

**WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS
REGULAR MEETING
April 16, 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 - Joint Meeting March 19, 2026
 - B. SMA Healthcare Quarter Two Uneven Spend-Down of Funding for Residential Treatment Services
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Citizens Advisory Committee Verbal Update – CAC Chair Patrick Rogers
7. Annual Contractual Utilization Report to the WVHA Board of Commissioners
 - A. SMA Healthcare – Vice President, Volusia County Services Jennifer Stephenson
 - B. RAO – Director of Administrative Services Shannon Sargeant and Interim CEO Paris Smith
8. Reporting Agenda:
 - A. EBMS March Report – Written Submission
 - B. WVHA miCare Clinic DeLand/Deltona March Report – Practice Manager Gretchen Soto and Medical Director Dr. Ratzel
 - i. 2026 Quarter Two miCare Report (Jan – March)
 - ii. April Submission Report
 - C. The House Next Door (THND) March HealthCard Report
9. Discussion Items:
 - A. Transition Update for miCare Clinic Consolidation
 - i. Report from MiCare – Practice Manager Gretchen Soto
 - B. Consideration of an SMS plan (Commissioner Moore)
10. Follow Up:
 - A. Mobile Health Clinic Plan (Commissioner Moore)
 - i. Identify up to Ten Locations/Dates for Mobile Clinic Deployments
 - ii. Ways for True Health to Contact Health Card Members Not Utilizing MiCare Clinics
 - B. Eligibility Guidelines
 - i. Review of Suggested Changes from THND, Enrollment Certifying Agent
11. Administrator Report
12. Finance Report
 - A. March Financials
 - B. Approval of Disbursements – Check Register & Estimated Expenditures
13. Legal Update
14. Upcoming Meetings – CAC Preliminary Ranking Meeting on 5/5/26 and WVHA Board Meeting on 5/21/26
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
AGENDA MEMO**

TO: WVHA Commissioners
FROM: Stacy Tebo, WVHA Administrator
RE: SMA Healthcare Quarter Two Uneven Spend-Down of Funding for Residential Treatment Services
DATE: April 9, 2026

The following provision is contained in the funding agreement for SMA Healthcare's Level II Residential Treatment Services.

"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 SMA applies to the second quarter of the current fiscal year, which is January through March. Services are invoiced the following month. The total expended is \$200,997.05 and represents 36.5% of total funding (\$550,000) for the year.



150 Magnolia Ave.
Daytona Beach, FL 32114
P 800-539-4228 | smahealthcare.org

April 7, 2026

West Volusia Hospital Authority
Attn: Chairman
c/o James Moore and Company
133 E Indiana Avenue
DeLand, FL 32724

Program: Residential – Wavier

Dear Chairman:

Per contract, funding disbursements will be made in monthly installments up to one-fourth of the funding limit per quarter. If grantees combined invoices for any quarter exceed one-fourth the funding limit, the grantee may submit a written explanation of the uneven spend-down of funding.

SMA Healthcare at this time does not anticipate requesting additional funding for the October 1, 2025 through September 30, 2026 funding period. The uneven spend-down of funding is due to an increase in utilization by approved residents (WVHA HealthCard) in the district in need of services resulting in total utilization for quarter exceeding the quarterly funding limitation.

Thank you for your consideration on this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ivan Cosimi", with a long, sweeping underline.

Ivan Cosimi
Chief Executive Officer
SMA Healthcare, Inc.



150 Magnolia Ave.
Daytona Beach, FL 32114
P 800-539-4228 | smahealthcare.org

April 7, 2026

Ms. Stacy Tebo
James Moore and Company
133 E Indiana Avenue
DeLand, FL 32724
stebo@westvolusiahospitalauthority.org

Re: West Volusia Hospital Authority Contract for Residential level II

Dear Ms. Tebo:

In compliance with the subject funding agreement and in accordance with the service and billing instructions enclosed please find our invoice for the period noted below.

March 2026:

| | |
|-------------------------------|--------------------|
| Residential Level II Services | \$67,399.92 |
| Medication | \$252.68 |
| | <u>\$67,652.60</u> |

Total Due: _____ **\$0.00** (funding expended)

YTD Utilization of contract: 80% \$439,067.20

Enclosed please find detailed support documents as required in the subject agreement. Client specific information is available for your review at our Financial Services department.

If you should have any questions please contact Sheila A. Jennings, Senior Manager - Contract, at (386) 236-3294 or sjennings@smahealthcare.org.

Sincerely,

Andrea Schweizer
Chief Financial Officer

Please remit payment to the attention of the Finance Department at the address listed below.

SMA Healthcare, Inc. 150 Magnolia Ave, Daytona Beach,
Florida 32114, RingCentral phone/fax (386) 236-3294, accounting@smahealthcare.org



FY 25/26 SMA Utilization Report





Residential Treatment Services



Service Description:

SMA Healthcare provides residential substance use treatment to residents of the WVHA service area at Deland Men's Residential Treatment (DMRT). DMRT is a 54 bed, male-only, long-term treatment facility focusing on treatment for primary substance use and co-occurring mental health disorders.

Services provided include individual and group therapy, relapse prevention, job skills, family education, sober support meetings, GED classes, OSHA and ServSafe certifications, and monitored family visitation.

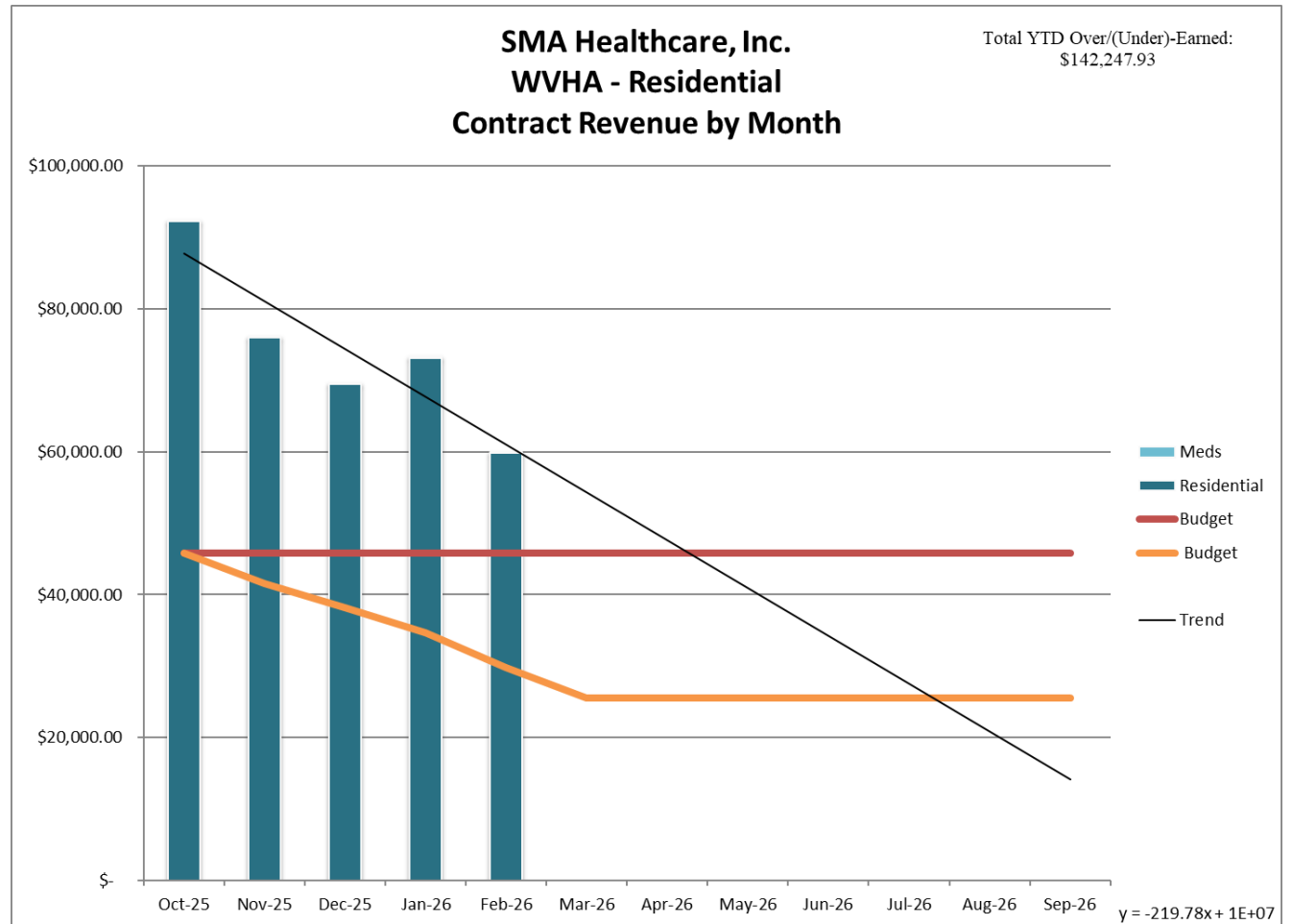
FY 25-26 WVHA funding is \$550,000.



Residential Treatment Services

Numbers of Persons Served: 59

Utilization: \$371,414.60 (68%)





Outpatient Psychiatric Services



SMA OUTPATIENT - WEST VOLUSIA
DELAND, FLORIDA

Service Description:

SMA provides psychiatric services at SMA's Outpatient DeLand Clinic. SMA also partners with MiCare in DeLand to provide onsite services one day per week to WVHA card members seeking psychiatric services. Providing accessible services prevents the deterioration of an individual's mental health thereby decreasing the need for emergency room visits and crisis hospitalization.

Services provided include: psychiatric evaluation and treatment planning; follow up psychotropic medication management; mental health therapy; crisis intervention, including initiation of Baker Acts; medication prescriptions for clients filled through the SMA Pharmacy.

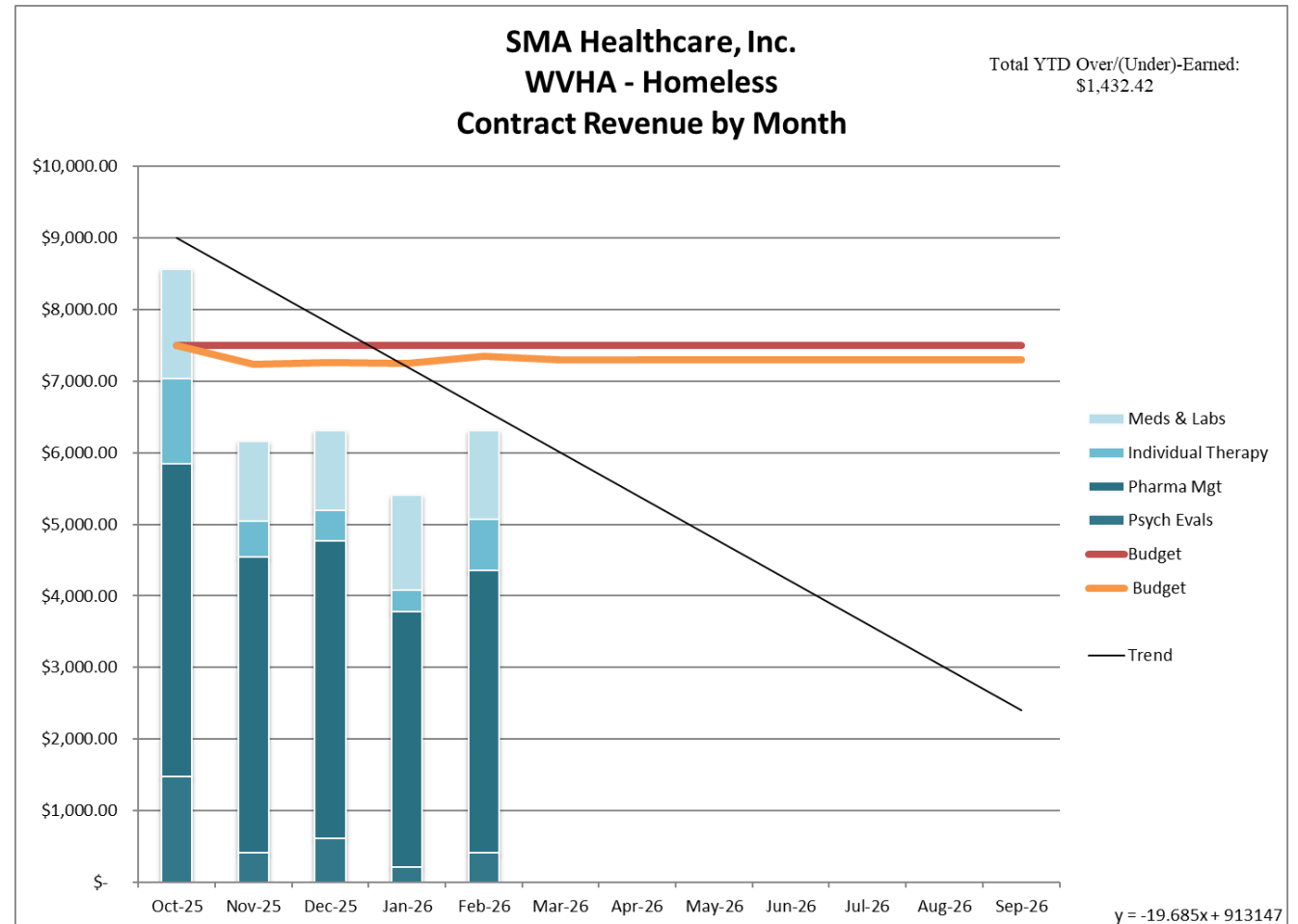
FY 25-26 WVHA funding is \$90,000.



Outpatient Psychiatric Services

Number of Persons Served: 168

Utilization: \$38,932 (43%)





Emergency Behavioral Health Services

Service Description:

SMA Healthcare's Chet Bell Crisis Center houses three distinct units:

- The Emergency Screening Unit provides public access to crisis services via a face-to-face assessment 24 hours per day
- The Crisis Stabilization Unit offers 30 beds for people who need acute psychiatric care
- The Detox Unit has 19 beds for people who need a medically monitored detoxification from addictive substances

Each unit is staffed around the clock with registered nurses, behavioral health technicians, and clinical staff working under the supervision of a psychiatrist. A psychiatrist and/or psychiatric APRN assesses clients seven days a week and are available by phone 24 hours per day, including weekends and holidays.

FY 25-26 WVHA funding is \$150,000.

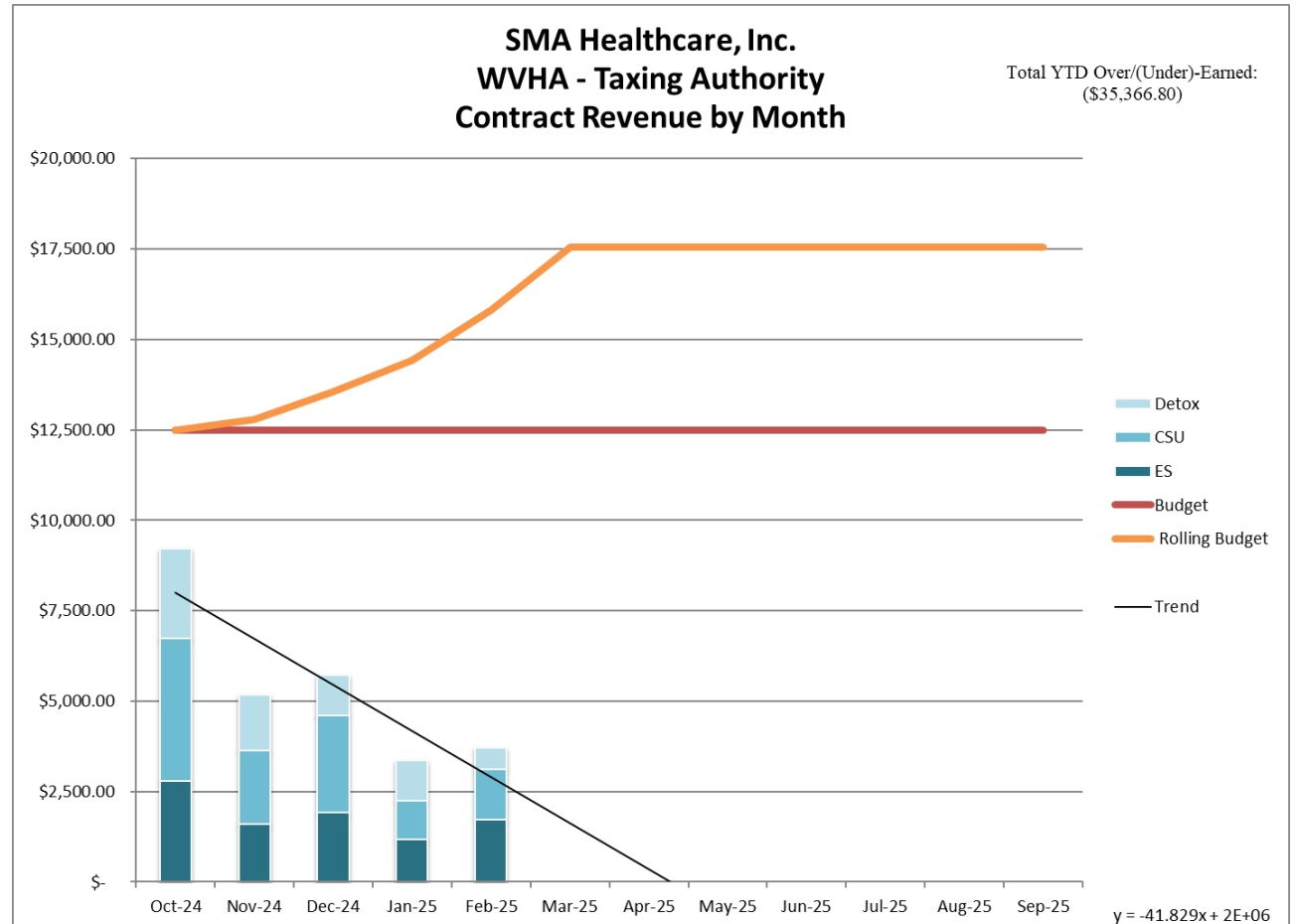




Emergency Behavioral Health Services

Numbers of Persons Served: 131

Utilization: \$15,505.48 (10%)





Intergovernmental Transfer/Low Income Pool (LIP)

The Low-Income Pool (LIP) provides government support to providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Funding for the LIP program comes from intergovernmental transfers (IGTs) and federal matching funds.

SMA utilizes funds provided by the WVHA for Residential and Emergency Services for this purpose. WVHA and AHCA have a contracted letter of agreement that allows AHCA to invoice the WVHA for these funds directly. SMA is able to leverage this and receives match funding from AHCA.

- FY 22-23: WVHA IGT (\$265,285) + AHCA match (\$493,758) = \$759,041 (65.05% match)
- FY 23-24: WVHA IGT (\$627,904) + AHCA match (\$865,682) = \$1,493,586 (57.96% match)
- FY 24-25: WVHA IGT (672,891) + ACHA match (\$898,183) = \$1,571,074 (58.17% match)

If awarded funding this year, SMA is hoping the WVHA will continue to allow for the Residential Services to be utilized as IGT funds for AHCA match next year (up to \$700,000 total). Thus allowing SMA to receive AHCA match dollars up to approximately \$934,368 without additional cost to Volusia County/WVHA.

Success Stories— “DD”



This WVHA-funded client came to DMRT at one of the lowest points in his life. After years of substance use and repeated justice involvement, he entered treatment through probation carrying the weight of legal consequences, fractured family relationships, and a future that likely felt uncertain. At admission, he was in the pre-contemplative stage of change, estranged from his wife, and disconnected from his children. He arrived with significant barriers and limited insight into the changes needed to move forward, but his story ultimately became one of resilience, determination, and meaningful transformation.

As he moved through treatment, he began to engage more fully in the therapeutic process and steadily developed the skills needed to support lasting recovery. He worked hard to build accountability, strengthen coping strategies, and practice healthier ways of thinking and responding. His growth became increasingly visible not only to staff, but also to his peers. During his time in the program, he ran for and was voted in as a member of Top Tier, reflecting the respect he had earned within the therapeutic community. He was seen by other clients as a leader and took that responsibility seriously, helping lead initiatives aimed at improving both client participation and community engagement. Alongside this personal and peer leadership growth, he also reconnected with his wife, began rebuilding his relationship with his children, earned his GED, and completed his OSHA 30 certification.

By the time he successfully graduated from DMRT, he had overcome substantial adversity and created real momentum for a different kind of life. Following discharge, he obtained employment with a construction cleanup company, began volunteering in the community, and moved back in with his wife. He now sees his children regularly and continues to give back by chairing meetings for others facing similar struggles. His journey is a powerful example of what can happen when an individual is given the opportunity, support, and structure to change.



Success Stories— “MK”

- We have a client we began seeing at the MiCare clinic last year who presented with severe depression and severe anxiety. She reported frequent crying episodes, constant panic attacks, and ongoing feelings of worthlessness to the point she would self-isolate and did not want to leave her home or socialize. During the initial assessment, MK was anxious, tearful, and disheartened. She reports starting treatment in her early teens (she is now in her 50's) but denies receiving past medications which alleviated her symptoms. After speaking with MK at length and developing a personalized treatment plan, we moved forward with a medication regime to address her concerns. Over the course of the past year, MK reports significant improvements in her overall mood including depression, anxiety, irritability, and sleep. She remains compliant with treatment at this time and requests to be seen monthly by this provider, which we do on location at the MiCare clinic on Tuesdays.





Transforming Lives Through Hope and
Healing

QUESTIONS?



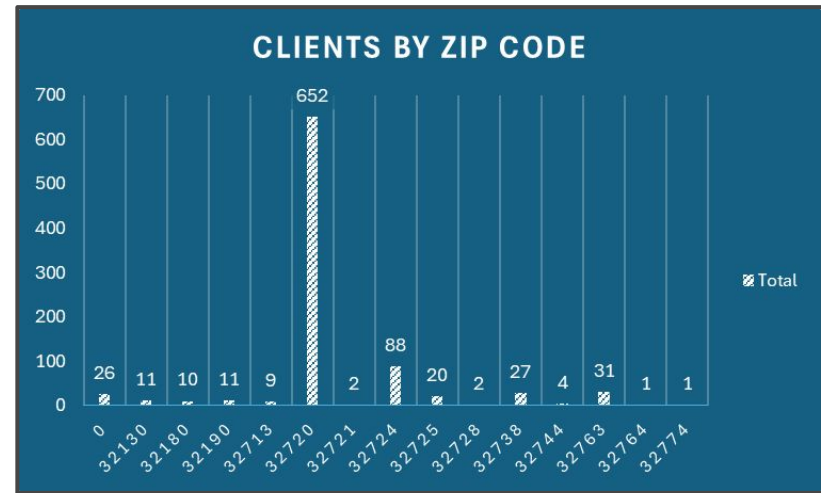
HIV/AIDS Outreach

2025-2026 Verbal Report

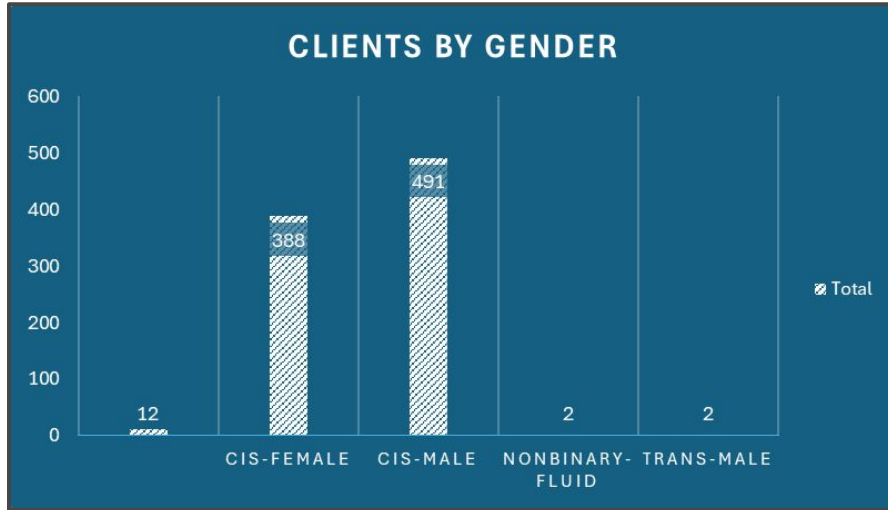


Client Demographics

- 895 unique, unduplicated clients received WVHA HIV/AIDS Outreach services October 2025 - February 2026
- 73% of the clients are in ZIP code 32720



Client Makeup

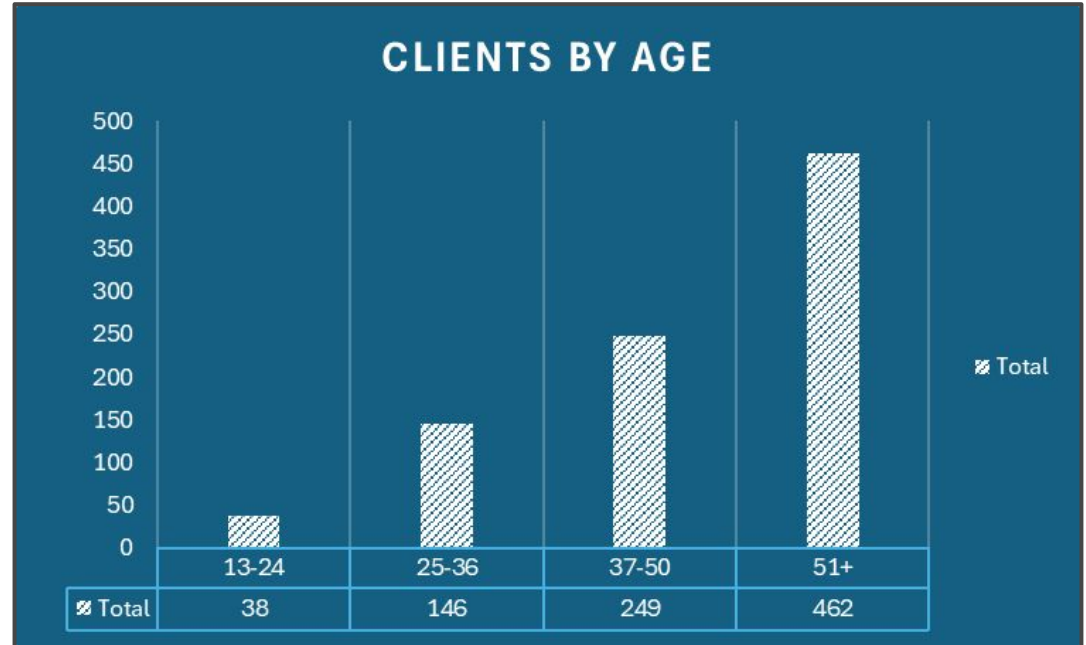


Cis-gender is a person who identifies with their birth sex



Client Age Groups

- The majority of clients receiving WVHA HIV/AIDS Outreach Services are over 51 years of age



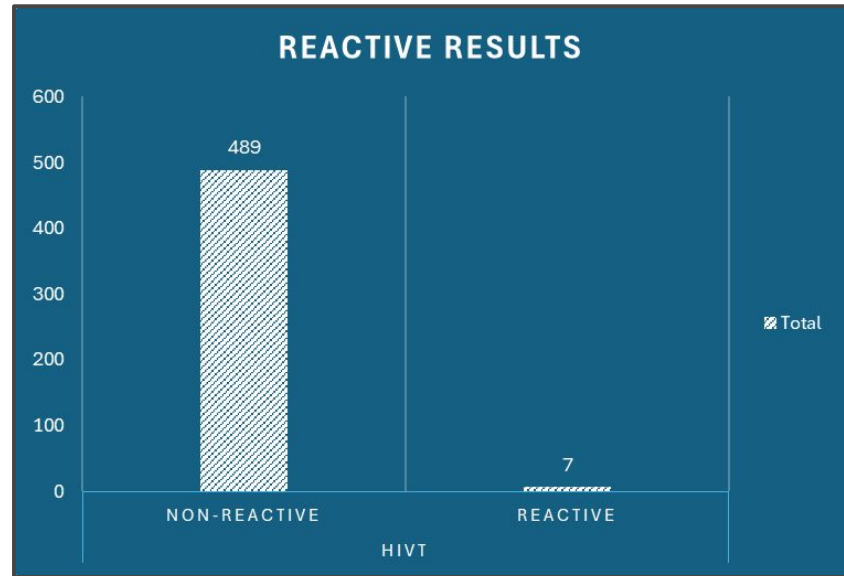
Value of HIV/AIDS Outreach Services

| Service Type | Count of Services | Value of Services | Billed to the WVHA |
|-----------------------------------------------|-------------------|---------------------|---------------------|
| Continuum of Care / Case Management | 1,097 | \$27,425.00 | \$6,500.00 |
| Individual HIV Counseling | 485 | \$48,500.00 | \$36,500.00 |
| Individual HIV Counseling with Rapid HIV Test | 496 | \$74,400.00 | \$59,850.00 |
| Medical Transportation | 88 | \$2,200.00 | \$1,550.00 |
| Grand Total | 2,166 | \$152,525.00 | \$104,400.00 |



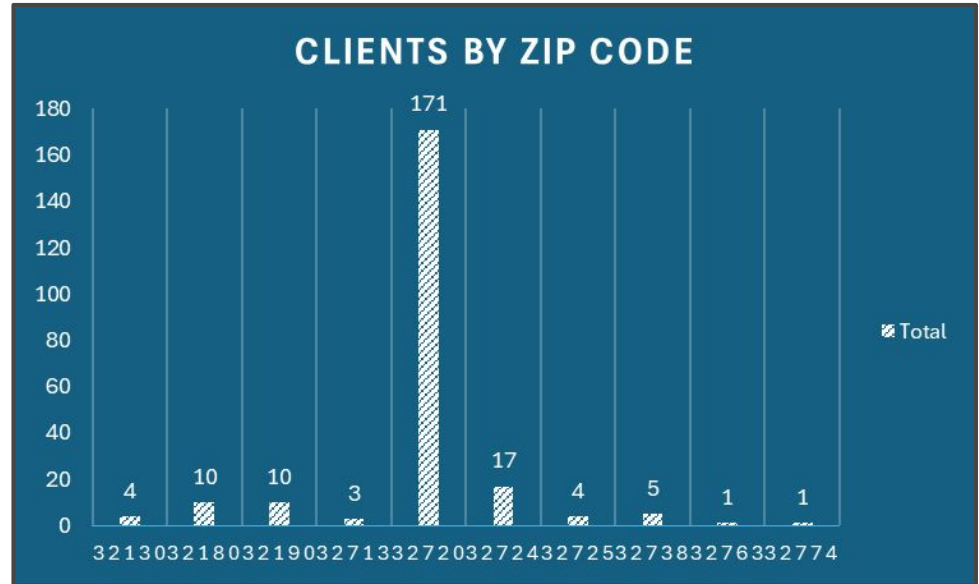
HIV Test Results

- 1.43% positivity rate, an increase of nearly 1% since last year
- Rates of HIV infection are increasing in Volusia County



WVHA Health Card Pre-Screening

- 226 unique, unduplicated clients received WVHA Health Card Pre-Screening services October 2025 - February 2026
- 76% of the clients are in ZIP code 32720



Client Makeup

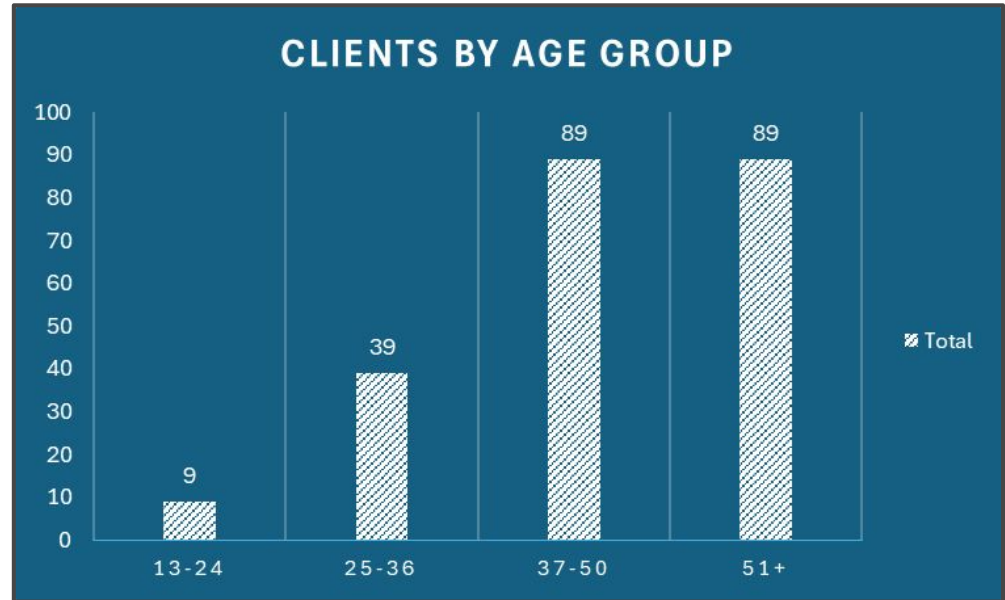


Cis-gender is a person who identifies with their birth sex



Client Age Groups

- The majority of clients receiving WVHA Health Card Pre-Screening Services are 37 years of age or older



Value of Health Card Pre-Screening

| Application Status | Number of Services | Billed to WVHA |
|--------------------|--------------------|--------------------|
| In Progress | 226 | \$0.00 |
| Submitted | 166 | \$31,872.00 |
| Grand Total | 392 | \$31,872.00 |



Client Testimonial

Between 2015 and 2018 I experience extreme instability. Homelessness, unchecked physical and mental illness, unemployability.

I'm so grateful for my RAAO family. Ms. Brenda, Paris, Mr. John, Cynthia, Shannon, Dr. Fingers, are just some of the people making a big difference for the under-informed in west volusia. I learned about RAAO in 2018 or 2019, becoming a client during a crucial time for my health, my sanity and my freedom. The peace of mind gathered from becoming medically stable laid the foundation for meaningful and long lasting recovery.

I can honestly say without RAAO my life would be significantly different.

They streamlined my medical care helping me reach a level of health I previously believed to be unattainable.

At one point they even staged an intervention to help me get back on track when I had wondered off the path of recovery.

Thank you RAAO, for helping me get to where I am today.

Chris G.







WVHA miCare Clinic Deland and Deltona

March 2026 Report

miCare Utilization

| | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|---------------|-----------------------|----------------------|----------------------------|
| DeLand | | | |
| 2026 | 267 | 225 | 84% |

| | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|----------------|-----------------------|----------------------|----------------------------|
| Deltona | | | |
| 2026 | 202 | 144 | 72% |

| | Total Available Hours | Total Utilized Hours | % Of Total Available Hours |
|----------------|-----------------------|----------------------|----------------------------|
| Overall | | | |
| 2026 | 469 | 369 | 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 | 69 | 7% |
| Deltona | 27 | 4% |



Visit Type Utilization

| WVHA miCare Clinic Total Visits for DeLand | | | |
|--------------------------------------------|------------------|-----|------------------------------------------------------------|
| Clinic Services | Number of visits | % | Notes |
| Total Provider visits | 410 | 44% | Schedulable patient activities |
| Total Labs | 208 | 22% | Schedulable patient activities |
| Total Nurse Visits | 7 | 1% | Schedulable patient activities |
| Total medication pick-up | 287 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 24 | | Don't have a visit type and are not scheduled appointments |
| Total Visits | 936 | | |

DeLand

- There was a total of 625 clinic visits at the DeLand clinic in March plus 287 medication pick-ups and an additional 24 med pick-ups from the PAP program
- Of the 625 clinic visits, there were 14 phone visits
- There were 27 **new patients** that established care at the DeLand clinic last month
- There were 84 **Physicals** in March – Male/Female Wellness – Established Patients

| WVHA miCare Clinic Total Visits for Deltona | | | |
|---------------------------------------------|------------------|-----|------------------------------------------------------------|
| Clinic Services | Number of visits | % | Notes |
| Total Provider visits | 270 | 46% | Schedulable patient activities |
| Total Labs | 109 | 18% | Schedulable patient activities |
| Total Nurse Visits | 6 | 1% | Schedulable patient activities |
| Total medication pick-up | 198 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 10 | | Don't have a visit type and are not scheduled appointments |
| Total Visits | 593 | | |

Deltona

- There was a total of 385 clinic visits at the Deltona clinic in March plus 198 medication pick-ups from Deltona as well as 10 med pick-ups from the PAP program
- Of the 385 visits, 13 were phone visits
- There were 14 **new patients** that established care at the Deltona clinic last month
- There were 60 **Physicals** in February – Male/Female Wellness – Established Patients



miCare Member Migration

March 2026

| | | DeLand | Deltona |
|---------------------------|-------|--------|---------|
| Total Eligible Membership | 1,334 | 515 | 310 |

*** Member migration showed 52% for March**

*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 – March 2026 | |
|---------------------------------------|-----------------------|
| Application Approved | 377 |
| Application Pending Approval | 0 |
| Application Started but Not Submitted | 4 |
| Total Active Applications | 381 |
| | (Active Applications) |

Key Insights:

- **34 PAP medications were picked up between the two locations**
- **Currently, WVHA has 381 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are \$2,469,306**



WVHA miCare Clinic Deland and Deltona

Quarter Two Report

January 1st – March 31st, 2026

Clinical Utilization

| Deland Q2 | Hours Available for Scheduling | Hours Used for Appointments | % Of Total Time Scheduled |
|--------------|-----------------------------------|--------------------------------|------------------------------|
| 2025 | 688 | 612 | 89% |
| 2026 | 775 | 654 | 84% |

| Deltona Q2 | Hours Available for Scheduling | Hours Used for Appointments | % Of Total Time Scheduled |
|---------------|-----------------------------------|--------------------------------|------------------------------|
| 2025 | 529 | 437 | 83% |
| 2026 | 585 | 419 | 72% |

| Deland and Deltona Q2 | Hours Available for Scheduling | Hours Used for Appointments | % Of Total Time Scheduled |
|--------------------------|-----------------------------------|--------------------------------|------------------------------|
| 2025 | 1,217 | 1,049 | 86% |
| 2026 | 1,360 | 1,073 | 79% |

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

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



No Show Rate

| Q2 | DeLand | | Deltona | |
|------|--------|----|---------|----|
| 2025 | 260 | 9% | 116 | 6% |
| 2026 | 216 | 8% | 105 | 6% |

miCare Member Migration Q2 2026

| Total Eligible Membership | Membership | DeLand | Deltona |
|---------------------------|------------|--------|---------|
| 2026 | 1,334 | 786 | 475 |

Overall Member Migration – 73%, an increase over last year’s quarter of 68%

Key Insights:

- The overall available provider hours increased for this period over last year from 1,217 available hours to 1,360 available hours. The utilization shows a decrease in % but an increase in overall time used.
- 73% of members used one of the sites in this quarter.
- No show rates decreased in DeLand and remained the same in Deltona for this period.
- There was a total of 2,933 clinic visits between both sites in Q2. This shows a slight increase from last year’s quarter – 2,910 clinic visits.
 - DeLand - 1,816 over last year’s 1,739 clinic visits
 - Deltona – 1,117 over last year’s 1,171 clinic visits
- Survey results show 120 responses and an overall rating of 4.9 stars. See comments below – pages 6-8



miCare Visit Type Frequency

DeLand

| WVHA miCare Clinic Total Visits for DeLand | | | |
|--------------------------------------------|------------------|-----|------------------------------------------------------------|
| Q2 - 2026 | | | |
| Clinic Services | Number of visits | % | Notes |
| Total Provider visits | 1,173 | 44% | Schedulable patient activities |
| Total Labs | 626 | 24% | Schedulable patient activities |
| Total Nurse Visits | 17 | 1% | Schedulable patient activities |
| Total medication pick-up | 769 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 67 | | Don't have a visit type and are not scheduled appointments |
| Total Visits | 2,652 | | |

- There was a total of 1,816 clinic visits at the DeLand clinic in Q2 2026, with an additional 769 medication pick-ups and 67 med pick-ups from the PAP program.
- Of the 1,816 visits, 46 were phone visits.
- There were 60 new patients that established care at the DeLand clinic, and 230 Physicals were conducted in this quarter.

Deltona

| WVHA miCare Clinic Total Visits for Deltona | | | |
|---------------------------------------------|------------------|---|------------------------------------------------------------|
| Q2 - 2026 | | | |
| Clinic Services | Number of visits | % | Notes |
| Total Provider visits | 810 | % | Schedulable patient activities |
| Total Labs | 291 | % | Schedulable patient activities |
| Total Nurse Visits | 16 | % | Schedulable patient activities |
| Total medication pick-up | 503 | | Don't have a visit type and are not scheduled appointments |
| Total PAP med pick-up | 43 | | Don't have a visit type and are not scheduled appointments |
| Total Visits | 1,663 | | |

- There was a total of 1,117 clinic visits at the Deltona clinic in Q2 2026, with an additional 503 medication pick-ups along with 43 medication pick-ups from the PAP program.
- Of the 1,117 visits, 45 were phone visits.
- There were 38 new patients that established care at the Deltona clinic, and 142 Physicals were conducted in this quarter.



Referrals

01/01/2026 – 03/31/2026

| Total # All of Referrals | 1,647 | |
|---------------------------------|-------|-----|
| Total miCare Provider Referrals | 980 | 60% |
| Imaging Referrals | 412 | 42% |
| Non-Imaging Referrals | 568 | 58% |

| | WVHA Average | *National Average | miCare Average |
|-----------|--------------|-------------------|----------------|
| Benchmark | 60% | 28% | **30% |

* National Average – per American Academy of Family Physicians

**Average across miCare book of business

Top Five Referrals from Primary Care to Specialist

- Gastroenterology
- Ophthalmology
- Orthopedic Surgery
- Psychiatry
- Physical Therapist

Key Insights:

- The total number of referrals for the period was 1,647, this shows a decrease from last year which was 1,918
- Referrals from miCare providers were 980 and 60% of total referrals. This number shows a decrease in miCare referrals from 1,041 last year
- miCare referrals for non-imaging referral specialists were 568 which was 58% of total miCare referrals and the imaging referrals were 412 which was 42% of the miCare total
- National average provided by the American Academy of Family physicians is 28% of provider visits resulting in a referral.



- The top five specialists align with primary care based off the clinical acuity of the population

ER Diversion Results

| Total ER visits Q2 2026 | |
|-------------------------------|-----------|
| Halifax | 2 |
| Advent | 53 |
| Total ER visits | 55 |
| Appropriate ER Visits | 45 |
| PCP Appropriate | 10 |
| | |
| Established Patients (miCare) | 55 |
| Follow up scheduled at miCare | 54 |
| Follow up completed at miCare | 45 |

| Total ER Visits | Q3-2025 | Q4-2025 | Q1 – 2025 | Q2 – 2026 | Total |
|-----------------|---------|---------|-----------|-----------|------------|
| Halifax | 2 | 1 | 2 | 2 | 7 |
| Advent | 86 | 95 | 51 | 53 | 285 |
| | | | | | |
| | Q3-2024 | Q4-2024 | Q1-2024 | Q2-2025 | Total |
| Halifax | 4 | 2 | 4 | 6 | 16 |
| Advent | 87 | 87 | 105 | 84 | 363 |

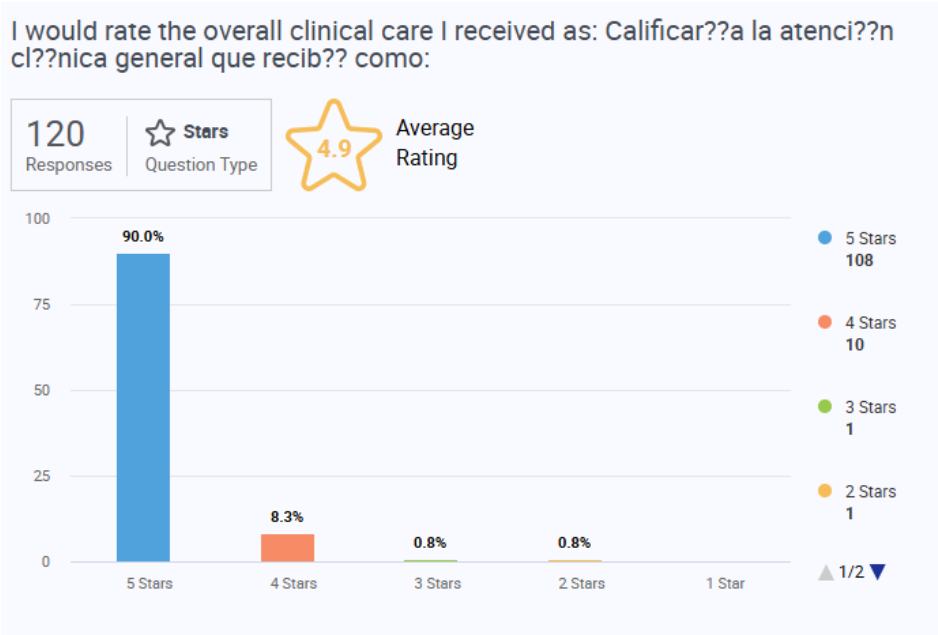
Key Insights:

- Total number of patients between Halifax and Advent in Q2 was 55 (2 Halifax and 1 Advent), this shows a significant decrease from 2024 for the same period, which had a total of 90 visits total.
- Out of the 55 patients that went to the ER, all had established care at miCare.
- Of the patients that sought care in the ER, 45 were deemed appropriate and 10 could have been seen outside of the ER.
- 54 patients scheduled follow up appointments at miCare of those, 45 completed their follow up in the clinic.



Post Visit Survey Results

January – March 2026



Survey Results – Comments:

- BEST DOCTOR I HAVE SHE IS VERY CARING AND CONCERNED ABOUT HER PATIENTS. DR Neha D Patel PA-C and stuff is wonderful 😊
- I am ok 😊
- Great experience !
- Great visit
- Todo muy bien gracias
- Dr Patel is THE BEST DOCTOR EVER!!! She’s very thorough, never misses anything, explains everything in detail and always shows she cares! Her office staff is awesome too! Always smiling and friendly, happy to help any way they can. It’s always a positive experience
- El personal de la clínica y los profesionales hacen todo lo que pueden y más , por dar el mejor servicio,por esto estoy muy agradecidaSigan así! – *The clinic staff and professionals do everything they can and more to provide the best service. For this, I am very grateful. Keep it up!*
- Very good people.
- I am pleased and thankful for Dr Patel and the staff in Deltona, especially Amanda and Crystal who have been so helpful during my breast cancer. The phone service has improved as well, thank you
- New nurse, Sheryl, was super sweet and kind to me. Wanted to give her a shout out for being so nice.



- Survey Comments Continued:
- Very caring Doctor and staff
- Todo el personal es muy atento y agradable. – *All staff are very attentive and pleasant.*
- I really love and appreciate the care I receive at the deltona office.
- Mi doctora muy amable y explica con claridad mis inquietudes, las enfermeras excelentes. Todas muy amables Muchas gracias. – *My doctor is very kind and clearly addresses my concerns: the nurses are excellent. Everyone is very friendly. Thank you very much.*
- Everything was great...luv all the staff and especially luv Humberto Paez
- Wonder doctor and staff, always give me great attention.
- Dr. Heather Brooks is fantastic. I have such a complex and complicated health journey, and it is difficult to find a provider that doesn't get overwhelmed with the sheer volume of illnesses I have, even more difficult to keep up with any new symptoms. On an initial visit, it is usually very stressful to stay on track and prioritize what needs prioritized. She really showed interest and patience with me, especially because I have severe ADHD and autism, and have a hard time communicating sometimes, and she made me feel at ease, which really helps me think linearly,
- Dr. Patel is the best.
- Great doctor
- Todos en la clinica te tratan con respeto y. Si estan pendiente de que todas las preguntas que tengas Sean respondidas adecuadamente y son bien cordiales y yo amo a mi doctora Neha Patel no la cambiaria Dios les bendiga. – *Everyone at the clinic treats you with respect. They make sure that all your questions are answered properly, and they are very friendly. I love my doctor, Neha Patel – I wouldn't trade her for anyone else. God bless you all*
- Excellent patient care and bedside manner.
- thanks everyone
- Muy agradecida con todo el personal de atencion al cliente, enfermeras y medico – *Very grateful to all the customer service staff, nurses, and the doctor*
- The last 12 month care was ridiculous I felt like a number got no answers became sicker and sicker. Since feb 2026 with Heather Brooke's she's amazing she cares and wants to help I would've rather never went back to micare if it weren't for her. I was given up on life the providers and myself. Seemed like no one cared. She's a wonderful person and professional she has heart most don't as I found out over last few years. She's determined and I'm grateful. Without meeting her I didn't care anymore. She's given me hope a lil. Thank you Ms. BROOKES
- La muchacha que está en la ventanilla, hace un excelente trabajo, es muy amable, muy atenta y muy paciente, le doy un **100** - *The young woman at the window does an excellent job; she is very friendly, very attentive, and very patient. I give her 100%*
- Agradecida a todo el personal – *Grateful to the entire staff*
- No tengo nada que decir todo está bien me siento muy feliz y confiado con todos gracias – *I have nothing to say; everything is fine. I feel very happy and confident with everyone. Thank you.*
- Muchas gracias, muy amable...! *Thank you very much – that is very kind of you.*
- Love this place



Survey Comments Continued:

- 2 times in quest labs and didn't send the form bad experience
- Agradezco que siempre han sido muy amables y respetuosos, *I appreciate that you have always been very kind and respectful.*
- I need information about dental and vision providers please. Thank you
- Nothing negative to say. Love the attention and care of all the staff and Doctors. They are magnificent in everything they do. They all treat you like family.
- Muy buena atención por parte de la enfermera que me tomó muestras de sangre el día martes 13 de enero , felicidades !!! –
- I am very grateful for all of the care that I received at the clinic. The doctors and staff were exemplary.
- Si
- Amazing staff and so caring and friendly
- I'm always satisfied when I go see the Dr& the staff the treat me like I'm important 😊
- Good job
- I received my lab results & I understood them well, so I don't understand why I have to go over them with the Dr.
- Appreciate the willingness to address any and all matters regarding my health.Thank you.
- The last doctor I saw was a lady doctor. My first time seeing her. She is one of the best I have ever seen. She listened to everything I said, answered every question, and helped me tremendously. I hope that I only see her from now on
- Si
- Staff is always friendly and helpful. Greeted with eye contact and smile. Dr. Patel is amazing. I am very comfortable with her processes of illumination to find what is wrong with you. Very well spoken and kind. Love MiCare!!
- First, a disclaimer that a few of the questions (such as those about medications) did not apply to the visit in question as this was just for bloodwork. So, I answered them considering my other most recent visits. Karen is excellent. I told her myself, "I am so glad that you are the one taking my blood today." She knows that my vein is hard to find and she takes that seriously. She is also very personable and friendly. My explanation on question 5: The 3 rating is because of the incident with the lack of information that office staff members had about psychiatric medications. However, that issue got resolved to my satisfaction. The other reason for this rating is that I had to call a few times in order for referrals that were requested by my ophthalmologist to be sent to their respective places. This was very frustrating especially when it was already stressful due to the news I had just received. Also, one referral request sent from the ophthalmologist was not correct and I found out only by my proactively asking for a particular detail of the referral order. I had to call Mi Care yet again and was told what was missing and told me that I had to call the ophthalmologist (referring doctor) to explain the error and have them send it again. Any other medical practice would have made that call on my behalf. Even the ophthalmology tech I got a hold of regarding this matter expressed displeasure with not having been made aware of the error directly by them. I understand technology failing so that could have been the explanation of the referrals not having been submitted in the first place. Giving the benefit of the doubt here. But everything else- the staff receiving a referral request and indicating the error and stating that



Survey Comments Continued:

I had to call, etc feels like lack of customer service to me. I hope that you see where I am coming from and that this does not happen again-- for everyone's sake. Thank you so much for taking the time to read this feedback.

- The doctors and staff have always been awesome. I've had a lot of health problems, and they have always been there to help me and answer questions. When I needed them, they are awesome people. And they truly care
- Doctor Humberto and Lee are wonderful in treating me about my health... Thank you for all you do... and the Ladies (staff and Nurses) really kind and caring ❤️
- Everyone there is wonderful. Appointments are quick. I get my medicine 3 months at a time which helps me because it's a lot to think about and it gives me a break. The Dr is very helpful and thorough. I appreciate everyone there. A++
- I like Dr Patel. She answers all my questions and some. The staff is always great and if you have questions they answer it and if they don't know they'll find out for you. I would recommend them
- Muchas gracias a ustedes – *Thank you very much*
- I appreciated how pleasant and professional the overall experience was.
- I feel blessed and I'm so thankful for Dr. Patel and all of the wonderful staff and nurses for the amazing and caring manner in which I am treated. I can't say enough about how wonderful they are.
- Im Very Great full to have this Insurance. Im finally getting the medical attention I really need and have been putting off for a very long. The Doctors and the Staff have been amazing to me.
- I'm a new patient just trying to get use to the way things run that's all I like dr Ratzel as my dr he seems pretty nice
- Well I can't get into the portal to even see my summary you emailed me to go see but can't get in. Not all my concerns were met yet I guess I have to do blood work first then see doctor.
- Excelente

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

April 6, 2026

West Volusia Hospital Authority
Monthly Enrollment Report

In the month of March there were 315 client interviews conducted. Of these, 185 appointments were to assist with new /renewal applications and 65 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, 176 were approved, 9 were denied, and 65 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 | 16 | 174 | 190 |
| RAAO | 18 | 33 | 51 |
| Other/WVHA Website | 4 | 1 | 5 |
| SMA | 1 | 0 | 1 |
| Family Health Source | 1 | 0 | 1 |
| Neighborhood center | 0 | 2 | 2 |
| Totals | 40 | 210 | 250 |

Outreach Efforts:

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

Respectfully submitted by Chris Booker

[miCare Board Submission April 2026](#)

[PMPM Clarification](#)

miCare was hired by WVHA to run and administer a clinic for only WVHA health card members – a single organization primary care clinic. This was to **improve healthcare access** and ensure members did **not have to experience limited appointment slots and long wait times** as they had before under a federally qualified health center (FQHC) arrangement.

PMPM is a very common amount charged for each member during a single month, regardless of how much or how little a member uses the service. In a single organization clinic, such as WVHA's it is necessary (and industry standard) to have this fee arrangement. This ensures our WVHA's miCare clinic is open, operational and ready to serve patients – which is exactly what miCare was contracted to do since day one.

miCare has never changed its billing mechanism, yet there have been recent questions about why miCare charges the way it does in board meetings. While we are unsure of the exact reason behind this inquiry, miCare wanted to ensure it was addressed.

[Marketing](#)

In February, we submitted an explanation regarding questions that arose during the January meeting concerning miCare's responsibility in marketing and membership enrollment.

miCare recognizes the importance of ongoing growth and outreach; however, we are unsure where the information originated from that miCare is responsible for generating community marketing. Our clinical team works to ensure good communications and relations with the partner organizations, but beyond outreach and patient engagement, marketing to prospective community members for enrollment services is not something miCare has been contracted to execute.

[Submission from February's materials:](#)

[Membership Enrollment:](#)

miCare has been active in provider engagement and partnerships with case management resource teams within the local communities. As WVHA's provider of primary care, our focus is on patient care and engagement with enrolled members. While the main recruitment and community outreach efforts are a function of direct marketing campaigns and the contracted enrollment services entities, miCare does recognize the importance of WVHA growing its membership. To this end, the RN Clinic Manager has provided WVHA brochures to the following organizations to assist the board in promoting the health card overall:

- Advent DeLand Case Management (in the hospital)
- Advent Fish Case Management (in the hospital)
- Halifax Deltona Case Management (in the hospital)
- RAAO
- The Dream Center
- The Neighborhood Center



miCare would be remiss if we did not interject one thought regarding the recruitment of new members to join the health card program. We fully understand the importance of attracting new members and why the WVHA board would want to focus on this. However, one area that might be of value would be to focus on the approx. 20% of currently enrolled health card members who have never utilized the miCare clinic. How can we partner to get them into the clinic? Can the marketing RFP assist in this area at all?

[Deltona Clinic Closure - Update](#)

Established timeline thus far:

| | |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Friday, September 25 th , 2026 | Final day to see patients in Deltona Clinic |
| Saturday, September 26 th , 2026 – Wednesday, September 30 th , 2026 | <ul style="list-style-type: none"> - Final move out of Deltona space - Move all needed items to DeLand - Final set-up in DeLand |
| Thursday, October 1 st , 2026 | Full consolidation complete (seeing patients at one single location) |

Summary of working progress to date:

- An inventory of Deltona will be completed in the coming weeks, and we will have a list of items that will not be needed at the DeLand site. The board will be presented with the list and will need to determine what to do with the additional furnishings, etc.
- DeLand clinic will remain operational during the entire consolidation process.
- Communications with landlord have begun and will continue to stay in touch as we progress.
- The actual move is scheduled for September 26th – 30th. This will include repairs / moveout duties at Deltona and final set-up at DeLand.
- In the coming months, we will:
 - Establish equipment set-up needs in DeLand
 - Review office/exam room space design in DeLand location
 - Examine staffing needs

miCare question to WVHA board of directors:

miCare would like to understand from the WVHA board of directors what the member communication plan is around the closing of the Deltona clinic.

- Is the board planning to construct a communication piece and disseminate to all health card members?
- Or -
- Will the board be asking miCare to draft a letter to members?

An SMS platform enables the [West Volusia Hospital Authority](#) to instantly notify community members about healthcare events, screenings, and board meetings, increasing attendance and engagement. By providing timely, direct information on services, the authority improves public health access and fosters trust through improved communication channels.



[West Volusia Hospital Authority +2](#)

SMS Platform Benefits for West Volusia Hospital Authority

- **Increased Event Attendance:** Direct notifications about health screenings, wellness workshops, or vaccination clinics lead to higher turnout compared to email or traditional marketing.
 - **Immediate Information Sharing:** Urgent community health notices or urgent changes to board meeting schedules can be relayed instantly to members.
 - **Enhanced Community Engagement:** SMS allows for two-way communication, allowing members to RSVP to events or ask questions about services.
 - **Improved Health Access:** Targeted messaging ensures members are aware of resources, particularly for, but not limited to, the low-income population often served by such authorities.
-

LEGAL UPDATE MEMORANDUM

TO: WVHA Board of Commissioners

DATE: April 7, 2026

FROM: Theodore W. Small, Jr.

RE: West Volusia Hospital Authority – Update for April 16, 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 March 19, 2026 Regular Meeting Minutes.

I. Potential Reconsideration of Board Longstanding Policy on Medicaid Share of Cost (“SOC”) Program. [See new info. in italics and bold]

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).

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

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

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

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

Please note that the Sunshine Law DOES apply to “off-the record” chats during meetings or during breaks, written correspondence, telephone conversations and e-mails exchanges between two or more board members if such communication concerns matters likely to come before the Board; provided however, it is permissible for one board member to send correspondence to the rest of the board outside of a public meeting as long as this correspondence does not result in replies or other back and forth exchanges until a public meeting is convened for such discussion and also the correspondence is made available to interested members of the public.

The Sunshine Law also prohibits nonmembers (staff, lawyers, accountants, 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.

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA

COLLEEN DUNN,

Petitioner,

v.

WEST VOLUSIA HOSPITAL AUTHORITY,

Respondent.

2026
CASE NO.: ~~2025~~-11081-CIDL
FILED
2026 MAR 26 AM 8:52
CLERK OF THE CIRCUIT COURT
VOLUSIA COUNTY, FLORIDA

_____ /

ORDER DISMISSING PETITION FOR WRIT OF CERTIORARI

This matter came before the Court for review of the pro se Petitioner’s unsigned Petition for Writ of Certiorari. The Court, having considered the petition and reviewed the court file, hereby finds as follows:

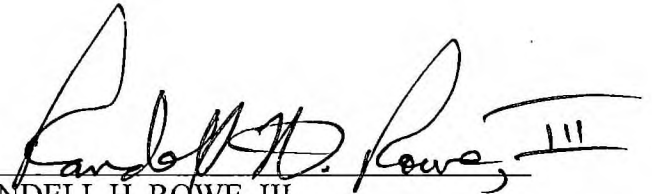
The pro se petition does not comply with Fla. R. Gen. Prac. & Jud. Admin. 2.515(b) in that it is not signed by the Petitioner. Further, the petition does not comply with Fla. R. App. P. 9.100(f)(2) concerning the caption, nor does it comply with Rule 9.100(g)(2) in that it does not contain sufficient facts on which the Petitioner relies. Notably, the petition seeks this Court’s review of “the final administrative decision of the Respondent.” However, no such final decision is attached as an exhibit to the petition. Furthermore, the Petitioner alleges that she “will suffer irreparable harm” by the final decision, but she includes no supporting facts whatsoever stating how or why she will suffer irreparable harm. In fact, the Petitioner offers no explanation as to her interest or involvement in the matter or how the Respondent’s decision affects her.

Therefore, due to the foregoing deficiencies, it is hereby

ORDERED AND ADJUDGED:

That the Petition for Writ of Certiorari is dismissed without prejudice.

DONE AND ORDERED in DeLand, Volusia County, Florida, this 25th day of
March, 2026.



RANDELL H. ROWE, III
CIRCUIT JUDGE

Copy to parties of record.

WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

MARCH 31, 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 March 31, 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
April 16, 2026

James Moore & Co., P.L.

**WEST VOLUSIA HOSPITAL AUTHORITY
BALANCE SHEET - MODIFIED CASH BASIS
MARCH 31, 2026**

ASSETS

| | |
|-----------------------------------------------------|------------------------------------|
| Ameris Bank - operating | \$ 4,158,910 |
| Ameris Bank - MM | 11,848,854 |
| Ameris Bank - payroll | 71,911 |
| Mainstreet Community Bank - EBMS operational escrow | 200,000 |
| Mainstreet Community Bank - MM | 8,035,078 |
| Surety Bank - MM | 1,652,712 |
| Prepaid items and deposits | 2,000 |
| Total Assets | <u><u>\$ 25,969,465</u></u> |

FUND BALANCE

| | |
|---------------------------|------------------------------------|
| Total Fund Balance | <u><u>\$ 25,969,465</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 SIX MONTHS ENDED MARCH 31, 2026

| | One Month Period Actual | Year to Date Actual | Annual Budget | Amount Remaining Budget Balance | Percent Budget Used |
|-----------------------------------------|-------------------------------|------------------------|-------------------|---------------------------------------|---------------------------|
| Revenues | | | | | |
| Ad valorem taxes | \$ 1,769,546 | \$ 17,758,527 | \$ 19,200,000 | \$ 1,441,473 | 92% |
| Interest income | 20,446 | 355,120 | 400,000 | 44,880 | 89% |
| Other income | 92,419 | 198,163 | 34,333 | (163,830) | 577% |
| Total revenues | <u>1,882,411</u> | <u>18,311,810</u> | <u>19,634,333</u> | <u>1,322,523</u> | 93% |
| Expenditures | | | | | |
| Healthcare expenditures | | | | | |
| Statutorily Mandated Expenditures | | | | | |
| County Medicaid Tax | 338,505 | 2,031,030 | 4,062,060 | 2,031,030 | 50% |
| H C R A - In County | - | 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>338,505</u> | <u>2,059,408</u> | <u>4,862,060</u> | <u>2,802,652</u> | 42% |
| All Other Healthcare Expenditures | | | | | |
| Specialty Care Services | | | | | |
| Specialty Care - ER | 4,311 | 31,747 | | | 0% |
| Specialty Care - Non-ER | 316,527 | 1,892,503 | | | 0% |
| Total Specialty Care Services | <u>320,838</u> | <u>1,924,250</u> | 4,500,000 | 2,575,750 | 43% |
| Hospitals | | | | | |
| Halifax Hospital | 40,500 | 503,751 | | | 0% |
| AdventHealth | 141,531 | 984,053 | | | 0% |
| Total hospitals | <u>182,031</u> | <u>1,487,804</u> | 3,200,000 | 1,712,196 | 46% |
| Primary Care | 232,398 | 1,291,042 | 2,500,000 | 1,208,958 | 52% |
| Emergency Room Care | 72,326 | 402,290 | 1,000,000 | 597,710 | 40% |
| Pharmacy | 45,656 | 245,062 | 700,000 | 454,938 | 35% |
| SMA - Residential Treatment | - | - | 550,000 | 550,000 | 0% |
| Rising Against All Odds | 17,825 | 106,650 | 249,801 | 143,151 | 43% |
| Florida Dept of Health Dental Svcs | 13,945 | 76,616 | 165,000 | 88,384 | 46% |
| SMA - Baker Act - Match | - | - | 150,000 | 150,000 | 0% |
| The Neighborhood Center | 9,547 | 58,172 | 125,000 | 66,828 | 47% |
| Hispanic Health Initiatives | - | 30,950 | 100,000 | 69,050 | 31% |
| SMA - Psychiatric Outpatient | 7,672 | 38,932 | 90,000 | 51,068 | 43% |
| Community Legal Services | 7,646 | 35,679 | 88,500 | 52,821 | 40% |
| Life-Spire Community Services, Inc. | 185 | 479 | 74,500 | 74,021 | 1% |
| The House Next Door | 3,373 | 16,413 | 45,000 | 28,587 | 36% |
| Easterseals Northeast Central FL | - | - | 15,000 | 15,000 | 0% |
| Other Healthcare Expenditures | - | - | 218,607 | 218,607 | 0% |
| Total healthcare expenditures | <u>1,251,947</u> | <u>7,773,747</u> | <u>18,633,468</u> | <u>10,859,721</u> | 42% |
| Personnel services | | | | | |
| Regular salaries and wages | 5,964 | 35,603 | 71,564 | 35,961 | 50% |
| FICA | 456 | 2,786 | 5,475 | 2,689 | 51% |
| Retirement | 1,862 | 5,219 | 10,756 | 5,537 | 49% |
| Life and Health Insurance | 1,000 | 5,876 | 12,000 | 6,124 | 49% |
| Workers Compensation Claims | - | 3,821 | 25,000 | 21,179 | 15% |
| Total personnel services | <u>9,282</u> | <u>53,305</u> | <u>124,795</u> | <u>71,490</u> | 43% |

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND SIX MONTHS ENDED MARCH 31, 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 | 30,245 | 517,318 | 650,000 | 132,682 | 80% |
| City of DeLand Tax Increment District | - | 184,837 | 165,000 | (19,837) | 112% |
| Total Locally Mandated Fees | <u>30,245</u> | <u>702,155</u> | <u>815,000</u> | <u>112,845</u> | 86% |
| TPA Services (EBMS) | 33,792 | 217,725 | 500,000 | 282,275 | 44% |
| Application Screening - THND | 37,084 | 184,565 | 445,008 | 260,443 | 41% |
| General Accounting - Recurring | 10,000 | 40,000 | 119,658 | 79,658 | 33% |
| Building Repairs | 8,563 | 35,339 | 100,000 | 64,661 | 35% |
| Application Screening - RAAO | 5,568 | 31,680 | 97,742 | 66,062 | 32% |
| Legal Counsel | 6,630 | 39,780 | 79,560 | 39,780 | 50% |
| Outside Legal Counsel | - | - | | | |
| Healthy Communities Kid Care Outreach | 5,404 | 28,990 | 72,202 | 43,212 | 40% |
| Advertising | 1,061 | 1,709 | 50,000 | 48,291 | 3% |
| Audit | - | 22,500 | 22,500 | - | 100% |
| General Accounting - Nonrecurring | - | - | 15,000 | 15,000 | 0% |
| Other Operating Expenditures | 4,636 | 31,170 | 59,400 | 28,230 | 52% |
| Total other expenditures | <u>142,983</u> | <u>1,335,613</u> | <u>2,376,070</u> | <u>1,040,457</u> | 56% |
| Total expenditures | <u>1,404,212</u> | <u>9,162,665</u> | <u>21,134,333</u> | <u>11,971,668</u> | 43% |
| Excess (deficiency) of revenues over expenditures | <u>\$ 478,199</u> | <u>\$ 9,149,145</u> | <u>\$ (1,500,000)</u> | <u>\$ (10,649,145)</u> | -610% |

See accountants' compilation report.