provided to Grantee by the Authority under this Agreement be required to exceed the Funding Limit (as defined above).

4.2 Reimbursement Rate. Grantee shall be reimbursed on a fee-for-service basis pursuant to the sliding scale pasted into Paragraph 4.2.7. Grantee shall only use sliding scale "A-C" \$40-80.00 for Primary Care Services and \$20 for Laboratory Services for each "visit" by an Eligible Participant (as defined in Paragraph 5) who receives health care services from a health care professional working at the Facility. A visit as used herein shall mean the same as defined by the Florida Medicaid County Health Department Clinic Services Coverage and Limitations Handbook, as revised. ("Handbook") (Currently, a primary care "visit" is defined as a single-day, face-to-face visit between a patient and any one or more of the following healthcare professional(s): medical physicians, osteopathic physicians, advanced registered nurse practitioners, physician assistants, registered nurses, licensed practical nurses. Immunization and non-primary care services are to be excluded from reimbursement.

4.2.1 Grantee shall indicate the type of service rendered using an Evaluation & Management (CPT Code).

4.2.2 Reimbursement of services shall be limited to one visit per day per service type. Valid service types are for Primary Care Services and Laboratory Services; all others are to be excluded from reimbursement.

4.2.3 Grantee will submit to WVHA's Enrollment Certifying Agent (currently The House Next Door) a list of Eligible Participants seen in the previous month, no later than the 15th of the following month.

4.2.4 WVHA's Enrollment Certifying Agent will verify that those persons listed were Health Card members on the dates of service, provide Applicant Information from page 1 of the first page of their completed Health Card Application and Provide their proof of income details. Proof of income details may include any combination of the following items: Paycheck Stubs; Letter from Employer; Income Tax Return; Social Security Benefits; Disability Income showing dates; Unemployment Compensation Statement; Notarized Letter of Support; School Enrollment; Self-Declaration Form.

4.2.5 Based on the information provided, Grantee will assign a sliding scale cost for services rendered, sliding scale A-C, and then compile its invoice and submit the invoice to the Authority's Administrator for reimbursement within 60 days from the date of service.

4.2.6 The Authority shall pay the invoice within 45 days of submission via check.

4.2.7

Scale	Fee	Primary Care Services	Laboratory Services
A		\$40	\$20
B		\$60	\$20
C		\$80	\$20
D		\$100	\$20

E	\$120	\$20
F	\$250	\$20
Sports Physicals	\$30	N/A

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. “Allowable Costs” shall be the amounts set for in the Grantee’s sliding scale fee schedule as pasted in Paragraph 4.2.7, which Grantee’s Board has determined based on income and family size. If the proof of income is not provided by the Authority through the WVHA Enrollment Certifying Agent (currently The House Next Door), the parties agree that Allowable Costs shall be the full price for services as listed in Slide F. Allowable Costs for Sports Physicals for students shall be a flat rate of \$30.

4.4 Grantee shall be entitled to a minimum payment of \$2500 for any scheduled mobile deployment. The minimum payment shall be reduced by the number of Eligible Patients seen and for whom claims were paid to Grantee as set forth in Section 4.2. For the purposes of example only: If Grantee treats ten (10) eligible patients at a mobile deployment and is eligible for payment of \$800 for the services provided, the Authority would only be obligated to pay grantee an additional \$1700 for services. If Grantee treats Eligible Patients at mobile deployment and the compensation provided for the aggregate of all patients treated equals or exceeds \$2500 the Authority would not be obligated to make any additional payment to Grantee.

5. **Program Participation.** “Eligible A Program Participant is considered income eligible if they have income of up to and including 150% of the then applicable Federal Poverty Guidelines. The Program is to operate in, and benefit the health of residents of, the Tax District with an emphasis on providing access to care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage Program Participants to apply for a WVHA Health Card or any other federal or state health care program that Program Participants may be eligible. Grantee shall establish written referral procedures that provide for the referral of Eligible Participants to other non-specialty care medical providers who receive funding from WVHA (miCare, LLC, miRX, LLC, Stewart-Marchman Act Behavioral Services, Inc. (Baker Act, Level II Residential Treatment, Psychiatric Outpatient), The House Next Door, Inc., The Neighborhood Center of West Volusia, Inc., Volusia County Health Department, Rising Against All Odds, Inc. (HIV/AIDS Outreach), Hispanic Health Initiatives, Inc., Life Spire Community Services (Stigma-Free Mental Health Care for All), Easter Seals Early Autism Diagnostic Services before referring them into the Employee Benefit Management Services, LLC (“EBMS”) managed specialty care network whenever such referral is medically appropriate and whenever the Eligible Participant does not already have an established relationship for the subject services with a provider in the specialty care network. Grantee’s written referral procedures shall include steps for communication with the specialist regarding the authorization and the specific timeframe(s) of the referral. Grantee's written referral procedures shall include at least the following steps as EBMS has requested for collaboration: 1. EBMS will provide Grantee with the clinical specialties that are currently under contract; EBMS will provide Grantee with a form to complete for each individual patient when a specialty referral is required; 2. Grantee will complete the form and submit it to the EBMS team that currently manages the WVHA referral process (along with the supporting medical records that the specialist will need); 3. EBMS's referral team will enter the referral into

the system, contact the appropriate specialist office to submit the referral and call the patient to close the loop allowing for the appointment to be scheduled.

6. **Screening.** In order to qualify for services under this Agreement, Program Participants must have a currently active WVHA Health Card on the date of service. Residents of the Tax District may obtain the WVHA Health Card by submitting a completed application along with the required supporting documentation to The House Next Door, Inc., WVHA's Enrollment Certifying Agent for a determination of eligibility based on the applicant's residency, identification, income and assets based on guidelines in the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 17, 2025 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements.

7. **Utilization Reports.** As provided in Paragraph 4.1, Grantee shall provide utilization data on a monthly basis. The Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall also provide the Authority with reports made by it to other entities funding the Program, and Grantee shall also provide copies of any evaluations and reports made by other private or governmental groups that relate to the Project and/or this Agreement when they become available to the Grantee. Grantee is not required to provide information related to non-parties to this Agreement to the Authority that is protected under Florida or Federal privacy or non-disclosure laws. In addition, Grantee shall make at least four (4) verbal reports to the Authority board during the Term detailing aspects of program utilization and efficacy. Grantee's efficacy in helping Authority in carrying out its mission shall be a significant factor in reviewing further funding requests.

8. **Site Inspection/Agreed Upon Procedures Report.** Subject to applicable privacy laws, such as HIPAA, Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee relating to services being provided to Eligible Patients, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, in order to compile a Compliance Report on Grantee regarding the terms of this Agreement. If Grantee receives an independent audit for a fiscal year that includes the Term of this Agreement, then it shall provide the Authority a copy of the audit within thirty (30) days of the audit's delivery to Grantee.

9. **Public Records Law. IF THE GRANTEE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE GRANTEE'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 386-456-1252, stebo@westvolusiahospitalauthority.org, and P.O. Box 940, DeLand, FL 32721-0940.** The Grantee shall comply with Florida's Public Records Law (Fla. Stat. § 119.01 et. seq.), specifically to:

9.1 Keep and maintain public records required by the Authority to perform the service.

9.2 Upon request from the Authority's Custodian of Public Records, provide the Authority with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided under Florida's Public Records Law or as otherwise provided by law.

9.3 Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Grantee does not transfer the records to the Authority.

9.4 Upon completion of the contract, transfer, at no cost, to the Authority all public records in possession of the Grantee or keep and maintain public records required by the Authority to perform the service. If Grantee transfers all public records to the Authority upon completion of the contract, the Grantee shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Grantee keeps and maintains public records upon completion of the contract, the Grantee shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Authority, upon request from the Authority's Custodian of Public Records, in a format that is compatible with the information technology systems of the Authority.

10. **Breach.** A failure by either party to do or cause to be done, or omit to do, any act required by this Agreement shall constitute a "Breach" of this Agreement. Further, a continuing Breach of any other Authority Agreement, including prior agreements, shall constitute a Breach of this Agreement. Upon the occurrence of any such Breach, the Authority may terminate funding under this Agreement. Before declaring a "Breach" the non-breaching party shall provide the breaching party with written notice of the alleged breach and a period of thirty (30) days to cure the alleged breach. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under Paragraph 4.4 no later than thirty (30) days after the date of termination of funding. Should Grantee fail to provide information sufficient to determine Final Reimbursement as of the date of termination of funding then Grantee shall be responsible for repayment of the entire amount of any Funding Disbursements for which supporting documentation was not previously provided pursuant to paragraph 4.1 herein, including interest as specified in Paragraph 4.4. This provision shall not be in limitation of, but in addition to, any other rights the Authority may have in law or equity. Unless otherwise specified herein, all remedies of a party for a breach of this Agreement are cumulative.

11. **Nonwaiver of Breach.** The failure of a party hereto to enforce any of its rights arising by reason of any default or breach of covenant on the part of the other shall not constitute a waiver thereof, nor shall any custom or practice between the parties in the course of administering this Agreement be construed to waive or to lessen their rights to insist upon the performance by the other of any term, covenant or condition hereof, or to exercise any rights given it on the account of any such default. A waiver of a particular breach or default shall not be deemed to be a waiver of the same or any other subsequent breach or default.

12. **Delays in Enforcement.** No delay by Authority or Grantee in enforcing any right or remedy accorded to Authority or Grantee under this Agreement, nor any number of recoveries thereon, shall diminish or otherwise affect any such right or remedy.

13. **Non-discrimination.** Grantee shall not discriminate on the basis of race, color, religion, sex, national origin, age, disability or marital status.

14. **Notices.** All notices, requests, consents and other communications hereunder shall be in writing and shall be made by hand delivery, first class registered or certified mail, postage paid, address:

If to Grantee:

CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.
Attn: Chief Executive Officer
4930 E Lake Mary BLVD
Sanford, FL 32771-5003

If to the Authority:

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

or such other address which may have been furnished by one party to the other in writing.

15. **Counterparts.** This Agreement may be signed via facsimile copies in counterparts, each of which shall be deemed an original.

16. **Other Documents and Acts.** Each party shall, at the request of the other, execute, acknowledge and deliver whatever additional instruments and do such other acts as may be required or convenient in order to accomplish and carry forward the intent and purposes of this Agreement.

17. **Conformity with Law.** The parties' actions hereunder are to conform to all applicable state, federal, and local laws and are intended to be consistent with the intents and purposes of the Authority's Enabling Legislation. *The funding provided to the Grantee shall be used for the benefit of the residents of the Tax District.*

18. **Headings.** The various headings used in this Agreement as headings for paragraphs, sub-paragraphs and otherwise are for convenience only and shall not be used in interpreting the text of the section or sub-section in which they appear.

19. **Governing Law.** The Agreement shall be governed by the laws of the State of Florida. Venue shall be in western Volusia County.

20. **Assignability.** This Agreement shall bind and inure to the benefit of the parties hereto, and their successors and assigns. Notwithstanding the foregoing, neither party may assign

any of its rights nor obligations under this Agreement without the prior express written consent of the other party.

21. **Indemnity.** Grantee shall obtain and maintain reasonable levels of insurance, provide evidence of that coverage upon reasonable request of the Authority, and make the Authority an additional insured under the insurance policies during the term of this Agreement. The Facility is qualified as an FQHC site under Grantee's approved federal scope of project. Accordingly, Grantee would be deemed as an employee of the Federal Government pursuant to the Federally Supported Health Centers Assistance Act of 1995 (Pub. L. 104-73). Grantee and its employees and contractors, therefore, would have protection under the Federal Tort Claims Act (FTCA) for claims relating to personal injury, including death, resulting from the performance of medical procedures required under this Agreement. Grantee would only be covered under the FTCA for duties performed under this Agreement and within Grantee's approved scope of project. Pursuant to the requirements of the Federally Supported Health Centers Assistance Act of 1995 (Pub. L. 104-73), the Authority would not be eligible for coverage or indemnification under the FTCA.

Further, Grantee shall be liable for and shall indemnify, defend, and hold harmless the Authority and all of its officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs, arising out of any act, actions neglect, or omissions by the Grantee, its agents, or employees during the performance or operation of this Agreement or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property except that the Grantee will not be liable for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of the Authority or any of its officers, agents, or employees.

The Grantee's obligation to indemnify, defend, and pay the defense of, or at the Authority's option, to participate and associate with the Authority in the defense and trial of any damage, claim, or suit and any related settlement negotiations, shall be triggered by the Authority's notice of claim for indemnification to Grantee. The Grantee's inability to evaluate liability or its evaluation of liability shall not excuse the Grantee's duty to defend and indemnify within seven (7) days after such notice by the Authority is given by registered mail. Only adjudication or judgment after highest appeal is exhausted specifically finding the Authority solely negligent shall excuse performance of this provision by Grantee. The Grantee shall pay all costs and fees related to this obligation and its enforcement by the Authority. The Authority's failure to notify the Grantee of a claim shall not release the Grantee of the above duty to defend.

22. **Agreement not a Joint Venture.** Nothing contained in this Agreement is intended, or shall be construed, as in any way creating or establishing the relationship of partners or joint venturers among the parties or as constituting any party as the agent or representative of another party for any purpose or in any manner. The Grantee, its officers, agents, and employees, in performance of this Agreement, shall act in the capacity of any independent contractor and not as an officer, employee, or agent of the Authority. The Grantee is responsible for applicable payroll tax withholdings of its employees, such as Social Security and Income Tax. The Authority will not furnish services or support (e.g., office space, office supplies, telephone service, secretarial, or clerical support). The Grantee agrees to take such actions as may be necessary to ensure that each

subcontractor of the Grantee will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the Authority.

23. **Attorneys' Fees.** If any action, at law or in equity, including an action for declaratory relief, is brought to enforce or interpret this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees from the other party, including fees at both the trial and appellate levels, in addition to any other relief that may be awarded.

24. **Entire Agreement.** This Agreement, including any exhibits and schedules hereto, constitutes the full and entire understanding and agreement between the parties concerning the subject matter of this Agreement, and supersedes all other prior agreements and negotiations, oral or written, concerning that subject matter, all of which are merged into this Agreement. Nothing herein, express or implied, is intended to confer upon any party, other than the parties hereto and their respective successors and permitted assigns, any rights, remedies, obligations, or liabilities under or by reason of this Agreement.

IN WITNESS THEREOF, the parties have executed this Agreement effective as of the day and year first written above.

WEST VOLUSIA HOSPITAL AUTHORITY

By: _____
Rakeem R. Ford, Its Chair
Date:

ATTEST

By: _____
Judith L. Craig, Its Secretary

CENTRAL FLORIDA FAMILY HEALTH CENTER, INC

By: Janelle Dunn,
Janelle Dunn, Its Chief Executive Officer

Date: 3/11/2026

ATTEST
By: Tina L. Volo

Tina L. Volo, Its Secretary or Board Chairman (Circle one)



This Applichat Solutions Inc. Service Agreement (“Agreement”) is made by and between **West Volusia Hospital Authority**, with a mailing address of P.O. Box 940, DeLand, Florida 32721 (“the Authority”), and **Applichat Solutions Inc.**, with a mailing address of 5900 Balcones Drive, Suite 100, Austin, Texas 78731 (“Applichat”). The Authority and Applichat may be referred to individually as a “Party” and collectively as the “Parties.”

Applichat is an independent contractor willing to provide certain services to the Authority, on a non-exclusive basis, as outlined in this Agreement, and as requested by the Authority.

In consideration of the mutual terms, conditions, and covenants hereinafter set forth, the parties agree as follows:

Term. The term of this Agreement shall be from March 19, 2026 (“Effective Date”) to November 30, 2026.

Services and Scope of Work. Applichat shall provide Public Awareness and Outreach Services for the Authority as specified in Applichat’s Public Awareness and Outreach Services Proposal for West Volusia Hospital Authority dated January 9, 2026 (“Proposal”). In the event of conflict between the terms of the Proposal and this Agreement, the terms of this Agreement shall govern.

As specified in the Proposal, services shall include project management; development and implementation of a public awareness and outreach campaign; branding and messaging support consistent with the Authority’s existing visual identity; creation of digital, video, and print communication materials; and execution of digital and community-based outreach.

Acceptance of Services. Services shall be deemed accepted upon delivery unless the Authority provides written notice of material deficiency within ten (10) business days.

Compensation & Payment Terms. The Authority agrees to pay Applichat a total of **\$38,996.00** (Thirty-eight Thousand Nine Hundred Ninety-Six Dollars) over the term of this Agreement for the services set out in the Proposal. The payment schedule is as follows:

Payment Number	Amount	Payment Date
1	\$9,749.00	June 1, 2026
2	\$9,749.00	July 31, 2026
3	\$9,749.00	September 30, 2026
4	\$9,749.00	November 30, 2026

Payments shall be due on the dates specified above. Invoices shall be payable within thirty (30) days of receipt. In the event of a conflict between an invoice date and a scheduled payment date, the scheduled payment date shall control.

The Authority agrees to pay all sums via check payments, mailed to 5900 Balcones Drive, Suite 100, Austin, Texas 78731.

Termination. Either party may terminate this Agreement for material breach by the other party upon thirty (30) days' written notice, provided such breach remains uncured at the end of the notice period.

The Authority may terminate this Agreement for convenience upon thirty (30) days' written notice to Applichat. In the event of termination for convenience, Applichat shall be compensated for all services performed and approved expenses incurred through the effective date of termination.

Applichat may suspend performance or terminate this Agreement upon written notice if payment is more than forty-five (45) days past due.

Assignment and Subcontracting. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors and permitted assigns. Neither party may assign this Agreement without the prior written consent of the other party.

Notwithstanding the foregoing, Applichat may engage subcontractors, consultants, and temporary personnel as necessary to perform the services under this Agreement, provided that Applichat remains responsible for the performance of such services in accordance with this Agreement.

Indemnity. Any other provision of this Paragraph and Agreement notwithstanding, the Authority's obligation to indemnify Applichat is limited to the sum of \$200,000 per person and \$300,000 per occurrence or such other sums and limitations as may be set forth in Section 768.28, Florida Statutes as amended from time to time for the limited waiver of sovereign immunity. Nothing in this Paragraph or Agreement shall in any way be deemed a waiver of the Authority's sovereign immunity nor shall anything in this Agreement be deemed a consent by the Authority to be sued by any third party. Subject to the aforementioned limitations and without waiver of any applicable sovereign immunity, the Authority and Applichat agree to indemnify and hold harmless the other party, its affiliates, and their respective directors, officers, agents, and employees from and against any third-party claims, demands, losses, damages, liabilities, judgments, and reasonable attorneys' fees, but only to the extent arising out of the indemnifying party's negligence, willful misconduct, or material breach of this Agreement in connection with the performance of services under this Agreement. In no event shall either party be liable for indirect, incidental, special, or consequential damages. The obligations set forth in this section shall survive the termination or expiration of this Agreement.

Ownership & Intellectual Property. Applichat is acting solely as an independent contractor for services provided and nothing contained in this Agreement shall be deemed or interpreted to constitute Applichat as a partner, agent or employee of the Authority, nor shall either party have any authority to bind the other. WVHA shall have full, royalty-free, perpetual, rights to use all final deliverables, including final design files delivered, final edited video exports and delivered photographs; Applichat shall retain the right to include work samples in its portfolio for marketing purposes. Applichat shall also require that all of its subcontractors and consultants for services in this Agreement, agree in writing to be bound by the provisions of this Paragraph.

Public Records Law. IF APPLICCHAT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO APPLICCHAT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 386-456-

1252, stebo@westvolusiahospitalauthority.org, and P.O. Box 940, DeLand, FL 32721-0940. Applichat shall comply with Florida's Public Records Law (Fla. Stat. § 119.01 et. seq.), specifically to:

- Keep and maintain public records required by the Authority to perform the service, including, but not limited to all deliverables, vouchers, bills, invoices, requests for payment and other supporting documentation, which according to generally accepted accounting principles sufficiently and properly reflects all costs expended in the performance of services under this Agreement.
- Upon request from the Authority's Custodian of Public Records, provide the Authority with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided under Florida's Public Records Law or as otherwise provided by law.
- Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if Applichat does not transfer the records to the Authority.
- Upon completion of the contract, transfer, at no cost, to the Authority all public records in possession of Applichat or keep and maintain public records required by the Authority to perform the service. If Grantee transfers all public records to the Authority upon completion of the contract, Applichat shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Applichat keeps and maintains public records upon completion of the contract, Applichat shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Authority, upon request from the Authority's Custodian of Public Records, in a format that is compatible with the information technology systems of the Authority.

Entire Agreement. It is agreed between the parties that there are no other agreements or understandings between them relating to the subject matter of this Agreement. This Agreement supersedes all prior agreements, oral or written, between the parties and is intended as a complete and exclusive statement of the agreement between the parties. No change or modification of this Agreement shall be valid unless the same be in writing and signed by the parties.

Notices and Communication. All written correspondence and notices to be given pursuant to this Agreement shall be sent to:

Patrick Thiele, President
Applichat Solutions Inc.
Email: ASladmin@applichat.com
Phone: 512-960-3086

Stacy Tebo, WVHA Administrator
West Volusia Hospital Authority
Email: stebo@westvolusiahospitalauthority.org
Phone: 386-456-1252

Governing Law. This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Venue shall be in western Volusia County.

Force Majeure. In the event that any cause beyond the reasonable control of either Party, including without limitation acts of God, war, curtailment or interruption of transportation facilities, threats or acts of terrorism, State Department travel advisory, labor strike, pandemic, or civil disturbance, make it inadvisable, illegal, or impossible, either because of unreasonable increased costs or risk of injury, for either party to perform its obligations under this Agreement, the party's performance shall be extended without liability for the period of delay or inability to perform due to such occurrence.

No Third-Party Beneficiary. This Agreement is not intended by the Parties, nor shall it be construed, to confer any benefit on any person who is not a Party.

Renewal, Amendments and Modifications. This Agreement may be renewed, modified or amended only by the written agreement of the Parties.

SO AGREED.

APPLICCHAT SOLUTIONS INC.

WEST VOLUSIA HOSPITAL AUTHORITY


Signature

Signature

By: Patrick Thiele

By: Rakeem Ford

Its: President

Its: Chair

Date: 3-10-2026

Date: _____

West Volusia Hospital Authority (WVHA)

HealthCard Program

Eligibility Guidelines and Procedures

Revised – June 17, 2025

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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 applicants who are US Citizens must provide written proof that they have submitted an application for Medicaid within 90 days of submitting the WVHA Application and that they have received a Medicaid denial letter within 60 days after submission of the WVHA Application. Denials for reasons of noncompliance with Medicaid application requirements 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. The WVHA Enrollment Certifying Agent has discretion to grant provisional approval of a WVHA Application if it has written evidence, such as a screenshot from the Medicaid program website showing that the applicant has submitted an application for Medicaid within 90 days of submitting the WVHA Application, that the applicant is currently ineligible but a Medicaid denial letter is not available for reasons other than noncompliance with the Medicaid application requirements.
- 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 following 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 purpose 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 whole life insurance, if the combined face value of all policies owned by the family unit exceeds \$2,500.

- 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

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline	150%
1	\$15,960	\$23,940
2	\$21,640	\$32,460
3	\$27,320	\$40,980
4	\$33,000	\$49,500
5	\$38,680	\$58,020
6	\$44,360	\$66,540
7	\$50,040	\$75,060
8	\$55,720	\$83,580
For families/households with more than 8 persons, add \$5,680 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>

Section 11.02 Appendix B - Asset Limits

WVHA Health Card Program

ASSET LIMITS

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

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

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

Each Additional Person \$500

West Volusia Hospital Authority Taxing District

Zip Codes

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

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



WVHA HEALTH CARD APPLICATION

Application Date:

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

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

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

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

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

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

I on my behalf and on behalf of any applying family member under the age of 18, do hereby authorize West Volusia Hospital Authority (WVHA), 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 properly 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

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

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

Section 2: Insurance Information.

2.1 Do you have any Medical Insurance?	<input type="checkbox"/> Yes <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 you 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):	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widow	
3.2 Do you have any dependent children living in the household?	<input type="checkbox"/> Yes <i>If Yes, how many? _____</i>	<input type="checkbox"/> No

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
---	--	-----------------------------

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

Non-Picture ID:

- Social Security Card
- Birth Certificate
- Certificate or Official Document w/ Name, Address, & SSN

Picture ID:

- Passport
- Green Card
- Form I-151
- Form I-551
- Farmworkers Association of Florida-Photo ID

Section 5: Residency.

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

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

Please circle any other proof of residency provided:

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

Section 6: Financial Information.

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

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

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

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

Section 8: Assets		
8.1 Do you have a checking/savings account?	<input type="checkbox"/> Yes	<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
------	-------------	---------------	-----------------

Section 2: Mailing Address.

Mailing Address (where your WVHA Health Card correspondences should be mailed)

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

Length of time in Volusia County

Section 3: Agency Assessment.

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

Agency Signature:	Date:
Client Signature:	Date:

Section 12.07 Appendix G - WVHA Verification of Support Form



WVHA Verification of Support

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

Section 1: General Information.

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

Section 2: I am presently residing at.

Physical Address

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

I have been residing at the above address since: _____

Section 3: My previous address was.

Address

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

I lived at this previous address for: _____

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

Provider Name

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

Section 5: To be completed by Provider.

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

- INSTRUCTIONS FOR QUESTIONS 5.3, 5.4, AND 5.5 -

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

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

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

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

Provider Name	Relationship to Applicant
Provider Address	City
State	Zip
Provider Phone No.	

Section 6: Provider Signature & Notary.

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

Provider Signature:	Date:
Notary Public	Notary Public Seal:



WVHA Verification of Rent

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

Section 1: General Information.

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

Section 2: I am presently residing at.

Physical Address

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

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	MONTH 2	MONTH 3
	_____/_____ (MM) (YY)	_____/_____ (MM) (YY)	_____/_____ (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** _____

To: West Volusia Hospital Authority, FL
Reference Number: CL-2027176

**NOTICE OF NEW NATIONAL OPIOID SETTLEMENT
AND UPCOMING ACTION NEEDED TO PARTICIPATE:
MONDAY, May 4, 2026, DEADLINE**

A new national opioid settlement has been reached with six regional distributors/dispenser defendants (Remnant Defendants Settlement): Associated Pharmacies, Inc. (and American Associated Pharmacies); J M Smith Corporation; Louisiana Wholesale Drug Company, Inc.; Morris and Dickson Co.; North Carolina Mutual Wholesale Drug Company, Inc.; and United Natural Foods, Inc. (including its subsidiaries SuperValu and Advantage Logistics) (Six Remnant Defendants).

This is the formal Notice required by the Remnant Defendants Settlement. You are receiving this Notice because your entity is entitled to participate (Eligible Entity). Please read this Notice and the attached *Settlement Overview* carefully. The *Settlement Overview* provides additional information concerning this new national opioid settlement.

Your entity may have participated in prior national opioid settlements. This Notice concerns the opportunity to participate in this **new** settlement with the Six Remnant Defendants. Your entity may participate in this new settlement even if it did not participate in a prior national settlement.

All Eligible Entities must “opt in” to participate in this new settlement. To do so, a person with authority must sign and return the *Combined Subdivision Participation and Release Form* that will be sent via DocuSign shortly. If an Eligible Entity is unable to return an executed *Combined Subdivision Participation and Release Form* using DocuSign, the signed *Combined Subdivision Participation and Release Form* may be submitted via the Rubris Platform Portal. Please utilize the link included in this Notice to upload your entity’s *Combined Subdivision Participation and Release Form* directly to the Rubris Platform Portal. DocuSign remains the preferred method of submission of the needed form.

The deadline to return the *Combined Subdivision Participation and Release Form* is Monday, May 4, 2026.

Questions about this Notice or the process for receiving and submitting the required *Combined Subdivision Participation and Release Form* may be directed to your attorney or the Notice and Claims Administrator at opioidsparticipation@rubris.com.

Please review the list of individuals on this email and contact the Notice and Claims Administrator at opioidsparticipation@rubris.com if someone else at your entity should receive communications about this Settlement.



If your entity is represented by an attorney with respect to opioid claims and they are not copied on this message, please immediately contact them concerning this Notice.

Thank you,
National Opioids Notice and Claims Administrator for the Remnant Defendants
Settlement

The Notice and Claims Administrator is retained to provide the Settlement Notice required by the Settlement Agreement referenced above and to manage the collection of Subdivision Settlement Participation Forms.



National Opioids Settlements: Six Remnant Defendants
Notice and Claims Administrator
opioidsparticipation@rubris.com

To: West Volusia Hospital Authority, FL
Reference Number: CL-2027176

***THIS SETTLEMENT OVERVIEW CONTAINS IMPORTANT INFORMATION ABOUT
THE SIX REMNANT DEFENDANTS NATIONAL OPIOID SETTLEMENT***

SIX REMNANT DEFENDANTS SETTLEMENT OVERVIEW

A new national opioid settlement has been reached with six regional distributors/dispenser defendants (Remnant Defendants Settlement): Associated Pharmacies, Inc (and American Associated Pharmacies); J M Smith Corporation; Louisiana Wholesale Drug Company, Inc.; Morris and Dickson Co.; North Carolina Mutual Wholesale Drug Company, Inc.; and United Natural Foods, Inc. (including its subsidiaries SuperValu and Advantage Logistics) (Six Remnant Defendants). There is one settlement agreement covering the combined settlement with the Six Remnant Defendants.

If effectuated, the proposed Remnant Defendants Settlement will result in the the Six Remnant Defendants paying a combined \$97,625,000.00 in cash for purposes of abating the opioid epidemic. An Eligible Entity's participation in the Remnant Defendants Settlement, the Settlement will result in a one-time settlement payment to each Eligible Entity. The Settlement funds must be used for the *Core Strategies and Approved Uses* set forth in Exhibit D of the Remnant Defendant Settlement Agreement.

The Remnant Defendants Settlement does not include State Attorneys General or any amount allocated to a State. Rather, this Settlement will be distributed only and directly to any Eligible Entity that participates by signing and returning the *Combined Subdivision Participation and Release Form* by the deadline.

The allocation to participating entities will be calculated using the national Denver model but removing from the equation any amount that the Denver model would allocate to a State Attorney General or a State allocation. Specifically, the interstate allocation formula will be used to calculate what amount should go to all the subdivisions in each state and then apply the intrastate allocation as between all subdivisions who are either a litigating subdivision or a non-litigating subdivision with a population of 30,000 or more. Using that methodology, a national pro-rata percentage was created. That allocation percentage of participation is reflected in Exhibit E of the Remnant Defendant Settlement Agreement.



Eligible Entities must decide whether to participate by **Monday, May 4, 2026**.

WHO IS RUBRIS INC. AND WHAT IS THE NOTICE AND CLAIMS ADMINISTRATOR?

The Settlement provides that a Notice and Claims Administrator will provide notice and manage the collection of participation forms. Rubris, Inc. is the Notice and Claims Administrator for this new Settlement and was also retained for the prior national opioid settlements.

WHY IS YOUR ENTITY RECEIVING THIS NOTICE?

Your entity is eligible to participate in this Settlement. This Notice is also sent directly to counsel for each Eligible Entity if the Notice and Claims Administrator has their information. *If you are represented by an attorney with respect to opioid claims, please contact them.*

WHERE CAN YOU FIND MORE INFORMATION?

Detailed information about the Settlement may be found at:

<https://nationalopioidsettlement.com>

You are encouraged to review the Settlement Agreement terms and discuss the terms and benefits with your counsel. Each Eligible Entity will need to decide whether to participate in the proposed Settlement, and entities are encouraged to work through this process before the Monday, May 4, 2026, deadline.

HOW DO YOU PARTICIPATE IN THE SETTLEMENT?

The Settlement requires that each Eligible Entity take affirmative steps to “opt in” to the Settlement. You will receive the *Combined Subdivision Participation and Release Form* via DocuSign along with instructions from the Implementation Administrator. In order to participate in this Settlement, a person with authority must sign and return the required *Combined Subdivision Participation and Release Form*. DocuSign remains the preferred method of submission of the needed form.

The participation rate will be used to determine whether participation for each *Remnant Defendant* is sufficient to move forward. If the Settlement moves forward, your release will become effective as to that *Remnant Defendant*. If the settlement as to any *Remnant Defendant* does not move forward, the release as to that *Remnant Defendant* will not become effective.

Please add the following email addresses to your “safe” list so emails do not go to spam / junk folders: dse_na3@docusign.net and opioidsparticipation@rubris.com. Please monitor your email for the Participation Form and instructions.



All required documentation must be signed and returned on or before Monday, May 4, 2026. Upon effectuation of the Remnant Defendants Settlement, each Eligible Entity will be provided with a link to a portal where you will enter contact and payment information to receive settlement funds.



EXHIBIT G

**Six (6) Remnant Defendants’
Combined Subdivision Participation and Release Form
 (“Combined Participation Form”)**

Governmental Entity: West Volusia Hospital Authority	State: FL
Authorized Official:	
Address 1:	
Address 2:	
City, State, Zip:	
Phone:	
Email:	

The governmental entity identified above (“Governmental Entity”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the six (6) Remnant Defendants’ Settlement Agreement (“RDSA”), dated February 3, 2026, and described further in Paragraph 1, and acting through the undersigned authorized official, hereby elects to participate in the RDSA, release all Released Claims against all Released Entities, and agrees as follows:

1. The Governmental Entity hereby elects to participate in the RDSA as a Participating Subdivision with each of the following six (6) Remnant Defendants that are parties to the RDSA: (1) Associated Pharmacies, Inc. (and American Associated Pharmacies), (2) J M Smith Corporation, (3) Morris and Dickson Co., L.L.C., (4) Louisiana Wholesale Drug Company, Inc., (5) North Carolina Mutual Wholesale Drug Company, Inc., and (6) United Natural Foods, Inc. (and SuperValu).
2. The Governmental Entity is aware of and has reviewed the RDSA, understands that all capitalized terms not defined in this Combined Participation Form have the meanings defined in the RDSA, and agrees that by executing this Combined Participation Form, the Governmental Entity elects to participate in the RDSA and become a Participating Subdivision as provided in the RDSAs.
3. The Governmental Entity shall promptly, and in any event no later than 14 days after the Reference Date and prior to the filing of the Consent Judgment, dismiss with prejudice any Released Claims that it has filed against any Released Entity in the RDSA. With respect to any Released Claims pending in *In Re National Prescription Opiate Litigation*, MDL No. 2804, the Governmental Entity authorizes the Plaintiffs’ Executive Committee to execute and file on behalf of the Governmental Entity a Stipulation of Dismissal with Prejudice for each of six (6) Remnant Defendants listed in Paragraph 1 above substantially in the form found at <https://nationalopioidsettlement.com/additional-settlements/>.
4. The Governmental Entity agrees to the terms of each of the RDSA pertaining to Participating



Subdivisions as defined therein.

5. By agreeing to the terms of the RDSA settlements and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
6. The Governmental Entity agrees to use any monies it receives through the RDSA solely for the purposes provided therein.
7. The Governmental Entity submits to the jurisdiction of the MDL Court and agrees to follow the process for resolving any disputes described in the RDSA.
8. The Governmental Entity has the right to enforce the RDSA as provided therein.
9. The Governmental Entity, as a Participating Subdivision, hereby becomes a Releasor for all purposes of the RDSA, including without limitation all provisions related to release of any claims, and along with all departments, agencies, divisions, boards, commissions, districts, instrumentalities of any kind and attorneys, and any person in his or her official capacity whether elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in the RDSA in any forum whatsoever. The release provided for in the RDSA is intended by the Parties to be broad and shall be interpreted so as to give the Released Entities in the RDSA the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The RDSA shall be a complete bar to any Released Claim against the Released Entities.
10. The Governmental Entity hereby takes on all rights and obligations of a Participating Subdivision as set forth in the RDSA.
11. In connection with the releases provided in the RDSA, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her would have materially affected his or her settlement with the debtor or released party.



A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims in the RDSA, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the RDSA.

12. The Governmental Entity understands and acknowledges that nothing herein is intended to modify in any way the terms of any of the RDSA, to which Governmental Entity hereby agrees. To the extent this Combined Participation Form is interpreted differently from the RDSA in any respect, the RDSA controls.

I have all necessary power and authorization to execute this Combined Participation Form on behalf of the Governmental Entity.

Signature: _____

Name: _____

Title: _____

Date: _____





West Volusia Hospital Authority

March 19, 2026

Just In Deltona, LP
P.O. Box 280
Lawrence, NY 11559

RE: Justin Square Lease

Ladies and Gentlemen:

The WVHA Board of Commissioners hereby gives notice of non-renewal pursuant to Section 2(C) of the Lease. The Lease will terminate at the end of the current Renewal Term on September 30, 2026.

Sincerely,

Rakeem R. Ford
WVHA Chair

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

FEBRUARY 28, 2026



ACCOUNTANTS' COMPILATION REPORT

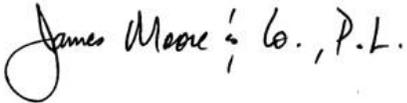
To the Board of Commissioners,
West Volusia Hospital Authority:

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 February 28, 2026, 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 a Statement of Changes in Fund Balance and substantially all the disclosures required by accounting principles generally accepted in the United States of America. If the omitted statement and 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
March 19, 2026



**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
FEBRUARY 28, 2026**

ASSETS

Ameris Bank - operating	\$ 2,650,099
Ameris Bank - MM	12,895,274
Ameris Bank - payroll	80,404
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	8,014,632
Surety Bank - MM	1,648,857
Prepaid items and deposits	2,000
Total Assets	<u><u>\$ 25,491,266</u></u>

FUND BALANCE

Total Fund Balance	<u><u>\$ 25,491,266</u></u>
---------------------------	------------------------------------

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND FIVE MONTHS ENDED FEBRUARY 28, 2026

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	\$ 264,661	\$ 15,988,981	\$ 19,200,000	\$ 3,211,019	83%
Interest income	47,474	334,674	400,000	65,326	84%
Other income	30,408	105,744	34,333	(71,411)	308%
Total revenues	<u>342,543</u>	<u>16,429,399</u>	<u>19,634,333</u>	<u>3,204,934</u>	84%
Expenditures					
Healthcare expenditures					
Statutorily Mandated Expenditures					
County Medicaid Tax	338,505	1,692,525	4,062,060	2,369,535	42%
H C R A - In County	25,832	25,832	400,000	374,168	6%
H C R A - Outside County	-	2,546	400,000	397,454	1%
Total Statutorily Mandated Expenditures	<u>364,337</u>	<u>1,720,903</u>	<u>4,862,060</u>	<u>3,141,157</u>	35%
All Other Healthcare Expenditures					
Specialty Care Services					
Specialty Care - ER	8,623	27,436			0%
Specialty Care - Non-ER	452,201	1,575,976			0%
Total Specialty Care Services	<u>460,824</u>	<u>1,603,412</u>	4,500,000	2,896,588	36%
Hospitals					
Halifax Hospital	130,920	463,251			0%
AdventHealth	221,577	842,522			0%
Total hospitals	<u>352,497</u>	<u>1,305,773</u>	3,200,000	1,894,227	41%
Primary Care	298,866	1,058,644	2,500,000	1,441,356	42%
Emergency Room Care	68,939	329,964	1,000,000	670,036	33%
Pharmacy	49,979	199,406	700,000	500,594	28%
SMA - Residential Treatment	-	-	550,000	550,000	0%
Rising Against All Odds	23,775	88,825	249,801	160,976	36%
Florida Dept of Health Dental Svcs	16,242	62,671	165,000	102,329	38%
SMA - Baker Act - Match	-	-	150,000	150,000	0%
The Neighborhood Center	11,425	48,625	125,000	76,375	39%
Hispanic Health Initiatives	4,600	30,950	100,000	69,050	31%
SMA - Psychiatric Outpatient	6,462	31,260	90,000	58,740	35%
Community Legal Services	7,724	28,033	88,500	60,467	32%
Life-Spire Community Services, Inc.	294	294	74,500	74,206	0%
The House Next Door	3,245	13,040	45,000	31,960	29%
Easterseals Northeast Central FL	-	-	15,000	15,000	0%
Other Healthcare Expenditures	-	-	218,607	218,607	0%
Total healthcare expenditures	<u>1,669,209</u>	<u>6,521,800</u>	<u>18,633,468</u>	<u>12,111,668</u>	35%
Personnel services					
Regular salaries and wages	5,963	29,639	71,564	41,925	41%
FICA	463	2,330	5,475	3,145	43%
Retirement	847	3,357	10,756	7,399	31%
Life and Health Insurance	1,000	4,876	12,000	7,124	41%
Workers Compensation Claims	-	3,821	25,000	21,179	15%
Total personnel services	<u>8,273</u>	<u>44,023</u>	<u>124,795</u>	<u>80,772</u>	35%

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND FIVE MONTHS ENDED FEBRUARY 28, 2026

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Other expenditures					
Locally Mandated Fees					
Tax Collector & Appraiser Fee	5,293	487,073	650,000	162,927	75%
City of DeLand Tax Increment District	-	184,837	165,000	(19,837)	112%
Total Locally Mandated Fees	<u>5,293</u>	<u>671,910</u>	<u>815,000</u>	<u>143,090</u>	82%
TPA Services (EBMS)	36,377	183,933	500,000	316,067	37%
Application Screening - THND	37,309	147,481	445,008	297,527	33%
General Accounting - Recurring	10,000	30,000	119,658	89,658	25%
Building Repairs	4,686	26,776	100,000	73,224	27%
Application Screening - RAAO	5,760	26,112	97,742	71,630	27%
Legal Counsel	6,630	33,150	79,560	46,410	42%
Healthy Communities Kid Care Outreach	7,450	23,586	72,202	48,616	33%
Advertising	265	648	50,000	49,352	1%
Audit	22,500	22,500	22,500	-	100%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Other Operating Expenditures	5,718	26,534	59,400	32,866	45%
Total other expenditures	<u>141,988</u>	<u>1,192,630</u>	<u>2,376,070</u>	<u>1,183,440</u>	50%
Total expenditures	<u>1,819,470</u>	<u>7,758,453</u>	<u>21,134,333</u>	<u>13,375,880</u>	37%
Excess (deficiency) of revenues over expenditures	<u>\$ (1,476,927)</u>	<u>\$ 8,670,946</u>	<u>\$ (1,500,000)</u>	<u>\$ (10,170,946)</u>	-578%

See accountants' compilation report.

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: March 10, 2026

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for March 19, 2026 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 February 19, 2026 Workshop & Regular Meeting Minutes.

I. Finally Negotiated Public Awareness and Outreach Services Agreement with Applichat Solutions, Inc.

Counsel has submitted for inclusion in the Board Meeting Materials a finally negotiated proposed agreement between WVHA and Applichat Solutions, Inc. The final agreement differs from the template submitted for the RFP, most notably to include provisions to comply with Florida’s Public Records Law, sovereign immunity protections and to ensure that WVHA will have an indefinite ownership right to use all final deliverables. If any member of the Board has any questions or concerns, feel free to contact counsel prior to the upcoming meeting.

II. Finally Negotiated Primary and Mobile Clinic Funding Agreement with CENTRAL FLORIDA FAMILY HEALTH CENTER, INC. dba “True Health”

Counsel has submitted for inclusion in the Board Meeting Materials a finally negotiated proposed agreement between WVHA and True Health. For the convenience of the Board, Counsel circulated a redlined version of this agreement to the Board on 2/24/26, with a cover letter from True Health’s CEO, to track the few changes since the version that was included in the February 19, 2026 Meeting Materials. Only one additional change has been made since the redlined version dated 2/24/26--the deletion of the last sentence of Paragraph 20 to remove a reference to assignability based on the composition of True Health’s Board of Directors. If any member of the Board has any questions or concerns, feel free to contact counsel prior to the upcoming meeting.

III. Authorization to Sign Participation Form (by May 4th Deadline) in New Opioid Litigation Settlement.

After Ms. Tebo forwarded to counsel some notice of settlement documents that had been originally emails to Comm. Coen, counsel consulted with our prior counsel, Mr. Eric Romano, in the Opioid Litigation (which WVHA had decided to dismiss several years ago) and learned that the notices were legitimate and WVHA may, in fact, be entitled to receive a share of the settlement regardless of whether we dismissed our prior lawsuit. Mr. Romano assures that our

participation in this settlement will not reactivate any of our previously dismissed litigation. The relevant notices and Participation Form that the Board must authorize Chair Ford to sign before May 4th should be included in the Board Meeting Materials.

IV. **Non-Renewal of Lease Agreement for Justin Square Suite M.** {Refer back to Legal Update Memorandum dated 2/10/2026 for additional background details.] [See new info. in italics and bold]

Lease Agreement for Justin Square Suite M between WVHA and current Landlord, Just In Deltona, LP (Original Landlord, Justin Square LLC) to establish the Deltona/Orange City/DeBary Clinic in approximately 2800 SF of commercial space for rent of \$3,700/Monthly, with an Initial Term of thirty-five (35) months, commencing November 1, 2020 and ending September 30, 2023. Section 2(C) provides for automatic renewal for 3 additional 1-year terms unless WVHA gives notice of non-renewal at least 60 days prior to such automatic renewal. *Even though counsel has already made the Landlord aware of the Board's decision to consolidate the operations of miCare Deltona with miCare DeLand, counsel recommends that the Board authorize Chair Ford to sign a formal letter to the Landlord with the following substance: "WVHA hereby gives notice of non-renewal pursuant to Section 2(C) of the Lease. The Lease will terminate at the end of the current Renewal Term on September 30, 2026."*

V. **Complaint Regarding Lack of Specificity in Board Agendas.**

Within a few hours after the adjournment of the February 19, 2026 Workshop and Regular Meeting, the Board received a citizen complaint and request for corrective actions, including a revote. Counsel reviewed the facts (including the overwhelming number of citizens who showed up and were allowed to voice their opposition to the proposed closure of miCare Deltona), case law cited and also consulted with other, experienced local government law attorneys. Because this citizen has suggested a potential for litigation that could expose taxpayers to costly legal fees, **counsel recommends that the Board avoid making any inadvertent public comments that would generate some reasonable basis for this threatened litigation,** for which Counsel finds no support in the existing record and relevant case law. Counsel provided that citizen with the following email response with an attached case, which was blind copied to members of the Board.

From: Theodore Small

Sent: Monday, March 2, 2026 12:00 PM

To: [X]

Cc: Stacy Tebo <stebo@westvolusiahospitalauthority.org>

Subject: RE: FW: Formal Sunshine Law Objection – miCare Clinic Closure Vote

Mr. [X], I have reviewed the legal authorities you cited (including Turk v. Richard which is a 1950 Florida Supreme Court case found at 47 So.2d 543) and find no support in those cases for your stated objection. On the other hand, Florida law is well-established that the Sunshine Law does not restrict a governmental body from considering and resolving matters that are not specifically described in published agenda. See, for example, the ruling and summary of cases in Law and Information Services, Inc. v. City of Riviera Beach, 670 So.2d 1014 (Fla. 4th DCA 1996), which I am attaching for your convenience.

Because the WVHA Board voted to consolidate the operations of miCare Deltona with miCare DeLand at a duly noticed public meeting after hearing citizen comments from you and every other citizen who requested an opportunity to speak, I do not agree with your factual or legal assertions that the vote of WVHA Board was in violation of the Sunshine Law. Accordingly, I will not be recommending any of your suggested corrective actions.

Regards, ts

Ted W. Small, Esq.
Outside Counsel to West Volusia Hospital Authority

VI. Potential City of Deltona Resolution Authorizing Litigation Against WVHA.

In her March 3rd email, Ms. Tebo notified Counsel and Board Members about a potential lawsuit that could be filed by the City of Deltona against WVHA related to WVHA's decision to consolidate the operations of miCare Deltona with miCare DeLand. On March 4th, Ms. Tebo learned from the City of Deltona Clerk that the draft resolution had been pulled by the City Attorney before it was discussed and voted upon. Because this drafted but pulled City of Deltona resolution threatens potential litigation that could expose taxpayers to costly legal fees, **counsel recommends that the Board avoid making any inadvertent public comments that would generate some reasonable factual or legal basis for this threatened litigation.**

counsel will await some further indication from the City of Deltona or its attorneys before taking any further concrete steps to defend WVHA from this potential litigation, but below is a pasted copy of counsel's initial impressions. counsel still has not been contacted directly.

From: Theodore Small

Sent: Wednesday, March 4, 2026 8:54 AM

To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>

Cc: Webb Shephard <webb.shephard@jmco.com>; Vince Tenaglia <vince.tenaglia@jmco.com>

Subject: RE: Deltona resolution for 3/2/26 meeting

Thanks, Stacy, please let me know If the City of Deltona actually passed this resolution and if you receive any direct communication concerning it. I have not been contacted by the City of Deltona or their attorneys to inquire about any of its factual or legal assertions.

Meanwhile, I will begin identifying outside legal counsel who is capable of defending WVHA against what appears to be baseless litigation without any reasonable legal or factual basis, which if filed as such may subject the City of Deltona and its lawyers to sanctions under Florida Statute § 57.105.

It is puzzling that on the same day that both the City of Deltona and WVHA are notified by the Property Appraiser, Will Roberts that ad valorem tax revenue may be eliminated entirely by a proposed constitutional amendment, that such litigation over one clinic would become a distraction from what would seemingly be a shared goal of avoiding the complete shutdown of many of Deltona's programs and ALL of WVHA's programs

(hospital, specialty care, primary care and CAC funded programs) by the passage of that proposed amendment. Unlike other local taxing entities, WVHA has no alternative sources of funding outside of ad valorem tax revenue.

I hope all involved will take a step back from the immediate battle and decide whether fighting about the continued operation of one clinic is worth risking the elimination of WVHA entirely, either because of the passage of the proposed constitutional amendment or because the infighting provides an excuse for those who have long desired to eliminate hospital authorities.

Keep me posted, ts

Ted W. Small, Esq.
Outside Counsel to West Volusia Hospital Authority

VII. Potential Reconsideration of Board Longstanding Policy on Medicaid Share of Cost (“SOC”) Program.

As promised, counsel followed up with Chris Booker at The House Next Door regarding the citizen comment about the Florida Medicaid Share of Cost Program (“SOC”) during the February 19, 2026 Regular Meeting. Contrary to that citizen’s suggestion that WVHA had recently changed a policy that resulted in her disqualification from Health Card membership, Mr. Booker discovered that the Board’s recent policy change actually helped that citizen because the changed policy allowed The House Next Door to extend her membership for an extra 30-days while she applied for Medicaid. Applying for Medicaid and ACA coverage is NOT a new policy, but it is a longstanding requirement for all applicants and such applications further WVHA’s bedrock policy that it is the “payer of last resort” for those who cannot obtain affordable coverage through any other available private or public insurance program.

That citizen’s comment does, however, raise an issue about the intersection between WVHA’s bedrock “payer of last resort” policy and the SOC Program. Counsel can recall this issue coming before the Board at least twice before in 2014 (when HSI was handling enrollment) and again in 2016 (When POMCO had just taken over enrollment). The Florida Medicaid website contains detailed explanations about the SOC Program, but in a nutshell, the SOC Program requires those enrolled to pay a monthly amount (like an insurance deductible) before they can qualify for full Medicaid coverage. The monthly amount is calculated by Florida Medicaid based upon the applicant’s particular income and asset circumstances.

During past discussions about whether the Board should change the Eligibility Guidelines to allow its Enrollment Certifying Agent (currently The House Next Door) to enroll SOC Program beneficiaries even though they qualify for Medicaid coverage, the Board has declined to do so. IF the Board is interested in revisiting these past decisions and establishing a new policy, counsel recommends that it first direct The House Next Door, EBMS, JMCo and counsel to develop formal recommendations for the May or June meeting when the Board annually considers such Eligibility Guideline policy changes. Preliminarily, counsel identifies the following legal points for consideration: 1. To the extent that the Board considers again what it considered in 2014 and 2016--having WVHA pay the very SOC monthly amount that

the SOC Program deems payable by the beneficiary after its evaluation of the beneficiary's ability to pay—such would be inconsistent with WVHA longstanding “payer of last resort” policy; 2. It is not apparent on its face how the Board can articulate a rational basis for being willing to pay the SOC monthly amount and then not being willing to pay the high deductibles of some private ACA Marketplace insurance policies; perhaps the Board can articulate reasons that it is in the public interest (to promote preventive care and utilize Medicaid and private insurance as excess carriers) to establish a program whereby both high deductibles and SOC monthly amounts are paid by WVHA, but it is not clear how to justify paying one but not the other; 3. Without further research on the rules governing the program, it is not clear that a SOC beneficiary who is having his or her share of costs paid by a third party (WVHA) which payment is NOT reported to Medicaid, is actually fulfilling the requirements of qualifying for “full” Medicaid once that share has been paid (stealthily by another entity); 4. For all such Eligibility Guideline changes, the Board should consider reasonable impacts on its budget and tax mileage rates; a decision that would increase enrollment and utilization of the primary clinics cannot be separated from the fact that Health Card membership automatically entitles each member to unlimited hospital, ER and specialty care (which budget has exploded by nearly 2 million dollars since 2020 even as membership has declined).

VIII. 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, other contracted professionals, staff of funded agencies and members of the public) from telling one Board member what other Board members are thinking or saying about matters likely to come before the Board, including on matters of governance or upcoming elections.