AGENDA FOR PUBLIC HEARING TO ADOPT 2026-2027
FINAL MILLAGE RATE AND BUDGET
WEST VOLUSIA HOSPITAL AUTHORITY
Wayne G. Sanborn Activity Center
815 S. Alabama Avenue, DeLand, FL 32720
Thursday, September 24, 2026, 5:05 p.m.

1. Call to Order & Pledge of Allegiance
2. Establish Quorum
3. Comment by Chair Regarding Meeting Procedure as Outlined in 4 and 5 (below)
4. Discussion of the Tentatively Adopted Millage Rate of 0.9575, a 0% Increase to the Rolled-Back Rate Necessary to Fund the Budget
   A. Public comment regarding proposed ad valorem tax revenues and millage
   B. Commissioner discussion
   C. Recompute the proposed millage rate, if necessary, based on discussion
   D. Publicly announce the proposed millage and the percent, if any, by which the recomputed proposed millage rate exceeds the rolled-back rate
   E. Amend the proposed millage rate, if necessary, based on any comments
   F. Publicly read in full the final millage rate Resolution 2026-005
   G. Adopt the final millage rate
5. Discussion of the Tentatively Adopted Operating Budget of $21,418,500 for Fiscal Year 2026-2027
   A. Discussion of the proposed budget
   B. Public comment regarding the proposed budget
   C. Commissioner discussion
   D. Amend the proposed budget, if necessary, based on discussion
   E. Publicly read in full the final budget Resolution 2026-006
   F. Adopt the final operating budget
6. Adjournment of the Hearing

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.

PUBLIC ANNOUNCEMENT
OF THE WEST VOLUSIA HOSPITAL AUTHORITY
2026-2027 FINAL MILLAGE

The Board of Commissioners of the West Volusia Hospital Authority hereby announces that the final millage rate of_____ mills [*equals/is lower than/higher than*] the rolled-back rate of 0.9575 mills, thereby [*increasing/decreasing*] the proposed taxes of the West Volusia Hospital Authority _____ percent for the fiscal year 2026-2027.

RESOLUTION OF THE WEST VOLUSIA HOSPITAL AUTHORITY TO ADOPT THE 2026-2027 FINAL MILLAGE
RESOLUTION 2026-005

BE IT RESOLVED by the Commissioners of the West Volusia Hospital Authority, an independent special taxing district of Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that pursuant to Section 200.065, Florida Statutes:

1. The Final millage for the operating budget shall be_____ mills; and

2. The rolled-back rate shall be **0.9575** mills; and

3. The (increase above) (decrease below) rolled-back rate shall be _____ percent.

4. This resolution shall take effect immediately upon adoption.

ADOPTED and subscribed to this 24th day of September 2026, at a public hearing as required by Florida Statute 200.065.

_____
CHAIR, Rakeem R. Ford
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its Final Budget Hearing, and noticed for Thursday, September 24, 2026, at 5:05 p.m. and held at the Wayne G. Sanborn Activity Center, 815 S. Alabama Ave., DeLand, FL 32720. In a roll call, the following Commissioners voted on the resolution: Commissioner Jennifer L. Coen yes/no/absent), Commissioner Judy L. Craig (yes/no/absent), Commissioner Rakeem R. Ford (yes/no/absent) Commissioner Voloria L. Manning (yes/no/absent) and Commissioner Jennifer I. Moore (yes/no/absent).

_____
SECRETARY, Judy L. Craig
West Volusia Hospital Authority

RESOLUTION OF THE WEST VOLUSIA HOSPITAL AUTHORITY TO ADOPT 2026-2027 FINAL BUDGET
RESOLUTION 2026-006

BE IT RESOLVED by the Board of Commissioners of the West Volusia Hospital Authority, an independent special taxing district in Volusia County, Florida, created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended, that pursuant to Section 200.065, Florida Statutes, the following fiscal determination has been made:

That the Final operating budget (setting forth appropriations and revenue estimates) for the fiscal year 2026-27 shall be $_____.

This resolution shall take effect immediately upon adoption.

ADOPTED and subscribed to this 24th day of September 2026, at a public hearing as required by Florida Statute 200.065.

_____
CHAIR, Rakeem R. Ford
West Volusia Hospital Authority

I HEREBY CERTIFY that the foregoing resolution is true and correct as adopted by a _____ vote of the Board of Commissioners of the West Volusia Hospital Authority at its Final Budget Hearing, and noticed for Thursday, September 24, 2026, at 5:05 p.m., and held at the Wayne G. Sanborn Activity Center, 815 S. Alabama Ave., DeLand, Florida 32720. In a roll call, the following Commissioners voted on the resolution: Commissioner Jennifer L. Coen (yes/no/absent), Commissioner Judy L. Craig (yes/no/absent), Commissioner Rakeem R. Ford (yes/no/absent), Commissioner Voloria L. Manning (yes/no/absent) and Commissioner Jennifer I. Moore (yes/no/absent).

_____
SECRETARY, Judy L. Craig
West Volusia Hospital Authority

West Volusia Hospital Authority
2027 Budget Working

Account	Description	ACTUAL 9/30/2025	FINAL BUDGET 9/30/2025	ADOPTED BUDGET 9/30/2026	Option A *(rollback)* *9/10 mtg* PROPOSED BUDGET 9/30/2027	Proposed Budget Notes
Millage Rate		**1.0480**	**1.0480**	**0.9897**	**0.9575**	
FUND BALANCE FROM PRIOR FISCAL YEAR		**$ 17,112,265**	**$ 17,112,265**	**$ 16,819,715**	**$ 15,000,000**	Est. used since CY underway
REVENUES AND OTHER SOURCES						Millage % relative to TRIM rolled-back rate
	Revenues					
001.000.3110	Ad Valorem Taxes (96%)	$ (18,936,350)	$ (18,700,000)	$ (19,200,000)	$ (19,600,000)	Rollback rate 0.9575
001.000.3611	Investment Income	(525,427)	(400,000)	(400,000)	(400,000)	interest rates are leveling out
001.000.3690	Other Income	(277,889)	(34,333)	(34,333)	(25,750)	Final installment of Healthy Start reimbursement ($103k over 3 years)
	Total Revenues	(19,739,666)	(19,134,333)	(19,634,333)	(20,025,750)	
	Other Sources					
001.000.2840	Addition to (Use of) Reserves	(292,548)	(2,319,999)	(1,500,000)	(1,392,750)	
	Total Revenues and Other Sources	**$ (20,032,214)**	**$ (21,454,332)**	**$ (21,134,333)**	**$ (21,418,500)**	
EXPENDITURES AND OTHER USES						
	Healthcare Expenditures					
	Statutorily Mandated Expenditures					
001.562.3470	County Medicaid Reimbursement	$ 3,599,158	$ 3,604,857	$ 4,062,060	$ 4,236,328	Per 7/16 letter from County
001.562.3480	H C R A - In County	81,985	400,000	400,000	400,000	Budget req'd based on population
001.562.3481	H C R A - Outside County	27,170	400,000	400,000	400,000	Budget req'd based on population
	Total Statutorily Mandated Expenditures	3,708,313	4,404,857	4,862,060	5,036,328	
	All Other Healthcare Expenditures					
001.562.3401	Specialty Care Services	4,828,785	4,830,000	4,500,000	4,500,000	Est. per EBMS 6/17/26
001.562.3410	Halifax Hospital	1,133,708	3,200,000	3,200,000	3,600,000	Est. per EBMS 6/17/26
001.562.3411	AdventHealth	2,042,280				
001.562.3430	Primary Care	2,826,262	2,830,000	2,500,000	2,200,000	Est. per EBMS 6/17/26
001.562.3403	Emergency Room Care	923,143	1,000,000	1,000,000	1,000,000	Est. per EBMS 6/17/26
001.562.3432	Pharmacy	648,183	900,000	700,000	700,000	Est. per EBMS 6/17/26
001.562.3461	SMA - Residential Treatment	550,000	550,000	550,000	700,000	Per 3/5/26 funding request
001.562.3408	Rising Against All Odds	223,413	223,017	249,801	274,781	Per 3/5/26 funding request
001.562.3404	Florida Dept of Health Dental Svcs	153,464	160,000	165,000	190,000	Per 3/5/26 funding request
001.562.3499	Other Healthcare Expenditures	-	174,767	218,607	110,172	
001.562.3490	The Neighborhood Center	125,000	125,000	125,000	109,000	Per 3/5/26 funding request
001.562.3406	Hispanic Health Initiatives	98,150	100,000	100,000	100,000	Per 3/5/26 funding request
001.562.3407	Community Legal Services	88,500	88,500	88,500	94,695	Per 3/5/26 funding request
001.562.3460	SMA - Psychiatric Outpatient	90,000	90,000	90,000	90,000	Per 3/5/26 funding request
001.562.3491	Life-Spire Community Services, Inc.	-	-	74,500	37,250	Per 3/5/26 funding request
001.562.3494	Levi Long Sickle Cell Association	-	-	-	32,500	Per 3/5/26 funding request
001.562.3496	True Health	-	-	-	65,000	Per 7/16/26 request from Nurez
001.562.3450	The House Next Door	44,430	45,000	45,000	45,000	Per 3/5/26 funding request
001.562.3462	SMA - Baker Act Match (Em. Behav. Hlth)	150,000	150,000	150,000	-	No funding request
001.562.3493	Easterseals Northeast Central FL	-	-	15,000	-	No funding request
	Total Healthcare Expenditures	17,633,631	18,871,141	18,633,468	18,884,726	

West Volusia Hospital Authority
2027 Budget Working

Account	Description	ACTUAL 9/30/2025	FINAL BUDGET 9/30/2025	ADOPTED BUDGET 9/30/2026	Option A *(rollback)* *9/10 mtg* PROPOSED BUDGET 9/30/2027	Proposed Budget Notes
	Personnel Services					
001.562.2001	Regular salaries and wages	69,064	69,064	71,564	74,000	Per employment agreement
001.562.2101	FICA	5,332	5,283	5,475	5,661	
001.562.2201	Retirement	9,492	10,104	10,756	10,797	FY27 regular class FRS is 13.59 ER Contribution rate
001.562.2301	Life and Health Insurance	10,330	12,000	12,000	12,000	$1K/month per contract
001.562.2401	Workers Compensation Claims	15,529	25,000	25,000	25,000	Old claim payments
	Total Personnel Services	109,747	121,451	124,795	127,458	
	Other Expenditures					
	Locally Mandated Fees					
001.562.9101	Tax Collector & Appraiser Fee	567,291	650,000	650,000	650,000	
001.562.9102	City of DeLand Tax Increment District	164,037	125,000	165,000	200,000	2026 actual was $185K
	Total Locally Mandated Fees	731,328	775,000	815,000	850,000	
	All Other Expenditures					
001.562.3421	TPA Services	479,716	500,000	500,000	500,000	
001.562.3412	Application Screening - THND	563,146	563,761	445,008	442,598	Per 3/5/26 funding request
001.562.3202	General Accounting - Recurring	127,312	118,560	119,658	124,000	Per JMCo agreement
001.562.3413	Application Screening - RAAO	59,904	97,742	97,742	107,516	Per 3/5/26 funding request
001.562.3101	Legal Counsel	78,000	78,000	79,560	82,000	Per Attorney Small agreement
001.562.4602	Building Repairs	87,926	100,000	100,000	80,000	Est. per EBMS 6/17/26
001.562.3409	Healthy Communities Kid Care Outreach	65,062	72,202	72,202	72,202	Per 3/5/26 funding request
001.562.4901	Other Operating Expenditures	70,324	79,900	59,400	60,000	FY2026 included $3,700/mo. Deltona clinic lease
001.562.3201	Audit	21,575	21,575	22,500	23,000	Per 9/13/2022 agreement
001.562.4801	Advertising	4,014	10,000	50,000	50,000	
001.562.3203	General Accounting - Nonrecurring	-	15,000	15,000	15,000	Any potential one-time consulting
001.562.3103	Outside Legal Counsel	529	30,000	-	-	No renewal agreement
	Total Other Expenditures	2,288,836	2,461,740	2,376,070	2,406,316	
	Total Expenditures	**$ 20,032,214**	**$ 21,454,332**	**$ 21,134,333**	**$ 21,418,500**	

From: Stacy Tebo
To: Theodore Small
Cc: Webb Shephard; Vince Tenaglia
Bcc: Jennifer Coen; Judy Craig; voloria manning; Rakeem Ford; Jennifer Moore
Subject: FW: WVHA 2026-2027 Administrative Renewal
Date: Wednesday, September 16, 2026 8:58:00 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

WVHA Board Members,

At the tentative budget hearing, Bill stated miCare would reduce the monthly fees by 10% to accomplish the primary care budget reduction to $2.2 million. In his email below, he confirms that the miCare monthly Admin Fee would be reduced from $38.30 to $23.06 beginning October 1st.

I forwarded you a pdf from miCare/EBMS/Imagine360 yesterday which contained the monthly reports and the miCare submission discussion item. In that pdf, they state the reduction on page 40. I took a screenshot and pasted it below.

IV. Financial Review

Health Center

Clinic Administrative Expenses:

CLINIC ADMINISTRATIVE EXPENSES	Oct '25 - Sept. '26 Total	Oct '26 - Sept. '27 Total
Admin Fees	$622,356	$387,408
Prescriptions Filled	413,412	413,412
Population Health Mgmt Fee	197,075	201,264
Salaries	1,517,535	1,186,686
Bonus	3,297	3,363
Overtime	17,988	18,348

Reflects a miCare Clinic Admin PEPM of $23.06 and a Population Health Management PEPM of $11.98.

Stacy Tebo
WVHA Administrator

From: Bill Dembereckyj <Bill.Dembereckyj@imagine360.com>
Sent: Monday, September 14, 2026 10:54 AM
To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>; Rose Alberts <ralberts@oneveracity.com>; Laura Rookhuizen <lrookhuizen@ebms.com>
Cc: Webb Shephard <webb.shephard@jmco.com>; Kory Hutton <khutton@ebms.com>; Curtis C. Leonard (Curtis.Leonard@jmco.com) <curtis.leonard@jmco.com>; Cason Todd <cason.todd@jmco.com>
Subject: RE: WVHA 2026-2027 Administrative Renewal

Hi Stacy,
We will be adjusting the clinic admin fees from $38.30 to $23.06 effective 10/1. This should accomplish the $300K savings that we committed to WVHA. Does this get you what you need?

Bill

From: Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Sent: Monday, September 14, 2026 9:39 AM
To: Rose Alberts <ralberts@oneveracity.com>; Laura Rookhuizen <lrookhuizen@ebms.com>
Cc: Bill Dembereckyj <Bill.Dembereckyj@imagine360.com>; Webb Shephard <webb.shephard@jmco.com>; Kory Hutton <khutton@ebms.com>; Curtis C. Leonard (Curtis.Leonard@jmco.com) <curtis.leonard@jmco.com>; Cason Todd <cason.todd@jmco.com>
Subject: RE: WVHA 2026-2027 Administrative Renewal

[External Sender]

Good morning,

At the tentative budget hearing, the primary care budget was set at $2.2 million for FY27. Bill advised that the $300,000 reduction to the line item (from requested $2.5M to $2.2M) would be accomplished by reducing the monthly fees by ten percent. Two of the four monthly fees are charged to the primary care line item. These are the affected fees:

- ***miCare Admin Fee – Current $36.90 moving to $38.30. starting Oct 1, 2026***
- ***Population Health Management Fee – Current $11.54 moving to $11.98 starting Oct 1, 2026***

The monthly billing for the next month is based on the membership numbers for the current month. The pass-through costs for the prior month are billed at the same time for reimbursement of clinic operations and prescriptions dispensed (in the clinics & ordered by mail).

For example, the monthly bill we received due September 1 (Premium Billing Summary attached) included a pass-through reimbursement for July (Rx & clinics) along with charges for the two fees referenced above and the medical management fee (charged to the TPA line item) based on the August membership number.

We will be receiving the monthly bill due **October 1st** this week. Medical Management Admin, miCare Admin, and Population Health Management will be charged to ***FY27.*** miRx and miCare clinic expenses will be a reimbursement for August, which will be charged to ***FY26***.

Please let me know if the premium billing summary will reflect the 10% reduction on the primary care related fees, or if we should calculate the reduction when processing the invoice for payment.

Stacy Tebo
WVHA Administrator

From: Rose Alberts <ralberts@oneveracity.com>
Sent: Wednesday, May 13, 2026 6:48 PM
To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Cc: Laura Rookhuizen <lrookhuizen@ebms.com>
Subject: WVHA 2026-2027 Administrative Renewal

Good evening Stacy,

Based on our ASA agreement the most recent CPI-U available for April 2026, which was released on 5/12, is showing a 3.8% increase over the last 12 months. Based on the increased CPI-U we are preparing a 3.8% increase to our Medical Administration Fee and miCare administrative fees to be effective on October 1, 2026, for the 26-27 fiscal year:

- ***Medical Admin Fee – Current $25.60 moving to $26.57 starting Oct 1,2026***
- ***miCare Admin Fee – Current $36.90 moving to $38.30. starting Oct 1, 2026***

On our Population Health Management Fee and miRX Dispensing fee we will also be implementing a 3.8% increase effective on October 1, 2026, as follows for the new 26-27 fiscal year:

- ***Population Health Management Fee – Current $11.54 moving to $11.98 starting Oct 1, 2026***
- ***miRX Dispensing Fee – Current $10.54 moving to $10.94 starting Oct 1, 2026***

We hope that the above increases are found to be acceptable to WVHA and look forward to another successful year of improving and providing health coverage for West Volusia's card members.

Please advise if you have any questions or require any additional documentation.

--
Rose Alberts
Director of Implementation
ralberts@oneveracity.com
678-290-5154
OneVeracity.com

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West Volusia Hospital Authority
BOARD OF COMMISSIONERS REGULAR MEETING
To commence upon the conclusion of the Final Budget Hearing
September 24, 2026 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 – Approval of Minutes
    1. Regular Meeting held August 20, 2026
    2. Tentative Budget Hearing held September 10, 2026
5. Citizens Comments – Comments are limited to three minutes per speaker.
6. Reporting Agenda
    A. EBMS August Report – Written Submission
    B. WVHA miCare Clinic DeLand/Deltona August Report – Sue Wayte, Senior Account Executive at miCare Health Centers and Bill Dembereckyj, Imagine360 CFO
    C. The House Next Door August Application Processing Report
    D. True Health August Report
7. Discussion Items
    A. SMA AHCA LIP Match Letter of Agreement
    B. miCare September Submission
        a. Text Messaging
        b. Clinic Consolidation Update
        c. Clinic Operations
        d. Imagine360 Foundation Donation
        e. Telemedicine Proposal
        f. Financial Review
    C. Patient Communication and Access to Healthcare (Commissioner Moore)
    D. Applichat Public Awareness & Outreach Update
        a. Video Ads
        b. Performance Report and Phase Two Plan
    E. Funding Agreements for 2026-2027
        a. Community Legal Services, Inc. Medical-Legal Partnership Program
        b. Hispanic Health Initiatives, Inc.'s Taking Care of My Health
        c. Rising Against All Odds, Inc. – HIV/AIDS Outreach and Case Management
        d. Rising Against All Odds, Inc. – Health Card Enrollment & Retention Services
        e. The House Next Door – Mental Health Services
        f. The House Next Door – Eligibility Determination Services
        g. The Neighborhood Center of West Volusia "Access to Care"
        h. Levi Long Sickle Cell Association
        i. Life-Spire Community Services, Inc. – Stigma-Free Mental Health Care for All
        j. SMA Healthcare – Psychiatric Outpatient Services
        k. SMA Healthcare – Level II Residential Treatment
        l. Volusia County Health Dept – Florida Department of Health Dental Care
        m. Healthy Communities – Kidcare Outreach
        n. True Health – Primary Care

F. Potential Submission of a Claim in Opioid Litigation – Purdue Bankruptcy

8. Administrator Report
9. Finance Report
   A. August Financials
   B. Approval of Disbursements – Check Register & Estimated Expenditures
10. Legal Update
11. Upcoming - Regular Meeting on October 15, 2026
12. Adjournment

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

WEST VOLUSIA HOSPITAL AUTHORITY
BOARD OF COMMISSIONERS REGULAR MEETING

Sanborn Center
815 S. Alabama Avenue, DeLand, FL
August 20, 2026

Board Members in Attendance:
Commissioner Judy Craig (arrived at 5:14 p.m.)
Commissioner Rakeem Ford
Commissioner Voloria Manning
Commissioner Jennifer Moore

Board Members Absent:
Commissioner Jennifer Coen

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 5:01 p.m. The meeting was opened with The Pledge of Allegiance followed by a moment of silence.

Approval of Proposed Agenda

Motion 060 – 2026 Commissioner Manning moved to approve the agenda. Commissioner Moore seconded. The motion passed 3-0.

Consent Agenda

Minutes for Budget Workshop on July 16, 2026
Minutes for Regular Meeting on July 16, 2026

Attorney Small noted there was a correction to page five provided to the Board.

Performance Goals/Objectives for WVHA Activities in FY 2026-2027

Motion 061 – 2026 Commissioner Manning moved to approve the Consent Agenda. Commissioner Moore seconded. The motion passed 3-0.

Citizen Comments

David Markle spoke about WVHA operations, mobile clinic deployments, and other topics.

Contractual Annual Utilization Report to the WVHA Board of Commissioners
Life-Spire Community Services – Executive Director Janae Ponder

Ms. Ponder summarized her report for the Board and stated that during the first quarter of the year, they focused on outreach, relationship-building, and collaboration with existing WVHA-funded programs to establish referral pathways and increase awareness of available counseling services; that the efforts helped Life-Spire develop a referral base and connect eligible community members with care; that they experienced a significant increase in service utilization toward the end of the reporting period, with July being the program's most productive month, accounting for four of the twelve completed intakes and eighteen of the twenty-two follow-up counseling sessions; that the upward trend reflects the impact of Life-Spire's continued outreach, relationship-building, and

collaboration with WVHA-funded programs to strengthen referral pathways and connect more residents with counseling services; and that it also demonstrates the importance of strengthening access to Spanish-speaking clinicians to meet the needs of West Volusia's diverse population.

Hispanic Health Initiatives – Executive Director Peter Willems

Mr. Willems asked if the Board had any questions on the report he submitted. Chair Ford said he had none but commented on their earlier discussion prior to the meeting and thanked Mr. Willems for their efforts to reach and screen approximately three hundred residents.

Commissioner Manning asked if he was able to keep the program going while he was out on medical leave. Mr. Willems explained that operations were slowed in February, and they have steadily resumed normal operations.

Reporting Agenda

EBMS July Report – Written Submission
WVHA miCare Clinic DeLand/Deltona July Report – Practice Manager Gretchen Soto and Bill Dembereckyj, Imagine360 CFO

Ms. Soto outlined miCare's July report for the Board. Chair Ford asked what was meant by a phone visit. Ms. Soto explained it is telehealth for patients unable to physically visit the clinic.

Commissioner Moore noted a decrease in health card membership over the last year, the concerns regarding the upcoming property tax ballot measure, the current budget utilizing reserves to fund expenditures, and other issues. She asked Ms. Soto if she reported to someone else following the change in company ownership. Ms. Soto responded that their organizational structure has remained the same during her time working with WVHA. Commissioner Moore asked if Imagine360 is the parent company of miCare and how much WVHA funding is going to them.

Bill Dembereckyj introduced himself and stated that Imagine360 has been part of EBMS and miCare since 2021; that the company makes nothing from the pass-through costs of the miCare clinics but does through the monthly administrative fees established in the agreement; that Imagine360 is a small company striving to grow by ten percent per year; that they market services to the brokerage community and other HR directors that make healthcare decisions for their employees; that merit increases for clinic staff are two to three percent per year, and they try to maintain a market rate to retain employees; that they set an overall budget, and Ms. Soto determines merit increases based on performance appraisal; that they are willing to explore ways to reduce costs based on the direction of the Board; that they have available capacity in the clinic to serve people that are not WVHA health card members; that there are over 500 employees in Volusia County that work for their other clients; that if the Board was interested, opening the clinic up to others could help defray the costs for WVHA; and that he had other ideas to reduce costs for WVHA.

The House Next Door (THND) July Application Processing Report

Chair Ford pointed out the new applicants originating from the WVHA website and noted thirty-seven pending applications; he asked Mr. Booker to elaborate. Mr. Booker explained the various reasons why a person's application would not be reviewed immediately if they were missing documentation.

Commissioner Manning asked about the category labeled "Other." Mr. Booker answered that some applicants do not identify where they learned about the program, and they included them there.

True Health July Report

Regional Director of Operations Selenita Delgado summarized their monthly report. She said that they canceled the second event at the Deltona Library due to not having any scheduled patients, but they still showed up with a table to provide information to the public. She added they were working on a brochure for an open house event in September, and they would be sending the invitation to Ms. Tebo for dissemination to the Board.

Commissioner Moore asked if she thought there might be lower numbers for the mobile deployments because the miCare Deltona clinic had not yet closed. Ms. Delgado answered that it was a possibility and noted that miCare had previously sent out a text to WVHA card members on behalf of True Health. She asked if the True Health flyers could be placed inside the Deltona miCare clinic and said she could use additional WVHA brochures.

Commissioner Manning asked Ms. Delgado to ensure that the Enterprise location is listed on the True Health website.

Commissioner Craig said she had previously provided brochure holders to the clinic, and she was sure that they could accommodate space for the True Health flyers. She noted that there is a lot of competition in the Deltona area for primary healthcare, including Family Health Source.

There was Board consensus to allow the True Health brochures to be placed in the miCare clinics.

Hospital Services 2nd Quarter of 2026 (April – June)
Halifax Health | UF Health – Medical Center of Deltona

Administrator Ben Eby noted the increase year-over-year in services for health card members.

Commissioner Craig voiced concern regarding the Leapfrog hospital rating. Mr. Eby explained that as a fairly new organization, they are being rated using approximately half of the categories available, which affects the overall rating. He added that he expects an A rating the next time due to their expansion of services.

Commissioner Manning asked if they operate and manage the ER or if it is outsourced. Mr. Eby answered that they manage and operate their emergency department.

Chair Ford asked Mr. Eby to elaborate on their expanded services. Mr. Eby outlined the services and noted they just received their da Vinci Surgical System for general surgeries.

AdventHealth DeLand & AdventHealth Fish Memorial

An AdventHealth representative was not present at the meeting, and their reports were tabled to a future meeting.

EMPros

Dr. Charles Duva outlined their report for the Board and answered questions.

Without objection, all reports except AdventHealth were received into the written record.

Discussion Items

LIP Funding for SMA Healthcare

Jennifer Stephenson explained that SMA has come forward with this agenda item in advance of September when the State sends their letter of agreement that must be approved by WVHA and sent back by October 1st for the LIP funding that returns extra money to the community for the Level II Residential Treatment program.

Commissioner Manning asked how much in match funding SMA would receive back from the State. Ms. Stephenson said it varies each year, but it is approximately sixty percent; she said that this year they expected 57.22 percent.

Motion 062 – 2026 Commissioner Craig moved to preliminarily approve working with SMA to draw down the LIP funding to sign a letter of agreement with the State to be reviewed by the attorney and Board at the September meeting but acknowledging that the Board could make changes to its budget at the upcoming hearings. Commissioner Manning seconded. The motion passed 4-0.

Roll Call:

Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Ford	Yes

miCare August Submission
Text Messaging
Clinic Consolidation & Flooring Update

Ms. Soto updated the Board on consolidation efforts and presented photos of the new flooring.

Cost Per Visit

Commissioner Craig asked Mr. Dembereckyj to discuss costs and voiced concern about card members that do not visit the clinics. She recommended that the primary care budget for the next fiscal year be set at $2.2 million.

Mr. Dembereckyj said he was prepared to accept the recommendation for the budget and elaborated on the average cost for a primary care visit. He stated that the members are spending between twenty to forty minutes per visit in the miCare clinic, and the national average is fourteen minutes; that the members are also receiving immunizations, minor procedures, and other services while they are present in the clinic; that if the desire of the Board is to reduce the services to fifteen minutes, the clinic can adapt to accomplish the goal; that they can reduce staffing to match the goals of the Board; and that they can make the budget work based on the financial constraints placed on WVHA.

Attorney Small provided a historical perspective and said he was around during the transition between Family Health Source and miCare/EBMS/Veracity when there were approximately 1650 health card members served plus what was supposed to happen in Phase Three. He stated that the original intent of the proposal would be that EBMS would increase capacity and membership and take the wheel moving forward with WVHA's purpose and intent to provide healthcare to its indigent residents.

Mr. Dembereckyj said that he was interested in moving forward with WVHA to reduce costs and making necessary changes to accomplish the task.

Commissioner Manning asked where the extra five hundred people are that might use the clinic.

Mr. Dembereckyj stated that they have sixty existing clients through their health plan such as Rollins College, which have five hundred employees living in Volusia County. He added that they could offer those employees the miCare clinic services.

Attorney Small noted that the outside people would not be able to access the specialty network available to the WVHA health card members. Mr. Dembereckyj affirmed that the outside people have their own healthcare network and would only utilize the primary care clinic.

Commissioner Moore discussed the healthcare costs listed in the miCare submission with Mr. Dembereckyj.

Attorney Small reviewed the monthly fees associated with the EBMS agreement executed in 2020. Mr. Dembereckyj said that he would review the fees and come back to the Board for further discussion.

Mr. Dembereckyj shared that he is excited about the brand-new foundation they started. He added that the culture of his company is to try and give back to the community members. He said he very much likes the idea of being here with WVHA, and they are passionate about this in the same way that WVHA is. He said he would like to make approximately $100,000 available to WVHA to be used for marketing outreach to the community or transportation vouchers for members to visit the DeLand clinic after the Deltona closure. He added that it would be up to the Board to decide how it is used if Attorney Small confirmed it would be allowable for WVHA to accept it.

Commissioner Craig suggested that each card member's chart might contain a cover sheet to track what is being done with each patient at their visit beginning in October.

Chair Ford thanked Mr. Dembereckyj for his willingness to work with WVHA, and he especially liked the Phase Three discussion to reduce costs for WVHA. He added that he was excited to hear back from him next month.

miCare's Impact on Community Spend
Member Impact Stories
Executive Discussion

Applichat Public Awareness & Outreach Update
Month One Performance Report
Two Top-Performing Ads Refresh

Chair Ford outlined the month one performance report and pointed out that they were able to consolidate WVHA's two Facebook pages. Next, the ad campaign was launched on social media for the last month, and he enumerated the statistics to evaluate the campaign's success thus far. He pointed out that the two top performing ads were targeted to younger adults and out of work older adults; that the top two ads have the best click through rate, and so because of that, they are repositioning those two into more testing to see if they can get better results with refreshed ads. He also stressed that WVHA is not paying for the advertising, and Applichat is using their own Meta account to pay for the ads. He noted that the next step will be happening the following day

when the videographer comes out to meet him and film, and the videos will ultimately be uploaded to WVHA's YouTube channel and other social media platforms.

Review Proposed Budget 2026-2027

Citizen Comments

David Markle voiced disappointment in the July budget discussion, but he added that he supported an increased advertising budget. He encouraged the Board to add a line item for transportation.

The Board did not discuss the items suggested by Commissioner Coen at the previous meeting. They discussed other line items and came to a consensus on the following: Primary Care is $2.2 million, all funded agencies except two would be funded fully, Life-Spire Community Services and Levi Long Sickle Cell Association would be funded at fifty percent of their requests, True Health would be set at $65,000, Advertising would be set at $50,000, Other operating expenses and Other healthcare expenses should be left as James Moore had them budgeted originally in Option A.

Chair Ford read aloud answers to questions he directed to James Moore about implications for future budgets if Amendment 3 is passed and if the voters do not pass Amendment 3.

Administrator Report

Ms. Tebo stated she updated the short contact form on the website recommended by Applichat to include a Spanish translation; that she was working with the website host to combine the online health card application form with the online assessment form, as most people do not realize they have to submit both forms for eligibility determination; that the website host has started to build an account for her to track when any of the fillable website forms are sent to The House Next Door; and that currently, only a list of entries is visible to her when she logs into the website forms section. She mentioned that the property insurance policy was renewed on the 15th, and the building and contents coverage were increased. She also told the Board to look in their emails for the HopeFest information she forwarded from Dot Bradley for the event on November 14th.

Finance Report

July Financials

Approval of Disbursements – Check Register & Estimated Expenditures

There were no questions on the monthly financial statements presented by James Moore & Co. Ms. Tebo noted that as of this week, the hospital line item has been fully expended, and the hospitals would continue to provide services through the end of the fiscal year for the health card members. She pointed out the $1.5 million transfer from the Ameris money market account into the Ameris operating account.

Motion 063-2026 Commissioner Manning moved to approve, authorize, and warrant the payment of the bills outlined in the check register by James Moore & Co., the $1,500,000 transfer from Ameris Money Market to Ameris Operating, and estimated expenditures for the next month totaling $3,298,355. Commissioner Craig seconded the motion. The motion passed 4-0.

Roll Call:

Commissioner Craig	Yes
Commissioner Manning	Yes
Commissioner Moore	Yes
Chair Ford	Yes

Legal Update

Attorney Small spoke about Section 106.113 of Florida Statutes noting restrictions on communications sent to electors on issues subject to a vote of the electors; that concerning the property tax referendum, most governmental attorneys in the area have taken the position that as long as factual information is made available to the public about the referendum, one is not running afoul of the statute; that if anything that can be classified as a political advertisement is paid out of taxpayer money, then it is a violation of the statute; that the Board cannot spend any public monies to communicate and lobby for or against the referendum; and that Board members can express their opinions about the referendum if they choose to do so.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 8:33 p.m.

Rakeem Ford, Chair

EBMS

August 2026

Submission Report for

WVHA Board Members

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Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 8/1/2026 to 8/31/2026
Location: All
Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary

Claim Counts 3101

Claim Type	Total Paid	Per EE/Mo
Medical	$0	$0
Professional	$0	$0
Facility	$0	$0
RX	$0	$0
Total Plan Paid:	$0	$0

Cash Flow Summary

Charges	$3,376,000
less Disallowed	$3,360,215
Allowed	$15,785
less Member	$555
less Adjustments	$15,230
Paid Benefit	$0
plus Admin Costs	$346,703
Total Plan Paid:	$346,703

Disallowed Charges by Category

Disallowed Category	Amount	% of Gross
Dependent Ineligible	$67,130	1.99%
Duplicate Charges	$265,176	7.85%
Plan Limitations	$2,427,559	71.91%
Cost Savings	$59,004	1.75%
Other	$541,346	16.04%
Total:	$3,360,215	99.53%

Census

Census Date: 8/31/2026	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	40	28	68	0	0	0	0	68	0	0
20 to 25	33	38	71	0	0	0	0	71	0	0
26 to 29	33	29	62	0	0	0	0	62	0	0
30 to 39	112	104	216	0	0	0	0	216	0	0
40 to 49	148	188	336	0	0	0	0	336	0	0
50 to 59	165	228	393	0	0	0	0	393	0	0
60 to 64	74	102	176	0	0	0	0	176	0	0
65 and Older	35	52	87	0	0	0	0	87	0	0
Totals	640	769	1409	0	0	0	0	1409	0	0
Average Age	44.78	47.62	46.33	0.00	0.00	0.00	0.00	46.33	0.00	0.00

Top Paid

Name	Claim Count	Paid
Deland Dialysis	33	$25,565
06 Radiology Associates	3	$0
08 Radiology Associates	1	$0
336221Cfr Central Fl	1	$0
38 CHI Lakeside HOSP	2	$0
8018232152 Lake Monroe	3	$0
8018234586 Lake Monroe	1	$0
ADVENTHEALTHDELAND	2	$0
AGA Pathology	12	$0
AH Deland EMP	3	$0

Plan Payment by Age & Claimant Type

Census Date: 8/31/2026	Employee	Spouse	Dependent
0 to 19	$0	$0	$0
20 to 25	$0	$0	$0
26 to 29	$0	$0	$0
30 to 39	$0	$0	$0
40 to 49	$0	$0	$0
50 to 59	$0	$0	$0
60 to 64	$0	$0	$0
65 and Older	$0	$0	$0
Totals	$0	$0	$0

Claims Paid by Month

October 25	$289,856
November 25	$551,040
December 25	$712,075
January 26	$1,174,160
February 26	$649,985
March 26	$492,037
April 26	$714,705
May 26	$1,077,767
June 26	$787,047
July 26	$975,942
August 26	$0
Total:	$7,424,614

Average Lag & Average Spend (rolling 12 months)

Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
Medical	$21,683	46	$997,418
RX	$0	142	$0
Total:			$997,418

Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 8/1/2026 to 8/31/2026
Location: All
Department: All
Benefit Plan: All
TIN: All

Benefit Analysis

Benefit Category	Line Counts	Charges	Disallowed	Allowed	Member	Adjustments	Plan Paid	% of Total
ALTERNATE MED	6	$600	$600	$0	$0	$0	$0	0.00%
AMBULANCE	7	$3,344	$3,344	$0	$0	$0	$0	0.00%
ANESTHESIA	17	$16,358	$16,358	$0	$0	$0	$0	0.00%
CHIROPRACTIC	11	$1,540	$1,540	$0	$0	$0	$0	0.00%
DIALYSIS	37	$593,744	$568,180	$25,565	$0	$0	$25,565	**********
DME/APPLIANCE	5	$5,355	$5,355	$0	$0	$0	$0	0.00%
EMERG ROOM CHRGS	126	$448,940	$448,940	$0	$0	$0	$0	0.00%
INELIGIBLE	242	$174,712	$174,712	$0	$0	$0	$0	0.00%
INPATIENT PHYS	237	$80,714	$80,714	$0	$0	$0	$0	0.00%
IP HOSP CHARGES	67	$1,396,161	$1,396,161	$0	$0	$0	$0	0.00%
MATERNITY	4	$2,882	$2,882	$0	$0	$0	$0	0.00%
MEDICAL MISC	4	$15,239	$15,239	$0	$0	$0	$0	0.00%
OFFICE VISIT	488	$35,067	$34,797	$270	$270	$0	$0	0.00%
OP PHYSICIAN	55	$0	$0	$0	$0	$0	$0	0.00%
OTHER	216	$54	$54	$0	$0	$15,230	-$15,230	**********
OUTPAT HOSP	15	$60,462	$62,904	-$2,442	-$25	$0	-$2,417	**********
PSYCHIATRIC	51	$23,050	$23,040	$10	$10	$0	$0	0.00%
RADIATION /CHEMO	2	$90,867	$90,867	$0	$0	$0	$0	0.00%
SKILLED NURSING	1	$7,612	$7,612	$0	$0	$0	$0	0.00%
SLEEP DISORDER	2	$186	$186	$0	$0	$0	$0	0.00%
SUBS ABUSE	10	$28,130	$28,130	$0	$0	$0	$0	0.00%
SURG FACILITY	39	$218,492	$218,192	$300	$300	$0	$0	0.00%
SURGERY	152	$1,235	$1,235	$0	$0	$0	$0	0.00%
SURGERY IP	2	$3,324	$3,324	$0	$0	$0	$0	0.00%
SURGERY OP	3	$2,697	$2,697	$0	$0	$0	$0	0.00%
THERAPY	17	$4,511	$4,501	$10	$10	$0	$0	0.00%
URGENT CARE	3	$1,184	$1,184	$0	$0	$0	$0	0.00%
WELLNESS	312	$7,194	$7,194	$0	$0	$0	$0	0.00%
XRAY/ LAB	1206	$152,345	$160,274	-$7,929	-$10	$0	-$7,919	**********
Totals:	3337	$3,376,000	$3,360,215	$15,785	$555	$15,230	$0	

Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 8/31/2026
Location: All
Department: All
Benefit Plan: All
TIN: All

Plan Experience Summary

Claim Counts 74583

Claim Type	Total Paid	Per EE/Mo
Medical	$7,424,614	$479
Professional	$2,972,695	$192
Facility	$4,451,919	$287
RX	$0	$0
Total Plan Paid:	$7,424,614	$479

Cash Flow Summary

Charges	$78,352,074
less Disallowed	$70,806,912
Allowed	$7,545,162
less Member	$110,566
less Adjustments	$9,949
Paid Benefit	$7,424,614
plus Admin Costs	$3,721,694
Total Plan Paid:	$11,146,308

Disallowed Charges by Category

Disallowed Category	Amount	% of Gross
Addl Info Not Provided	$458,645	0.59%
Dependent Ineligible	$134,260	0.17%
Duplicate Charges	$3,185,608	4.07%
Not Medically...	$500	0.00%
Plan Limitations	$19,963,999	25.48%
Cost Savings	$46,387,340	59.20%
UCR Reductions	$17,123	0.02%
Other	$659,436	0.84%
Total:	$70,806,912	90.37%

Census

Census Date: 8/31/2026	Male Emp	Female Emp	Total Employees	Male Spouse	Female Spouse	Male Dep	Female Dep	Total Medical	Total Dental	Total Vision
0 to 19	40	28	68	0	0	0	0	68	0	0
20 to 25	33	38	71	0	0	0	0	71	0	0
26 to 29	33	29	62	0	0	0	0	62	0	0
30 to 39	112	104	216	0	0	0	0	216	0	0
40 to 49	148	188	336	0	0	0	0	336	0	0
50 to 59	165	228	393	0	0	0	0	393	0	0
60 to 64	74	102	176	0	0	0	0	176	0	0
65 and Older	35	52	87	0	0	0	0	87	0	0
Totals	640	769	1409	0	0	0	0	1409	0	0
Average Age	44.78	47.62	46.33	0.00	0.00	0.00	0.00	46.33	0.00	0.00

Top Paid

Name	Claim Count	Paid
Adventhealth Deland	1047	$1,528,342
Halifax Hospital Medical	99	$785,882
Adventhealth Fish	858	$772,711
Florida Cancer Specialists	917	$733,950
Deland Dialysis	449	$540,230
Medical Center Of Deltona	151	$479,884
Quest Diagnostics Tampa	3686	$248,124
06 Radiology Associates	1120	$136,146
Adventhealth Deland	1045	$106,611
Shands UF	15	$89,825

Plan Payment by Age & Claimant Type

Census Date: 8/31/2026	Employee	Spouse	Dependent
0 to 19	$31,632	$0	$0
20 to 25	$106,800	$0	$0
26 to 29	$139,572	$0	$0
30 to 39	$663,908	$0	$0
40 to 49	$1,305,001	$0	$0
50 to 59	$2,585,931	$0	$0
60 to 64	$1,750,629	$0	$0
65 and Older	$841,140	$0	$0
Totals	$7,424,614	$0	$0

Claims Paid by Month

October 25	$289,856
November 25	$551,040
December 25	$712,075
January 26	$1,174,160
February 26	$649,985
March 26	$492,037
April 26	$714,705
May 26	$1,077,767
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July 26	$975,942
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Total:	$7,424,614

Average Lag & Average Spend (rolling 12 months)

Product	Avg Paid per Day	Avg Lag Days	Lag Dollars
Medical	$21,683	46	$997,418
RX	$0	142	$0
Total:			$997,418

Executive Summary for 00532

Client: West Volusia Hospital Authority
Paid Dates: 10/1/2025 to 8/31/2026
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	3	$1,626	$1,094	$532	$20	$0	$512	0.01%
ALTERNATE MED	6	$600	$600	$0	$0	$0	$0	0.00%
AMBULANCE	33	$16,181	$16,181	$0	$0	$0	$0	0.00%
ANESTHESIA	528	$1,017,075	$870,886	$146,189	$0	$0	$146,189	1.97%
CHIROPRACTIC	234	$22,467	$17,489	$4,977	$760	$0	$4,217	0.06%
DENTAL	1	$0	$0	$0	$0	$0	$0	0.00%
DIALYSIS	901	$18,110,878	$17,379,359	$731,519	$0	$0	$731,519	9.85%
DME/APPLIANCE	83	$49,169	$49,169	$0	$0	$0	$0	0.00%
EMERG ROOM CHRGS	4490	$10,540,596	$9,591,582	$949,015	$29,572	$0	$919,443	12.38%
HOME HEALTH CARE	3	$920	$920	$0	$0	$0	$0	0.00%
HOSPICE CARE	16	$40,049	$40,049	$0	$0	$0	$0	0.00%
INELIGIBLE	5070	$2,693,345	$2,690,173	$3,173	$0	$0	$3,173	0.04%
INPATIENT PHYS	2729	$870,101	$724,872	$145,229	$0	$0	$145,229	1.96%
IP HOSP CHARGES	808	$22,115,081	$20,414,668	$1,700,413	$8,800	$0	$1,691,613	22.78%
MATERNITY	86	$54,261	$50,846	$3,415	$0	$0	$3,415	0.05%
MEDICAL MISC	456	$230,726	$202,551	$28,175	$1,755	$0	$26,420	0.36%
OFFICE VISIT	8268	$1,318,340	$936,842	$381,499	$31,922	$0	$349,576	4.71%
OP PHYSICIAN	2072	$999,688	$733,453	$266,235	$1,991	$0	$264,244	3.56%
OTHER	2062	$39,508	$33,898	$5,609	$0	$9,949	-$4,340	-0.06%
OUTPAT HOSP	234	$738,237	$652,956	$85,281	$3,548	$0	$81,733	1.10%
PSYCHIATRIC	1138	$516,884	$400,591	$116,293	$3,685	$0	$112,608	1.52%
RADIATION /CHEMO	1141	$2,706,548	$2,066,959	$639,590	$108	$0	$639,482	8.61%
SKILLED NURSING	3	$24,467	$24,467	$0	$0	$0	$0	0.00%
SLEEP DISORDER	38	$3,104	$3,104	$0	$0	$0	$0	0.00%
SUBS ABUSE	75	$133,818	$117,714	$16,104	$0	$0	$16,104	0.22%
SURG FACILITY	702	$6,655,665	$5,869,498	$786,166	$11,525	$0	$774,641	10.43%
SURGERY	1823	$400,242	$327,375	$72,867	$0	$0	$72,867	0.98%
SURGERY IP	239	$405,465	$315,544	$89,921	$0	$0	$89,921	1.21%
SURGERY OP	377	$429,366	$315,497	$113,869	$0	$0	$113,869	1.53%
TELEMEDICINE	1	$47	$47	$0	$0	$0	$0	0.00%
THERAPY	2588	$277,239	$198,761	$78,478	$7,130	$0	$71,314	0.96%
URGENT CARE	126	$24,876	$18,123	$6,753	$1,262	$0	$5,491	0.07%
VISION	3	$274	$274	$0	$0	$0	$0	0.00%
WELLNESS	6899	$602,995	$498,579	$104,415	$0	$0	$104,415	1.41%
XRAY/ LAB	32737	$7,312,238	$6,242,791	$1,069,447	$8,488	$0	$1,060,959	14.29%
Totals:	75973	$78,352,074	$70,806,912	$7,545,162	$110,566	$9,949	$7,424,614	

PCORI Membership Count

Block of Business ID: EBMSI
Client ID: 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	1508	0	1508
2/1/2026	1470	0	1470
3/1/2026	1441	0	1441
4/1/2026	1417	0	1417
5/1/2026	1419	0	1419
6/1/2026	1436	0	1436
7/1/2026	1466	0	1466
8/1/2026	1475	0	1475
9/1/2026	1404	0	1404

Total Member Days
1,476.75

Enrollment Counts by City and State

Block of Business ID: EBMSI
Client ID: 00532

As Of Date: 8/31/2026

City, State	Employee Count	Dependent Count	Total Count
Barberville, FL	1	0	1
Cassadaga, FL	1	0	1
De Leon Springs, FL	109	0	109
Debary, FL	27	0	27
Deland, FL	717	0	717
Deltona, FL	327	0	327
Lake Helen, FL	11	0	11
Orange City, FL	78	0	78
Osteen, FL	9	0	9
Pierson, FL	91	0	91
Seville, FL	36	0	36
Total	**1407**	**0**	**1407**

Tier Census by Product 8/1/2026

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	1385	628	757	0	0	0	0	1385
		Subtotal for Active:	1385	628	757	0	0	0	0	1385
		Total for Medical:	1385	628	757	0	0	0	0	1385

Tier Census by Product 8/15/2026

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	1395	627	768	0	0	0	0	1395
		Subtotal for Active:	1395	627	768	0	0	0	0	1395
		Total for Medical:	1395	627	768	0	0	0	0	1395

Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 8/1/2026 to 8/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALTERNATE MED	6	600.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00%
AMBULANCE	7	3,344.00	3,344.00	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	17	16,358.00	16,358.00	0.00	0.00	0.00	0.00	0.00	0.00%
CHIROPRACTIC	11	1,540.00	1,540.00	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	37	593,744.48	59,923.01	508,256.58	25,564.89	0.00	0.00	25,564.89	**********
DME/APPLIANCE	5	5,354.50	5,354.50	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	126	448,940.12	222,049.20	226,890.92	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	242	174,712.49	174,712.49	0.00	0.00	0.00	0.00	0.00	0.00%
INPATIENT PHYS	237	80,714.44	80,714.44	0.00	0.00	0.00	0.00	0.00	0.00%
IP HOSP CHARGES	67	1,396,160.70	1,196,877.91	199,282.79	0.00	0.00	0.00	0.00	0.00%
MATERNITY	4	2,882.00	2,882.00	0.00	0.00	0.00	0.00	0.00	0.00%
MEDICAL MISC	4	15,239.00	15,239.00	0.00	0.00	0.00	0.00	0.00	0.00%
OFFICE VISIT	488	35,066.72	24,543.93	10,252.79	270.00	270.00	0.00	0.00	0.00%
OP PHYSICIAN	55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
OTHER	232	53.72	53.72	0.00	0.00	0.00	15,229.51	-15,229.51	**********
OUTPAT HOSP	15	60,462.33	69,183.33	-6,279.12	-2,441.88	-25.00	0.00	-2,416.88	**********
PSYCHIATRIC	51	23,050.14	22,308.00	732.14	10.00	10.00	0.00	0.00	0.00%
RADIATION /CHEMO	2	90,866.95	70,696.15	20,170.80	0.00	0.00	0.00	0.00	0.00%
SKILLED NURSING	1	7,611.80	7,611.80	0.00	0.00	0.00	0.00	0.00	0.00%
SLEEP DISORDER	2	185.70	185.70	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	10	28,129.89	28,129.89	0.00	0.00	0.00	0.00	0.00	0.00%
SURG FACILITY	39	218,492.32	75,597.68	142,594.64	300.00	300.00	0.00	0.00	0.00%
SURGERY	152	1,235.12	450.00	785.12	0.00	0.00	0.00	0.00	0.00%
SURGERY IP	2	3,324.00	3,324.00	0.00	0.00	0.00	0.00	0.00	0.00%
SURGERY OP	3	2,697.00	2,395.00	302.00	0.00	0.00	0.00	0.00	0.00%
THERAPY	17	4,510.94	4,194.94	306.00	10.00	10.00	0.00	0.00	0.00%
URGENT CARE	3	1,184.46	1,184.46	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	312	7,193.98	7,193.98	0.00	0.00	0.00	0.00	0.00	0.00%
XRAY/ LAB	1206	152,345.01	139,350.42	20,923.09	-7,928.50	-10.00	0.00	-7,918.50	**********
Totals for 00532	3353	3,375,999.81	2,235,997.55	1,124,217.75	15,784.51	555.00	15,229.51	0.00	

Benefit Analysis Summary

Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2025 to 8/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
00532-West Volusia Hospital Authority									
ALLERGY CARE	3	1,626.00	0.00	1,094.36	531.64	20.00	0.00	511.64	0.01%
ALTERNATE MED	6	600.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00%
AMBULANCE	33	16,181.30	16,181.30	0.00	0.00	0.00	0.00	0.00	0.00%
ANESTHESIA	528	1,017,074.50	171,985.00	698,900.87	146,188.63	0.00	0.00	146,188.63	1.97%
CHIROPRACTIC	234	22,466.58	9,609.98	7,879.23	4,977.37	760.00	0.00	4,217.37	0.06%
DENTAL	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
DIALYSIS	901	18,110,877.96	227,726.76	17,151,632.15	731,519.05	0.00	0.00	731,519.05	9.85%
DME/APPLIANCE	83	49,168.80	49,168.80	0.00	0.00	0.00	0.00	0.00	0.00%
EMERG ROOM...	4490	10,540,596.05	2,054,053.96	7,537,527.56	949,014.53	29,571.50	0.00	919,443.03	12.38%
HOME HEALTH CARE	3	919.55	919.55	0.00	0.00	0.00	0.00	0.00	0.00%
HOSPICE CARE	16	40,048.87	40,048.87	0.00	0.00	0.00	0.00	0.00	0.00%
INELIGIBLE	5070	2,693,345.35	2,674,257.46	15,915.21	3,172.68	0.00	0.00	3,172.68	0.04%
INPATIENT PHYS	2729	870,100.77	415,725.18	309,147.00	145,228.59	0.00	0.00	145,228.59	1.96%
IP HOSP CHARGES	808	22,115,081.21	9,696,144.57	10,718,523.20	1,700,413.44	8,800.00	0.00	1,691,613.44	22.78%
MATERNITY	86	54,260.92	44,147.96	6,698.38	3,414.58	0.00	0.00	3,414.58	0.05%
MEDICAL MISC	456	230,726.27	131,806.27	70,744.98	28,175.02	1,754.64	0.00	26,420.38	0.36%
OFFICE VISIT	8268	1,318,340.08	160,991.83	775,849.68	381,498.57	31,922.29	0.00	349,576.28	4.71%
OP PHYSICIAN	2072	999,688.23	23,964.42	709,488.82	266,234.99	1,991.17	0.00	264,243.82	3.56%
OTHER	2156	39,507.57	22,726.12	11,172.20	5,609.25	0.00	9,948.85	-4,339.60	-0.06%
OUTPAT HOSP	234	738,236.98	191,607.25	461,349.12	85,280.61	3,547.79	0.00	81,732.82	1.10%
PSYCHIATRIC	1138	516,884.27	309,341.72	91,249.07	116,293.48	3,685.23	0.00	112,608.25	1.52%
RADIATION /CHEMO	1141	2,706,548.47	368,552.36	1,698,406.37	639,589.74	108.05	0.00	639,481.69	8.61%
SKILLED NURSING	3	24,466.50	24,466.50	0.00	0.00	0.00	0.00	0.00	0.00%
SLEEP DISORDER	38	3,104.25	3,104.25	0.00	0.00	0.00	0.00	0.00	0.00%
SUBS ABUSE	75	133,818.04	62,322.72	55,391.45	16,103.87	0.00	0.00	16,103.87	0.22%
SURG FACILITY	702	6,655,664.79	560,153.36	5,309,344.96	786,166.47	11,525.00	0.00	774,641.47	10.43%
SURGERY	1823	400,242.04	114,090.74	213,284.41	72,866.89	0.00	0.00	72,866.89	0.98%
SURGERY IP	239	405,464.88	97,767.86	217,775.77	89,921.25	0.00	0.00	89,921.25	1.21%
SURGERY OP	377	429,365.68	36,399.50	279,097.37	113,868.81	0.00	0.00	113,868.81	1.53%
TELEMEDICINE	1	46.76	46.76	0.00	0.00	0.00	0.00	0.00	0.00%
THERAPY	2588	277,238.89	43,546.69	155,214.49	78,477.71	7,130.00	0.00	71,313.86	0.96%
URGENT CARE	126	24,876.06	2,657.46	15,465.64	6,752.96	1,262.07	0.00	5,490.89	0.07%
VISION	3	274.00	274.00	0.00	0.00	0.00	0.00	0.00	0.00%
WELLNESS	6899	602,994.65	45,061.26	453,517.95	104,415.44	0.00	0.00	104,415.44	1.41%

Benefit Analysis Summary

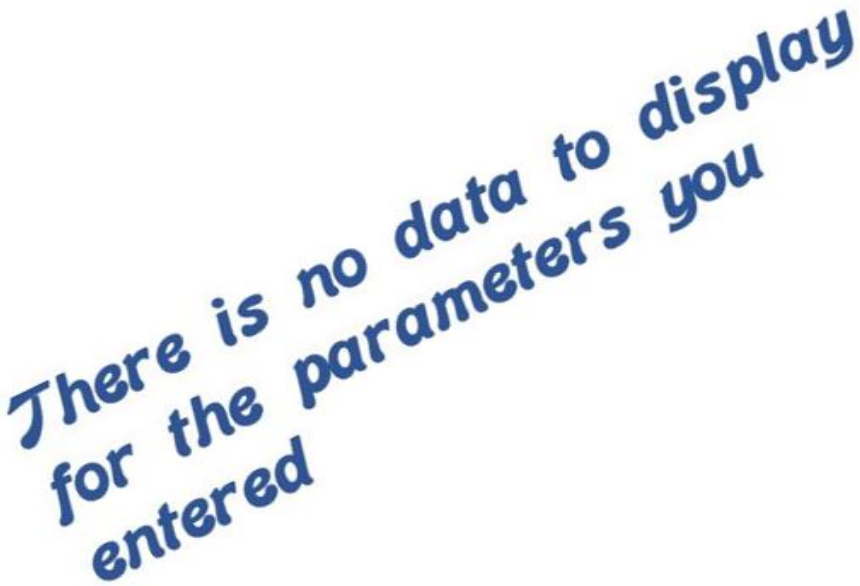
Block of Business ID: EBMSI
Client ID: 00532
Paid Date: 10/1/2025 to 8/31/2026

	Line Count	Charge	Ineligible	Cost Savings	Allowed	Patient Responsibility	Adjustments	Paid	% Paid
XRAY/ LAB	32737	7,312,237.80	937,700.62	5,305,090.52	1,069,446.66	8,488.09	0.00	1,060,958.57	14.29%
Totals for 00532	76067	78,352,074.07	18,537,151.08	52,269,760.76	7,545,162.23	110,565.83	9,948.85	7,424,613.70	

Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 8/1/2026 to 8/31/2026



Summary of Claims Paid By Location

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 10/1/2025 to 8/31/2026

Description	Claims	Medical	Dental	Vision	Prescription	Disability	Total Paid
00532-West Volusia Hospital Authority							
DeLand	2	0.00	0.00	0.00	0.00	0.00	0.00
Deltona	1	0.00	0.00	0.00	0.00	0.00	0.00
miCareDeLand	18910	4,321,439.76	0.00	0.00	0.00	0.00	4,321,439.76
miCareDelton	12405	2,758,167.91	0.00	0.00	0.00	0.00	2,758,167.91
miCarePierso	1060	345,006.03	0.00	0.00	0.00	0.00	345,006.03
N/A	230	0.00	0.00	0.00	0.00	0.00	0.00
00532 Totals:	32608	7,424,613.70	0.00	0.00	0.00	0.00	7,424,613.70

Top Providers by Paid Amount for Tins: '204552956'

Block of Business ID: EBMSI
Client ID: 00532

Paid Date: 8/1/2026 to 8/31/2026

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	656	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 8/31/2026

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	6373	0.00	0.00	0.00	0.00	0.00	0.00
20-4552956	1942540356	WVHA miCare Clinic	Deland	FL	Single or Multispecialty...	5	0.00	0.00	0.00	0.00	0.00	0.00

00532 - West Volusia Hospital Authority

DeLand	04-2026	$0.00	$0.00	$0.00	$0.00	$0.00	2	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Subtotal:	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**2**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Deltona	06-2026	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Subtotal:	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00	$0.00	0	$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	1491	$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	2043	$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	1382	$329,227.63	$0.00	964	$341.52	$211.00	$17.76	$0.39	$112.37	$0.00
miCareDeLand	03-2026	$132,880.92	$25,898.95	$1,393.08	$140,411.12	$0.00	1553	$300,584.07	$0.00	942	$319.09	$141.06	$27.49	$1.48	$149.06	$0.00
miCareDeLand	04-2026	$289,820.45	$20,531.23	$2,072.57	$132,304.35	$0.00	1635	$444,728.60	$0.00	929	$478.72	$311.97	$22.10	$2.23	$142.42	$0.00
miCareDeLand	05-2026	$450,000.37	$27,902.68	$5,233.70	$207,796.41	$0.00	1983	$690,933.16	$0.00	947	$729.60	$475.19	$29.46	$5.53	$219.43	$0.00
miCareDeLand	06-2026	$247,223.37	$18,687.42	$8,205.42	$135,446.73	$0.00	1842	$409,562.94	$0.00	959	$427.07	$257.79	$19.49	$8.56	$141.24	$0.00
miCareDeLand	07-2026	$326,925.38	$32,009.47	$10,201.35	$198,367.34	$0.00	2574	$567,503.54	$0.00	986	$575.56	$331.57	$32.46	$10.35	$201.18	$0.00
miCareDeLand	08-2026	$0.00	$0.00	$0.00	$0.00	$0.00	728	$0.00	$0.00	996	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Subtotal:	**$2,391,711.78**	**$228,634.58**	**$30,771.54**	**$1,670,321.86**	**$0.00**	**18350**	**$4,321,439.76**	**$0.00**	**10741**	**$402.33**	**$222.67**	**$21.29**	**$2.86**	**$155.51**	**$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	466	$966.23	$635.36	$27.06	$0.31	$303.50	$0.00
miCareDelton	02-2026	$143,168.23	$5,621.10	$191.79	$159,569.94	$0.00	942	$308,551.06	$0.00	448	$688.73	$319.57	$12.55	$0.43	$356.18	$0.00
miCareDelton	03-2026	$46,305.25	$11,802.60	$581.89	$96,403.90	$0.00	1028	$155,093.64	$0.00	441	$351.69	$105.00	$26.76	$1.32	$218.60	$0.00
miCareDelton	04-2026	$108,956.67	$15,138.60	$362.49	$86,589.37	$0.00	1052	$211,047.13	$0.00	433	$487.41	$251.63	$34.96	$0.84	$199.98	$0.00
miCareDelton	05-2026	$211,454.61	$12,742.50	$4,511.74	$123,499.78	$0.00	1234	$352,208.63	$0.00	416	$846.66	$508.30	$30.63	$10.85	$296.87	$0.00
miCareDelton	06-2026	$161,567.55	$9,845.62	$2,621.64	$147,248.49	$0.00	1074	$321,283.30	$0.00	421	$763.14	$383.77	$23.39	$6.23	$349.76	$0.00
miCareDelton	07-2026	$182,834.18	$17,684.34	$1,207.93	$132,492.12	$0.00	1374	$334,218.57	$0.00	423	$790.11	$432.23	$41.81	$2.86	$313.22	$0.00
miCareDelton	08-2026	$0.00	$0.00	$0.00	$0.00	$0.00	482	$0.00	$0.00	424	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Subtotal:	**$1,350,372.36**	**$127,189.25**	**$14,246.22**	**$1,266,360.08**	**$0.00**	**12167**	**$2,758,167.91**	**$0.00**	**4940**	**$558.33**	**$273.35**	**$25.75**	**$2.88**	**$256.35**	**$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	63	$12,206.65	$0.00	58	$210.46	$3.39	$20.01	$0.00	$187.06	$0.00
miCarePierso	03-2026	$3,775.05	$1,792.07	$1,412.01	$29,379.70	$0.00	107	$36,358.83	$0.00	58	$626.88	$65.09	$30.90	$24.35	$506.55	$0.00
miCarePierso	04-2026	$33,029.11	$925.12	$601.23	$24,373.72	$0.00	105	$58,929.18	$0.00	55	$1,071.44	$600.53	$16.82	$10.93	$443.16	$0.00
miCarePierso	05-2026	$1,294.65	$2,334.87	$1,644.50	$29,351.14	$0.00	96	$34,625.16	$0.00	56	$618.31	$23.12	$41.69	$29.37	$524.13	$0.00
miCarePierso	06-2026	$14,841.91	$822.36	$1,002.04	$39,534.69	$0.00	99	$56,201.00	$0.00	56	$1,003.59	$265.03	$14.69	$17.89	$705.98	$0.00
miCarePierso	07-2026	$6,843.45	$2,172.60	$1,702.80	$63,501.26	$0.00	174	$74,220.11	$0.00	57	$1,302.11	$120.06	$38.12	$29.87	$1,114.06	$0.00
miCarePierso	08-2026	$0.00	$0.00	$0.00	$0.00	$0.00	43	$0.00	$0.00	56	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Subtotal:	**$83,629.27**	**$15,283.65**	**$6,362.58**	**$239,730.53**	**$0.00**	**1052**	**$345,006.03**	**$0.00**	**637**	**$541.61**	**$131.29**	**$23.99**	**$9.99**	**$376.34**	**$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
N/A	03-2026	$0.00	$0.00	$0.00	$0.00	$0.00	38	$0.00	$389,514.51	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
N/A	04-2026	$0.00	$0.00	$0.00	$0.00	$0.00	15	$0.00	$320,202.07	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
N/A	05-2026	$0.00	$0.00	$0.00	$0.00	$0.00	35	$0.00	$322,441.47	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
N/A	06-2026	$0.00	$0.00	$0.00	$0.00	$0.00	22	$0.00	$321,414.49	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
N/A	07-2026	$0.00	$0.00	$0.00	$0.00	$0.00	35	$0.00	$288,413.27	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
N/A	08-2026	$0.00	$0.00	$0.00	$0.00	$0.00	25	$0.00	$346,703.14	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Subtotal:	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**230**	**$0.00**	**$3,721,694.28**	**0**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Total:	**$3,825,713.41**	**$371,107.48**	**$51,380.34**	**$3,176,412.47**	**$0.00**	**31801**	**$7,424,613.70**	**$3,721,694.28**	**16318**	**$683.07**	**$234.45**	**$22.74**	**$3.15**	**$194.66**	**$0.00**

Parameters

Beginning Location:
Ending Location:
Paid Date: 10/1/2025-8/31/2026
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

August 2026 Report

miCare Utilization

DeLand	Total Available Hours	Total Utilized Hours	% Of Total Available Hours
2026	185	169	91%
Deltona	**Total Available Hours**	**Total Utilized Hours**	**% Of Total Available Hours**
2026	172	142	83%
Overall	**Total Available Hours**	**Total Utilized Hours**	**% Of Total Available Hours**
2026	357	311	87%

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	56	8%
Deltona	33	6%

Visit Type Utilization

WVHA miCare Clinic Total Visits for DeLand			
Clinic Services	**Number of visits**	**%**	**Notes**
Total Provider visits	309	46%	Schedulable patient activities
Total Labs	175	26%	Schedulable patient activities
Total Nurse Visits	3	0%	Schedulable patient activities
Total medication pick-up	186		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	6		Don't have a visit type and are not scheduled appointments
Total Visits	**679**		

DeLand

- There was a total of 487 clinic visits at the DeLand clinic in August plus 186 medication pick-ups and an additional 6 med pick-ups from the PAP program
- Of the 487 clinic visits, there were 15 phone visits
- There were 12 **new patients** that established care at the DeLand clinic last month
- There were 52 **Physicals** in August – Male/Female Wellness – Established Patients

WVHA miCare Clinic Total Visits for Deltona			
Clinic Services	**Number of visits**	**%**	**Notes**
Total Provider visits	263	48%	Schedulable patient activities
Total Labs	109	20%	Schedulable patient activities
Total Nurse Visits	5	1%	Schedulable patient activities
Total medication pick-up	165		Don't have a visit type and are not scheduled appointments
Total PAP med pick-up	4		Don't have a visit type and are not scheduled appointments
Total Visits	**546**		

Deltona

- There was a total of 377 clinic visits at the Deltona clinic in July plus 165 medication pick-ups from Deltona as well as 4 med pick-ups from the PAP program
- Of the 377 visits, 32 were phone visits
- There were 19 **new patients** that established care at the Deltona clinic last month
- There were 21 **Physicals** in August – Male/Female Wellness – Established Patients

miCare Member Migration

August 2026

		DeLand	Deltona
Total Eligible Membership	1,435	425	305

*** Member migration showed 43% for August**

*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 – August 2026	
Application Approved	337
Application Pending Approval	0
Application Started but Not Submitted	2
Total Active Applications	**339**
	(Active Applications)

Key Insights:

- **10 PAP medications were picked up between the two locations**
- **Currently, WVHA has 339 patients with active PAP applications being managed**
- **The projected annualized savings for the PAP applications are $2,253,966**

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

THE HOUSE NEXT DOOR
Nurturing Families
Building Communities

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

Serving Volusia & Flagler Counties

September 5, 2026

West Volusia Hospital Authority

Monthly Enrollment Report

In the month of August, the Health Card team conducted 239 client interviews for verification and enrollment. Of these, 207 appointments were to assist with new or renewal applications and 32 to assist with pending applications.

For the month a total of 239 applications were submitted for verification and enrollment. Of these, all 239 were processed by the end of the month, leaving no carryover.

Of the 239 that were processed, 199 were approved, 32 pended, and 8 were denied *(1 was over income, 1 had other Insurance, and 6 qualified for Share of Cost*).

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	27	163	190
Halifax (Health Fund Solutions)	1	0	1
Advent Health/Fl Hospital	6	0	6
RAAO	13	22	35
WVHA website	3	0	3
SMA	4	0	4
Totals	**54**	**185**	**239**

In all, 14 referrals came from the WVHA website in August. All were contacted, 6 made appointments, and 3 completed the application process. Of those, 2 were approved and 1 denied.

Outreach Efforts:

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

Respectfully submitted by Chris Booker

WVHA August 2026 Report:

Overview

During the month of August 2026, the True Health team remained actively engaged in outreach efforts aimed at increasing awareness of available healthcare services and strengthening connections with residents throughout the West Volusia community.

Based on the monthly census information received on August 7, 2026, a dedicated team of staff members conducted targeted outreach to patients identified on the census listing. Although a location was not secured for the Medical Mobile Unit during the month of August, the team successfully redirected its efforts toward direct patient engagement activities and informing patients that True Health accepts the WVHA Card at the Enterprise location.

As part of these efforts, staff members contacted a total of 318 patients through phone calls and text messages to provide information regarding upcoming community events, including the True Health Enterprise Open House scheduled for September 24, 2026, and the community outreach event at Wes Crile Park in Deltona on September 17, 2026. For this event on 9/17 we were able to book 12 appointments.

Community Outreach and Marketing Efforts

To maximize community awareness and engagement, promotional efforts were conducted through multiple communication channels, including social media and community-based partnerships. Our social media performance shown that the marketing campaigns were promoted through Facebook and Instagram (Meta), generating the following engagement:

- 231 link clicks
- 273 post engagements
- 186 page views

These results demonstrate strong community interest and engagement with the outreach campaign and upcoming events.

In addition to these outreach efforts, the **Director of Operations** was contacted by several **WVHA Board Members** regarding specific patient situations that required assistance to ensure continuity of care. Following these calls, the True Health team promptly connected with the affected patients, assessed their individual needs, and coordinated appropriate accommodations to support uninterrupted access to healthcare services.

These direct interventions not only addressed patients' immediate healthcare concerns but also provided reassurance and peace of mind during a period of transition that created uncertainty and stress for many individuals and families in our community. By responding quickly and compassionately, True Health reinforced its commitment to patient-centered care and demonstrated the value of strong collaboration between community partners and healthcare providers.

Through proactive outreach, individualized patient support, and ongoing collaboration with community stakeholders, True Health continues to strengthen access to care and improve the overall healthcare experience for the residents of West Volusia and surrounding communities.

Community Distribution and Partnership Engagement

Promotional materials were distributed and shared through numerous community partners and organizations, including:

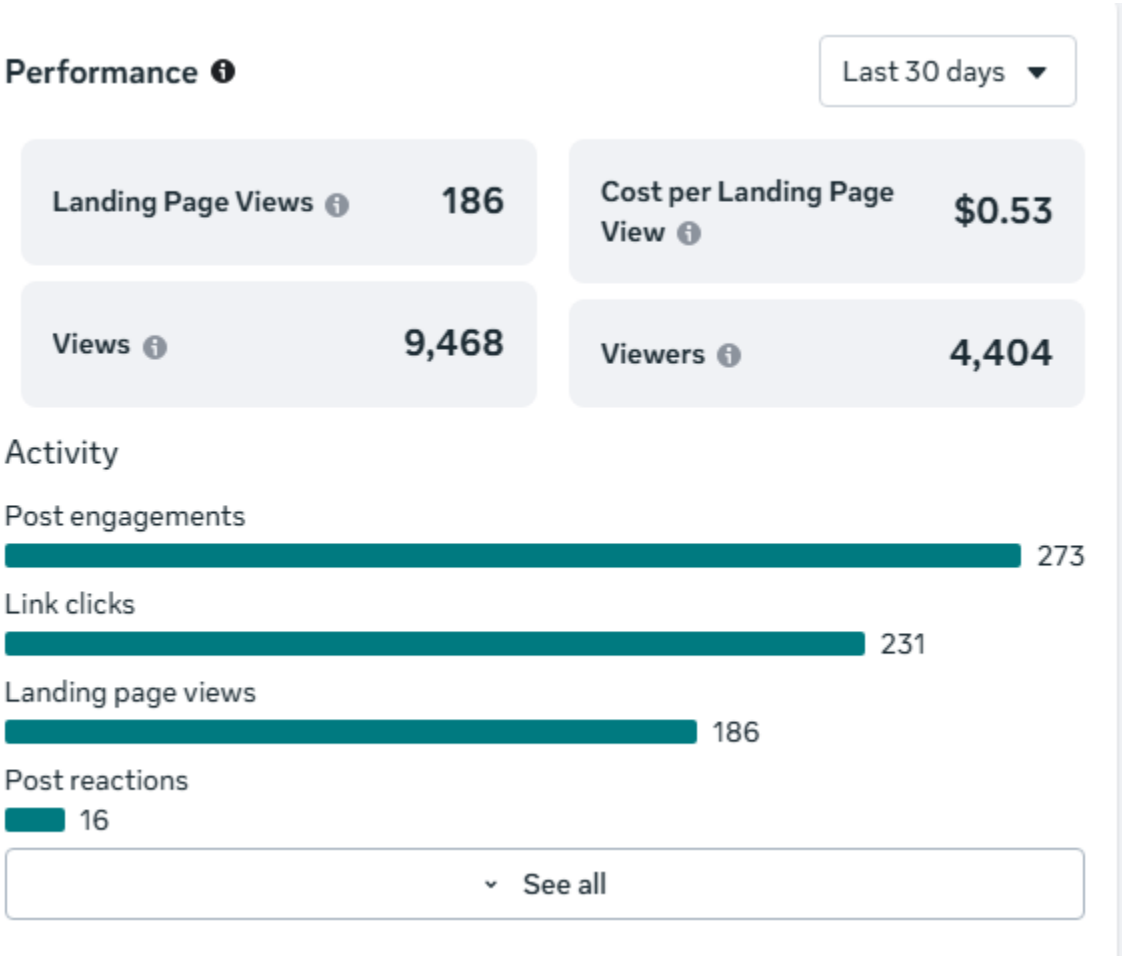
- Residing Hope Montessori
- KeyFood Supermarket, Deltona
- Farmworkers Association
- Volusia County Library
- Midway Community School
- Mexican Consulate
- Hispanic Federation
- Family Partnerships
- Fish Memorial Hospital Care Team
- Breakfast Rotary of Downtown DeLand
- Young Professionals of West Volusia
- West Volusia 1 Million Cups
- Hispanic Chamber of Commerce
- Friendship Elementary School
- Osteen Farm and Feed Store
- Sanford Market Day
- Hope Community Center

Conclusion

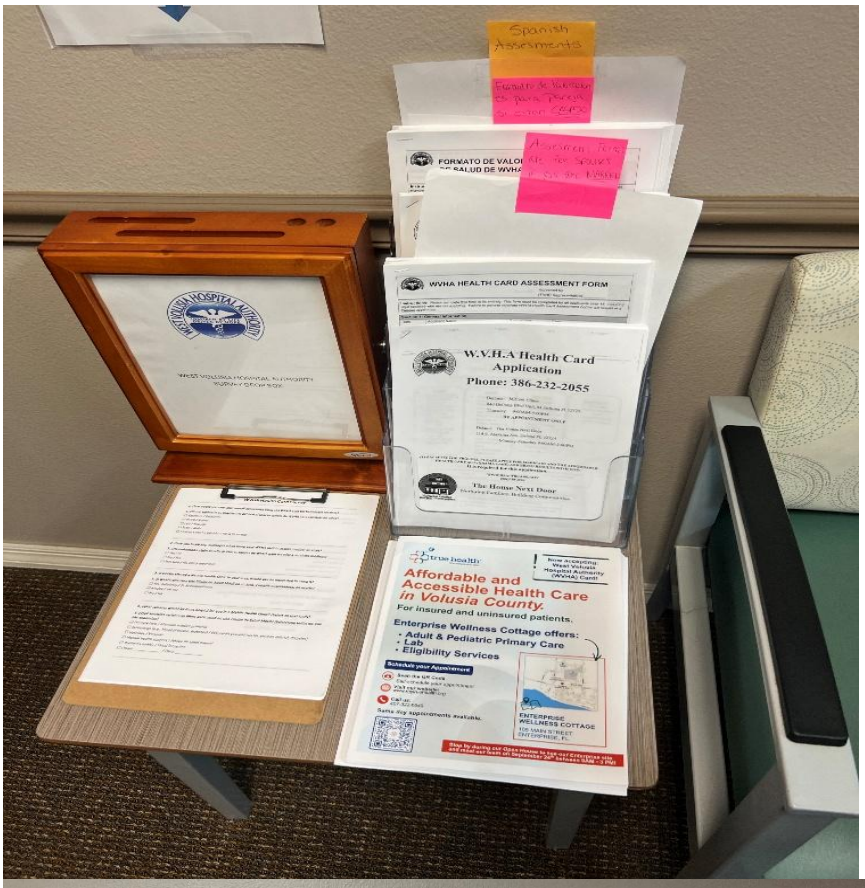
The outreach activities completed during August 2026 reflect True Health's ongoing commitment to improving healthcare access, expanding community awareness, and fostering meaningful partnerships throughout the region. Through direct patient outreach, strategic marketing efforts, and collaboration with local organizations, True Health successfully engaged residents and promoted available healthcare resources and upcoming community events.

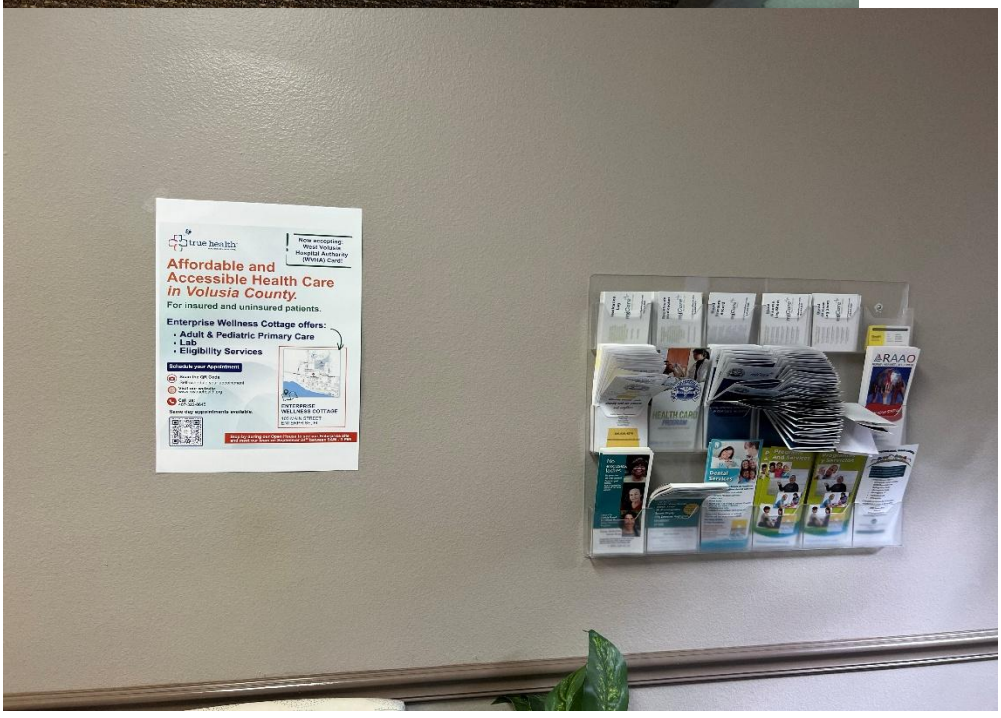
We appreciate the continued support of community partners and Volusia County residents and look forward to building upon these efforts in the months ahead. By continuing to strengthen community relationships and expand outreach initiatives, True Health remains dedicated to improving access to care and advancing positive health outcomes for the individuals and families we serve. We will be hosting an Open House at our Enterprise location on 9/24/2026; all patients that we had contacted were made aware of. We placed flyers and posters at both MiCare centers Deland and Deltona. Please refer to images attached for the Deltona clinic waiting area and flyer created to inform patients that we are a trusted partner and about the Open House.

Social Media Interaction Report:

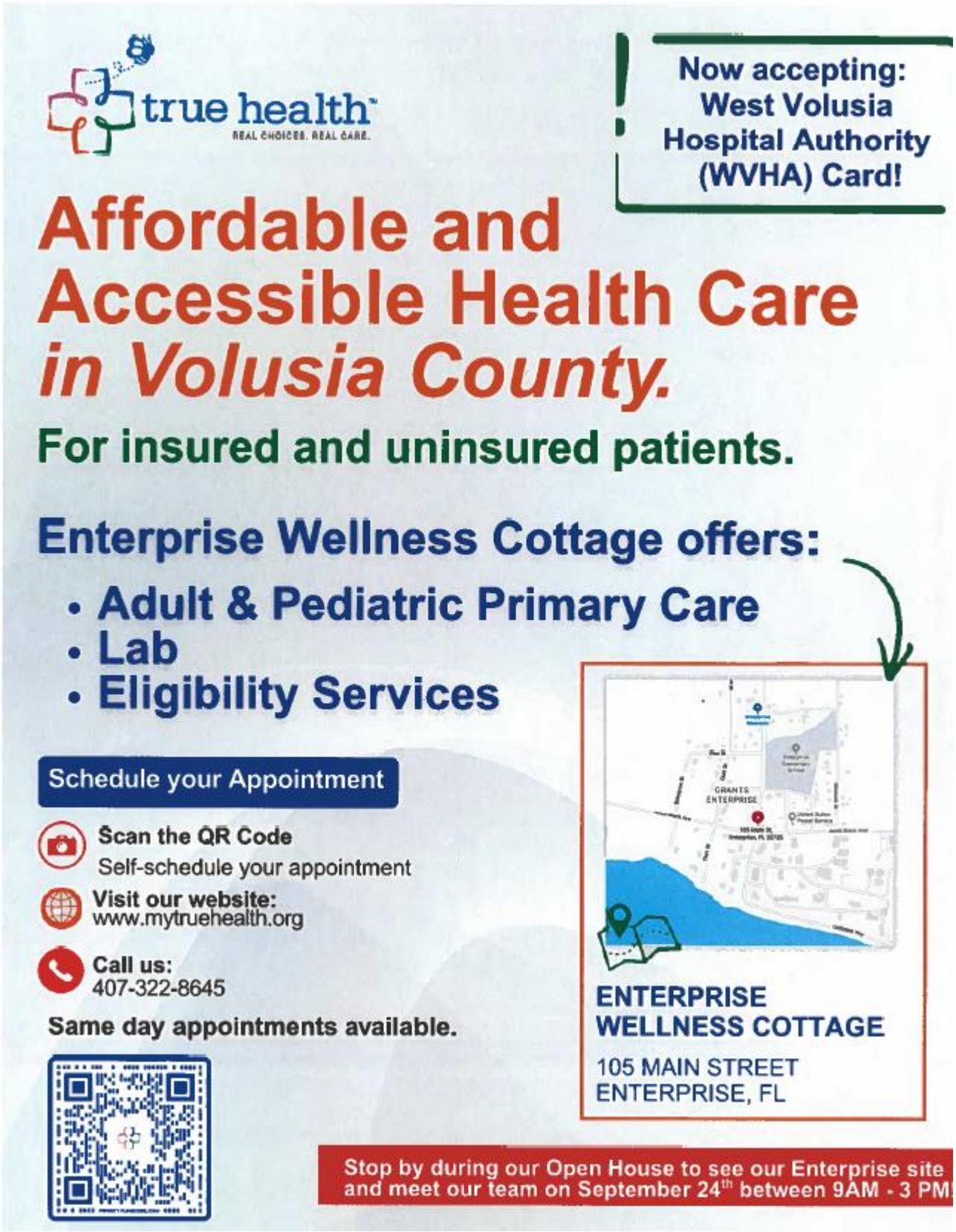


Flyer Placement Images:





Open House and True Health Flyer:



Low Income Pool Letter of Agreement

THIS LETTER OF AGREEMENT ("LOA") is made and entered into in duplicate on the _____ day of _____ 2026, by and between **West Volusia Hospital Authority** (the "IGT Provider") on behalf of **SMA Healthcare**, and the State of Florida, **Agency for Health Care Administration** (the "Agency"), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

DEFINITIONS

"Low Income Pool (LIP)" means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, "bad debt," or Medicaid and CHIP shortfall.

"Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts, regardless of the method of payment. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and Children's Health Insurance Program (CHIP) shortfall. The state and providers that are participating in the Low Income Pool (LIP) will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the Healthcare Financial Management Association (HFMA) operated by the provider.

"Intergovernmental Transfers (IGTs)" means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be compliant with 42 CFR Part 433 Subpart B.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2026-2027, passed by the 2026 Florida Legislature, the IGT Provider and the Agency agree that the IGT Provider will remit IGT funds to the Agency in an amount not to exceed the total of **$700,000.00**.

    a. The IGT Provider and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the IGT Provider and the State of Florida at large.

2. The IGT Provider must return the signed LOA to the Agency no later than October 1, 2026.
.
3. The IGT Provider will pay IGT funds to the Agency in an amount not to exceed the total of **$700,000.00.** The IGT Provider will transfer payments to the Agency in the following manner:

    a. Per Florida Statute 409.908, annual payments for the months of July 2026 through June 2027 are due to the Agency no later than October 31, 2026, unless an alternative plan is specifically approved by the agency.

    b. The Agency will bill the IGT Provider when payment is due.

4. The IGT Provider and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA in accordance with public records laws and established retention schedules.

    a. AUDITS AND RECORDS

        i. The IGT Provider agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.

        ii. The IGT Provider agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.

        iii. The IGT Provider agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

    b. RETENTION OF RECORDS

        i. The IGT Provider agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.

        ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.

        iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

c. MONITORING

i. The IGT Provider agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the IGT Provider which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

i. The IGT Provider agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.

5. This LOA may only be amended upon written agreement signed by both parties. The IGT Provider and the Agency agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.

6. The IGT Provider confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.

7. The IGT Provider agrees the following provision shall be included in any agreements between the IGT Provider and local providers where IGT funding is provided pursuant to this LOA. Funding provided in this agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program and used secondarily for other purposes.

8. This LOA covers the period of July 1, 2026, through June 30, 2027, and shall be terminated September 30, 2027, which includes the states certified forward period.

9. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

10. The IGT Provider agrees to indemnify and hold harmless the Agency against any and all liability related to a finding by CMS or the federal government that the IGT transfer, or source of funds transferred, did not comply with the Medicaid state plan, Title XIX of the Social Security Act, or any state or federal regulations or policies implementing Title XIX of the Social Security Act, including but not limited to Section 1903(w) of the Social Security Act; 42 C.F.R. Part 433, subpart B; and Centers for Medicare & Medicaid Services' ("CMS") State Medicaid Director Letter #14-004 (May 9, 2014). This indemnification would extend to any completed, actual, pending, or threatened action, suit, claim, or proceeding brought by CMS or the federal government based upon a demand or disallowance of any amount, including amounts relating to supplemental payments. The IGT Provider shall timely reimburse the Agency's reasonable legal fees and costs with

respect to any proceeding related to whether the IGT transfer, or source of funds transferred, violated the Medicaid state plan, Title XIX of the Social Security Act, or any state or federal regulations or policies implementing Title XIX of the Social Security Act. The IGT Provider will also be liable and financially responsible in the event that a demand or disallowance of any amount is found to be due and owing on this basis.

LIP Local Intergovernmental Transfers	
Program / Amount	**State Fiscal Year 2026-2027**
Estimated IGTs	**$700,000.00**
Total Funding Not to Exceed	**$700,000.00**

WITNESSETH:

IN WITNESS WHEREOF, the parties have caused this 4-page Letter of Agreement to be executed by their undersigned officials as duly authorized.

WEST VOLUSIA HOSPITAL AUTHORITY		**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**	
SIGNED BY:	_____	**SIGNED BY:**	_____
NAME:	_____	**NAME:**	**Stephanie Scanlon**
TITLE:	_____	**TITLE:**	**ADS for Medicaid Finance and Analytics**
DATE:	_____	**DATE:**	_____



miCare Health Center

September 2026 Board Submission

WEST VOLUSIA HOSPITAL AUTHORITY
INSPIRED BY LIFE
DRIVEN BY HOPE

Submission Components

I. Text Messaging **Page 3**
- Calendar – status

II. Clinic consolidation update **Page 7**

III. Clinic Operations **Page 8**
- Visit times
- Diabetics
- Patient Assistance Program (PAP)
- True Health education

IV. Imagine360 Foundation donation **Page 11**
- Transportation
- Marketing, etc.

V. Telemedicine proposal **Page 14**

VI. Financial Review **Page 16**

VII. Placeholder for October topics
- Pharmacy proposal

I. Text Messaging

- miCare recognizes the importance of maintaining consistent communication with WVHA members. To support this commitment, the Text Messaging section will be included as a standing item in all future board submissions.

- *Red italicized* dates displayed beneath communication items indicate that the message has been disseminated.

- For ease of reference and visualization, the communication calendar is color-coded according to the categories outlined below:

	Funded Entity promotion
	Clinic Consolidation promotion
	miCare promotion/information

I. Text Messaging

	Communication 1	Communication 2	Communication 3
June 2026	True Health campaign *Sent 6/26/26*		
July 2026	Clinic consolidation #1 *Sent 7/1/2026*	Community & Legal Resources *Sent 7/22/2026*	DeLand remodel notice #1 *Sent 7/27/2026*
August 2026	DeLand remodel notice #2 *Sent 8/3/26*	Clinic consolidation #2 *Sent 8/18/26*	
September 2026	Clinic consolidation #3 *Sent 9/4/26*	Clinic consolidation #4 *Sent 9/14/26*	

I. Text Messaging

	Communication 1	Communication 2
October 2026	Flu shot reminder	Vendor Fair #1
November 2026	Vendor Fair #2 *(to be sent the week before event)*	Vendor Fair #3 *(to be sent the day before event)*
December 2026	Annual Wellness Visit Reminder	

I. Text Messaging

	Communication 1	Communication 2
January 2027	Dental Services	
February 2027	Disease Management Services	General miCare info *(heart health focus)*
March 2027		

	Communication 1	Communication 2
April 2027	Enrollment & Eligibility	
May 2027	Counseling & MH Services	
June 2027		

II. Deltona consolidation

- All vendors have been notified and are scheduled for equipment pickup or service termination, as appropriate.
- Official Deltona closure is 3:00 ET on September 18th.
- IT relocation is scheduled for Friday, September 18.
- Workstation, printer, and phone system setup will begin on the afternoon of September 18 and continue on Monday, September 21.
- Medication inventory is scheduled to be relocated on Monday, September 21.
- The moving company is scheduled for Tuesday, September 22.
- Removal of exterior and interior signage is scheduled for Monday, September 21.
- Final repairs and facility cleaning are scheduled for Monday, September 28.

III. Clinic Operations

Visit times

- Average time patient is in the exam room with Medical Assistant (MA): **11.2 minutes**
- Average time patient is in the exam room with the provider: **21 minutes**

Diabetics

- WVHA currently has 338 (~23%) enrolled members with diabetes

III. Clinic Operations

Patient Assistance Program (PAP) Summary

- As of August 31, 2026, **337 patient assistance applications** have been approved.
- The program has generated **annualized medication cost savings of approximately $2.25 million**.
  - This equates to an approximate annualized savings **of $6,688 / application submitted**.
- Approved applications span **12 pharmaceutical manufacturers** and support access to **33 unique medications**.
- miCare manages the entire PAP lifecycle, providing comprehensive, end-to-end program administration.

Key Program Functions

- Each pharmaceutical manufacturer maintains its own eligibility requirements, application forms, and approval processes.
- miCare tracks renewal deadlines for every approved application, as PAP approvals are typically valid for **one year**.
- To prevent interruptions in medication access and adherence, miCare proactively engages patients and providers **30 to 60 days prior to expiration** to facilitate timely renewals.
- When application delays or issues arise, miCare works directly with pharmaceutical manufacturers to resolve barriers and ensure the application process progresses efficiently.

Program Impact

- Through ongoing application management, renewal tracking, patient outreach, and manufacturer coordination, miCare helps patients maintain uninterrupted access to critical medications while maximizing available financial assistance resources.

III. Clinic Operations

<u>True Health</u>

miCare recognizes the importance of promoting True Health to WVHA card holders to ensure easy access and quality care, especially in the Deltona area.

To this end, miCare has:

- Fully trained all staff on True Health, including how to direct patients to schedule appointments with them. A phone script was also developed and posted for phone staff to use:
  - *WVHA has partnered with True Health in Deltona to help ensure continued access to healthcare services. True Health offers services similar to miCare and can meet your healthcare needs. For more information or to discuss appointment availability, please call 386-378-3417.*
- Text messages
  - A text message was sent on 6/26/2026 promoting True Health
  - The following text message was sent on 9/14/2026 that incorporated True Health:

Important Update About Your miCare Location
Beginning **September 18, 2026**, the **miCare Deltona Clinic** will transition to the **miCare DeLand Clinic**. On September 18, the Deltona clinic will close at **3:00 p.m.**
The DeLand location will remain open and fully accessible, and you will continue to receive the same comprehensive, high-quality care and services you rely on today.
We are committed to making this transition as smooth and seamless as possible and look forward to continuing to serve your healthcare needs. In addition to the DeLand clinic, members may also access services at the **True Health Enterprise Clinic**. To contact the Enterprise location, please call **407-322-8645**.
If you have any questions or need assistance scheduling an appointment, please contact the miCare team at **866-326-7548**.
Our office hours are **Monday through Friday, 8:00 a.m. to 5:00 p.m.**
Thank you for allowing us to be a part of your healthcare journey. We look forward to continuing to care for you.

IV. Imagine360 Foundation donation

Transportation Assistance Proposal: $50,000 (approx.)

- During the last fiscal year, the two clinic locations recorded approximately **18,000 patient visits**, including provider appointments, laboratory services, and medication pick-ups (all visit types).
- From approx March – June, patients were asked how they arrived at their appointment that day and the following were the responses:

	DeLand	Deltona	Total
Dropped off by a friend/family member	227	162	389
Drove self	9	11	20
Dropped off by a facility (DMRT, TNC, RAAO)	2	0	2
Walked	1	0	1
Rode bike	0	1	1

- As the clinic consolidation occurs, to address transportation barriers that may prevent patients from accessing care, **miCare has two transportation proposals on the next slide:**
  - **VoRide**
  - **Uber Health**

IV. Imagine360 Foundation donation

- **VoTran Day Pass**
  - $4.00 per pass
- **VoRide Gold Token**
  - $3.50 per one-way ride
  - Eligibility is based on age and/or disability requirements established by the transportation provider.

- **VoTran/VoRide stop is located directly in front of the DeLand clinic**, providing patients with convenient access:



- **Uber Health**

- Average Uber Health Fare in DeLand, Florida area is $15 - $50 / ride, one way.

- miCare's recommendation is to utilize this service for more medically fragile members (e.g. recent hospital discharge, mobility issues, etc.)

- Given the cost of Uber, less rides will be available overall.

IV. Imagine360 Foundation donation

Marketing & other supporting options: $50,000 (approx.)

- *Vendor Fair: November 6, 2026, vendor*
  - miCare will utilize a small portion of the foundation funds to enhance the Vendor Fair by offering refreshments, food, giveaway prizes to attract attendance, shade tents, and more.

- *Additional advertising support*
  - VoTran bus wrap
  - Billboard
  - Social media campaigns (option to fund existing campaigns through Applichat)

- Other options as presented by board members, community, etc.

IV. Telemedicine Proposal

Through its deep understanding of the WVHA population, miCare recognizes that the Board's primary priorities are ensuring **convenient access** to high-quality care while **maintaining affordability.**

To support these goals, miCare is pleased to offer WVHA cardholders **a no-cost virtual urgent care solution through Recuro Health**.

This telemedicine service provides members with access to care wherever they are, whether through an easy-to-use smartphone app or by calling a dedicated toll-free number.

Through Recuro Health, WVHA members will have **24/7 access to board-certified physicians**, allowing them to quickly and conveniently address common medical concerns through personalized, one-on-one virtual consultations. With just the touch of a button, members can connect with a provider and receive the care they need, when they need it.

IV. Telemedicine Proposal

miCare has a **continuity of care workflow** already constructed with Recuro:

Recuro sends clinical encounter details on any patient that had a Recuro virtual consult the day prior to miCare. This allows the miCare staff to review the encounter and **execute any follow-up primary care as clinically appropriate**.

miCare proposes this service to begin **November 1, 2026.**

miCare will handle all member facing communication streams to ensure members know about this newly available service (text message, signs, etc.).

Imagine360 has partnered with Recuro Health for several years and truly believes in the high-quality care their physicians provide across our membership.

Recuro physicians commonly **diagnose and treat a wide range of non-emergency conditions**, including:

Acne / Rashes	Ear Problems	Pink Eye
Allergies	Fever / Headache	Respiratory Issues
Cold / Flu / Cough	Insect Bites	UTI's / Vaginitis
GI Issues	Nausea / Vomiting	Etc.

IV. Financial Review

Budget Summary:

	Oct '25 - Sept. '26	Oct '26 - Sept. '27
Average # of Employees	1,401	1,400
Clinic Administrative Expenses (See following slides for additional details)	$3,130,978	$2,497,050
Deland Clinic Expenses (See following slides for additional details)	144,829	177,278
Deltona Clinic Expenses (See following slides for additional details)	82,192	-
Total Costs	$3,358,000	$2,674,327
Cost per Employee	$ 2,397	$ 1,910
(-) Prescription Fills	(413,412)	(413,412)
(-) Maintenance & Repairs	(97,699)	(70,130)
Total	**$2,846,889**	**$2,190,785**

2027 Budget Target: $2.2M

IV. Financial Review

Clinic Administrative Expenses:

CLINIC ADMINISTRATIVE EXPENSES	Oct '25 - Sept. '26 Total	Oct '26 - Sept. '27 Total
Admin Fees	$622,356	$387,408
Prescriptions Filled	413,412	413,412
Population Health Mgmt Fee	197,075	201,264
Salaries	1,517,535	1,186,686
Bonus	3,297	3,363
Overtime	17,988	18,348
Group Health Insurance	173,548	135,711
401K Matching Expense	26,132	20,435
Payroll Taxes	117,582	91,947
Regular Travel	-	-
Meals & Entertainment	-	-
Postage & Courier	10,865	11,082
Office Expense	-	-
Printing & Stationary	-	-
Dues & Subscriptions	-	-
Licenses & Registration	1,847	-
Insurance Casualty	18,155	18,518
Contracted Services	-	-
Software Licenses & Agreements	2,311	-
Wellness Coaching	8,875	8,875
Total Administrative Expenses	$3,130,978	$2,497,050

Reflects a miCare Clinic Admin PEPM of $23.06 and a Population Health Management PEPM of $11.98.

IV. Financial Review

DeLand Clinic Expenses:

DELAND CLINIC	Oct '25 - Sept. '26	Oct '26 - Sept. '27
Travel	$155	$158
Staff Travel Meals	4	4
Occupancy-Utilities	7,154	7,297
Telephone & Internet	3,527	3,597
Postage & Courier	960	979
Office Expense	3,620	3,692
Hazardous Waste Removal & Lab Testing	912	930
Office Supplies	9,514	9,704
Medical Supplies	18,259	18,625
Printing & Stationery	2,286	2,332
Dues & Subscriptions	106	109
Licenses & Registration	2,165	2,209
Security System/Shredding/IT Support	22,059	46,500
Contracted Clinic Staff	1,006	6,578
Rent-Equipment	3,793	3,869
Workforce Engagement	555	566
Maintenance & Repairs	68,755	70,130
Total Deland Clinic Expenses	$144,829	$177,278

Assumes cost increases in-line with CPI, as well as additional consulting/contracted clinic costs

IV. Financial Review

Deltona Clinic Expenses:

DELTONA CLINIC	Oct '25 - Sept. '26	Oct '26 - Sept. '27
Travel	$295	-
Occupancy-Utilities	6,060	-
Telephone & Internet	2,201	-
Postage & Courier	199	-
Office Expense	2,173	-
Hazardous Waste Removal & Lab Testing	973	-
Office Supplies	5,507	-
Medical Supplies	11,583	-
Printing & Stationery	913	-
Dues & Subscriptions	-	-
Business License	559	-
Security System/Shredding/IT Support	17,628	-
Business Tax Expense	-	-
Contracted Clinic Staff	1,006	-
Rent-Equipment	3,942	-
Workforce Engagement	210	-
Maintenance & Repairs	28,944	-
Total Deltona Clinic Expenses	$82,192	-

From: Laura Rookhuizen
To: Jennifer Moore; Stacy Tebo; Gretchen Soto
Cc: Selenita Delgado, MPH; Theodore Small; Sue Wayte; Bill Dembereckyj
Subject: RE: Immediate Action Needed: Patient Communication and Access to Healthcare
Date: Wednesday, September 9, 2026 6:01:24 PM
Attachments: image002.png
image003.png
image004.png
image005.png
image006.png
image007.png
image008.png
image011.png
image012.png
image013.png
image014.png
image015.png
image016.png
image017.png
image018.png
image020.png
Deltona Clinic Closure9.8.pdf
Deltona Closure - Letter to members.docx
Sept. 18th Early Closing9.8.pdf

Good afternoon,

We have re-worked the wording on the attached notices to ensure that it is clear that the Deltona location is permanently closing, that all care & services are fully available at the DeLand location, and included details on how to visit or contact the DeLand clinic. Please note that there are also Spanish versions of each of the attached notices.

The clinic staff will be printing and hanging these in the clinic on Friday.

Please let us know if you have any questions.

Thank you! Laura

Laura Rookhuizen
Director of Clinical Partnerships and miCare Operations

p: 406-869-6585
e: lrookhuizen@ebms.com
w: ebms.com

1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087

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From: Laura Rookhuizen
Sent: Tuesday, September 8, 2026 4:20 PM
To: 'Jennifer Moore' <jmoore@westvolusiahospitalauthority.org>; Stacy Tebo <stebo@westvolusiahospitalauthority.org>; Gretchen Soto <gsoto@micareclinic.com>
Cc: Selenita Delgado, MPH <selenita.delgado@mytruehealth.org>; Theodore Small <tsmall@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>; Bill Dembereckyj

<Bill.Dembereckyj@imagine360.com>
Subject: RE: Immediate Action Needed: Patient Communication and Access to Healthcare

Hello, Commissioner Moore,

Thank you for your reply.

We are re-wording the signage now and will have an update for you by tomorrow.

Thank you and more to come shortly, Laura

Laura Rookhuizen
Director of Clinical Partnerships and miCare Operations

p: 406-869-6585
e: lrookhuizen@ebms.com
w: ebms.com

1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087

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From: Jennifer Moore <jmoore@westvolusiahospitalauthority.org>
Sent: Tuesday, September 8, 2026 3:26 PM
To: Laura Rookhuizen <lrookhuizen@ebms.com>; Stacy Tebo <stebo@westvolusiahospitalauthority.org>; Gretchen Soto <gsoto@micareclinic.com>
Cc: Selenita Delgado, MPH <selenita.delgado@mytruehealth.org>; Theodore Small <tsmall@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>; Bill Dembereckyj <Bill.Dembereckyj@imagine360.com>
Subject: Re: Immediate Action Needed: Patient Communication and Access to Healthcare

[External Sender]

Hi Laura,

Thank you for your follow up.

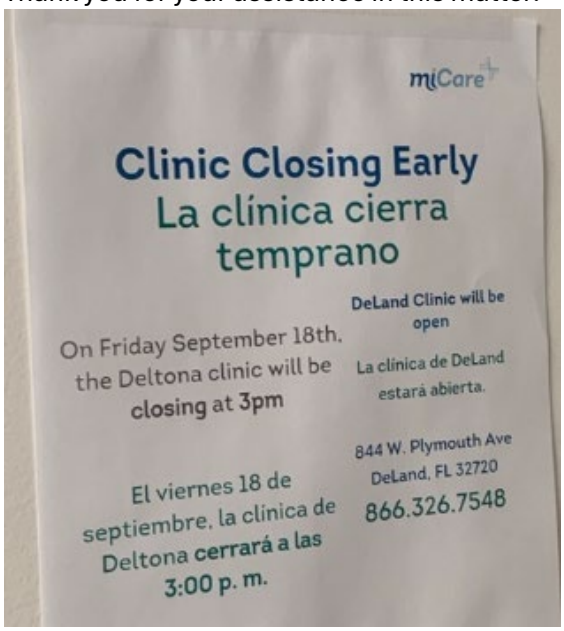
I appreciate this giving the concerning calls I have had where I am told that at the time of recent visits that there was no signage displayed and no memory of recent out reach.

After seeing your signage, it all makes sense. I can easily see how a patient might read that the clinic will be closing early on 9/18 would think that the clinic is closing early that day, and not automatically assume that the same will no longer be used. Please re-word the signage so that is more obvious that services will no longer be provided at the Deltona clinic, and include where services can now be found. In communication, you mention the clinic closure but do not list all of

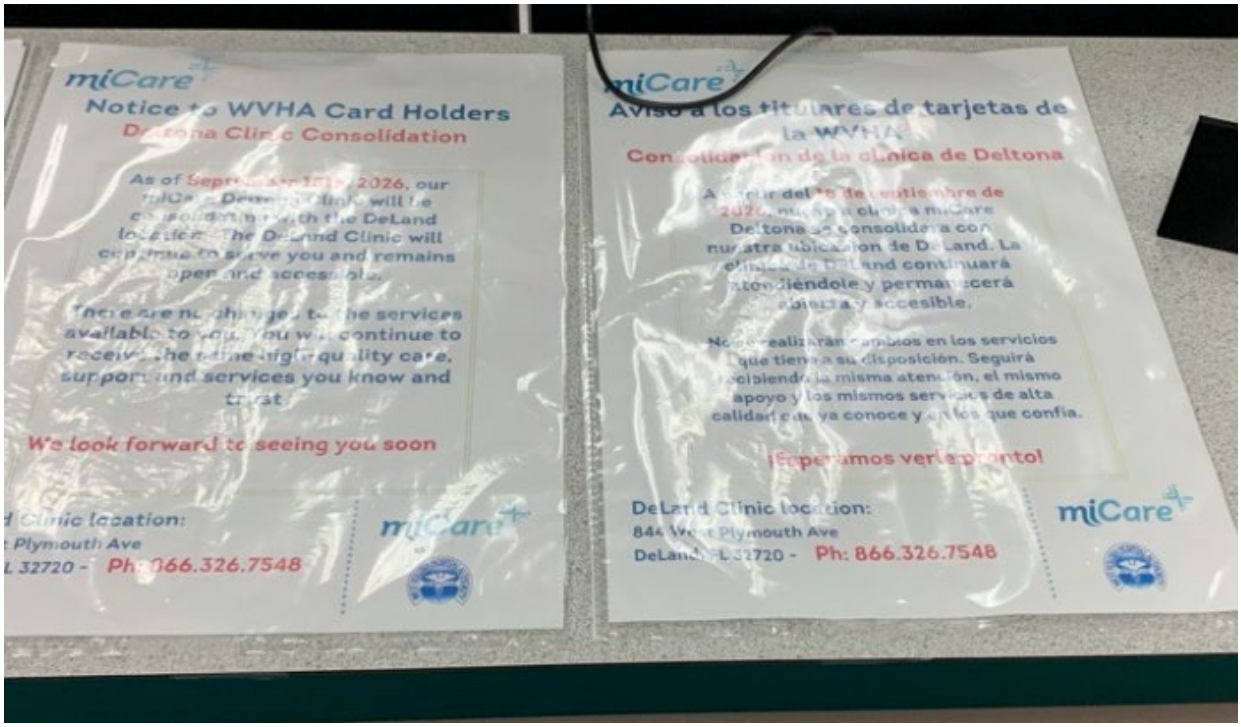
the available ways a patient can receive care. If the other communications are similar, we may have a great many people who do not understand their options. The examples I am referencing are below.

If you need help with the wordage or design, please reach out to anyone in this from the WVHA (myself, Stacy, Attorney Small) on this chain. We may also be able to connect you with collateral from our marketing team.

Thank you for your assistance in this matter.






miCare
Notice to WVHA Card Holders
Daytona Clinic Consolidation
As of September 1st, 2026, our miCare Daytona Clinic will be consolidating with the DeLand location. The DeLand Clinic will continue to serve you and remains open and accessible.
There are no changes to the services available to you. You will continue to receive the same high quality care, support and services you know and trust.
We look forward to seeing you soon
Clinic location:
Plymouth Ave
L 32720 - Ph: 866.326.7548
miCare
miCare
Aviso a los titulares de tarjetas de la WVHA
Consolidación de la clínica de Deltona
A partir del 1 de septiembre de 2026, nuestra clínica miCare Deltona se consolidará con nuestra ubicación de DeLand. La clínica de DeLand continuará atendiéndole y permanecerá abierta y accesible.
No se realizarán cambios en los servicios que tiene a su disposición. Seguirá recibiendo la misma atención, el mismo apoyo y los mismos servicios de alta calidad que ya conoce y en los que confía.
¡Esperamos verle pronto!
DeLand Clinic location:
844 West Plymouth Ave
DeLand, FL 32720 - Ph: 866.326.7548
miCare

miCare

July 202

WVHA health card member,

We're writing to share an important update about our clinic locations.

As of September 18, 2026, our miCare Deltona Clinic will be consolidating with the DeLand location. We are pleased to let you know that our miCare DeLand Clinic location will continue to serve you and remains fully open and accessible.

Most importantly, there are **no changes to the services available to you.** You will continue to receive the same high-quality care, support, and range of services you know and trust—now from one centralized miCare location in DeLand.

We are committed to making this transition as smooth as possible and look forward to continuing to care fo you.

If you have any questions or need assistance scheduling an appointment, our team is happy to help.

Thank you for being a valued member of our health card community. We look forward to seeing you soon!

miCare Clinic DeLand

Location:
844 West Plymouth Avenue
DeLand, FL 32720
Phone: 866-326-7548

Hours of Operation:
Monday – Friday: 8am – 5pm
Saturday & Sunday: Closed

Sincerely,

miCare Clinic Staff & Administration



snip

Best Regards,

Jennifer Moore
West Volusia Hospital Authority

From: Laura Rookhuizen <lrookhuizen@ebms.com>
Sent: Saturday, September 5, 2026 12:40 PM
To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>; Jennifer Moore

<jmoore@westvolusiahospitalauthority.org>; Gretchen Soto <gsoto@micareclinic.com>
Cc: Selenita Delgado, MPH <selenita.delgado@mytruehealth.org>; Theodore Small <tsmall@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>; Bill Dembereckyj <Bill.Dembereckyj@imagine360.com>
Subject: RE: Immediate Action Needed: Patient Communication and Access to Healthcare

Hello,

I am attempting to send this email again.

I am receiving bounce back messages for Commissioner Moore, Ted and Stacy's email addresses.

Thank you,

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations

p: 406-869-6585

e: lrookhuizen@ebms.com

w: ebms.com

1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087

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From: Laura Rookhuizen
Sent: Friday, September 4, 2026 3:06 PM
To: 'Stacy Tebo' <stebo@westvolusiahospitalauthority.org>; Jennifer Moore <jmoore@westvolusiahospitalauthority.org>; Gretchen Soto <gsoto@micareclinic.com>
Cc: Selenita Delgado, MPH <selenita.delgado@mytruehealth.org>; Theodore Small <tsmall@westvolusiahospitalauthority.org>; Sue Wayte <swayte@ebms.com>; Bill Dembereckyj <Bill.Dembereckyj@imagine360.com>
Subject: RE: Immediate Action Needed: Patient Communication and Access to Healthcare

Good afternoon, Commissioner Moore,

Thank you very much for the outreach. Our intention aligns with yours, to ensure all members are fully educated on the upcoming clinic consolidation.

Beginning several months ago, miCare began tracking and planning communication efforts around the consolidation.

I have taken your list of the 5 items below and responded to each:

1. A summary of the outreach that has already occurred.
2. Identification of any gaps in patient communication.
3. A plan for immediate follow-up communications through multiple channels.
4. The anticipated timeline for those communications.
5. Confirmation that information regarding clinic locations, transportation, pharmacy, laboratory, and specialist services will be included.

1. **A summary of the outreach that has already occurred.**

May 2026 board submission, miCare report page 6:

A full inventory was taken of all member facing materials to begin notifying members of the upcoming consolidation. Here is a snippet from our submission as a reminder of all the communication avenues that miCare has addressed:

Communication item	Action
Letter to members *(to educate members of the Deltona clinic closure)*	- Sent to all enrolled health card members the week of June 29th, 2026 - Letters will be available at the front desk of both clinic locations as a takeaway
Signs at Deltona & DeLand Clinics	- Clear, concise signage already placed on doors of both clinics - Staff is also educating members as they come in about the upcoming closure
Tri-fold flyer	- miCare is currently revising the WVHA miCare tri-fold flyer to reflect only the DeLand location - This updated flyer will be used in all outreach efforts as of July 2026 - See page 10 for funded entity flyer re-dissemination schedule
New Enrollment packets	- miCare is revising the documents currently inserted into the new enrollment packets that accompany ID cards. miCare will ensure that any packet disseminated beginning in July 2026 will reflect the DeLand clinic location only.
Appointment scheduling	- Appointment staff is already aware of the Deltona Clinic closure and is educating members as appropriate about the closure during telephone encounters.
Text campaign	- miCare plans to send the following text message to members reminding them of the clinic closure: - First week in July 2026 - First week in August 2026 - September 7th, 2026 - September 14th, 2026
The House Next Door	- THND has agreed to educate health card holders about the Deltona clinic closure as they interact with members.
Website	- Partners | West Volusia Hospital Authority – coordinate with WVHA admin to have this website updated - www.miCareHealthCenter.com website to be updated by miCare

Additionally, each month miCare submits the text message campaign summary outlining what has been sent to members as part of our board submission. Here is a snippet from the August 2026 board materials. I can confirm that the 9/4/2026 message has been sent today.

I. Text Messaging

	Communication 1	Communication 2	Communication 3
June 2026	True Health campaign *Sent 6/26/26*		
July 2026	Clinic consolidation #1 *Sent 7/1/2026*	Community & Legal Resources *Sent 7/22/2026*	DeLand remodel notice #1 *Sent 7/27/2026*
August 2026	DeLand remodel notice #2 *Sent 8/3/26*	Clinic consolidation #2 *Sent 8/18/26*	
September 2026	Clinic consolidation #3 *(to be sent 9/4/26)*	Clinic consolidation #4 *(to be sent 9/14/26)*	

4

I wanted to touch base on emails. miCare does have the ability to send an email from our electronic medical record system. Our experience across our book of business is that text messages are better received and read over emails. Thus, our model focuses on text message campaigns. Additionally, we only have 494 emails within our system so any outbound emails would not be received by the majority of the WVHA health card members.

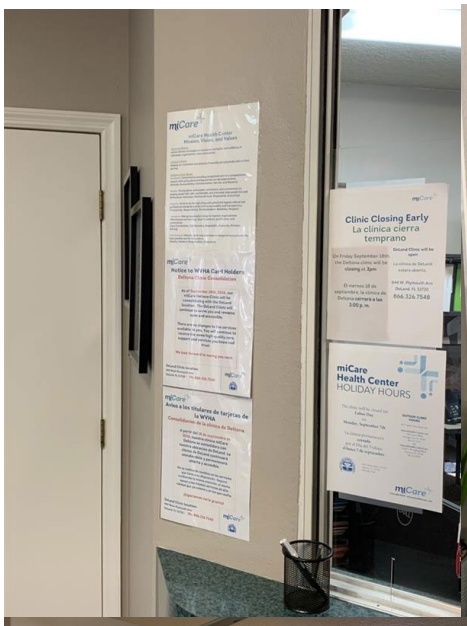
2. **Identification of any gaps in patient communication.**

miCare is very willing to create new communication items but every single member facing communication channel has been addressed. From ID cards, to signage, to our appointment scheduling staff and more. Additionally, miCare constructed a clinic consolidation letter and disseminated it in July 2026 (details are further down in this email).

3. **A plan for immediate follow-up communications through multiple channels.**

miCare is continuing to execute the plan we have in place. Here is an accounting of the various communication channels:

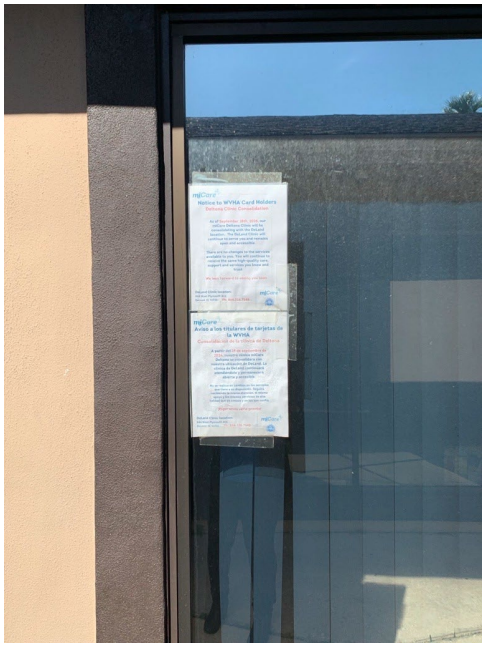
Clinic signage: Clinic consolidation notices are very visible and have been for several months. Here are photos to illustrate this.

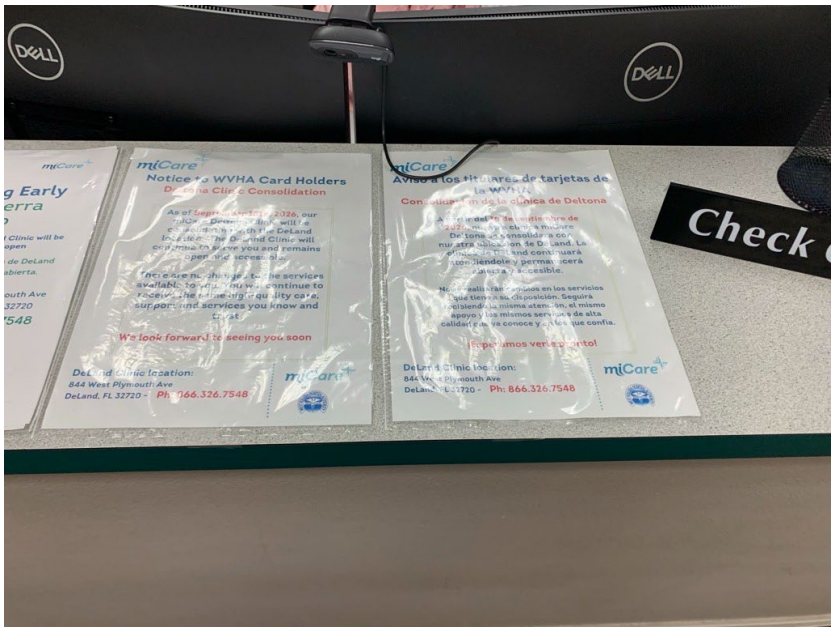

miCare
Clinic Closing Early
La clínica cierra temprano
On Friday September 18th, the Deltona clinic will be closing at 3pm
El viernes 18 de septiembre, la clínica de Deltona cerrará a las 3:00 p. m.
DeLand Clinic will be open
La clínica de DeLand estará abierta.
844 W. Plymouth Ave DeLand, FL 32720
866.326.7548
miCare Health Center
HOLIDAY HOURS
Notice to WYHA Card Holders
Aviso a los titulares de tarjetas de la WYHA

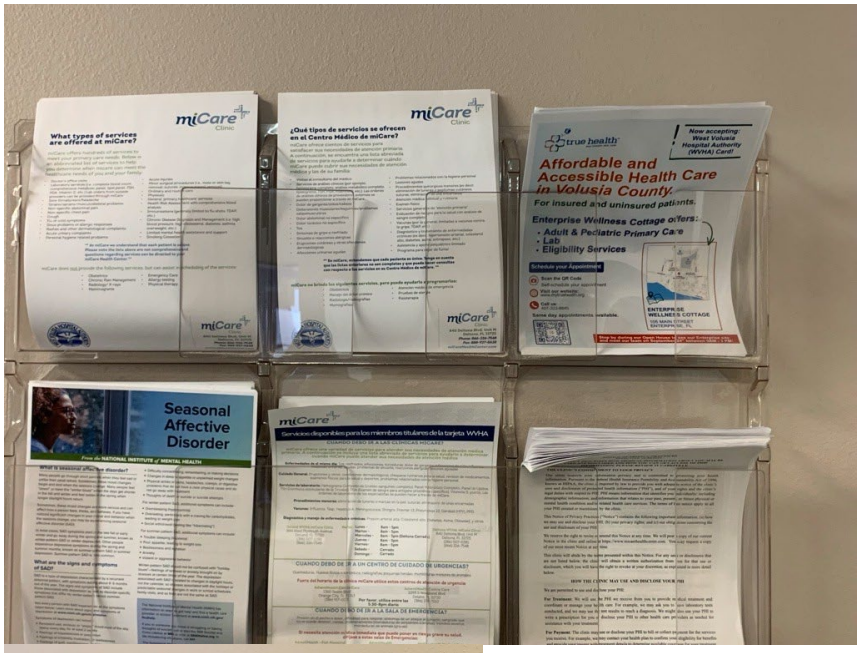

miCare
Clinic Closing Early
La clínica cierra temprano
On Friday September 18th, the Deltona clinic will be closing at 3pm
El viernes 18 de septiembre, la clínica de Deltona cerrará a las 3:00 p. m.
DeLand Clinic will be open
La clínica de DeLand estará abierta.
844 W. Plymouth Ave DeLand, FL 32720
866.326.7548

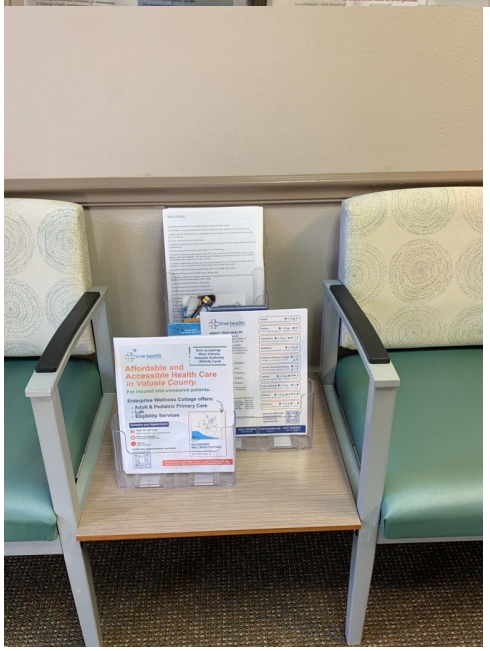

miCare
Notice to WYHA Card Holders
Aviso a los titulares de tarjetas de la WYHA
EXIT
Clinic Closing Early
La clínica cierra temprano


miCare
Clinic Closing Early
La clínica cierra temprano
On Friday September 18th, the Deltona clinic will be closing at 3pm
El viernes 18 de septiembre, la clínica de Deltona cerrará a las 3:00 p. m.
DeLand Clinic will be open
La clínica de DeLand estará abierta.
844 W. Plymouth Ave DeLand, FL 32720
866.326.7548




DELL
DELL
miCare
Notice to WVHA Card Holders
Deltona Clinic Consolidation
As of September 30th, 2026, our Deltona Clinic will be consolidated into the DeLand Clinic. The DeLand Clinic will continue to serve you and remains open and accessible.
We look forward to seeing you soon
DeLand Clinic location:
844 West Plymouth Ave
DeLand, FL 32720 - Ph: 866.326.7548
Check





Text messages:

The 9/4/2026 text message went out today. We have another one scheduled for 9/14/2026 per the text message calendar noted above in addition to the ones sent in previous months.

Transportation:

As you heard during the August 2026 board meeting, the Imagine360 Foundation has offered $100,000 to be used creatively by WVHA – and, transportation was definitely one of the items brought up. The ask during the board meeting was that a proposal be submitted on how to use the $100,000 as part of our September 2026 submission. So, miCare is currently exploring options and this will be addressed during the September 2026

board meeting.

Pharmacy / Medication pick-up:

The clinic staff has been diligent about having conversations with each patient who regularly picks up their medication in the Deltona clinic about the upcoming consolidation. Patients have also been given the letter that contains the address and phone number of the DeLand clinic.

Laboratory services:

The laboratory services have been treated the same as the office visits in terms of member education across WVHA card holders. Members have been informed telephonically during the scheduling process, during their lab visit and provided the letter that is in the clinic notifying them of the consolidation inclusive of DeLand's address, hours, etc.

Specialist services

Luckily, the clinic consolidation will not impact the workflow of referrals to specialists significantly. The process is that following the clinical assessment, the miCare provider enters the referral. The patient is then contacted notifying them of the referral submission and that they should expect to hear from the specialist office in 5-7 business days. Continuity of care processes are followed to ensure the patient 1) receives their specialty and 2) comes back to the clinic for any follow-up based on clinical appropriateness.

4. **The anticipated timeline for those communications.**

The timelines are included above regarding the text message campaign, etc. The signage has been up for several months and the verbal communication to patients has been an ongoing, day-to-day conversation. Truly, we have been very clear and up front with WVHA card hold members about the consolidation since day one.

5. **Confirmation that information regarding clinic locations, transportation, pharmacy, laboratory, and specialist services will be included.**

All the items have been addressed with patients by miCare. The remaining item left to be fully vetted is transportation and that will be discussed at the September 2026 board meeting.

Lastly, miCare did assemble and disseminate a 'What This Means for You' letter for card holders. This was sent via mail in July 2026, and printed copies were also placed in both clinics at this time (and have been available since). The letter did specifically address the items you covered: WHAT CHANGED → WHY IT CHANGED → WHAT YOU STILL HAVE → HOW YOU GET THERE in a concise, clear way that was easy to ingest. I did place a screenshot of the letter below – please know that the letters were printed with the English version on one side and the Spanish translation on the other.

July 2026

WVHA health card member,

We're writing to share an important update about our clinic locations.

As of September 18, 2026, our miCare Deltona Clinic will be consolidating with the DeLand location. We are pleased to let you know that our miCare DeLand Clinic location will continue to serve you and remains fully open and accessible.

Most importantly, there are **no changes to the services available to you.** You will continue to receive the same high-quality care, support, and range of services you know and trust—now from one centralized miCare location in DeLand.

We are committed to making this transition as smooth as possible and look forward to continuing to care for you.

If you have any questions or need assistance scheduling an appointment, our team is happy to help.

Thank you for being a valued member of our health card community. We look forward to seeing you soon!

miCare Clinic DeLand

Location:
844 West Plymouth Avenue
DeLand, FL 32720
Phone: 866-326-7548

Hours of Operation:
Monday – Friday: 8am – 5pm
Saturday & Sunday: Closed

Sincerely,

miCare Clinic Staff & Administration

Commissioner Moore, we continue to be here to partner with the board to make this a smooth transition for everyone. I do know that throughout our experience with educational and informational campaigns, despite full, broad-reaching efforts, sometimes the message does not reach every single individual for a variety of reasons. If any of the card holders who are contacting you directly would like to speak with our clinic staff to schedule an appointment, understand where DeLand is located, etc. we are happy to speak with them.

I am very happy to answer any other questions or address any other items needed.

In the meantime, I hope everyone has a wonderful weekend, thank you, Laura

Laura Rookhuizen

Director of Clinical Partnerships and miCare Operations

p: 406-869-6585

e: lrookhuizen@ebms.com

w: ebms.com

1500 Liberty Ridge Drive, Suite 330, Wayne, PA 19087

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From: Stacy Tebo <stebo@westvolusiahospitalauthority.org>
Sent: Friday, September 4, 2026 12:02 PM
To: Jennifer Moore <jmoore@westvolusiahospitalauthority.org>; Gretchen Soto <gsoto@micareclinic.com>
Cc: Selenita Delgado, MPH <selenita.delgado@mytruehealth.org>; Theodore Small <tsmall@westvolusiahospitalauthority.org>; Laura Rookhuizen <lrookhuizen@ebms.com>; Sue Wayte <swayte@ebms.com>
Subject: RE: Immediate Action Needed: Patient Communication and Access to Healthcare

[External Sender]

Commissioner Moore,

I placed the topic on the September 24th agenda for the regular meeting. I have heard from other commissioners that they have also been contacted by concerned card members.

I forwarded the signage question to THND and RAAO since they are tasked with screening and eligibility for the health card program.

I forwarded your email to Laura Rookhuizen, Director of Clinical Partnerships & miCare Operations, and Sue Wayte, miCare Senior Account Executive, to compile answers to your questions. I have also copied them on this email.

I stopped in the Deltona clinic this morning around 9:30 and saw the attached True Health flyers out in the lobby. Yesterday, Selenita Delgado explained that card members will have their transportation scheduled, if needed, when they make the appointment with True Health. She provided me with a dedicated phone number for the Enterprise location and a staff member's name, which I emailed (see attached) to the Board members. I think it would be helpful for True Health to add that phone number to the flyers, along with a short blurb about the availability of transportation to the Enterprise location.

True Health and miCare have included information regarding text messaging activity in their monthly reports for the Board. I defer to them for answering questions related to specific message content and dates. True Health also reported social media activity in their monthly reports, and they can provide specifics regarding the post/ad content.

Stacy Tebo

WVHA Administrator

From: Jennifer Moore <jmoore@westvolusiahospitalauthority.org>
Sent: Friday, September 4, 2026 9:36 AM
To: Stacy Tebo <stebo@westvolusiahospitalauthority.org>; gsoto@micareclinic.com
Cc: Selenita Delgado, MPH <selenita.delgado@mytruehealth.org>; Theodore Small <tsmall@westvolusiahospitalauthority.org>
Subject: Immediate Action Needed: Patient Communication and Access to Healthcare

Hi All,

I was just contacted by two very concerned constituents who believe they will no longer have access to convenient healthcare unless they take a bus or Uber to Mi Care in DeLand. I have also been told they there have not been flyers consistently at all locations alerting patients of the changes.

What is particularly concerning is that they had never heard of the True Health Clinic in Enterprise, despite the clinic being only two miles from the Deltona Clinic. They also indicated that they have not received any text communication explaining how to access True Health services at the Enterprise location. They were completely unaware that transportation is available to this clinic.

This raises a larger concern that I believe we need to address immediately: **Are we doing enough to ensure that every patient understands where they can receive care, what services are available, and how they can access those services?**

The responsibility cannot rest on individual patients to discover these options on their own. If services and transportation are available, patients need to be clearly and repeatedly informed about them.

These constituents have given me permission to share their information. They intend to contact True Health regarding their upcoming appointments and have offered to keep me informed about their experiences.

Immediate Communication Review and Action Plan

I need a clear accounting of the communication efforts that have been undertaken recently to ensure all clients are aware of **all available healthcare services and clinic locations**.

Specifically, please provide information on:

- **Email communications:** How many email blasts have been sent, when they were sent, and what information was provided? One communication is not sufficient to ensure that everyone receives or understands the information.
- **Text-message campaigns:** How many messages have been sent, on what dates, and what

information regarding clinic locations, transportation, and services was included?

- **Signage:** What signage is currently displayed at all locations, including locations where patients apply or reapply for services? Are patients being directed to alternative clinic locations and informed of available transportation?
- **Transportation:** How are patients being informed that transportation is available to the Enterprise clinic? Is the process for requesting or arranging transportation clearly explained?
- **Pharmacy services:** How are patients being informed about available pharmacy services and where they can access them?
- **Laboratory services:** How are patients being informed about available lab services and locations?
- **Specialist services:** How are patients being informed about available specialty care and how to access it?
- **Other outreach:** Please identify any additional outreach efforts currently being used to reach patients who may not regularly access email, text messages, or online information.

I am not asking simply for a list of what is available. **I am asking for accountability regarding how we are ensuring that patients actually know these services exist and know how to access them. Please ensure that this is an agenda item for the next meeting.**

Immediate Next Steps

Given the limited time available, I believe we need an **immediate, coordinated communication plan** rather than relying on past communications to reach everyone.

Please provide:

1. A summary of the outreach that has already occurred.
2. Identification of any gaps in patient communication.
3. A plan for immediate follow-up communications through multiple channels.
4. The anticipated timeline for those communications.
5. Confirmation that information regarding clinic locations, transportation, pharmacy, laboratory, and specialist services will be included.

My recommendation for implementation

I think the most effective approach wuld be to ask **True Health and WVHA staff to jointly develop a one-page "What This Means for You" document**, rather than sending patients another institutional announcement.

It should have four very simple sections:

WHAT CHANGED → WHY IT CHANGED → WHAT YOU STILL HAVE → HOW YOU GET THERE

That last piece is important. The public should be able to see what they have and what they have gained without making patients feel that they are being asked to sacrifice care.

I believe the other Board members will want and need this information as well. Because of the Sunshine Law, I cannot individually communicate with them regarding this matter. **Please disseminate this information to the full Board so that all members have the same information and understand the steps being taken.**

We have a responsibility to make sure that changes in access to care do not result in patients simply falling through the cracks because they were unaware of their options.

Time is growing short. This requires immediate attention and a measurable communication response. Let's make sure no patient is left behind simply because they were not adequately informed about where and how they can receive care.

Best Regards,

Jennifer Moore

West Volusia Hospital Authority

Best Regards,

Jennifer Moore

West Volusia Hospital Authority

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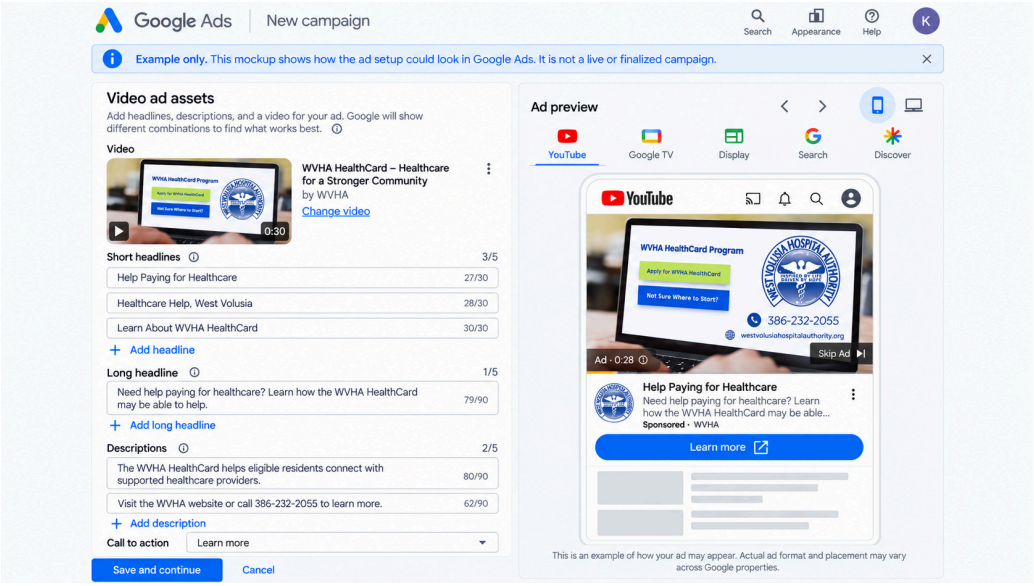
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WVHA HealthCard Video Ads - Meta and Google Ads Platforms

Sep 16, 2026

How Google Ads works:

The Google Ads platform allows us to provide multiple versions of headlines and descriptions for each video. Google can then test different combinations and display the ones most relevant to each viewer. This means the headlines and descriptions listed below are not separate ads that need to be created individually. Below is a visual example:



This example shows how the Google Ads platform may combine different versions of the approved copy depending on the viewer and ad placement.

This screenshot/mockup is for reference only and does not represent a live campaign.

Video #1

Google Ads

Short Headlines

1. Help Paying for Healthcare
2. Healthcare Help, West Volusia
3. Learn About WVHA HealthCard
4. West Volusia Healthcare Help
5. See If the HealthCard Can Help
6. Access Care With WVHA
7. Need Help With Healthcare?
8. WVHA HealthCard Information

Long Headlines

1. Learn how the WVHA HealthCard can help eligible West Volusia residents access care.
2. Need help paying for healthcare? Learn how the WVHA HealthCard could help you.
3. West Volusia residents may qualify for healthcare support through the WVHA HealthCard.

Descriptions

1. The WVHA HealthCard helps eligible residents connect with supported healthcare providers.
2. Live in West Volusia and need help paying for care? Learn about HealthCard eligibility.
3. See how WVHA connects eligible residents with clinics and healthcare providers.
4. Visit the WVHA website or call 386-232-2055 to learn more and how to apply.

Meta Ad

Primary Text

What is the WVHA HealthCard?

It is a program designed to help eligible West Volusia residents connect with healthcare services through WVHA-supported clinics and providers.

If you are having difficulty paying for healthcare, you may be eligible for help.

Visit the WVHA website or call 386-232-2055 to learn more and find out how to apply.

Headline

Could the WVHA HealthCard Help You?

Description

Learn About the WVHA HealthCard

CTA

Learn More

Video #2

Google Ads

Short Headlines

1. WVHA May Help You Access Care
2. Turning 26? Learn About WVHA
3. Lost Your Health Coverage?
4. WVHA HealthCard for Residents
5. Learn About the HealthCard
6. Need Help Accessing Care?
7. HealthCard Help in West Volusia
8. Healthcare Help for Residents

Long Headlines

1. Learn how the WVHA HealthCard may help you access care.
2. Turning 26 or recently lost coverage? Learn about the WVHA HealthCard.
3. Students and recent grads may qualify for WVHA healthcare support.
4. Learn how the WVHA HealthCard helps eligible residents connect with local care.

Descriptions

1. The WVHA HealthCard may help eligible West Volusia residents access care.
2. Students, recent grads and contract workers can learn about HealthCard eligibility.
3. Recently turned 26 or lost coverage? See if the WVHA HealthCard may be able to help.
4. Learn about WVHA-supported healthcare services and how to apply for the HealthCard.

Meta Ad

Primary Text

Are you a student or recent grad looking for affordable healthcare?

The WVHA HealthCard helps eligible West Volusia residents connect with healthcare services through WVHA-supported clinics and providers.

If you're having difficulty paying for healthcare or recently lost coverage, you may be eligible for help.

Visit the WVHA website or call 386-232-2055.

Headline

Healthcare Help for West Volusia Residents

Description

Learn About the WVHA HealthCard

CTA

Learn More

Video #3

Google Ads

Short Headlines

1. What Is the WVHA HealthCard?
2. What Happens After You Apply?
3. Your HealthCard Next Steps
4. WVHA HealthCard Next Steps
5. HealthCard Application Help
6. Learn About the HealthCard
7. Learn about WVHA
8. Healthcare Support

Long Headlines

1. Learn how the WVHA HealthCard helps eligible residents access healthcare services.
2. Submitted your WVHA HealthCard application? Learn what happens next.
3. Learn about the WVHA HealthCard and the next steps after submitting your application.

Descriptions

1. The WVHA HealthCard helps eligible West Volusia residents access healthcare services.
2. Learn what the HealthCard is and what happens after you submit your application.
3. Your application partner reviews your information and guides you through the next steps.
4. Enrollment often takes 1 to 2 weeks once all needed information has been provided.

Meta Ad

Primary Text

The WVHA HealthCard is designed to help eligible West Volusia residents access healthcare services through participating providers.

Already submitted your application?

An application partner will review your information and contact you about the next steps. Watch the video to learn what happens after you apply, how long enrollment may take, and what to expect once you receive your HealthCard.

Headline

Already Applied for the WVHA HealthCard?

Description

See what comes next in the HealthCard enrollment process.

CTA

Learn More

WVHA Public Awareness Campaign:
Phase 1 Update and Phase 2 Proposed Plan

Sep 16, 2026

1. Executive Summary

Since the WVHA public awareness and outreach project began in April 2026, Applichat has built and begun implementing a coordinated campaign to increase awareness of WVHA and help eligible residents understand and access the HealthCard.

The paid advertising component launched on July 8, 2026, and has now completed its first two months. During that period, paid advertising reached 34,698 West Volusia residents, generated 118,990 impressions, 2,429 clicks, and 1,927 website sessions, and accounted for more than half of WVHA website traffic. Spanish-language advertising, partner engagement, HealthCard website and form recommendations, video production, organic social media, and physical community outreach are also underway.

The proposed Phase 2 would build on approximately eight months of project development and implementation by the time Phase 1 concludes, rather than beginning again with a new strategy. WVHA would retain the campaign knowledge, tested messaging, audience insights, creative assets, and communications infrastructure developed during Phase 1.

If Amendment No. 3 is approved, Phase 2 would shift toward post-election public information and community education focused on the resulting reduction in property-tax revenue and its potential effects on WVHA-funded services and the West Volusia community. If the amendment is not approved, Phase 2 would continue and expand awareness of WVHA, the HealthCard, and services available through WVHA-funded partners.

Applichat brings relevant experience communicating complex government, financial, policy, and advocacy issues. This includes the Oregon Employment Department's Work Share campaign, which communicated a government response to business downturns and potential layoffs, and statewide public awareness and advocacy communications for the Alabama Council on Developmental Disabilities.

2. Phase 1 Progress and Campaign Results

Phase 1 has focused on developing and implementing WVHA's public awareness and outreach campaign, including campaign strategy, paid advertising, Spanish-language outreach, partner engagement, video and creative development, and community distribution.

The following section summarizes the work completed to date, results achieved, and next steps for this phase of the project.

2.1 Campaign Strategy and Audience Development

Applichat developed the WVHA Outreach Campaign Strategy Report, providing the strategic foundation for campaign messaging, audience targeting, paid advertising, community outreach, social media, print materials, website pathways, partner engagement, and video.

The strategy includes tailored messaging for four priority audiences in West Volusia:

- Spanish-speaking residents.
- People experiencing homelessness.
- Students and young adults.
- Older unemployed adults.

These groups may have different questions and reasons for seeking healthcare assistance. Tailoring the messages for specific groups allows the campaign to address those differences rather than relying on a single message for all residents.

2.2 Paid Advertising Results

Campaign Period: July 8–September 7, 2026

During the first two months of the campaign, paid advertising focused on increasing awareness of the WVHA HealthCard and reaching eligible West Volusia residents who may benefit from affordable access to healthcare.

Spanish-language advertising was introduced in Month 2 to make HealthCard information more accessible to Spanish-speaking residents and provide residents with information in their preferred language.

Metric Category	Results Month 1	Results Month 2	Total
Impressions	47,280	71,710	**118,990**
Reach	20,423	26,327	**34,698***
Clicks	1,006	1,423	**2,429**
Click-Through Rate (CTR)	English: 2.13% Spanish: N/A	English: 2.23% Spanish: 1.65%	**English: 2.17%** **Spanish: 1.65%**
Website Sessions from Paid Ads	751	1,176	**1,927**
Interest Form Unique Users	14	11	**25**

***Note:** Total reach is based on unique people reached during the full campaign period; some people may have been reached in both months or in both the Spanish and English campaigns.*

Key Observations:

- Paid advertising reached 34,698 people in West Volusia during the two-month period.
- The ads generated 118,990 impressions, with an average frequency of approximately 3.4 views per person.
- The English campaign's click-through rate (CTR) increased from 2.13% in Month 1 to 2.23% in Month 2.
- The Spanish campaign had a 1.65% CTR and generated over 500 clicks during its first month, providing an initial indication of audience interest.
- 25 unique users submitted the HealthCard interest form from the website, highlighting an opportunity to increase completion rates. Recommendations from project partners are being incorporated to help encourage more visitors to complete the form.

- Paid advertising generated 1,927 website sessions and accounted for over half of all WVHA website traffic, making it the largest source of website sessions during the two-month campaign period.

2.3 HealthCard Website and Interest Form

Early in Phase 1, Applichat identified that the existing HealthCard journey, which involved completing two separate forms, could create friction for residents arriving through paid advertising.

Applichat therefore supported the introduction of a simpler HealthCard interest form as an initial step and also supported its translation into Spanish.

Applichat is now gathering feedback from HealthCard partners, including Rising Against All Odds and The House Next Door, to better understand the questions, concerns, and hesitations that may affect whether residents submit the form. This feedback is helping inform possible improvements to the process and the information provided to residents, including:

- Whether submitting the form commits someone to anything.
- Whether documentation such as ID or proof of income is required at this stage.
- How personal information is handled.
- What happens after the form has been submitted.

2.4 Social Media Management

Applichat has begun developing WVHA's organic social media presence alongside the paid campaign.

Activities to date have included:

- Restoring access to WVHA's older Facebook account so it can be removed and users can be directed to WVHA's current account.
- Publishing initial Instagram content explaining the HealthCard and eligibility.
- Developing partner spotlight content for future publication.

2.5 Video, Photography, and Media Production

Applichat coordinated a video shoot with Chair Ford and a videographer, producing two videos for the campaign: a short, engaging clip aimed at students, and a slightly longer introductory video for WVHA that highlights the HealthCard and provides context on the relatively small amount of local tax funding it receives.

The shoot also produced 22 photographs of the MiCare clinic and surrounding West Volusia area, creating an additional library of locally relevant images for use across campaign materials, the website, and other outreach.

Applichat has also developed an animated HealthCard explainer video focused on what happens next after someone expresses interest, helping residents understand the process and what to expect.

Applichat is now developing the copy and descriptions needed to incorporate the videos into paid advertising. Campaign performance will provide additional insight into which video messages and formats are most effective at engaging West Volusia audiences.

2.6 Physical and Community-Based Outreach

Applichat has developed a distribution list of key West Volusia locations and is developing a HealthCard flyer for distribution through the community locations during the remaining months of Phase 1.

The flyer will provide a simple overview of what the HealthCard is, who it is for, and how residents can express interest or begin the application process. It will also include a QR code directing residents to the WVHA website for more information and next steps.

This outreach is intended to reach residents who may not encounter the digital campaign and provide another way to connect people with HealthCard information across West Volusia.

3. Proposed Plan for Phase 2

WVHA has asked Applichat to develop an action plan for a potential Phase 2 of the public awareness and outreach project in 2026–27. The specific focus of Phase 2 would depend on the officially certified outcome of the November 3, 2026 Florida General Election with respect to Florida Constitutional Amendment No. 3.

- Scenario A: If Amendment No. 3 is approved, Phase 2 would shift toward post-election public information, outreach, and education about the resulting reduction in property-tax revenue and its potential effects on WVHA, WVHA-funded services, and the West Volusia region.
- Scenario B: If Amendment No. 3 is not approved, Phase 2 would continue and expand the current HealthCard and WVHA public awareness campaign.

In either scenario, Phase 2 would build on the campaign data, community feedback, partner relationships, and communications materials developed during Phase 1. By the end of Phase 1, WVHA will have over four months of paid advertising results, tested messages and creative materials, a clearer understanding of how residents are responding to the campaign, and new content and outreach resources for future use.

3.1 Scenario A: Amendment No. 3 Is Approved

If Florida Constitutional Amendment No. 3 is approved by voters, Phase 2 will primarily focus on developing and implementing a post-election public information, outreach and education strategy addressing the resulting reduction in property-tax revenue and its potential impact on the Authority and the West Volusia region.

Phase 1 provides a strong starting point for this work. Applichat already has an understanding of WVHA's services, HealthCard partners, key audiences, common community questions, and effective communication channels. This would allow Phase 2 to move directly into public education and outreach, building on the relationships, materials, and knowledge already developed.

The Applichat team also brings experience helping government agencies and nonprofit organizations communicate complex and sensitive issues involving funding, policy, employment, and public services. We share three examples to demonstrate this experience:

1. Patrick Thiele: Government and Public Communications Experience

Patrick Thiele, Applichat's President and Strategy Lead, brings extensive public-sector leadership experience from the Government of Saskatchewan's Ministry of Justice, where he regularly represented the Ministry in communications related to sensitive and sometimes difficult program changes. His work included written communications, media interviews, and direct communication with program users and members of the public, including victims of crime and other justice-involved individuals. He also advised senior leadership and the Minister on how best to explain complex or sensitive decisions to these audiences.

This included major program restructuring, such as reductions or elimination of funding to specific organizations and consolidation of organizations and service delivery models across regions. These changes often affected people experiencing significant vulnerability, requiring an understanding of the policy and funding implications alongside how changes could affect people's day-to-day access to services and support. Communications needed to be clear, respectful, and sensitive to the circumstances of the people relying on those programs, while also explaining what was changing, why the changes were being made, and the intended service improvements and positive outcomes.

Patrick's experience gives Applichat practical insight into communicating significant change in a way that balances organizational realities with the human impact on service users, funded partners, and communities. That would be directly relevant if WVHA needs to communicate funding reductions and resulting changes following the November vote, particularly where those changes may affect vulnerable residents, partner organizations, and the broader West Volusia region.

2. Oregon Employment Department: Work Share Ad Campaign

The Oregon Employment Department was facing low employer enrollment in its Work Share program, despite the program offering businesses an alternative to layoffs during temporary downturns.

Applichat was engaged to increase awareness and understanding of the program among employers across Oregon. Applichat conducted research and developed a statewide communications strategy focused on the issues employers cared about most, including retaining employees and managing difficult economic conditions.

Campaign materials included video content, webinar promotion, and paid placements in publications and channels used by Oregon employers, supported by outreach across Meta, Google, and LinkedIn.

The campaign generated nearly 1.8 million advertising impressions, more than 20,000 clicks, and 109 measurable expressions of interest and webinar registrations. Applichat-managed advertising also accounted for over 29% of active users visiting the Work Share website during the campaign period. (See "Appendix: Case Studies").

3. Alabama Council on Developmental Disabilities: Advocacy and Public Policy Communications

ACDD was facing challenges raising awareness of available services, resources, advocacy opportunities, and other supports for people with developmental disabilities and their families across Alabama. There was also confusion among community members about ACDD's role and how the Council could help them.

Applichat was engaged to help address this through a statewide public awareness campaign focused on making ACDD's role, resources, and opportunities easier to understand and access. The work includes accessible communications, advocacy and policy updates, public-input campaigns, community stories, events, and information about resources and funding opportunities.

For ACDD's 2026 Advocacy Day, Applichat supported photography and public communications highlighting advocates and their participation. For ACDD's Five-Year State Plan, Applichat developed a dedicated public-comment webpage, social media content, Spanish-language materials, QR-code flyers, and email outreach to help community members understand the process and participate.

ACDD's paid social media campaigns on Meta have reached more than 158,000 people across Alabama, generating 306,809 impressions, 4,966 clicks, and more than 3,100 website visitors from paid advertising. (See "Appendix: Case Studies").

3.1.1 Phase 2 Approach if Amendment No. 3 Is Approved

If Amendment No. 3 passes, Applichat would combine the above experience with the knowledge of WVHA, its services, partners, audiences, and communication channels gained during Phase 1. In practical terms, Phase 2 would include a mix of public

information, partner collaboration, and continued HealthCard outreach, adapted as WVHA's response to the funding change becomes clearer. Activities could include:

- **Expanded partner collaboration:** Work more closely with WVHA-funded partners to understand potential service impacts, coordinate information, and help residents understand where services remain available.
- **Website and partner content:** Develop clear website content explaining WVHA-funded services, partner roles, funding changes, and available resources, with adaptable content that partners can also share through their own websites, social media, and community channels.
- **Partner-focused video:** Develop short videos featuring funded partners, their services, and the communities they support, helping residents understand how WVHA funding connects to local access to care.
- **State of the Authority communications:** Develop a video or other public-facing update explaining WVHA's current position, the funding change, confirmed decisions, and what residents can expect next.
- **Continued awareness and enrollment outreach:** Continue promoting the HealthCard and available WVHA-funded services so eligible residents remain aware of existing support and how to access it.
- **Build on Phase 1:** Apply the audience insights, campaign performance, partner feedback, creative materials, and communication channels developed during Phase 1 to guide and improve Phase 2 outreach.

The communications approach would follow established public communication principles, as well as the use of trusted local messengers and community partners to help residents understand and respond to change.

The approach would follow five key steps:

1. Explain What Has Changed

   Clearly explain the funding change, its timing, and what is known at that point, using plain language rather than technical property-tax or government-budget terminology.

2. Connect the Change to What WVHA Supports

   Help residents understand WVHA's role, its funded partners, the HealthCard, and the healthcare services supported by Authority funding. Use concrete examples to help explain why the funding change matters to the community.

3. Explain Potential Impacts and What Has Not Yet Been Decided

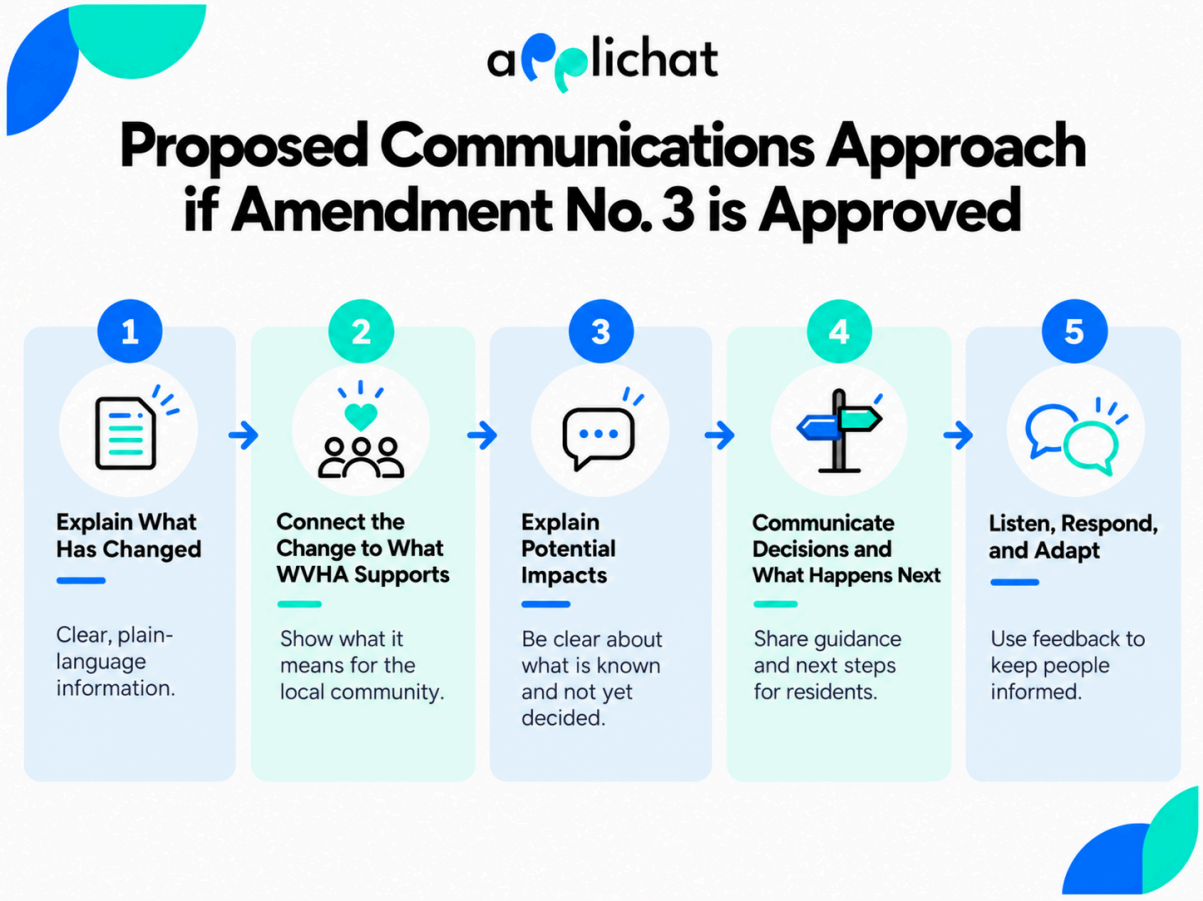
   Explain the areas that could potentially be affected while clearly distinguishing possible impacts from decisions the Board has actually made. Where information is not yet known, communicate that clearly rather than creating unnecessary uncertainty.

4. Communicate Decisions and What Happens Next

   As WVHA determines how it will respond, provide clear information about what has been decided, when changes will occur, what they mean for residents and partners, and what people should do next. Where services or access pathways are affected, help residents identify remaining services, appropriate providers, or other available options.

5. Listen, Respond, and Adapt

   Monitor questions, community feedback, partner input, and recurring misunderstandings to identify where further explanation is needed. Work with trusted local partners and messengers to reinforce accurate information, address gaps in understanding, and adapt communications as the situation develops.



3.2 Scenario B: Amendment No. 3 is Not Approved

If Florida Constitutional Amendment No. 3 is not approved by voters, Phase 2 will primarily focus on continuing and expanding the current public awareness and outreach initiative, building on the findings and experience from Phase 1, with increased emphasis on raising awareness of the Authority and its funded partners and helping eligible West Volusia residents understand and access available services.

Phase 2 activities may include:

- **Partner and service content:** Expand website and social media content introducing WVHA-funded partners, explaining the services they provide, and helping residents understand where they can go for support.
- **Commissioner introductions:** Develop a "Get to Know Your Commissioners" social media series to help residents better understand the people serving on the Authority and WVHA's role in the community.

- **True Health and mobile clinic outreach:** Produce video and supporting content with True Health to introduce residents to its mobile clinic services, explain where and when services are available, and show how residents can access them.
- **Additional videos:** Develop a new set of locally focused videos, including a State of the Authority update, a partner/service-focused video, and a resident-facing video focused on accessing the HealthCard or available services.
- **Expand partner collaboration:** Work more closely with WVHA-funded partners on shared content, service information, community outreach, and materials they can use through their own websites, social media, and outreach channels.
- **Continue and refine paid outreach:** Build on Phase 1 performance data to identify the strongest audiences, messages, and creative materials and use those findings to improve future advertising.
- **Continue Spanish-language outreach:** Expand Spanish-language content and advertising based on Phase 1 engagement and community feedback.

Phase 2 would allow WVHA to move beyond general awareness and provide residents with more practical information about who WVHA supports, where services are available, and how to access them.

4. Next Steps

The immediate focus is to complete the remaining Phase 1 activities and document the campaign results, insights, and lessons learned. Phase 2, if approved by WVHA, would then build on the completed Phase 1 work, with the focus determined by the certified outcome of Amendment No. 3.

The next steps are to:

- **Launch video ads:** Launch the finalized HealthCard video advertisements across Meta and Google Ads (YouTube) once approved.
- **Distribute campaign materials:** Finalize poster and flyer materials and coordinate distribution through identified community locations and partners.
- **Optimize campaign performance:** Continue monitoring paid advertising results, identifying the highest-performing messages and creative materials, and using those findings to refine targeting and campaign strategy.
- **Strengthen organic outreach:** Finalize partner spotlight content featuring True Health, The House Next Door, Rising Against All Odds (RAAO), and other HealthCard partners once the requested content and materials are received.
- **Continue Spanish-language outreach:** Monitor Spanish-language advertising and related website engagement and use the results to guide future outreach.
- **Complete the Phase 1 final report:** Summarize campaign activities, results, audience insights, partner feedback, and key lessons from Phase 1.
- **Refine the Phase 2 approach:** Update the plan as needed based on any WVHA feedback received and the election result, so implementation can begin with a clear, agreed direction.

Appendix: Case Studies

Case Study:

Oregon Employment Department
Work Share Digital Ad Campaign

Objective:

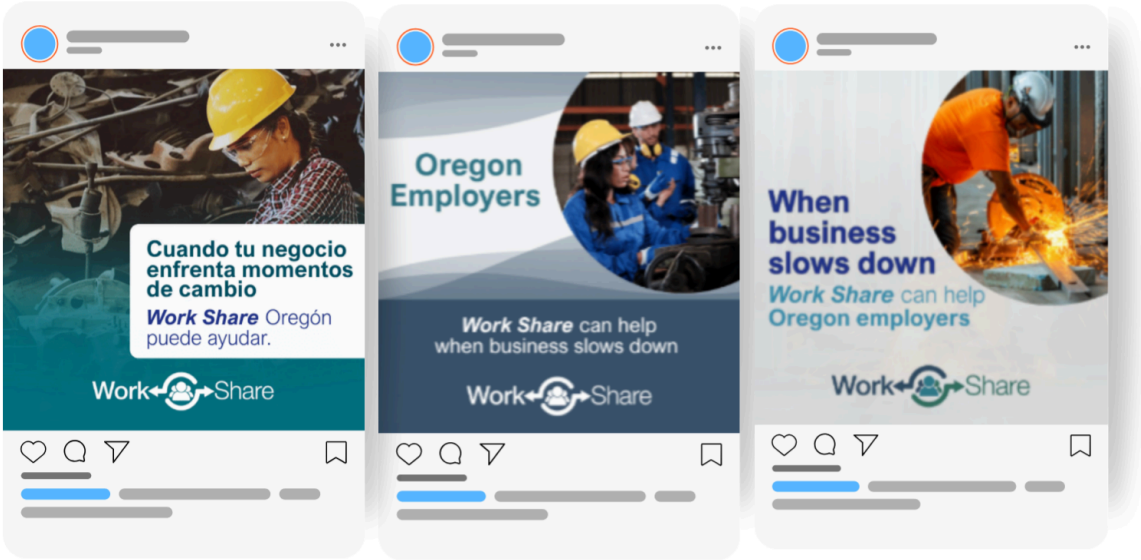
The Oregon Employment Department (OED) is a state government agency that promotes economic stability by providing an alternative to layoffs during temporary business slowdowns through the Work Share program. Work Share supports both employers and employees in maintaining employment and income. OED engaged Applichat's research and marketing services in 2025 to expand the visibility and utilization of the Work Share program among diverse employers.

The project objectives included delivering a comprehensive research report, a multi-channel marketing strategy, and a digital media campaign to increase employer awareness of the program.

Performance:

Across Meta, Google, LinkedIn, and selected employer publications, the campaign generated nearly 1.8 million ad impressions, more than 20,000 clicks, and 109 measurable expressions of interest and webinar sign-ups. The campaign also had a measurable impact on Work Share website traffic. At least 29% of all active users visiting the Work Share website during the advertising period arrived via Applichat-managed ads.

Performance data clarified which channels, messages, and engagement pathways are most effective, giving OED a strong evidence base to guide future outreach, reduce inefficiencies, and scale efforts with greater confidence.



Case Study:

Alabama Council on Developmental Disabilities
Public Awareness Campaign

Objective:

The Alabama Council on Developmental Disabilities (ACDD) promotes independence, advocacy, productivity, and inclusion for Alabamians with developmental disabilities. ACDD engaged Applichat's public awareness, digital communications, and accessibility-focused content services to strengthen statewide visibility and make its resources, events, stories, and engagement opportunities easier to understand and access.

The campaign supports communications across disability awareness, advocacy, emergency preparedness, public input, education, and community inclusion, helping families, advocates, providers, and community partners connect with timely information and practical resources.

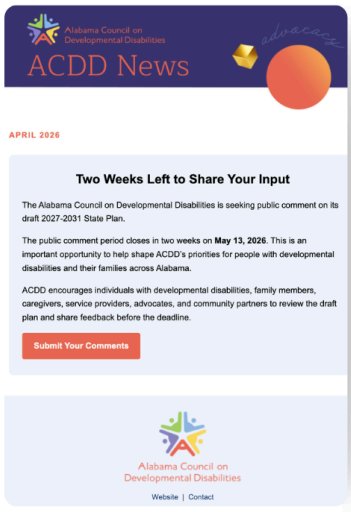
Performance:

As part of the ongoing campaign, Applichat has delivered website management, plain-language blog and social content, newsletter support, public announcements, event promotion, digital and print-ready ads, resource promotion, and advocate storytelling. This work supported key ACDD moments, including Developmental Disabilities Awareness Month, the 2027-2031 Five-Year State Plan public comment period, emergency preparedness outreach, council meeting updates, and partner events across Alabama.

Paid campaign activity has generated more than 306,800 impressions, reached at least 158,000 people, produced more than 4,966 link clicks, and driven nearly 3,134 landing page views with a click-through rate as high as 3.67%. Applichat also supports engagement efforts through regular newsletter updates to a growing audience of 945 subscribers and develops QR-code graphics, press materials, explainer videos, and advocate stories to increase awareness and participation.







From:	Theodore Small
To:	Stacy Tebo
Cc:	Webb Shephard; Vince Tenaglia
Subject:	2026-2027 Funding Agreements--Updated Overview and 2 Revised Redlined Versions
Date:	Wednesday, September 16, 2026 8:25:43 PM
Attachments:	WVHA--Agreements--SMA-Level II Residential Treatment--2026-27 Redlined Draft#2.docx WVHA--Agreements--True Health--2026-27 First Amendment Draft#2.docx

To: WVHA Board et al.:

I. Funding Agreements for 2025-26:

Please note that each Board member is responsible for making their own independent determination about whether the terms of a particular contract is consistent with the public interest. Counsel, EBMS as well as the Administrator and accountants at James Moore & Co, are available to answer your questions and offer counsel about accounting and business or legal matters, each respectively; but, the Board retains the ultimate authority to approve or disapprove the terms of all proposed agreements after due consultation.

Based on the proposed budget presentations (which have now been approved in the 2026-27 Tentative Budget), Counsel prepared "redlined" versions of funding agreements for each of the applicant-providers. On the morning of September 11, 2026, Counsel circulated copies of the "Redlined" drafts to all tentatively funded agencies. The redlined drafts for this year mostly reflect updated dates and the increased or decreased funding limits requested as tentatively approved by the CAC/Board.

But, Counsel notes that the SMA Residential Treatment agreement includes the requested $150,000 increase as requested, but deletes the provision for prescription Rx reimbursement because this fee was not requested in the Funding Application in the space provided. (SMA has accepted this deletion). All fee increases that were requested in the funding applications and presumably reviewed by the CAC were incorporated into the Redlined versions, notably including those for Community Legal Services, The Neighborhood Center, The House Next Door Mental Health Counseling. A newly requested and CAC reviewed rate for group counseling sessions is included in the Life Spire Redlined draft agreement. Counsel defers to whatever Q&A took place during the CAC review process and the Board's own independent review to confirm whether these increases are justified.

Once again, the funding agreement for the SMA Residential Treatment program reflects the Board's provisional approval of SMA's request to redirect its usual reimbursements for that agreement through a $700,000.00 lump sum payment to AHCA (Agency for Health Care Administration) so that SMA can receive additional LIP Match funding to provide more services to residents of the tax district.

With those clarifications and subject to any suggested changes that counsel receives before the meeting from the Board, Administrator or Accountant, counsel expects to recommend approval as to form the following 2026-27 funding agreements with redlined changes incorporated into a "Final" set of agreements:

A. Community Legal Services, Inc. Medical-Legal Partnership program.
B. Hispanic Health Initiatives, Inc.'s Taking Care of My Health
C. Rising Against All Odds, Inc. -- HIV/AIDS Outreach and Case Management
D. Rising Against All Odds, Inc.—Health Card Enrollment & Retention Services

E. The House Next Door – Mental Health Services
F. The House Next Door—Eligibility Determination Services
G. The Neighborhood Center of West Volusia "Access to Care"
H. Levi Long Sickle Cell Association
I. Life-Spire Community Services, Inc.—Stigma-Free Mental Health Care for All
J. SMA Healthcare– Psychiatric Outpatient Services
K. SMA Healthcare —Level II Residential Treatment
L. Volusia County Health Department—Florida Department of Health (Dental Care)
M. Healthy Communities – Kidcare Outreach
N. True Health—Primary Care

As of this email, Counsel has received back verifications of receipt and approvals of the Redlined versions for incorporation into a Final version for signatures for agreements listed with letters, A, B, C, D, E, F, H, J and K. Counsel has not received approvals yet from the others, but all were given a deadline of Friday, September 18th if they would like to have Counsel present them for approval at the September 24th meeting, as opposed to waiting until the October 15th meeting.

The Redlined versions are attached for the Board's review and consideration. IF the Board does not decide on any last-minute changes during its Final Budget Hearing, then during the Regular Meeting the Chair may entertain one Omnibus Motion in the following form or words to that effect: Omnibus Motion to approve all of the proposed Funding Agreements for 2026-27 for signature by the Chair and Secretary once the Redlined changes are incorporated in a "Final" for Board Chair and Secretary signatures and then those partially signed versions will be circulated (via scan and email) to the agencies for each agency to fully execute by two officers in the spaces provided.

If any of the listed Redlined versions have not been approved by the agency or if a Board member desires separate discussion, that funding agreement should be pulled from the list and separately discussed and voted upon. Counsel is experimenting with a new streamlined procedure for review and collecting signatures this cycle. The process may reveal flaws and require going back to the procedure where agencies sign first, submit hard copies before Board approval and only then would the partially approved agreements be submitted for Board approval and signature. It is hoped this method will be more efficient.

As always, feel free to call or email me with any questions, ts

Ted W. Small, Esq.
c/o Law Office of Theodore W. Small, P.A.
PO Box 172
DeLand, FL 32721
386-740-0788 (ph)
tsmall@westvolusiahospitalauthority.org

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COMMUNITY LEGAL SERVICES OF MID-FLORIDA, INC.
(MEDICAL-LEGAL PARTNERSHIP) 2026-2027 FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and **COMMUNITY LEGAL SERVICES OF MID-FLORIDA, INC.** ("Grantee").

INTRODUCTION:

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 (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 Florida non-profit corporation located in Volusia County, Florida, whose primary mission is to provide no-cost legal services for the most vulnerable in Brevard, Citrus, Flagler, Hernando, Lake, Marion, Orange, Osceola, Putnam, Seminole, Sumter, and Volusia Counties. Grantee's "Medical-Legal Partnership (MLP) with West Volusia Hospital Authority" program is designed to integrate the expertise of healthcare, public health and legal professionals and staff to address and prevent health-harming social and civil legal needs for patients. This program's intended outcome is to eradicate health harming factors facing the community. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickle Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc.,, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and other health care providers in the community.

Inasmuch as Grantee desires to provide access to services to high risk, medically needy and vulnerable residents of the Tax District, the Authority has determined that its provision of funding will enhance access to health services for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding, as supplemented [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in the Funding Request submitted by Grantee dated March 3, 2026. In the event of conflict between the terms of the Request for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $94,695.00 (Ninety-four Thousand Six Hundred Ninety-five Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their city of residence and zip code, and the duration of each documented unit of service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for access to healthcare services provided to Program Participants (as defined in

Paragraph 6) by its attorneys or paralegals at the following rates: (i) a rate of $107.00/hour billable in 1/10 hour increments for legal services (that are reasonable and ordinarily billable in a private practice setting) rendered to a Program Participant to resolve legal issues preventing them from qualifying for Medicaid, Medicare, Veterans, Social Security Disability or private insurance as an alternative to the WVHA Health Card Program and to assist Program Participants to defend against any collection measures that are pursued against them by either Advent Health DeLand, Advent Health Fish, Halifax Medical Center of Deltona for Emergency Department services, or any of their successors or assigns. The parties agree that Grantee may be reimbursed for reasonable costs (including, but not limited to, reasonable costs to obtain medical records of previous medical encounters, tests and visits) associated with closing matters where Grantee provided services to clients who were qualified as Program Participants as defined in paragraph 6 of this agreement, at the beginning of Grantee's representation under this agreement. Grantee's provision of Program Participants with any of the other civil legal services as described in the Application for Funding, as supplemented, are excluded from reimbursement. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. "Allowable Costs" shall include the Grantee's actual professional services expenses for providing access to health care services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program as limited in scope by Paragraph 4.2. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for

determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. 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.

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 18, 2026 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number of sessions and the duration of each service received by each de-identified client; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four (4), "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four (4), "Reimbursements." 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:

Community Legal Services of Mid-Florida, Inc.
Attn: Chief Executive Officer
122 E. Colonial Dr., Suite 200
Orlando, FL 32801

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 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. 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 an independent contractor and not as an officer, employee, or agent of the Authority. The Grantee is responsible for Social Security and Income Tax withholdings. 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.

*(The remainder of this page is intentionally left blank)***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
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

COMMUNITY LEGAL SERVICES OF MID-FLORIDA, INC.

By: _____

Jeffrey Harvey, Its Chief Executive Officer
Community Legal Services of Mid-Florida, Inc.
122 E. Colonial Dr., Suite 200
Orlando, FL 32801-1219

Date: _____

ATTEST

By: _____
Kevin Ross-Andino, Its Board Chairperson

HISPANIC HEALTH INITIATIVES, INC. ("TAKING CARE OF MY HEALTH/CUIDANDO MI SALUD") 2026-2027 FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and HISPANIC HEALTH INITIATIVES, INC. ("Grantee").

INTRODUCTION:

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 (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 Florida non-profit, 501(c)(3) corporation located in Volusia County, Florida, whose primary mission is to educate, advocate for and connect medically underserved individuals and families to services available in their community by disseminating accurate information in a culturally sensitive and linguistically competent manner. Grantee's "Taking care of My Health/Cuidando Mi Salud" (TCMH/CMS) will promote wellness and improve health indicators among medically underserved adults by providing community based, culturally and linguistically competent health screening and education. This program's intended outcome is to improve participants' health risk profiles as determined by weight (body mass index); blood glucose, pressure, and lipids (cholesterol); and smoking behavior. Grantee's Community Health Worker, who is certified by the Florida Certification Board, shall provide oversight of all health risk assessment and case management services. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickle Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Healthy Start Coalition of Flagler & Volusia, Inc., Volusia County Health Department and other health care providers in the community.

Inasmuch as Grantee desires to provide access to medical services to indigent residents of the Tax District, the Authority has determined that its provision of funding will enhance access to medical services for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated March 5, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $100.000.00 (One Hundred Thousand Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***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 this Program.***

4. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit subject to, and based upon, the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their city of residence and zip code, and the duration of each documented unit of service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for access to healthcare services provided to Program Participants (as defined in

Paragraph 6) by an individual certified by the State of Florida in community health work (or directly supervised by an individual certified by the State of Florida in community health work) at the following rates: (i) a fee of $100.00 for each health risk assessment (consisting of biological and behavioral screenings for risks of metabolic (diabetes) and cardiovascular disease) which is performed on an individualized basis for a Program Participant by a certified, paraprofessional Community Health Worker ("CHW"), (ii) a health and behavioral education flat-fee capped at $50.00 per Program Participant for a CHW providing at least one-half hour (30 minutes) of one-on-one health and behavioral education and coaching using evidence based curricula and strategies which the CHW will incorporate into an individualized self-management plan for each Program Participant; (iii) a rate of $25.00 for each one-half hour (30 minutes) of direct case management activity which is performed by a CHW for a Program Participant including contacting and collaborating with relevant health care providers, providing immediate referrals to appropriate health care providers and connecting with WVHA's Health Card Enrollment Certifying Agent, The House Next Door. These services, as specifically described in the Application for Funding, include active outreach to medically underserved adults living in the City of Deltona, FL and the surrounding West Volusia area to engage, screen, educate do case management and make referrals. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. "Allowable Costs" shall include the Grantee's actual expenses for providing access to health care services to prospective clients and clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program.

"Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. A Program Participant is considered eligible if they meet Program Participant qualifications as set forth in Paragraph 6. 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.

6. Screening. In order to meet Program Participant qualification under this Agreement, Grantee shall screen Program Participants only to confirm their residency in the Tax District through collection and examination of the documents and information as the Authority may from time to time require, based on Article VII ("WVHA Residency") Article VIII ("WVHA Identification"), Section 12.06 Appendix F ("Homeless Verification Form") of the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 18, 2026 ("Screening Requirements"); provided however, Grantee shall only be required to examine and collect a copy a government issued picture identification to confirm Residency in order to obtain reimbursement for up to $150.00 for either the initial health risk assessment service or one unit of one-on-one health and behavioral education and coaching services, or both. The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number and duration of each documented unit of service received by each de-identified client; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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; provided however, both parties acknowledge the cure period may be shorter if providing thirty (30) days would result in a violation of law or is likely to result in harm to Program Participants. Upon termination of funding for Breach, the Grantee shall within thirty (30) days of the declaration of a Breach provide information necessary to calculate Final Reimbursement under paragraph four (4), "Reimbursements," as of the date of termination of funding. Should Grantee fail within thirty (30) days of the declaration of a Breach to provide information sufficient to determine Final Reimbursement as of the date of termination of funding, then Grantee shall be responsible for repaying the entire amount of any funding disbursements for which supporting documentation was not previously provided, including interest as specified in paragraph four (4), "Reimbursements." This provision shall not be in limitation of, but in addition to, any other rights the parties 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:

Hispanic Health Initiatives, Inc.
Attn: Executive Director
70 Spring Vista Drive, Unit #1
DeBary, FL 32713

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 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. 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 Social Security and Income Tax withholdings. 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
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

HISPANIC HEALTH INITIATIVES, INC.

By: _____
Peter Willems
Its: Executive Director

Date: _____

ATTEST

By: _____
_____ Its Board Secretary or Chair (Circle One)

RISING AGAINST ALL ODDS, INC. (HIV/AIDS OUTREACH)
2026-2027 FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and RISING AGAINST ALL ODDS, INC. ("Grantee").

INTRODUCTION:

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 (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 Florida non-profit, 501(c)(3) corporation located in Volusia County, Florida, whose primary mission is to ignite HIV awareness, encourage and provide testing for community residents; to encourage and empower those living with HIV to live responsibly and support optimum health in communities through access and linkages to care, and to extend comprehensive case management services to these and other disadvantaged populations. Grantee's "Testing and Comprehensive Case Management Program" will provide access to comprehensive HIV testing and education, non-clinical support to marginalized, low income and indigent population, including a. Active Street Outreach, b. Venue Based Outreach, and c. Community Supporting Services/Comprehensive Case Management. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickel Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and other health care providers that serve WVHA Health Card members, to provide access to health care for indigent residents of the Tax District.

Inasmuch as Grantee desires to provide access to medical services to indigent residents of the Tax District, the Authority has determined that its provision of funding will enhance access to medical services for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated March 04, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $274,781.00 (Two Hundred Seventy-Four Thousand Seven Hundred Eighty-one Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their city of residence and zip code, the duration of each documented unit of service received by each de-identified client and an indication of how many encounters (defined as a single-day, face-to-face visit) within the 3 months preceding

the invoice between that de-identified client and an individual certified by the State of Florida in HIV counseling and testing (or supervised by an individual certified by the State of Florida in HIV counseling and testing).

4.2 Reimbursement Rate. Grantee shall be reimbursed for access to healthcare services provided to Program Participants (as defined in Paragraph 6) by an individual certified by the State of Florida in HIV counseling and testing (or supervised by an individual certified by the State of Florida in HIV counseling and testing) per single-day, face-to-face encounter at the following rates: (i) a flat-fee of $100 of Active Street Outreach services to individual Program Participants, to include at least one-half hour of individualized preventative education and counseling where an offer of testing is refused; (ii) a flat-fee of $150 of Active Street Outreach services to individual Program Participants, to include at least one-half hour of individualized preventative education and counseling (with completion of required DH Form 1628 and HIPAA forms) before testing and another one-half hour ($50/half hour) of individualized health and behavioral education and coaching using evidence based curricula and strategies (with completion of required DH Form 1628c, 1818 and Consent forms) after testing; (iii) a fee of $25 per half hour for up to 4 hours of Comprehensive Case Management services for a Program Participant. These services, as specifically described in the Application for Funding, include active outreach in communities such as Springhill and The Bottom to engage, inform and screen and make referrals of prospective clients; venue-based outreach for more in-depth assessment, testing and referral services; and comprehensive case management services to provide relevant information about health care options, contacting and collaborating with relevant health care providers and providing immediate referrals to appropriate health care providers. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. “Allowable Costs” shall include the Grantee’s actual expenses for providing access to health care services to prospective clients and clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of

Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. A Program Participant is considered eligible if they meet Program Participant qualifications as set forth in Paragraph 6. 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 potential Program Participants to apply for a WVHA Health Card or any other federal or state health care program for which they may be eligible.

6. Screening. In order to meet Program Participant qualification under this Agreement, Grantee shall screen Program Participants only to confirm their residency in the Tax District through collection and examination of the documents and information as the Authority may from time to time require, based on Article VII ("WVHA Residency") Article VIII ("WVHA Identification"), Section 12.06 Appendix F ("Homeless Verification Form") of the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 18, 2025 ("Screening Requirements"); provided however, Grantee alternatively shall only be required to examine and collect a copy of a government issued picture ID to confirm Residency in order to obtain reimbursement per single-day, face-to-face encounter for up to $150.00 for either one unit of Active Outreach services or one unit of one-on-one health and behavioral education and coaching services, or both. The

Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number and duration of each documented unit of service received by each de-identified client and an indication of how many encounters (defined as a single-day, face-to-face visit) within the 3 months preceding the Utilization Report between that de-identified client and an individual certified by the State of Florida in HIV counseling and testing (or supervised by an individual certified by the State of Florida in HIV counseling and testing); provided however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year detailing aspects of program utilization and efficacy, including de-identified analysis about how many total tests Grantee has conducted during the past year and how many of those tests were positive versus negative for the presence of HIV. 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four (4), "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four (4), "Reimbursements." 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:

Rising Against All Odds, Inc.
Attn: Executive Director
340 S. Woodland Blvd.
DeLand, FL 32720

If to the Authority:

West Volusia Hospital Authority
Attn: Chairman
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 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. 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 Social Security and Income Tax withholdings. 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
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940

Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

RISING AGAINST ALL ODDS, INC.

By: _____
Paris Smith
Its: Interim Executive Director

Date: _____

ATTEST

By: _____

_____Its Board Secretary

RAAO
RISING AGAINST ALL ODDS, INC. (Health Card Enrollment and Retention Services)
2026-2027 FUNDING AGREEMENT

INTRODUCTION:

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 (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.

Rising Against All Odds, Inc. ("RAAO") RAAO is a community-based, non-profit agency incorporated in Florida and located in Volusia County, Florida that provides health enhancing programs and services to the community.

The Authority desires to engage RAAO to provide prescreening services and RAAO desires to provide such enrollment and retention services in accordance with the terms and conditions of this Agreement.

With this Program, RAAO will work as part of a collaborative team, including Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickle Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and other health care providers that serve WVHA Health Card members, to provide access to health care for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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 mutual promises and covenants contained herein, the parties agree as follows:

1. **Term.** This Agreement shall remain in effect for a period of one year from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Services.** The Authority hereby engages RAAO to provide services as specified in RAAO's funding application to assist in prescreening applicants for the WVHA Health Card dated March 10, 2026. RAAO's overall scope of services shall include outreach to uninsured residents in economically challenged communities (particularly to impoverished areas of Spring Hill, Dunn's Bottom, the DeLand Woods and Pierson) and assistance with removal of transportation, identity, documentation of income/assets and other obstacles to their initial or continuation of participation in the WVHA Health Card Program. In the event of conflict between the terms of the Request for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Payment**. In consideration of the Services rendered by RAAO, the Authority agrees to pay RAAO up to **$107,516.00** (One Hundred Seven, Five Hundred Sixteen Dollars) in Funding ["Maximum Annual Payment"], payable at the following rates: (i) an all-inclusive flat fee of $192 for assisting applicants to the WVHA Health Card Program to comply fully with prescreening procedures (as set forth in Paragraph 5) and have HND deem the application and supporting documentation as acceptable for a final eligibility determination. Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to, and based upon, the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). Supporting information includes, but is not limited to, a de-identified listing of applicants, their city of residence and zip code, the date the application was accepted by HND for final eligibility determination and whether the application was for a new or renewal WVHA Health Card member

4. **Maintenance of Records.**

4.1 Ownership Safeguards. All Health Card applications and other related documentation and correspondence received or generated by RAAO while performing Services under this Agreement ("Prescreening Records") shall remain at all times the property of the Authority. Upon the termination of this Agreement, RAAO shall, at the Authority's expense, promptly deliver all such Prescreening Records which have not been destroyed as set forth in Paragraph 2 to such place as the Authority may designate. RAAO shall provide access to the Authority at all reasonable times between the hours of 9:00 a.m. and 5:00 p.m., Monday through Friday, to examine the Prescreening Records.

4.2 Confidentiality. In the course of performing its duties under this Agreement, RAAO and the Authority or its contracted agents may from time to time exchange information from Health Card applicants or members or from the Authority, HND, WVHA's contracted third party administrator or Health Card program providers which RAAO, the Authority or its contracted agents are required to keep confidential under applicable law as "Protected Health Information". "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501. [45 CFR §§160.103 and 164.501]. RAAO agrees to enter into all necessary and appropriate HIPAA Business Associate Addendums with the Authority, HND, WVHA's contracted third party administrator and other Health Card providers in order to confirm the permitted uses, permitted disclosures, adequate safeguards, reporting and related requirements to comply with laws governing such PHI. This provision and all such HIPAA Business Associate Addendums shall survive the termination of this Agreement.

4.3 Maintenance of Records. RAAO shall maintain all Prescreening Records in separate files at RAAO's principal administrative office. RAAO shall maintain these original public records at least until the application and all supporting documentation has been submitted to and accepted by HND for an eligibility determination. Upon the expiration of 90 days after the application and all supporting documentation have been submitted to and accepted by HND, RAAO shall be responsible for orderly destruction of any of these public records that it retains in its own files, including the maintenance of a destruction of public records log which records the date and approximate amount in cubic feet (a standard size storage box equals approximately 1.5 cubic feet).

4.4 Access to Records. All Prescreening Records maintained by RAAO are subject to public requests pursuant to Chapter 119, Florida Statutes. The Public Records Law sets forth a number of specific exemptions from public disclosure, as well as a general exemption under Section 119.07(3) for all records which another state or federal statute deems confidential or prohibited from public disclosure. RAAO shall notify and seek direction from the Attorney for Authority before responding to any public records request.

5. **Prescreening.** The WVHA Health Card Program is to operate in, and benefit the health of residents of, the Tax District, with an emphasis on providing care to, access to health care to, and improving the health of, indigent residents. RAAO shall assist HND in prescreening Health Card applicants for residency, income and assets eligibility through collection and examination of the documents and information as the Authority may from time to time require, based on the application checklist and the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY

GUIDELINES AND PROCEDURES, Revised June 18, 2026 ("Eligibility Guidelines"). RAAO shall also provide information to applicants regarding other health care access and health care programs funded by the Authority.

6. **Training**. RAAO shall adhere to HND's written prescreening procedures and shall verify that its own WVHA Health Card enrollment and retention staff have been trained in such written procedures, which shall, at a minimum, require that such staff NOT submit Health Card applications to HND for final eligibility determination until residence eligibility has been reviewed based on the applicant's stated residence as compared to Article III of the Eligibility Guidelines; proof that the applicant has already applied for coverage under the Affordable Care Act and Medicaid (the ACA is also a point of entry for Medicaid); submission of the application is within the reapplication time standards set forth in Paragraph 3.02(3) of the Eligibility Guidelines; identification, residence, income and assets have been reviewed and all checked documentation is attached as set forth in Appendix E of Eligibility Guidelines; and asset eligibility has been reviewed based on the applicant's stated assets as compared to Appendix E of the Eligibility Guidelines. For purposes of developing its own internal training procedures, RAAO agrees to review prescreening procedures developed by HND and consult with HND on suggested best practices.

7. **Reports.** RAAO shall provide the Authority with quarterly and yearly reports summarizing the enrollment and retention services provided, with a breakdown of the number of each type of service: 1. New applications submissions accepted by HND for enrollment application screenings; 2. Retention enrollment applications accepted by HND; 3. New applications submissions finally rejected by HND as ineligible; 4. Retention enrollment applications finally rejected by HND. RAAO shall also provide copies of any evaluations and reports made by other private or governmental groups that relate to the Services and/or this Agreement when they become available to the RAAO. RAAO 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, RAAO shall make at least one (1) verbal report to the Authority board quarterly detailing aspects of program utilization and efficacy. RAAO's efficacy in helping Authority in carrying out its mission shall be a significant factor in determining whether to renew this Agreement.

8. **Site Inspection/Agreed Upon Procedures Report.** RAAO shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of RAAO, unannounced but in a reasonable manner and with best efforts to minimize disruption of RAAO's operations, to insure that RAAO has complied with the requirements of this Agreement and to compile a Compliance Report on RAAO. The Compliance Report shall include a statement of the total amount received by RAAO from the Authority, and an opinion as to RAAO's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. If RAAO 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 RAAO**.**

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 RAAO 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. This Agreement may be terminated by the Authority in the event of any material

breach by RAAO of any provision of this Agreement, which is not cured within thirty (30) days after written notice is given to RAAO by the Authority specifying the nature of the alleged material breach, including a description of the specific action required to cure such breach. 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 RAAO in enforcing any right or remedy accorded to Authority or RAAO under this Agreement, nor any number of recoveries thereon, shall diminish or otherwise affect any such right or remedy.

13. **Non-discrimination.** RAAO 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 RAAO:

Rising Against All Odds, Inc.
Attn: Executive Director
340 S. Woodland Blvd.
DeLand, FL 32720

If to the Authority:

West Volusia Hospital Authority
Attn: Chairman
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 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.

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.** RAAO 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. Further, RAAO 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 RAAO, 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 RAAO 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 RAAO'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 RAAO. The RAAO's inability to evaluate liability or its evaluation of liability shall not excuse the RAAO'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 RAAO. The RAAO shall pay all costs and fees related to this obligation and its enforcement by the Authority. The Authority's failure to notify the RAAO of a claim shall not release the RAAO 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 RAAO, 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 RAAO is responsible for Social Security and Income Tax withholdings. The Authority will not furnish services or support (e.g., office space, office supplies, telephone service, secretarial, or clerical support). The RAAO agrees to take such actions as may be necessary to ensure that each subcontractor of the RAAO 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 in Paragraph 1.

WEST VOLUSIA HOSPITAL AUTHORITY

By:_____
Rakeem R. Ford, Its Chair
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

RISING AGAINST ALL ODDS, INC.

By: _____
Paris Smith
Its: Interim Executive Director

Date: _____

ATTEST

By: _____
_____ Its Board Secretary

THE HOUSE NEXT DOOR 2026-2027
(Community Based Mental Health Counseling,
Inclusive of Psychiatric Evaluation and Monitoring)
FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and THE HOUSE NEXT DOOR ("Grantee").

INTRODUCTION:

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 (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, non-profit agency incorporated in Florida and located in Volusia County, Florida that provides health enhancing programs and services to the community.

Under the terms of this Agreement Grantee will provide needed therapeutic services, inclusive of psychiatric evaluation and monitoring, through mental health counselors for the term of this Agreement. These counselors will provide counseling services for qualified West Volusia residents.

With this Program, Grantee will work as part of a collaborative team, including Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickle Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., Rising Against All Odds, Inc., The Neighborhood, Stewart-Marchman Act Behavioral Services, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and all other contractors, subcontractors and providers that serve WVHA-funded services, to bring mental health services to West Volusia. Grantee will also serve as a resource for the Authority and be available to consult with the Authority on the services provided within the community and mental health issues in general. Grantee will provide regular utilization reports to the Authority and will provide a summary report at the end of the funding.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in Grantee's Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated February 27, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $45,000.00 (Forty-five Thousand Dollars] in Funding ["Funding Limit"] to reimburse Grantee for Allowable Costs as defined in paragraph 4 below. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of the date services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their

city of residence and zip code, and the duration of each documented unit of service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for therapeutic counseling services provided to clients of the Program by licensed health care professionals (or supervised by licensed health care professionals) at the following rates: (i) for outpatient counseling services, a flat fee of $87.48 per hour session; (ii) for assessment update in depth, a flat fee of $120.00; (iii) for treatment plan services, a flat fee of $97.00; (iv) for treatment plan review services, a flat fee of $48.50; (v) for assessment update, a flat fee of $48.00; and (vi)) for case management, a fee of $10 per fifteen minutes for up to 2 hours. These rates reflect comparable Medicaid rates plus any Medicaid allowable copays based on the Authority's desire to avoid having copays becoming a deterrent for this special population of indigent residents utilizing these services. The parties agree to review these rates in the event legislation or regulations are adopted which materially affect the Medicare Physician Fee Schedule. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 "Allowable Costs" shall include the Grantee's actual costs for providing therapeutic counseling services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. The Authority shall only reimburse Grantee at the agreed Reimbursement Rate for Allowable Costs. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the

amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. A Program Participant is considered income eligible if they have income up to and including 200% 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 care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage potential Program Participants to apply for a WVHA Health Card or any other federal or state health care program for which they may be eligible.

6. **Screening**. Grantee shall encourage potential Program Participants to apply for a WVHA Health Card which would make a current enrollee automatically eligible to become a Program Participant as well as to receive hospital care, primary care, specialty care, dental care and pharmacy benefits at any provider who has signed a funding agreement with WVHA to provide such services to Health Card members. Alternatively, in order to become eligible for Program Participation , Grantee shall screen individuals for residency, income and assets eligibility through collection and examination of the documents and information as the Authority may from time to time require, based on the application checklist and the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 18, 2026 ("Screening Requirements"); provided, however, the requirement of a completed application for insurance coverage, tax credits and subsidies under the Affordable Care Act ("ACA") is waived for the first three sessions of Program Participants. The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. These Utilization Reports shall include information concerning number of clients served, reasons for seeking service, discharges w/reasons and demographic information including race, sex, age, city of residence, income level and family size; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Reimbursements." 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:

Executive Director

The House Next Door
804 N. Woodland Blvd.
DeLand, Florida 32720

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 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. 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 Social Security and Income Tax withholdings. 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.

(The remainder of this page is intentionally left blank)

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

ATTEST

By: _____
Judy L. Craig, Its Secretary

THE HOUSE NEXT DOOR

By:_____
Jennifer Nadelkov, Its CEO

Date:

ATTEST

By: _____
_____, Its Secretary

THE HOUSE NEXT DOOR 2026-2027
(Eligibility Determination for WVHA Health Card)
SERVICES AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority" or "Tax District") and THE HOUSE NEXT DOOR ("HND").

INTRODUCTION:

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 (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.

HND is a community-based, non-profit agency incorporated in Florida and located in Volusia County, Florida that provides health enhancing programs and services to the community.

The Authority desires to engage HND to provide eligibility determination and certification services and HND desires to provide such prescreening, eligibility determination and certification services in accordance with the terms and conditions of this Agreement.

With this Program, HND will work as part of a collaborative team, including Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickle Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. Halifax Hospital and all other contractors, subcontractors and providers that serve WVHA Health Card members, to provide access to health care for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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 mutual promises and covenants contained herein, the parties agree as follows:

1. **Term.** This Agreement shall remain in effect for a period of one year from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Services.** The Authority hereby engages HND to provide services as specified in HND's "Response to Proposal for WVHA Eligibility Determination and Enrollment for the Health Card" submitted on March 25, 2026; provided however, HND shall be responsible for the orderly destruction of all original application records as set forth in Paragraph 4.3. HND's overall scope of services shall include all those set forth in the HND Response. In the event of conflict between the terms of the Request for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Payment**. In consideration of the Services rendered by HND, the Authority agrees to pay HND provide up to $442,597.00 (Four Hundred Forty-two Thousand Five Hundred Ninety-seven Dollars) in Funding for 12 months of prescreening and eligibility and certification services for 250 Applications per month, with a price reduction of $15 per Application if less than 250 Applications are processed and a price increase of $15 per application if over 250 per month ["Maximum Annual Payment"], payable in equal monthly installments within thirty (30) days after HND submits an invoice to the Authority at the end of each calendar month. For purposes of this Payment paragraph, the term "Applications" shall mean those entire household applications that are accepted for final eligibility determination and certification procedures after they have been prescreened pursuant to the procedures summarized in Paragraph 6; provided however, HND agrees not to count as "Applications" those applications are resubmitted for follow-up determinations after being pended during an initial final eligibility determination nor those applications which should have been prescreened prior to submission for a final eligibility determination.

4. **Maintenance of Records.**

4.1 Ownership Safeguards. All Health Card applications and other related documentation and correspondence received or generated by HND while performing Services under this Agreement ("Eligibility and Certification Records") shall remain at all times the property of the Authority. Upon the termination of this Agreement, HND shall, at the Authority's expense, promptly deliver all such Eligibility and Certification Records which have not been destroyed as set forth in Paragraph 4.3 to such place as the Authority may designate.

HND shall provide access to the Authority at all reasonable times between the hours of 9:00 a.m. and 5:00 p.m., Monday through Friday, to examine the Eligibility and Certification Records.

4.2 Confidentiality. In the course of performing its duties under this Agreement, HND and the Authority or its contracted agents may from time to time exchange information from Health Card applicants or members or from the Authority, the Authority's contracted Third Party Administrator ("TPA") or Health Card program providers which HND, the Authority or its contracted agents are required to keep confidential under applicable law as "Protected Health Information". "Protected Health Information" or "PHI" means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 CFR Section 164.501. [45 CFR §§160.103 and 164.501]. HND agrees to enter into all necessary and appropriate HIPAA Business Associate Addendums with the Authority, TPA and other Health Card providers in order to confirm the permitted uses, permitted disclosures, adequate safeguards, reporting and related requirements to comply with laws governing such PHI. This provision and all such HIPAA Business Associate Addendums shall survive the termination of this Agreement.

4.3 Maintenance of Records. HND shall maintain all Eligibility and Certification Records in separate files at HND's Deltona office location. HND shall maintain these original public records at least until the records have been electronically scanned and processing has been completed by TPA. After scanning and processing of an application has been completed, HND shall be responsible for orderly destruction of these public records, including the maintenance of a destruction of public records log which records the date and approximate amount in cubic feet (a standard size storage box equals approximately 1.5 cubic feet).

4.4 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:

4.4(a) Keep and maintain public records required by the Authority to perform the service.

4.4(b) 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.

4.4(c) 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.

4.4(d) 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.

4.5 Access to Records. All Eligibility and Certification Records maintained by HND are subject to public requests pursuant to Chapter 119, Florida Statutes. The Public Records Law sets forth a number of specific exemptions from public disclosure, as well as a general exemption under Section 119.07(3) for all records which another state or federal statute deems confidential or prohibited from public disclosure. HND shall notify and seek direction from the Attorney for Authority (Law Office of Theodore W. Small, P.A.) before responding to any public records request.

5. **Eligibility and Certification**. The WVHA Health Card Program is to operate in, and benefit the health of residents of, the Tax District, with an emphasis on providing care to, access to health care to, and improving the health of, indigent residents. HND shall prescreen Health Card applicants for residency, income and assets eligibility through collection and examination of the documents and information as the Authority may from time to time require, based on the application checklist and the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 18, 2026 ("Eligibility Guidelines"). HND shall also provide information to applicants regarding other health care access and health care programs funded by the Authority.

6. **Training**. HND shall develop written procedures and shall verify that Eligibility and Certification staff have been trained in such written procedures, which shall, at a

minimum, require that eligibility and certification staff not accept Health Card applications for final eligibility determinations and certification procedures until residence eligibility has been prescreened based on the applicant's stated residence as compared to Section 7.03 of the Eligibility Guidelines; proof that the applicant has already applied for coverage under the Affordable Care Act and Medicaid (the ACA is also a point of entry for Medicaid); submission of the application is within the reapplication time standards set forth in Section 3.02(3) of the Eligibility Guidelines; identification, residence, income and assets have been reviewed and all checked documentation is attached required in Appendix D of Eligibility Guidelines; and asset eligibility has been prescreened based on the applicant's stated assets as compared to Section 10.03 of the Eligibility Guidelines. For purposes of developing its own training procedures, HND agrees to review its own eligibility & certification procedures at least quarterly and consult with other agencies on incorporating best practices.

7. **Reports.** HND shall provide the Authority with monthly and yearly reports summarizing the eligibility and certification services provided, with a breakdown of the number of each type of service: 1. initial screenings; 2. follow-up screenings; 3. assistance with follow-up documentation; 4. assistance with applying for insurance through the Affordable Health Care Act; 5. the number of applications accepted for final eligibility determination and certification procedures; 6 the number of applications accepted by HND after initial prescreening by RAAO, SMA or another funded agency. HND shall also provide copies of any evaluations and reports made by other private or governmental groups that relate to the Services and/or this Agreement when they become available to the HND. HND 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, HND shall make at least one (1) verbal report to the Authority board quarterly detailing aspects of program utilization and efficacy. HND's efficacy in helping Authority in carrying out its mission shall be a significant factor in determining whether to renew this Agreement.

8. **Site Inspection/Agreed Upon Procedures Report.** HND shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of HND, unannounced but in a reasonable manner and with best efforts to minimize disruption of HND's operations, to insure that HND has complied with the requirements of this Agreement and to compile a Compliance Report on HND. The Compliance Report shall include a statement of the total amount received by HND from the Authority, and an opinion as to HND's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. If HND 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 HND.

9. **Breach.** A failure by HND 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. This Agreement may be terminated by the Authority in the event of any material breach by HND of any provision of this Agreement, which is not cured within thirty (60) days after written notice is given to HND by the Authority specifying the nature of the alleged material breach, including a description of the specific action required to cure such breach. 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.

10. **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.

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

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

13. **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 HND:

Executive Director
The House Next Door
804 N. Woodland Blvd.
DeLand, Florida 32720

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.

14. **Counterparts.** This Agreement may be signed in counterparts, each of which shall be deemed an original.

15. **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.

16. **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.

17. **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.

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

19. **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.

20. **Indemnity.** HND 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. Further, HND 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 HND, 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 HND 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 HND'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 HND. The HND's inability to evaluate liability or its evaluation of liability shall not excuse the HND'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 HND. The HND shall pay all costs and fees related to this obligation and its enforcement by the Authority. The Authority's failure to notify the HND of a claim shall not release the HND of the above duty to defend.

21. **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 HND, 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 HND is responsible for Social Security and Income Tax withholdings. The Authority will not furnish services or support (e.g., office space, office supplies, telephone service, secretarial, or clerical support). The HND agrees to take such actions as may be necessary to ensure that each subcontractor of the HND 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.

22. **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.

23. **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.

(The remainder of this page is intentionally left blank)

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

ATTEST

By: _____
Judy L. Craig, Its Secretary

THE HOUSE NEXT DOOR

By:_____
Jennifer Nadelkov, Its CEO

Date:

ATTEST

By: _____
_____, Its Secretary

THE NEIGHBORHOOD CENTER OF WEST VOLUSIA
(ACCESS TO CARE PROGRAM)
2026-2027 FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and THE NEIGHBORHOOD CENTER OF WEST VOLUSIA, INC ("Grantee").

INTRODUCTION:

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 (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 Florida non-profit corporation located in Volusia County, Florida, whose primary mission is to feed the hungry, shelter the homeless and prevent homelessness. Grantee's "Access to Care" Program will provide Grantee's impoverished and homeless clients with a caseworker in order to identify possible medical needs and to provide immediate referrals to appropriate health care providers. Grantee's Clinical Supervisor, who is certified by the Florida Certification Board, shall provide oversight of all such referrals. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life-Spire Community Services, Inc., Levi Long Sickel Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., Rising Against All Odds, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and other health care providers in the community.

Inasmuch as Grantee desires to provide access to medical services to impoverished and homeless clients of the Tax District, the Authority has determined that its provision of funding will enhance access to medical services for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated March 04, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $109,200,000.00 (One Hundred Nine Thousand Two Hundred Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but not limited to, a de-identified listing of clients, their city of residence and zip code.

4.2 Reimbursement Rate. Grantee shall be reimbursed for referrals of Program clients to medical and psychiatric services provided by licensed health care professionals (or supervised by licensed health care professionals) at the following rates: (i) a flat fee of $30.00 for each one-half hour (30 minutes) of direct client case management activity including

meeting with the client to assess medical need, contacting and collaborating with relevant health care providers and providing immediate referrals to appropriate health care providers. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. "Allowable Costs" shall include the Grantee's actual professional services expenses and drug costs for providing medical services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based upon published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. A

Program Participant is considered 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 care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage potential Program Participants to apply for a WVHA Health Card or any other federal or state health care program for which they may be eligible.

6. Screening. In order to meet Program Participant qualification under this Agreement, Grantee shall screen Program Participants only to confirm their identity and residency in the Tax District through collection and examination of the documents and information as the Authority may from time to time require, based on Article VII ("WVHA Residency"), Article VIII ("WVHA Identification"), Section 12.06 Appendix F ("Homeless Verification Form") of the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 18, 2026; provided however, Grantee shall only be required to examine and collect a copy a government issued picture identification to confirm Residency in order to obtain a combined total reimbursement up to $50.00 per Program Participant at the Reimbursement Rate specified in Paragraph 4.2. The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number of direct client case management sessions and the duration of each service received by each de-identified client and an indication of how many encounters (defined as a single-day, face-to-face visit) within the 12 months preceding the Utilization Report; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to ensure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall

include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Reimbursements." 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:

The Neighborhood Center of West Volusia, Inc.
Attn: Executive Director
434 South Woodland Blvd.
DeLand, FL 32720

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 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. 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 Social Security and Income Tax withholdings. 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:_____
Jennifer L. Coen, Its Chair
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST By: _____
Judy L. Craig, Its Secretary

THE NEIGHBORHOOD CENTER OF WEST VOLUSIA, INC.

By: _____

Savannah Jane-Griffin
Its: Executive Director/Chief Executive Officer

Date: _____

ATTEST

By: _____
, Its Board President

LEVI LONG SICKLE CELL ASSOCIATION, INC. 2026-2027
(Access to Care for Residents with SCD)
FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and LEVI LONG SICKLE CELL ASSOCIATION, INC. ("Grantee")

INTRODUCTION:

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 (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, non-profit agency incorporated in Florida and located in Volusia County, Florida that provides support, resources and raising awareness about sickle cell disease. .

Under the terms of this Agreement Grantee will provide needed screenings and testing to identify residents of West Volusia with sickle cell genes or disease and provide them with personalized plans and case management to connect them with appropriate care. Grantee will assist WVHA Health Card members with sickle cell disease ("SCD") with navigating the healthcare system, including coordinating medical appointments, treatments and specialist referrals. With funding from other sources, Grantee will also provide other services to its target population, such as outreach and community awareness services and support with financial assistance.

With this Program, Grantee will work as part of a collaborative team, including Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life-Spire Community Services, Inc., Stewart-Marchman Act Behavioral Services, Inc., Rising Against All Odds, Inc., Life Spire Community Services, Inc. The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and all other contractors, subcontractors and providers that serve WVHA-funded services, to bring access to care for West Volusia residents with sickle cell genes or disease. Grantee will also serve as a resource for the Authority and be available to consult with the Authority on the services provided within the community and sickle cell disease issues in general. Grantee will provide regular utilization reports to the Authority and will provide a summary report at the end of the funding.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in Grantee's Application for Funding [*see* Section 1, "Proposal"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated March 03, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $32,500.00 (Thirty-two Thousand Five Hundred Dollars) in Funding ["Funding Limit"] to reimburse Grantee for Allowable Costs as defined in paragraph 4 below. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of the date services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their city of residence and zip code, and the duration of each documented unit of service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for services to Program clients that are provided by licensed health care professionals (or supervised by licensed health care professionals) at the following rates: (i) a flat fee of $14.82 for each one-quarter hour (15 minutes) of direct screening or case management activity including meeting with at-risk WVHA Health Card members (or those potentially eligible as defined in Paragraph 6) to assess medical need, testing for sickle cell genes or disease, developing a personalized care plan, contacting and collaborating with relevant health care providers and providing immediate referrals to appropriate health care providers. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 “Allowable Costs” shall include the Grantee’s actual costs for providing screening and case management services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. The Authority shall only reimburse Grantee at the agreed Reimbursement Rate for Allowable Costs. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the

amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. A Program Participant is considered income eligible if they have income 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 care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage potential Program Participants to apply for a WVHA Health Card or any other federal or state health care program for which they may be eligible.

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 18, 2026 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements. To the extent that the Grantee's Program Director, Dr. Robert Sessoms (or his successor) determines that immediate assessment services must be provided to a potential Program Participant, Grantee may only invoice the Authority for such services if the individual eventually becomes a Health Card enrollee and the individual, within fifteen (15) business days of the immediate services, makes an initial appointment to begin the WVHA Health Card enrollment process either through the prescreening services provided by Rising Against All Odds or the prescreening and final eligibility determination services provided by the House Next Door.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. These Utilization Reports shall include information concerning number of clients served, reasons for seeking service, discharges w/reasons and demographic information including race, sex, age, city of residence, income level and family size; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Reimbursements." 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:

CEO/President
Levi Long Sickle Cell Association , Inc.
340 S. Woodland Blvd,
DeLand, FL 32720

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 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. 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 Social Security and Income Tax withholdings. 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
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

LEVI LONG SICKLE CELL ASSOCIATION, INC.

By:_____
Keiana Long Hargrett, Its CEO/President
340 S. Woodland Blvd.
DeLand, FL 32720
Date:

ATTEST

By: _____
_____, Its Secretary or Board Chair (circle one)

LIFE-SPIRE COMMUNITY SERVICES, INC 2026-2027
(Stigma-Free Mental Health Care for All)
FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and LIFE-SPIRE COMMUNITY SERVICES ("Grantee").

INTRODUCTION:

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 (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, non-profit agency incorporated in Florida and located in Volusia County, Florida that provides health enhancing programs and services to the community.

Under the terms of this Agreement Grantee will provide needed mental health care services (mental health evaluation, individual counseling, and family counseling) to residents of West Volusia who are experiencing poverty as defined by the Authority. Grantee will supplement the work of existing mental health care providers by creating an inclusive, stigma-free mental health care system for all, especially those Black, Indigenous, and People of Color individuals for whom data and case studies show are underutilizing mental health care services and their higher utilization could decrease reliance on emergency care and increase overall productive work and educational outcomes.

With this Program, Grantee will work as part of a collaborative team, including Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Stewart-Marchman Act Behavioral Services, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Hispanic Health Initiatives, Inc. and all other contractors, subcontractors and providers that serve WVHA-funded services, to bring mental health services to West Volusia. Grantee will also serve as a resource for the Authority and be available to consult with the Authority on the services provided within the community and mental health issues in general. Grantee will provide regular utilization reports to the Authority and will provide a summary report at the end of the funding.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in Grantee's Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated March 04, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $37,250.00 (Thirty-seven Thousand Two Hundred Fifty Dollars) in Funding ["Funding Limit"] to reimburse Grantee for Allowable Costs as defined in paragraph 4 below. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of the date services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but is not limited to, a de-identified listing of clients, their

city of residence and zip code, and the duration of each documented unit of service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for therapeutic counseling services provided to clients of the Program by licensed health care professionals (or supervised by licensed health care professionals) at the following rates: (i) for outpatient counseling services, a flat fee of $87.48 per hour session of individual therapy; (ii) a flat fee of $87.48 per hour session of family therapy; (iii) a flat fee of $97.86 for intake/treatment plan; (iv) a flat rate of $18.00/person per 50-minute session of group therapy. The parties agree to review these rates in the event legislation or regulations are adopted which materially affect the Medicaid Physician Fee Schedule. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 “Allowable Costs” shall include the Grantee’s actual costs for providing therapeutic counseling services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. The Authority shall only reimburse Grantee at the agreed Reimbursement Rate for Allowable Costs. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. A Program Participant is considered income eligible if they have income 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 care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs and encourage potential Program Participants to apply for a WVHA Health Card or any other federal or state health care program for which they may be eligible.

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 18, 2026 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements. To the extent that the Grantee's Therapist determines that immediate assessment services must be provided to a potential Program Participant, Grantee may only invoice the Authority for such services if the individual eventually becomes a Health Card enrollee and the individual, within fifteen (15) business days of the immediate services, makes an initial appointment to begin the WVHA Health Card enrollment process either through the prescreening services provided by Rising Against All Odds or the prescreening and final eligibility determination services provided by the House Next Door.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. These Utilization Reports shall include information concerning number of clients served, reasons for seeking service, discharges w/reasons and demographic information including race, sex, age, city of residence, income level and family size; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.

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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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Reimbursements." 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:

Executive Director
Life-Spire Community Services, Inc.
780 Deltona Blvd., Suit 102
Deltona, FL 32725

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 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.*

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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. 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 Social Security and Income Tax withholdings. 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.

(The remainder of this page is intentionally left blank)

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

ATTEST

By: _____
Judy L. Craig, Its Secretary

LIFE-SPIRE COMMUNITY SERVICES, INC.

By:_____
Janae Ponder, Its Executive Director
780 Deltona Blvd., Suite 102
Deltona, FL 32725
Date:

ATTEST

By: _____
_____, Its Secretary or Board Chair (circle one)

SMA (PYCHIATRIC OUTPATIENT SERVICES)
2026-2027 FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and SMA HEALTHCARE, INC. ("Grantee" or "SMA").

INTRODUCTION:

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 (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 Florida non-profit corporation located in Volusia County, Florida, whose primary mission is to provide psychiatric services, concentrating on outpatient and crisis services. Grantee's Crisis Unit is the only licensed public Baker Act receiving Facility for Volusia and Flagler Counties.

Inasmuch as SMA desires to provide medical services to homeless clients of the Tax District, the Authority has determined that its provision of funding will enhance the availability of medical services for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated February 23, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $90,000.00 (Ninety Thousand Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to, and based upon, the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but not limited to, a de-identified listing of clients, their city of residence and zip code, and the number of medical sessions and the duration of each service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for medical and psychiatric services provided to clients of the Program by licensed health care professionals (or supervised by licensed health care professionals) at the following rates: (i) a flat fee of $204.80 for each one hour psychiatric diagnostic interview; (ii) a flat fee of $71.61 for fifteen (15) minutes of pharmacological management; (iii) a flat fee of $87.48 for each one hour of individual therapy; (iv) a flat fee of $57.28 for each one hour of Eligibility/Certification; (v) a flat fee of $10.09 for fifteen (15) minute behavioral health service brief; (vi) a flat fee of $97.86 for master treatment plan; (vii) a flat fee of $48.93 for treatment plan review, with invoices that separately break down time spent with each client by

psychiatric ARNP, Medical ARNP and the Supervising Physician. Grantee shall be reimbursed for prescription medications provided to clients of the Program at the grantee's acquisition cost plus a $7.00 fill fee per prescription computed in a manner consistent with the Indigent Drug Program (IDP) reimbursement funded by the State of Florida Department of Children and Families; provided however, Grantee shall promptly apply and diligently pursue enrollment of each Program Participant in a pharmaceutical company's PAP program and Grantee shall not be entitled to reimbursement for prescription medications beyond the time reasonably necessary to enroll a Program Participant in a PAP program. The parties agree to review these rates in the event legislation or regulations are adopted which materially affect the Medicare Physician Fee Schedule. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. "Allowable Costs" shall include the Grantee's actual professional services expenses and drug costs for providing medical services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as

provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. 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 care to, and improving the health of, indigent residents. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickel Cell Association, Inc., The House Next Door, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc.., Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Community Legal Services of Mid-Florida and Hispanic Health Initiatives, Inc. Grantee shall also provide information regarding other Authority programs and encourage Participants to apply for a WVHA Health Card or any other federal or state health care program that Participants may be eligible.

6. Screening. In order to qualify residents under this Agreement, Grantee shall screen Program Participants for residency, income and assets eligibility through collection and examination of the documents and information as the Authority may from time to time require, based on the application checklist and the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Effective June 18, 2026 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number of medical sessions and the duration of each service received by each de-identified client; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Reimbursements." 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.

15. **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:

SMA Healthcare, Inc..
Attn: Sheila Jennings, Contract Manager
150 Magnolia Ave.
Daytona Beach, FL 32114

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 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.

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 Social Security and Income Tax withholdings. 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 L. Ford, Its Chair
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST

By: _____
Judy L. Craig, Its Secretary

SMA HEALTHCARE, INC.

By: ____ _____
_____
Ivan A. Cosimi II
Its: _Chief Executive Officer

Date: _____

ATTEST

By: _____
_____ Its Secretary

SMA (Level II Residential Treatment Services)
2026-2027 FUNDING AGREEMENT

This Funding Agreement ("Agreement") is made and entered into as of the 1st day of October, 2026, by and between the WEST VOLUSIA HOSPITAL AUTHORITY (the "Authority") and SMA HEALTHCARE, INC. ("Grantee" or "SMA").

INTRODUCTION:

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 (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 Florida non-profit corporation located in Volusia County, Florida, whose primary mission is to provide psychiatric services, concentrating on outpatient and crisis services. Grantee's Crisis Unit is the only licensed public Baker Act receiving Facility for Volusia and Flagler Counties.

Inasmuch as SMA desires to provide Level 2 residential treatment services including the type of hospital diversion and post-detoxification services for qualified West Volusia residents, and the Authority has determined that its provision of funding will enhance the availability of healthcare services for indigent residents of the Tax District.

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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public.

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.

Under the terms of this Agreement the Grantee will provide needed services under the Program for qualified residents of the Tax District as described in the relevant Application for Funding [*see* Paragraph 2, "Program"], for which the Authority will provide limited financial support to the Grantee.

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

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated February 23, 2026. In the event of conflict between the terms of the Application for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $700,000.00 (Seven Hundred Thousand Dollars) in Funding, ("Funding Limit") to reimburse Allowable Costs of the Program as defined in paragraph 4. ***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.*** Grantee agrees that a portion of the Funding Limit may be made by the Authority directly to the State of Florida, rather than directly to Grantee (the "Direct Florida Payment") pursuant to the terms of a Low Income Pool Letter of Agreement between the Authority and the Agency for Health Care Administration ("AHCA"). The amount of the Direct Florida Payment shall not exceed $700,000.00, and it shall be paid for the purpose of increasing the provision of Medicaid funded health services to the constituents of the Authority and the State of Florida. As required by AHCA, funding provided to the Grantee pursuant to the Intergovernmental Transfer (IGT) shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid Program (including LIP and DSH) and used secondarily for other purposes. If the sum of the invoices that Grantee submit to the Authority under Section 4 of the Agreement for reimbursable services during Funding Period is less than the sum of (i) the Direct Florida Payment **and** (ii) the amount of the Funding Disbursements actually remitted to Grantee (such sum of (i) and (ii) is the "Actual Payment Sum"), then Grantee will within forty-five (45) days of receiving notice of such shortfall from the Authority, repay to the Authority the difference between the Actual Payment Sum and the amount of such invoices.

4. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to and based upon the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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, 2026 through September 30, 2027 Funding Period. Supporting information includes, but not limited to, a de-identified listing of clients, their city of residence and zip code, and the number of medical sessions and the duration of each service received by each de-identified client.

4.2 Reimbursement Rate. Grantee shall be reimbursed for medical and psychiatric services provided to clients of the Program by licensed health

care professionals (or supervised by licensed health care professionals) at the following rates: (i) a flat fee of $261.24 for each residential bed day including all Level II services for that day. The parties agree to review these rates in the event legislation or regulations are adopted which materially affect the Medicare Physician Fee Schedule. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs up to the Funding Limit. "Allowable Costs" shall include the Grantee's actual professional services expenses and drug costs for providing medical services to clients of the Program; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. WVHA is the payer of last resort and assists residents with no medical benefits. Residents that have health coverage are ineligible for Program Participation. Certain programs, such as 'Aids Drugs Assistance Program' (ADAP) that are targeted to offer limited services towards one specific disease, will not disqualify a resident from Program Participation because such programs are not considered inclusive medical benefits. 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 care to, and improving the health of, indigent residents. The Program will collaborate with other agencies funded by the Authority, such as Employee Benefit Management Services, LLC, miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life-Spire Community Services, Inc., Levi Long Sickel Cell Association, Inc., The House Next Door, Inc., Rising Against All Odds, Inc., The Neighborhood Center of West Volusia, Inc. Healthy Start Coalition of Flagler & Volusia, Inc., Halifax Healthy Families Corporation (d/b/a Healthy Communities), Volusia County Health Department, Community Legal Services of Mid-Florida and Hispanic Health Initiatives, Inc. Grantee shall also provide information regarding other Authority programs and encourage Participants to apply for a WVHA Health Card or any other federal or state health care program that Participants may be eligible.

6. **Screening**. In order to meet income qualification under this Agreement, Grantee shall screen Program Participants for residency, income and assets eligibility through collection and examination of the documents and information as the Authority may from time to time require, based on the application checklist and the WEST VOLUSIA HOSPITAL AUTHORITY HEALTHCARD PROGRAM ELIGIBILITY GUIDELINES AND PROCEDURES, Revised June 18, 2026 ("Screening Requirements"); provided however, Grantee shall be exempt from the income eligibility requirements in Section 2.02(4) and 6.02(9) of those Screening Requirements and thereby shall be allowed to qualify as Program Participants otherwise eligible residents who have Medicaid or Medicare insurance but do not have any insurance that covers the Program's therapeutic counseling services. The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements. The Authority reserves the right to require additional reasonable qualification procedures in the event that it finds Grantee's testing materially insufficient.

7. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. Utilization Reports shall include a de-identified listing of clients, their city of residence and zip code, and the number of medical sessions and the duration of each service received by each de-identified client; however, the Authority reserves the right to require additional reasonable utilization information in the event that it finds the information provided as insufficient. Grantee shall 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 one (1) verbal report to the Authority board during the year 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.** Grantee shall allow a member of the Authority or a representative of the Authority to review the internal records and operations of Grantee, unannounced but in a reasonable manner and with best efforts to minimize disruption of Grantee's operations, to insure that Grantee has complied with the requirements of this Agreement and to compile a Compliance Report on Grantee. The Compliance Report shall include a statement of the total amount received by Grantee from the Authority, and an opinion as to Grantee's compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. 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 Grantee 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. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Reimbursements," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Reimbursements." 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:

SMA Healthcare, Inc. .
Attn: Sheila Jennings, Contract Manager
150 Magnolia Ave.
Daytona Beach, FL 32114

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 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. 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 Social Security and Income Tax withholdings. 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.

[Remainder of this page intentionally left blank]

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

ATTEST

By: _____
Judy L. Craig, Its Secretary

SMA HEALTHCARE, INC.

By: _____
Ivan A. Cosimi II
Its: Chief Executive Officer

Date: _____

ATTEST

By: _____
_____ Its Secretary

DENTAL CARE SERVICES AGREEMENT -- WVHA-VCHD 2026-2027

This is an INTERLOCAL AGREEMENT -- WVHA-VCHD 2026-2027 (the "Agreement") between the WEST VOLUSIA HOSPITAL AUTHORITY, an independent special tax district in Volusia County, Florida (the "Authority"), created and existing under and by virtue of Chapter 57-2085, Laws of Florida, as amended (the "Enabling Legislation"), and the STATE OF FLORIDA, DEPARTMENT OF HEALTH, VOLUSIA COUNTY HEALTH DEPARTMENT (the "VCHD" or "Grantee"), a county public health unit established between County of Volusia, a political subdivision of the State of Florida and the Florida Department of Health, (collectively "the parties").

RECITALS:

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

The State of Florida, Department of Health, Volusia County Health Department ("VCHD"), is a public agency charged with and empowered to preserve and improve the public health in Volusia County, including the District. The VCHD directly addresses public health by identifying health risks; detecting, understanding and preventing the spread of disease; providing basic personal health care services to needy persons and monitoring sewage, water and group living facilities. VCHD services include: immunizations; treatment and control of sexually transmitted diseases, tuberculosis, and HIV/ AIDS; family planning services; nutrition services; dental services; and school health services.

Pursuant to the Florida Interlocal Cooperation Act of 1969, Section 163.01, Florida Statutes, as amended (the "Interlocal Cooperation Act"), public agencies, as defined in the Interlocal Cooperation Act ("Public Agencies"), are authorized to enter into agreements with one another in order to make the most efficient use of their powers by enabling them to

cooperate with other Public Agencies on a basis of mutual advantage and thereby to provide services and facilities in a manner and pursuant to forms of governmental organization that will accord best with geographic, economic, population, and other factors influencing the needs and development of local communities.

The Interlocal Cooperation Act provides that a Public Agency may, pursuant to contract, exercise jointly with any other Public Agency any power, privilege or authority which such Public Agencies share in common and which each might exercise separately. The Authority and the VCHD are each a Public Agency.

The VCHD intends to provide outpatient general dental care to eligible participants of West Volusia County, save those conditions that require immediate hospitalization, regardless of race, color, religion, sex, national origin, age, disability or marital status.

The "Program" as specified herein in Paragraph 5 is intended to minimize otherwise unsatisfactory health care alternatives that may be used by the indigent population of the District, such as the use of emergency rooms for non-emergency care, which is frequently a preferred choice, or not receiving health care when truly needed or to allow unattended health conditions to exacerbate in severity until hospitalization becomes necessary; such alternatives generally prove far more costly in terms of expense and human condition than the Program.

The Authority and the VCHD find that it is in the best interest of the residents of the District, and proper and expedient in carrying out the purposes of the Enabling Legislation, for the Authority and the VCHD to enter into this Agreement.

Therefore, in order to implement the Program and in consideration of the covenants expressed in this Agreement, the Authority and VCHD are entering into this Agreement and accordingly agree as follows:

1. General Covenants. All parties agree:

A) to mutually resolve any questions or concerns

related to the provision of services; and

B) to observe and comply with all applicable federal, state, regional, and local laws, orders, rules, and regulations; and

C) that the services provided for herein are in the public interest of the VCHD and Authority, and based upon the specific needs of the facilities involved, and the greater health care needs of the residents of the District; and

D) that the personnel involved in the Program are employees of the VCHD and not employees of the Authority; the Authority has no responsibility or liability regarding the personnel involved in the Authority Sponsored Program. The Authority's sole responsibility under this Agreement is limited to funding up to the Funding Level for the Program pursuant to the terms of this Agreement.

E) that the parties hereto each constitute a "public agency" within the meaning of Section 163.01, Florida Statutes, as amended (the "Interlocal Act"), and are each authorized under the Interlocal Act to enter into interlocal agreements providing for them to jointly exercise any power, privilege or authority which each of them could exercise separately. Each party has the power to undertake the Program separately, however by joining together the parties may make more efficient use of their resources to achieve their mutual goal of preserving and improving the public health.

2. Effective Date. This Agreement shall be effective as of October 1, 2026.

3. Funding Period. This Agreement shall provide funding for the Program operations during the remainder of the Authority's fiscal year ending the 30th day of September, 2027.

4. Funding. The Authority agrees to provide up to $190,000.00 (One Hundred Ninety Thousand Dollars) in Funding for the Program operations during the Funding Period ("Funding Limit"); provided however, the parties' obligations under this Agreement are subject to the Authority's appropriation of the Funding; appropriation of the Funding is at the Authority Board of Commissioners' sole discretion. ***VCHD 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.***

5. Program. The Program are those parts of Grantee's Application for Funding dated 3/ 03/ 2026 which describe its administration of a program to provide general dental care to medically indigent residents of the District. For each "visit" as defined in Paragraph 6(b), Grantee shall be reimbursed for a bundle of services (from those listed in the Application) that Grantee's health care professionals deem necessary to provide general dental care. In the event of conflict between the terms of Grantee's Application for Funding and this Agreement, terms of this Agreement shall govern.

6. Disbursements. The Authority shall reimburse Grantee at an agreed upon Reimbursement Rate for some of the Allowable Costs Grantee incurs for the Program in accordance with the following provisions:

a. Funding Disbursements will be made in monthly installments up to the Funding Limit subject to and based upon the presentation of invoices within 60 days of the date services are provided with de-identified client listing, their zip code and CDT codes and other supporting information acceptable to the Authority. 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, 2026 through September 30, 2027 Funding Period. Undisputed invoices submitted by Grantee shall be paid by the Authority within sixty (60) days of presentment. 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).

b. Reimbursement Rate. Grantee shall be reimbursed a fee-per-visit basis of $164.10 for each "visit" by an Eligible Participant (as defined in Paragraph 7) 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 (January 2007), is a single-day, face-to-face visit between a patient and any one or more of the following health care professional(s) for general dental care as defined in Paragraph 5: dentists, dental hygienists, dental assistants and dental clerks. Specialty dental care such as Dentures, Complex Extractions, Root Canal Therapy and Crowns, is excluded from reimbursement.

c. The Authority shall only reimburse Grantee at the agreed Reimbursement Rate for some of the Program's Allowable Costs up to the Funding Limit. "Allowable Costs" shall include the Grantee's actual expenses (currently estimated at $164.10 per visit) for providing general dental services to Eligible Participants; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays, Medicare or Medicaid reimbursements); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program's Eligible Participants. Except as expressly agreed in Paragraphs 6(b) and 6(d) herein, in order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that

which Grantee knows or reasonably should know based on published rates that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

d. A Final Report ["Report"] shall be made to the Authority no later than thirty (30) days after the end of each fiscal year (October 1-September 30), which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a consolidated statement detailing Program utilization. This Report and other materials shall be the basis for determining whether Funding Disbursements to the Grantee exceed Allowable Costs during each fiscal year. Funding Disbursements exceeding Allowable Costs shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination that Funding Disbursements exceeded Allowable Costs. Grantee may repay the amount that Funding Disbursements exceeded Allowable Costs by providing healthcare services to Eligible Participants, calculated at $164.10 for each visit (as defined in Paragraph 6(b)). Repayment of the amount that Funding Disbursements exceeded Allowable Costs shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the written determination of the excess Disbursement amount. However said interest shall be waived if Grantee repays the funds to the Authority within 90 days from issuance of the Authority's written determination that Disbursements exceeded Allowable Costs.

7. Program Participants. "Eligible Participants" are those persons utilizing the Program:

A) Residing within the District; and

B) Whose family income level is 150% or less than the then applicable Federal Poverty Guidelines Level.

All persons must be screened and certified by WVHA's Enrollment Certifying Agent as meeting the Screening Requirements in order to qualify as an Eligible Participant for the Program. The Program is to operate in, and benefit the health of residents of, the District with an emphasis on providing care to, and improving the health of, indigent residents. VCHD shall also provide information regarding other Authority programs and encourage potential program participants to apply for a WVHA Health Card or any other federal or state health care program that they may be eligible.

8. Screening. In order to qualify under this Agreement, Program Participants must have a currently active WVHA Health Card on the date of service. Grantee shall encourage potentially eligible program participants to apply for the WVHA Health Card by submitting a completed application along with the required supporting documentation to The House Next Door, Inc., which is 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 18, 2026 ("Screening Requirements"). The Authority reserves the right to amend these Screening Requirements with an effective date fifteen (15) days after Grantee has been provided a copy of the amended Screening Requirements.

9. Utilization Reports and Review. Grantee shall provide Utilization Reports to the Authority by the 10th of each month detailing Program utilization by Tax District residents during the previous month. These Utilization Reports shall include information concerning number of clients served, de-identified client listing, their zip code, CDT codes; the number of encounters by each Program Participant; and such other

information to which the parties mutually agree. A Final Utilization Report shall be made to the Authority within sixty (60) days of the end of the Funding Period, which shall contain all of the information presented in the monthly Utilization Reports and, additionally, a summary of the Program. The VCHD shall also provide the Authority with copies of reports and reviews submitted or received by the VCHD that are materially related to the Program, within (30) days of the submission or receipt of the report or review.

Further, the VCHD shall provide to a member of the Authority or its appointed agent, or allow a member of the Authority, or its appointed agent, to review and examine the internal records of the VCHD pertaining to the Program, excluding Protected Health Information as defined in 45 CFR Section 164.501. [45 CFR §§160.103 and 164.501], to ensure that VCHD has complied with the requirements of this Agreement and in order to compile a Compliance Report on the VCHD regarding the terms of this Agreement. The Compliance Report shall include a statement of the total amount received by the VCHD from the Authority, and an opinion as to VCHD compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. If the VCHD 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 the VCHD.

10. Liability. The parties shall be separately liable for the performance of their respective obligations or responsibilities under this Agreement. Grantee, a state agency or subdivision, is self-insured through the State of Florida Risk Management Trust Fund, established pursuant to Section 284.30, Florida Statutes, and administered by the State of Florida, Department of Financial Services. Grantee certifies that it maintains, and agrees to continue to maintain during the term this Agreement, general and professional liability protection coverage through the Risk Management Trust Fund, and that this protection extends to Department of Health, its officers, employees, and agents, and covers statutory liability exposure to the limitations described in Section 768.28, Florida Statutes. Grantee will convey a copy of its current Certificate of Coverage upon request. Grantee agrees to

be fully responsible for acts of negligence by its officers, employees or agents, when acting within the scope of their employment or agency, and agrees to be liable for any damages resulting from said negligence, as provided in Section 768.28, Florida Statutes. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to whom sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or subdivision of the State of Florida to be sued by third parties or to indemnify any parties.

11. 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:

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

11.2 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.

11.3 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.

11.4 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.

12. Termination. Upon breach by a party hereto, the non-breaching party may, by written notice to the other party, terminate this Agreement upon no less than thirty (30) days notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. This provision shall not be in limitation of, but in addition to, any other rights the parties may have in law or equity. Unless otherwise specified herein, all remedies of a party for a breach of this Agreement are cumulative. Without cause, this Agreement may be terminated by either party by written notice to the other party upon no less than ninety (90) days notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

13. 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.

14. 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.

15. Non-discrimination. Grantee shall not discriminate on the basis ofrace, color, religion, sex, national origin, age, disability or marital status.

16. 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 the VCHD:
Stephen A. Civitelli, MPH
Administrator, Volusia County Health Department
1845 Holsonback Drive
P.O. Box 9190, Bin # 120
Daytona Beach, Florida 32120

If to the Authority:

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

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

17. Counterparts. This Agreement may be signed in counterparts, each of

which shall be deemed an original.

18. 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.

19. 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.

20. 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.

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

22. Assignability. This Agreement shall bind and enure 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.

23. 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 Social Security and Income Tax withholdings. 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.

24. Entire Agreement. This Agreement, including any addendum, 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.

25. Amendment. This Agreement may be amended to extend the term for a period not to exceed six (6) months, upon mutual written agreement of the parties. The program components, funding and payment method for the extension period will be subject to negotiation and agreement by the parties.

IN WITNESS WHEREOF, the Authority and the VCHD, through their approved representatives, have hereunto entered into this Agreement.

WEST VOLUSIA HOSPITAL AUTHORITY

By:

_____

Rakeem R. Ford, Its Chair
Date: _____

ATTEST:

By: _____
Judy L. Craig, Its Secretary

STATE OF FLORIDA, DEPARTMENT OF HEALTH
VOLUSIA COUNTY HEALTH DEPARTMENT

By: _____
Stephen A. Civitelli, MPH, Its Administrator
Date: _____

W V H A -- HALIFAX HEALTHY COMMUNITIES
2026-2027 KIDCARE OUTREACH POSITION AGREEMENT

This WVHA -- HALIFAX HEALTHY COMMUNITIES 2026-2027 Kidcare Outreach Position Agreement ["Agreement"] is made and entered into as of the 1st day of October, 2026, by and between Halifax Healthy Families Corporation d/b/a Healthy Communities ("Healthy Communities" or "Grantee") and West Volusia Hospital Authority (the "Authority").

WHEREAS, 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 (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.

WHEREAS, Healthy Communities is a fictitious name used by Halifax Healthy Families Corporation, a Florida not for profit corporation that provides for the continuance of the comprehensive health care program for children within Volusia County, and wishes to undertake efforts to ensure all children in Volusia County have a health care medical home from among community resources including: Healthy Kids, MediKids, Children's Medical Services, Affordable Care Act Federally Facilitated Marketplace, Medicaid, and Health Centers funded by the health care taxing districts, through the creation of an outreach program; and

WHEREAS, West Volusia Hospital Authority is willing to allocate funding to allow the funding of the Kidcare Outreach Position at Healthy Communities to help ensure that eligible children residing in West Volusia have a health care medical home; and

WHEREAS, 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, as in its discretion is necessary for the preservation of the public health, for the public good, and for the use of the public; and

WHEREAS, 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 mutual promises and covenants contained herein, the parties agree as follows:

1. **Funding Period.** This Agreement shall provide funding for the period from the 1st day of October, 2026 through the 30th day of September, 2027.

2. **Program.** As specified in Grantee's Application for Funding dated March 03, 2026. In the event of conflict between the terms of the Request for Funding and this Agreement, the terms of this Agreement shall govern.

3. **Funding**. The Authority agrees to provide up to $72,202.00 (Seventy-two Thousand Two Hundred Two Dollars) in Funding ("Funding Limit") to Grantee for Allowable Costs of the Program as defined in paragraph 4 below. ***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. **Reimbursements.** The Authority shall reimburse Grantee for the Allowable Costs Grantee incurs for the Program. "Allowable Costs" shall be determined in accordance with the following provisions:

4.1 Funding Disbursements will be made in monthly installments up to the Funding Limit, subject to, and based upon, the presentation of invoices and supporting information acceptable to the Authority within 60 days of dates services are provided ("Disbursements"). 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 Funding Period. Supporting information includes, but not limited to, copies of time sheets, payroll reports (detailing taxes and benefits), mileage logs, and cell phone bills concerning the funded Outreach/Enrollment positions.

4.2 Reimbursement Rate. Grantee shall be reimbursed its costs for a full-time Outreach/Enrollment position as well as a part-time Outreach/Enrollment position plus a 10% administrative surcharge for the provision of outreach services to qualified indigent residents of the Tax District. In no event shall the annual aggregate Reimbursement provided to Grantee by the Authority under this Agreement be required to exceed the annual Funding Limit (as defined above).

4.3 The Authority shall only reimburse Grantee for Allowable Costs. Allowable Costs shall include the Grantee's actual expenses for a full-time Outreach/Enrollment position as well as a part-time Outreach/Enrollment position plus a 10% administrative surcharge; provided however, Allowable Costs shall be reduced by any Program income earned (e.g. co-pays); third party reimbursement earned, whether or not received; and any other sources of income or contributions received that is applicable to the Program. In order to qualify as "Allowable Costs", no cost or rate of reimbursement, charged to the Authority may exceed that which Grantee knows or reasonably should know based on published rates

that any other funding entity, public (e.g. Medicare, Medicaid programs in Florida or outside of Florida if Florida Medicaid does not cover the subject service) or private, pays for the same or substantially the same services.

4.4 A Final Report ["Report"] shall be made to the Authority no more than (30) days after the end of the Funding Period, which shall present the total Allowable Costs Grantee incurred for the Program; Program income earned; contributions received applicable to the Program; third party reimbursement earned, whether or not received; and a statement detailing Program utilization. This Report and other material shall be the basis for determining the Final Reimbursement due to Grantee for the Program. "Final Reimbursement" shall be determined by the Authority by applying the Final Report data and other pertinent information to the Allowable Costs determination. Disbursements exceeding the Final Reimbursement as defined above shall be repaid to the Authority, by Grantee, within 120 days of the Grantee's receipt of the Authority's written determination of Final Reimbursement. Repayment of the amount that Disbursements exceed Final Reimbursement shall bear interest at the statutory rate as provided in Section 55.03, Florida Statutes, from the date Grantee receives the notice of Final Reimbursement. However said interest shall be waived if Grantee repays the funds to the Authority within the 120 day period.

5. **Program Participation**. The Program is to operate in, and benefit the health of residents of, the Tax District, with a primary purpose of providing care to, and improving the health of, indigent residents. Grantee shall also provide information regarding other Authority programs including miCare, LLC, miRX, LLC, Central Florida Family Health Center, Inc. (d/b/a True Health), Life Spire Community Services, Inc., Levi Long Sickle Cell Association, Inc., Stewart-Marchman Act Behavioral Services, Inc., The House Next Door, Inc., The Neighborhood Center of West Volusia, Inc., Community Legal Services of Mid-Florida, Volusia County Health Department, Hispanic Health Initiatives, Inc. and other health care providers that serve WVHA Health Card members,and encouraging participants to apply for a WVHA Health Card.

6. **Utilization Reports.** Grantee shall provide Utilization Reports to the Authority, in a format acceptable to the Authority, by the 10th of each month detailing Program utilization by Tax District residents during the previous month. 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 one (1) verbal report to the Authority board during the year 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.

7. **Site Inspection/Compliance Report on Specific Requirements Applicable to this Agreement.** Healthy Communities shall provide to a member of the Authority or its appointed agent, or allow a member of The Authority or its appointed agent to review, the internal records of Healthy Communities pertaining to the Kidcare Outreach Position to insure that Healthy Communities has complied with the requirements of this Agreement and in order to compile a Compliance Report on Healthy Communities regarding the terms of this Agreement. The Compliance Report shall include a statement of the total amount received by Healthy Communities from the Authority, and an opinion as to Healthy Communities compliance with the requirements of this Agreement, and shall report any and all instances of non-compliance discovered. If Healthy Communities 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 Healthy Communities. Healthy Communities shall also provide the Authority with a copy of the Program Administrator's Audit [the Florida Healthy Kids Corporation], within (30) days of the Audit's delivery to the Florida Healthy Kids Corporation.

8. 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:

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

8.2 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.

8.3 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.

8.4 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.

9. **Breach.** A failure by Grantee 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 Authority may terminate funding under this Agreement. Upon termination of funding, the Grantee shall provide information necessary to calculate Final Reimbursement under paragraph four [4], "Costs," as of 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 repaying the entire amount of Interim Reimbursement to the Authority, including interest as specified in paragraph four [4], "Costs." 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.

10. **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.

11. **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.

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

13. **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 Healthy Communities:

Halifax Health Healthy Communities
Attn: President/CEO
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114

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.

14. **Counterparts.** This Agreement may be signed in counterparts, each of which shall be deemed an original.

15. **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.

16. **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.*

17. **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.

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

19. **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.

20. **Insurance.** Grantee shall obtain and maintain reasonable levels of insurance or self-insurance and provide evidence of that coverage upon reasonable request of the Authority.

21. **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 Social Security and Income Tax withholdings. 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.

22. **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.

23. **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.

(The remainder of this page is intentionally left blank)

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

ATTEST

By: _____
Judy L. Craig, Its Secretary

HALIFAX HEALTHY FAMILIES CORPORATION, D/B/A HEALTHY COMMUNITIES

By: _____
, Its: President/CEO
Date:

ATTEST:

By: _____
_____
Its:

FIRST AMENDMENT TO THE WEST VOLUSIA HOSPITAL AUTHORITY – CENTRAL FLORIDA FAMILY HEALTH CENTER INC. DBA "True Health" FUNDING AGREEMENT 2026
("First Amendment")

This First Amendment is entered into as of the 24th day of September 2026, effective on October 1, 2026, between West Volusia Hospital Authority, a special taxing district, public body corporate and politic of the State of Florida in Volusia County, Florida (the "Authority") and CENTRAL FLORIDA FAMILY HEALTH CENTER, INC. dba "True Health" ("Grantee").

Whereas, Grantee and the Authority entered into THE WEST VOLUSIA HOSPITAL AUTHORITY –CENTRAL FLORIDA FAMILY HEALTH CENTER INC. DBA "True Health" FUNDING AGREEMENT 2026 dated March 19, 2026 (hereinafter the "Funding Agreement"); and

Whereas, Grantee and the Authority desire to continue with the Program under the Funding Agreement as amended in this First Amendment.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree that the Funding Agreement is amended as follows:

1. Paragraph 3 shall be amended and restated as follows:

   3. **Funding**. The Authority agrees to provide up to $65,000 (Sixty-five Thousand dollars) in Funding ("Funding Limit") through September 30, 2027 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 12 (twelve) 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.***

2. Paragraph 4.2 shall be amended and restated as follows:

   4.2 Reimbursement Rate. Grantee shall be reimbursed on a fee-for-service basis pursuant to the sliding scale in Exhibit A. 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. Laboratory Services shall be charged based on the providers orders. Basic labs as defined in the Pricing Model include CBC, CMP, Lipid, TSH, UA, and HIV will be $20. All other labs ordered will be charged based on the pricing

model in Exhibit A. 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.

3. Paragraph 4.2.7 shall be deleted and replaced with the Schedule in Exhibit A.

4. Paragraph 4.3 shall be amended and restated as follows:

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 in Exhibit A, 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 Exhibit A, Fee scale F. Allowable Costs for Sports Physicals for students shall be a flat rate of $30.

5. Any term not defined herein shall have the same meaning as under the Funding Agreement.

6. The provisions of the Funding Agreement shall continue to control the relationship of the parties, except as specifically modified by the content of this First Amendment.

IN WITNESS THEREOF, the parties have executed this First Amendment as of the effective day and year set forth above.

WEST VOLUSIA HOSPITAL AUTHORITY

By:_____
Rakeem R. Ford, Its Chair
West Volusia Hospital Authority
P.O. Box 940
DeLand, FL 32721-0940
Date:

ATTEST
By: _____
Judy L Craig, Its Secretary

CENTRAL FLORIDA FAMILY HEALTH CENTER, INC

By:_____,
Janelle Dunn, Its Chief Executive Officer

Date:

ATTEST

By: _____

_____, Its Secretary or Board Chairman (Circle one)

Exhibit A

True Health's Pricing Model

This pricing model provides a clear estimate of service costs and complies with the No Surprises Act, which ensures patients are informed of potential charges before their visit. If eligible, your fee will be determined based on your household size and income. Rates are structured from Slide A to Slide F.

Este modelo de precios ofrece una estimación clara del costo de los servicios y cumple con la Ley de No Sorpresas, que garantiza que los pacientes estén informados sobre los posibles cargos antes de su visita. Si calificas, tu tarifa se determinará según el tamaño de tu hogar y tus ingresos. Las tarifas están estructuradas desde la escala A hasta la F.

Fee Scale Escala de Tarifas	Service/ Primary and Behavioral Health (inc. EKGs) Servicios/ Salud Primaria y de Conducta (incluye ECG)	Routine Laboratory with a physical include the following labs: CBC, CMP, Lipid, TSH, UA, HIV La tarifa de $20 del examen físico solo incluye estos laboratorios rutiranios CBC, CMP, Lipid, TSH, UA, HIV	Diagnostic Imaging (X-Rays, Non-Routine Laboratory, Procedures, Other Medicine Services, Medications, and Ultrasounds not included in visit. Diagnóstico por Imágenes (Rayos-X, No rutinarios laboratorios, Procedimientos, Otros Servicios Medicos, Medicamentos, Sonogramas/ Ultrasonidos) Adicional a la visita
Fee scale A – Escala de tarifa A	$40.00	$20.00	$70.00
Fee scale B – Escala de tarifa B	$60.00	$20.00	Greater of $71.00 or 30%
Fee scale C – Escala de tarifa C	$80.00	$20.00	Greater of $71.00 or 50%
Fee scale D – Escala de tarifa D	$100.00	$20.00	Greater of $71.00 or 70%
Fee scale E – Escala de tarifa E	$120.00	$20.00	Greater of $71.00 or 90%
Fee scale F – Escala de tarifa F	$250.00	$20.00	Full Rate

Pediatric School/Sport Physicals - Exámenes Físicos Escolares/Deportivos Pediátricos $30.00 Flat rate/Costo fijo
Flu Vaccine/ Vacuna contra la influenza $55.00 Flat rate/Costo fijo

Fee Scale Escala de Tarifas	Service: GYN, Podiatry, and Dental Servicio: Ginecologia, Pediatria y Dental	Diagnostic Imaging, Laboratory Services, Dental, X-Rays, Procedures, Ultrasounds Additional to visit Diagnóstico por Imágenes (Rayos-X, Sonogramas/ Ultrasonidos) Procedimientos, Adicional a la visita	OB Prenatal Care 1-12 wks. Cuidado Prenatal 1-12 sem.	OB Prenatal Care 13-40 wks. Cuidado Prenatal 13-40 sem.
Fee scale A – Escala de tarifa A	$70.00	$70.00	$1,050.00	$1,250.00
Fee scale B – Escala de tarifa B	Greater of $95.00 or 30%	Greater of $71.00 or 30%	$1,080.00	$1,360.00
Fee scale C – Escala de tarifa C	Greater of $129.00 or 50%	Greater of $71.00 or 50%	$2,160.00	$2,720.00
Fee scale D – Escala de tarifa D	Greater of $174.00 or 70%	Greater of $71.00 or 70%	$3,240.00	$4,080.00
Fee scale E – Escala de tarifa E	Greater of $237.00 or 90%	Greater of $71.00 or 90%	$4,320.00	$5,440.00
Fee scale F – Escala de tarifa F	Full Rate	Full Rate	$5,400.00	$6,800.00

Fee Scale – Escala de tarifa	Contraceptive devices (IUD/Nexplanon) and DMEs additional to visit - Not included in Sliding Fee Scale. Métodos anticonceptivos (DIU/Implante) y Equipo Médico Durable es adicional a la visita
Does Not Slide	Varies based on cost of device / Depende del Costo del dispositivo

*Prices subject to change without notice / Precios sujetos a cambio sin previo aviso.

Revised Date: 09/2026

From: Theodore Small
To: Stacy Tebo
Subject: FW: Opioid Litigation - Purdue Bankruptcy
Date: Thursday, September 17, 2026 10:16:14 AM
Attachments: image.png
image.png
image.png
image.png

Apologies for sending this last minute, but as you can see I only received it late last evening. Please add "Potential Submission of a Claim in Opioid Litigation—Purdue Bankruptcy" as a new Discussion Agenda item. At this juncture, I have not had a chance to read through it. But I suspect that it is something that the Board will need to decide for itself.

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

From: Eric Romano <eric@romanolawgroup.com>
Sent: Wednesday, September 16, 2026 7:01 PM
To: Theodore Small <tsmall@westvolusiahospitalauthority.org>
Cc: Brent Ceryes <bceryes@bmbfclaw.com>
Subject: Re: Opioid Litigation - Purdue Bankruptcy

Ted,

I'm passing along some information in case it did not make it to you directly. Because WVHA previously submitted a claim form in the Purdue bankruptcy case, it is potentially eligible to submit a claim to receive funds from the Healthcare Provider Trust established as a part of the plan of reorganization. Importantly, the notice specifically states "The submission of a claim to the Healthcare Provider Trust does not guarantee that it will receive a Distribution. All claim submissions are reviewed for eligibility as set forth in the Healthcare Provider Trust Distribution Procedures."

Information about the Trust and claim procedures can be found here - https://purduehospitalsettlement.com/important-documents/. **The deadline to submit a claim is September 30th by 5:00pm.**

We're providing this information to you so you can determine whether to submit a claim.

If you have any questions, please let us know.

ROMANO LAW GROUP

Eric Romano
Board Certified by the Florida Bar and the National Board of Trial Advocacy in Criminal Trial Law

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

PLEASE READ THIS NOTICE CAREFULLY
Your rights to a potential recovery from the "Healthcare Provider Trust" established under the CONFIRMED Chapter 11 Plan of Reorganization for Purdue Pharma L.P., et al. are affected.

NOTICE OF OPPORTUNITY TO RECEIVE HEALTHCARE PROVIDER TRUST DISTRIBUTIONS FROM THE PURDUE PHARMA L.P. PLAN OF REORGANIZATION

Capitalized terms used herein, and not otherwise defined, shall have the meanings ascribed to them in the *Eighteenth Amended Joint Plan of Reorganization of Purdue Pharma L.P. and its Affiliated Debtors* under Chapter 11 of the Bankruptcy Code [D.I. 8233] (as modified, amended or supplemented from time to time, the "Plan") or the Healthcare Provider Trust Distribution Procedures (as modified, amended or supplemented from time to time, the "Healthcare Provider TDP").

If you are filing a claim on behalf of a Healthcare Provider Authorized Recipient, which is defined immediately below, it may be entitled to receive Distributions from the Healthcare Provider Trust that can only be used for Authorized Purposes, which are described in detail in the full Healthcare Provider TDP. The submission of a claim to the Healthcare Provider Trust does not guarantee that it will receive a Distribution. All claim submissions are reviewed for eligibility as set forth in the Healthcare Provider TDP.

Holders of a Healthcare Provider Channeled Claim eligible to participate are defined

as (i) all Healthcare Provider Claims[1] and (ii) all Released Claims held by providers of healthcare treatment services or any social services, in their capacity as such, that are not Domestic Governmental Entities.

Please note that establishing your eligibility to receive any Distribution under the Healthcare Provider TDP requires particularized and important effort on your part to provide support for your Claim.

A Holder of a Healthcare Provider Channeled Claim must do each of the following, according to the guidelines set forth below:

1. Complete the Registration Form electronically, which is a fillable PDF that can be downloaded from www.purduehospitalsettlement.com, and email to info@purduehospitalsettlement.com;
2. Once the Registration Form is received, the Trustee (or its agents or representatives) will communicate instructions to you for accessing a secure file transfer protocol ("SFTP");
3. Complete the Business Associate and Confidentiality Agreement (the "BAA") electronically, which is a fillable PDF that can be downloaded from www.purduehospitalsettlement.com, and submit to the SFTP;
4. The Trustee (or its agents or representatives) will provide you with an executed BAA via the SFTP to download for your records;
5. Complete the Distribution Form (the "Claim Form") electronically, which is a fillable PDF that can be downloaded from the same website:

[1] A Healthcare Provider Claim as defined in the Plan includes, without limitation, (i) the Claims set forth in the approximately 1,030 Proofs of Claim filed by hospitals and the approximately 445 Proofs of Claim filed by other treatment providers (listed in Exhibit "C" of the Plan) and (ii) Claims against the Debtors held by Non-Federal Acute Care Hospitals.

www.purduehospitalsettlement.com; and

6. Submit that Claim Form and any supporting documents and information requested therein, along with the Requisite Claims Data as described in Section D.7 of the Claim Form, to the SFTP.

PLEASE NOTE THAT ITEMS 3, 5 AND 6 ABOVE SHALL NOT BE SUBMITTED VIA EMAIL. Instead, by submitting the Registration Form described in Item 1 above, you will receive instructions for accessing a SFTP to which the BAA, the Claim Form and accompanying Requisite Claims Data must be submitted.

A "plain language" summary of the TDPs for the Healthcare Provider Trust is set forth below.

DEADLINE

The deadline for submitting the Registration Form, the BAA, the Claim Form and accompanying Requisite Claims Data is **5:00 P.M. Central Prevailing Time on Wednesday, September 30, 2026**.

DISTRIBUTIONS

At this time, no estimates can be provided as to the dollar amount of any Healthcare Provider Authorized Recipient's recovery. The net distributions from the Purdue Pharma bankruptcy estate to the Healthcare Provider Trust currently total approximately $71.5 million, however, that sum will be reduced by certain additional court-approved legal fees allocated for the Ad Hoc Group of Hospitals that negotiated this settlement and its inclusion in the confirmed Plan, a common benefit assessment, as well as certain other associated Healthcare Provider Trust expenses. The Distributions from the Healthcare Provider Trust are also dependent on the number of eligible Claims ultimately approved to receive a Distribution.

Summary of Trust Distribution Procedures
Purdue Pharma Healthcare Provider Trust

A. Overview

The Healthcare Provider Trust was established to (i) assume all of the Debtors' liability for the Healthcare Provider Channeled Claims, (ii) hold the MDT Healthcare Provider Claim and collect the Initial Healthcare Provider Trust Distribution, (iii) establish the Class 7 Non-Participating Claims Reserve and the Class 7 Released Claims Reserve, (iv) administer Healthcare Provider Channeled Claims, (v) hold and administer the Class 7 Non-Participating Claims Reserve on and after the Effective Date, (vi) hold the Class 7 Released Claims Reserve on and after the Effective Date, and (vii) make Distributions in accordance with the Healthcare Provider TDP. The Healthcare Provider Trust will evaluate the Healthcare Provider Channeled Claims and be in a financial position to make Distributions to eligible Healthcare Provider Authorized Recipients in accordance with the terms of the Healthcare Provider Trust Agreement and the Healthcare Provider TDP.

The Healthcare Provider TDP sets forth the manner in which the Healthcare Provider Trust shall make Distributions to Holders of Healthcare Provider Channeled Claims (such Distributions, "Distributions") that satisfy the eligibility criteria for Healthcare Provider Authorized Recipients set forth herein. Healthcare Provider Channeled Claims are fully discharged pursuant to the Healthcare Provider TDP. Healthcare Provider Authorized Recipients are required to use all funds distributed to them from the Healthcare Provider Trust solely and exclusively for Authorized Purposes, which are described in detail in the full Healthcare Provider TDP.

B. Funding of the Healthcare Provider Trust

The Plan contemplated that the Healthcare Provider Trust would receive a total of approximately $88 million on the Effective Date; however, as noted above, the current net balance on hand is approximately $71.5 million (the "Initial Healthcare Provider Trust Distribution").

C. Trust Administration

So long as he is able to serve as of the Effective Date, the presumptive trustee of the Healthcare Provider Trust is Hon. Thomas Hogan (Ret.) (the "Trustee"). If Judge Hogan is not able to serve, then a new Trustee will be selected in accordance with the Plan in advance of the Effective Date by the Ad Hoc Group of Hospitals with the consent of the Debtors (which consent shall not be unreasonably withheld, delayed or denied).

The Trustee shall have the power and authority to perform all functions on behalf of the Healthcare Provider Trust and shall undertake all administrative responsibilities as are

provided in the Plan and the Healthcare Provider Trust Documents. The Trustee shall be responsible for all decisions and duties with respect to the Healthcare Provider Trust. The Trustee shall have the authority to determine the eligibility of Healthcare Provider Authorized Recipients and the amount of Distributions made by the Healthcare Provider Trust.

D. Eligibility for Distributions

To qualify as a Healthcare Provider Authorized Recipient, a Holder of a Healthcare Provider Channeled Claim must certify in its Claim Form that:

a) It adheres to the standard of care for the emergency department, hospital wards and outpatient clinics at the time of any prospective evaluation, diagnosis, and treatment of OUD, including with respect to the applicable standard of care for the treatment of addiction, acute withdrawal and treatment for Opioid Use Disorder ("OUD") with medication assisted treatment; and

b) It provides discharge planning and post-discharge care coordination for patients with OUD, including information for appropriate OUD treatment services.

To qualify as a Healthcare Provider Authorized Recipient eligible to receive Distributions from the Healthcare Provider Trust, each applicable Holder of a Healthcare Provider Channeled Claim must:

a) Have timely filed a Proof of Claim in the Debtors' Chapter 11 Cases (that is, on or before July 30, 2020);

b) Timely submit the Claim Form; and

c) Provide all of the Requisite Claims Data in connection with submitting a Claim Form.

FOR AVOIDANCE OF DOUBT, FOR A HOLDER OF A HEALTHCARE PROVIDER CHANNELED CLAIM TO QUALIFY AS A HEALTHCARE PROVIDER AUTHORIZED RECIPIENT AND BE ELIGIBLE TO RECEIVE A DISTRIBUTION, SUCH HOLDER OF A HEALTHCARE PROVIDER CHANNELED CLAIM MUST TIMELY SUBMIT A FULLY COMPLETED CLAIM FORM **ON OR BEFORE THE CLAIM DEADLINE, WHICH IS SEPTEMBER 30, 2026.**

E. Determination of Distributions

To permit the Trustee to evaluate the amount each Healthcare Provider Authorized Recipient is to receive as a Distribution, and to the extent not already submitted in connection with its Proof of Claim, a Holder of a Healthcare Provider Channeled Claim must submit all of the Requisite Claims Data. The Trustee may request additional information as reasonably necessary in the opinion of the Trustee to determine the amount to be distributed to a Healthcare Provider Authorized Recipient.

The Trustee (or its agents or representatives) shall review the timely submitted Claim Forms. The Trustee shall utilize the proprietary Cherry Bekaert Model and Algorithm (the "Model"), prepared and operated by Cherry Bekaert Advisory, LLC (formerly known as Legier & Company, apac), for determining the amount of each Distribution. The amount of the Distribution to be paid to each Healthcare Provider Authorized Recipient shall be determined within 120 days after the applicable Claim Deadline or in a period of time determined by the Trustee to be most practicable. The Model shall determine the amount distributable to each Healthcare Provider Authorized Recipient based on criteria described in section 6(c) of the Healthcare Provider TDP.

F. Distributions on Account of Allowed Claims

The Trustee shall make interim Distributions, from time to time in its judgment, to those Healthcare Provider Authorized Recipients that have complied with all of the criteria and procedures described in the Healthcare Provider TDP. Unless otherwise determined by the Trustee, such Healthcare Provider Authorized Recipients may receive one interim and one final distribution. Distributions will be subject to a common benefit assessment and may be subject to certain additional assessments for payment of attorneys' fees and costs of the Ad Hoc Group of Hospitals in accordance with the Plan.

G. Authorized Purposes

All net funds distributed to Healthcare Provider Authorized Recipients shall be used solely and exclusively for OUD abatement programs, whether currently existing or newly initiated. As a condition of receiving a Distribution, each Healthcare Provider Authorized Recipient must submit to the Trustee on its Claim Form a written statement that all funds will be spent only in the Authorized Recipient's Service Area for one or more of the Healthcare Provider Authorized Purposes described in section 7(a) of the Healthcare Provider TDP.

PURDUE CLAIM FORM

PURDUE CLAIM DEADLINE: Wednesday, September 30, 2026

Please read the instructions carefully before filling out this Purdue Claim Form (this "Claim Form"). Capitalized terms used herein and not otherwise defined, shall have the meanings ascribed to them in the *Eighteenth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and its Affiliated Debtors* (as modified, amended or supplemented from time to time, the "Plan") [Docket No. 8233] or the Healthcare Provider Trust Distribution Procedures (as modified, amended or supplemented from time to time, the "Healthcare Provider TDP").

Each Holder of a Healthcare Provider Channeled Claim, which includes (i) all Healthcare Provider Claims,[1] and (ii) all Released Claims held by providers of healthcare treatment services or any social services, in their capacity as such, that are not Domestic Governmental Entities, is required to complete and submit this Claim Form in order to be eligible to receive Distributions from the Healthcare Provider Trust.

In this proceeding, "Purdue Opioid" means all natural, semi-synthetic or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and that are approved by the U.S. Food & Drug Administration and listed by the U.S. Drug Enforcement Administration as Schedule II or III drugs pursuant to the federal Controlled Substances Act, 21 U.S.C. § 801 et seq., produced, marketed, or sold by the Debtors as: (i) the following brand name medications: OxyContin®, Hysingla ER®, Butrans®, Dilaudid®, Ryzolt, MS Contin®, MSIR®, Palladone®, DHC Plus®, OxyIR®, or OxyFast®; and (ii) the following generic medications: oxycodone extended-release tablets, buprenorphine transdermal system, hydromorphone immediate-release tablets, hydromorphone oral solution, tramadol extended-release tablets, morphine extended-release tablets, oxycodone immediate-release tablets, oxycodone and acetaminophen tablets (generic to Percocet®), hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®).

The submission of the completed Claim Form by the Claim Deadline of 5:00 P.M. Central Prevailing Time on Wednesday, September 30, 2026 (the "Claim Deadline") is a prerequisite to eligibility for a Distribution but does not guarantee a Holder of a Healthcare Provider Channeled Claim will be deemed eligible for a Distribution. If a Holder of a Healthcare Provider Channeled Claim is deemed eligible by the Trustee pursuant to the Healthcare Provider TDP to receive Distributions, the information provided in this Claim Form will be used to determine each such Healthcare Provider Authorized Recipient's Distribution from the Healthcare Provider Trust (as defined in the Plan, the "Healthcare Provider Trust"). Holders of Healthcare Provider Channeled Claims may redact information on this Claim Form or any attached documents, as they deem necessary. A Holder of a Healthcare Provider Channeled Claim shall only attach *copies* of any documents that support a Claim and shall not submit original documents; **documents submitted**

[1] Healthcare Provider Claim as defined in the Plan includes, without limitation, (i) the Claims set forth in the approximately 1,030 Proofs of Claim filed by hospitals and the approximately 445 Proofs of Claim filed by other treatment providers (listed in Exhibit "C" of the Plan) and (ii) Claims against the Debtors held by Non-Federal Acute Care Hospitals.

may be destroyed after scanning and will not be returned to the Holder of a Healthcare Provider Channeled Claim.

A person who files a fraudulent Claim on behalf of a Holder of a Healthcare Provider Channeled Claim may, at a minimum, be fined up to $500,000.00, imprisoned for up to 5 years, or both, in accordance with 18 U.S.C. §§ 152, 157. Holders of Healthcare Provider Channeled Claims shall provide the information requested that is, to the best of their knowledge, current and valid as of the date this Claim Form is completed and delivered to the Trustee by such a Holder of a Healthcare Provider Channeled Claim.

Please provide the following information to the Trustee by delivering this completed Claim Form by secure file transfer protocol ("SFTP") as provided at http://www.purduehospitalsettlement.com prior to the Claim Deadline set forth on page 1 of this Claim Form.

Failure to submit a completed copy of this Claim Form and Requisite Claims Data (as described in Item D.7 herein) by the Claim Deadline set forth on page 1 of this Claim Form may disqualify you from receiving a Distribution. Additionally, failure to complete any portion of the Claim Form may result in a reduced Distribution or disqualification from receiving a Distribution.

A. Claimant Information

Please provide the information in Section A.1. if you are submitting a Claim on behalf of an operating entity that owns one or more hospitals/facilities ("Operating Entity") or A.2. if you are submitting a Claim on behalf of a natural person ("Individual").

1. Operating Entity

1. Name of Operating Entity:			
2. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
3. Federal Employer Identification Number of Operating Entity:			
4. Claim Number: If you received a Claim Number after you completed your Registration Form, please provide that six-digit Claim Number.			

2. Individual

1. Name of Individual:			
2. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
3. Social Security Number:			
4. Phone:			
5. Email:			
By filling out this Claim Form, you are deemed to consent to receipt of this notice by email.			

B. Hospital/Facility Information

Please provide the following information for the Hospital/Facility owned and/or operated by the above referenced Claimant in Section A for which this Claim is filed.

1. Name of Hospital/Facility:			
2. Address:	Street Address Line 1		
	Street Address Line 2		
	City	State	Zip
3. Duration of Ownership:	Date Acquired/Opened	Date Sold/Closed	
4. Number of Staffed Beds[2]:			

[2]The number of beds reported from a hospital's most recent Medicare cost report (W/S S-3, Part I, line 7 column 2). Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long-term, or domiciliary areas of the hospital. Beds in labor room, birthing room, post-anesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion

C. Payment Information

Distribution checks will be mailed to the law firm identified in Section D of the Registration Form if Yes was selected in Section D.2. If not working with an attorney, or if No was selected in Section D.2 of the Registration Form, the check will be mailed to the contact person identified in Section C of the Registration Form.

D. Additional information for Claimants

1. Did you file a Proof of Claim in the Debtors' Chapter 11 Cases on or before July 30, 2020, that included a dollar amount of financial losses in the Purdue bankruptcy?

   ☐ Yes

   ☐ No

   If Yes, please provide the Proof of Claim Number: _____

2. Are you a named plaintiff in any active cause of action against opioids manufacturers, distributors, or pharmacies?

   ☐ Yes

   ☐ No

   a. If Yes, please provide whether the active cause of action is filed (check one):

      ☐ in the MDL Proceeding:

      ☐ in state court:

   b. If Yes, attach a copy of the most recently filed complaint.

3. Funds received from the Healthcare Provider Trust may only be used for specific abatement purposes as set forth in Section 7 of the Healthcare Provider TDP. If the Claimant on whose behalf this Claim has been prepared is allocated a Distribution from the Healthcare Provider Trust, as a condition of receiving the funds, then it will use the funds for one or more specific uses as listed below:

---

of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes."

4. Is the hospital/facility listed in Section B above a "Safety Net Hospital"[3] as defined in the CARES ACT?

   ☐ Yes

   ☐ No

   If Yes, please provide proof of such designation.

5. To qualify for a Distribution from the Healthcare Provider Trust, a Holder of a Healthcare Provider Channeled Claim must certify that:

   a. You and/or it adheres to the standard of care for the emergency department, hospital wards and outpatient clinics at the time of any prospective evaluation, diagnosis, and treatment of OUD, including with respect to the applicable standard of care for the treatment of addiction, acute withdrawal and treatment for OUD with medication assisted treatment, AND

   b. You and/or it provides discharge planning and post-discharge care coordination for patients with OUD, including information for appropriate OUD treatment services.

[3] "Safety Net Hospital" has (a) a Medicare Disproportionate Patient Percentage (DPP) of 20.2% or greater; (b) annual uncompensated care (UCC) of at least $25,000 per bed; and (c) profit margin of 3.0% or less.

Do you and/or the hospital/facility listed in Section B above satisfy Item D.5.a. above?

☐ Yes

☐ No

Do you and/or the hospital/facility listed in Section B above satisfy Item D.5.b. above?

☐ Yes

☐ No

6. Did the hospital/facility listed in Section B timely file a Claim to the Trustee (or its agents or representatives) in either the *San Miguel Hospital Corp., d/b/a Alta Vista Regional Hospital v. David Sackler, et al.,* Case No. 1:25-cv-01010 in the United States District Court for the District of New Mexico or the *San Miguel Hospital Corp., d/b/a Alta Vista Regional Hospital v. Johnson & Johnson, et al.*, Case No. 1:23-cv-00903-KWR-JFR in the United States District Court for the District of New Mexico?

   ☐ Yes

   ☐ No

   a. If Yes, to the best of your knowledge, did you provide all of the Requisite Claims Data from January 1, 2015 through December 31, 2020, and wish to utilize the Requisite Claims Data previously provided for this Healthcare Provider Channeled Claim and hospital/facility noted in Section B above?

      ☐ Yes

      ☐ No

      If Yes to D.6.a., then proceed to Item D.8.

If No to Item D.6 or D.6.a, then proceed to Item D.7.

7. For all inpatient and outpatient discharges during the period January 1, 2015, to December 31, 2020, from you and/or the hospital/facility listed in Section B above, please provide to the SFTP the following data in CSV (Comma Delimited) Electronic File or Pipe Delimited Electronic Text File to be used in connection with the calculation of financial damages. **An example of the data formatting is set forth in Exhibit A**. **This data should be in a separate CSV (Comma Delimited) Electronic File or Pipe Delimited Electronic Text File for each Holder of a Healthcare Provider Channeled Claim**. Physician office visits and non-acute care visits should **NOT** be included in data provided.

For the CSV (Comma Delimited) Electronic File or Pipe Delimited Electronic Text File, please include in the file name the name of the Holder of a Healthcare Provider Channeled Claim, City and State where located and date range of data provided, for example, PhoenixGeneral-Phoenix-AZ-Jan09-Dec12.csv. If more than one file is provided due to size limitation, each file name will be the same with only the date range of the data provided changing e.g., PhoenixGeneral-Phoenix-AZ-Jan13-Dec20.csv.

It is important to note, and as further described below, that the following data (except for ICD diagnosis code, ICD diagnosis code description and ICD diagnosis code priority) for each visit/discharge will need to be repeated on each row corresponding to each different ICD diagnosis code. The data for the ICD diagnosis codes, ICD diagnosis code descriptions and ICD diagnosis code priority for each visit/discharge will therefore be unique to each row. For example, if a visit has 18 ICD diagnosis codes, there would be 18 rows/lines for that visit/discharge with each line containing a different ICD diagnosis code, ICD diagnosis code description and ICD diagnosis code priority. For all other data fields such as Patient Medical Record Number, Date of Discharge, etc., this data will be the same, and thus repeated, on all 18 rows/lines for that visit/discharge.

To the extent that hospital/facility listed above utilizes a coding system for any columns/data fields, please provide an index to explain the contents of any column/data field to the SFTP provided by the Trustee. For example, the Patient Type data provided includes a 1, 2, or 3 and these respective contents are 1=Inpatient, 2=Outpatient, 3=Emergency.

If sending the requested data in a CSV (Comma Delimited) Electronic File, please also ensure that all columns/data fields that may contain commas are updated so that such columns/data fields are placed in quotations when populating the CSV (Comma Delimited) Electronic File. The columns/data fields that often contain commas include, but are not limited to, Attending Physician Name, DRG and ICD Diagnosis Code Descriptions.

Once the CSV (Comma Delimited) or Pipe Delimited Electronic Text File is prepared, **please review the data VERY CAREFULLY** to confirm the data in each column contains the applicable data for that respective column's data field description. For example, payment amounts (Total Payments) should not be shown in the DRG Code column/data field, ICD Diagnosis Code column/data field should not be blank or designed null for a patient visit without an explanation, etc. This will require, that in conducting your review that you "reality test" your data before submission to ensure that it does not contain obvious errors and inconsistencies. **After submission of the Registration Form, each Holder of a Healthcare Provider Channeled Claim will be provided a secure portal (SFTP) by the Trustee (or its agents or representatives) to upload an executed BAA (as described in Section D.8 of this Claim Form) and then upload this Requisite Claims Data to the SFTP.**

Requisite Claims Data		
Column	**Data Fields**	**Definitions and Clarifications**
a.	**Name**	Name of hospital/facility for which data is provided.
b.	**Address**	Address of hospital/facility for which data is provided.
c.	**City**	City of hospital/facility for which data is provided.
d.	**State**	State of hospital/facility for which data is provided.
e.	**Zip**	Zip of hospital/facility for which data is provided.
f.	**CMS Certification Number**	Center for Medicare & Medicaid Services Certification Number – Formerly known as the Medicare Provider Number. This should be a six-digit Medicare certification number for which the data is provided.
g.	**Patient Medical Record #**	
h.	**Patient Account #**	
i.	**Payor Financial Class Description**	e.g., Blue Cross, Medicaid, Self Pay, etc.
j.	**Patient Type**	e.g., Inpatient or Outpatient. Hospital related clinics or physician office visits should NOT be included in data provided.
k.	**Custom Patient Type**	e.g., Inpatient Psych, Outpatient Single Visit, Surgery, Lab, etc. Hospital related clinics or physician office visits should NOT be included in data provided.
l.	**Date of Admission**	
m.	**Date of Discharge**	
n.	**Length of Stay (days)**	
o.	**Admission Type Description**	e.g., Emergency, Reservation, Reference Lab, etc.

p.	**Discharge Disposition Description**	e.g., Discharge Home, Nursing Home, Expired, etc.
q.	**Patient Date of Birth**	
r.	**Patient Age at Discharge**	
s.	**Patient Gender**	
t.	**Patient Race**	
u.	**Patient City**	
v.	**Patient State**	
w.	**Patient Zip Code**	
x.	**Attending Physician Name**	
y.	**Total Charges**	
z.	**Total Payments**	Total Payments should only contain actual payments received (e.g., insurance/self-pay). It should NOT include adjustments, bad debt, write-offs or contractual adjustments.
aa.	**DRG Code**	Diagnosis Related Group (DRG) code for each inpatient visit/discharge.
ab.	**DRG Code Description**	DRG Code description for the above DRG Code.
ac.	**All ICD Diagnosis Code**	All International Classification of Disease (ICD) diagnosis codes (ICD-9 or ICD-10, as applicable) associated with each patient visit/discharge. Note: In most instances there should be multiple ICD codes for a patient visit/discharge. Each of these ICD Diagnosis Codes related to each patient's visit should NOT be listed in multiple columns but rather each ICD Code should be listed in the same single column with each ICD Code shown on separate rows within the same single column. See Exhibit A.

ad.	**ICD Diagnosis Code Descriptions**	ICD Diagnosis Code descriptions for the above ICD Diagnosis Codes.
ae.	**ICD Diagnosis Code Priority**	Indicate whether each ICD Diagnosis Code is a Primary, Secondary, Tertiary, etc. diagnosis. These categories must be expressed in terms of a numerical code such as 1=Primary, 2=Secondary, 3=Tertiary, etc. ADD "Location of Service (LOS) or Place of Service (POS) as i.e., Office, Home, Telehealth, etc.
af.	**Mom's MRN - If applicable**	This field pertains only to Healthcare Provider Channeled Claims that deliver newborn babies or have a neonatal unit. If this visit/charge is for a birth mother, then this field should be blank as it would be the same MRN as the patient reported in #g above. However, if this visit/charge pertains to a baby, then this field should contain the mother's MRN so that there can be a mother/baby link associated therewith.
ag.	**Baby's MRN - If applicable**	This field pertains only to Healthcare Provider Channeled Claims that deliver newborn babies or have a neonatal unit. If this visit/charge is for a baby, then this field should be blank as it would be the same MRN as the patient reported in #g above. However, if this visit/charge pertains to a birth mother, then this field should contain the Baby's MRN so that there can be a mother/baby link associated therewith.
ah.	**Place of Service Code (s)**	Two-digit Place of Service Code (s) associated with each patient visit/discharge.
ai.	**Place of Service Name**	Place of Service Name for the Place of Service Code i.e., Inpatient Hospital, Emergency Room – Hospital

8. Please execute and submit a Business Associate and Confidentiality Agreement ("BAA"), which is a fillable PDF that can be downloaded from www.purduehospitalsettlement.com, for the Operating Entity or Individual listed in Section A above, to Cherry Bekaert Advisory, LLC (formerly known as Legier & Company, apac) via the SFTP. This BAA is not subject to revision or update.

I certify that I am authorized to sign this Claim Form and I understand that an authorized signature on this Claim Form serves as an acknowledgement that I have a reasonable belief that the information is true and correct.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Your typed signature and submission of this Claim Form will have the same force and effect as if you signed the Claim Form on paper, which you may do alternatively.

Signature: _____

Executed on date: (MM/DD/YYYY) _____

Print the name of the person who is completing and signing this Claim Form.

Name (First, Middle, Last): _____

Title: _____

Hospital/Facility: _____

Address: _____

_____

Contact phone: _____

Email: _____

Data Request Example
EXHIBIT A

	A	B	C	D	E	F	G	H	I	J
1	**Hospital Name**	**Hospital Address**	**Hospital City**	**Hospital State**	**Hospital Zip**	**CMS Certification Number**	**Patient Medical Record #**	**Patient Account #**	**Payor Financial Class Description**	**Patient Type**
2	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	101	A12345	Blue Cross	Inpatient
3	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	101	A12345	Blue Cross	Inpatient
4	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	101	A12345	Blue Cross	Inpatient
5	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	101	A12346	Blue Cross	Outpatient
6	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	101	A12346	Blue Cross	Outpatient
7	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	999	A12399	Blue Cross	Outpatient
8	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	102	A12356	Medicare	Inpatient
9	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	102	A12356	Medicare	Inpatient
10	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	103	A12367	Champus	Inpatient
11	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	103	A12367	Champus	Inpatient
12	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	103	A12367	Champus	Inpatient
13	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	103	A12367	Champus	Inpatient
14	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	103	A12367	Champus	Inpatient
15	ABC Hospital	123 Main Street	Shelbyville	US State	12345	123456	103	A12368	Champus	Emergency
16										
17										
18										
19										
20										
21										
22										
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25										
26										
27										
28										
29										
30										
31										

Data Request Example
EXHIBIT A

	K	L	M	N	O	P	Q	R	S
1	**Custom Patient Type**	**Date of Admission**	**Date of Discharge**	**Length of Stay**	**Admission Type Description**	**Discharge Disposition Description**	**Patient Date of Birth**	**Patient Age**	**Patient Gender**
2	Lab	5/6/2016	5/8/2016	2	Transfer	Discharge Home	4/1/1980	36	Female
3	Lab	5/6/2016	5/8/2016	2	Transfer	Discharge Home	4/1/1980	36	Female
4	Lab	5/6/2016	5/8/2016	2	Transfer	Discharge Home	4/1/1980	36	Female
5	OB	2/28/2017	3/1/2017	1	O/P Obersvation	Discharge Home	4/1/1980	36	Female
6	OB	2/28/2017	3/1/2017	1	O/P Obersvation	Discharge Home	4/1/1980	36	Female
7	Nursery	2/28/2017	2/28/2017	1	O/P Obersvation	Discharge Home	2/28/2017	0	Female
8	Lab	4/15/2016	4/18/2016	3	Transfer	Discharge Home	1/1/1955	61	Male
9	Lab	4/15/2016	4/18/2016	3	Transfer	Discharge Home	1/1/1955	61	Male
10	Lab	12/7/2016	12/10/2016	3	Reservation	Home w/ Health Serv	2/1/1975	41	Female
11	Lab	12/7/2016	12/10/2016	3	Reservation	Home w/ Health Serv	2/1/1975	41	Female
12	Lab	12/7/2016	12/10/2016	3	Reservation	Home w/ Health Serv	2/1/1975	41	Female
13	Lab	12/7/2016	12/10/2016	3	Reservation	Home w/ Health Serv	2/1/1975	41	Female
14	Lab	12/7/2016	12/10/2016	3	Reservation	Home w/ Health Serv	2/1/1975	41	Female
15	ER	7/4/2017	7/4/2017	1	Emergency	Discharge Home	2/1/1975	42	Female
16									
17									
18									
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21									
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23									
24									
25									
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28									
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30									
31									

There is only one column for ICD Code. Therefore, each patient stay must be replicated as many times as necessary to provide all of the ICD Codes associated with the stay. For example, a patient stay with five ICD Codes would be listed in five rows (e.g., the 12/10/2016 stay of patient 103).

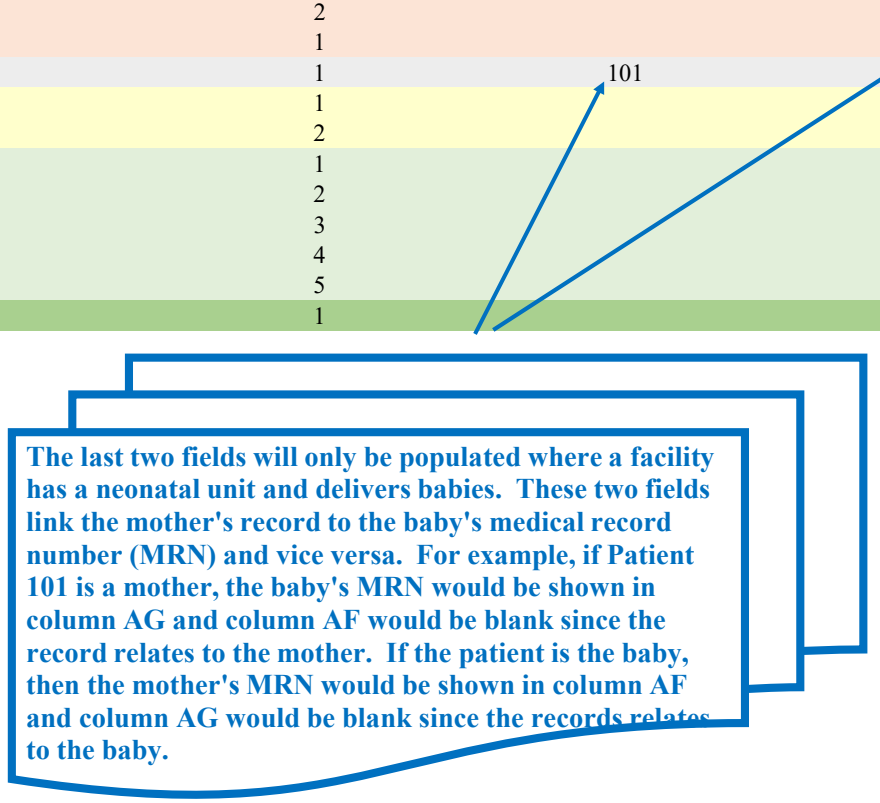
Data Request Example
EXHIBIT A

	T	U	V	W	X	Y	Z	AA	AB	AC
1	**Patient Race**	**Patient City**	**Patient State**	**Patient Zip Code**	**Attending Physician Name**	**Total Charges**	**Total Payments**	**DRG Code**	**DRG Code Description**	**ICD Diagnosis Code**
2	African American	Shelbyville	US State	12345	Smith, Jane	$1,000.00	$350.00	181	Respiratory Neoplasms w CC	B974
3	African American	Shelbyville	US State	12345	Smith, Jane	$1,000.00	$350.00	181	Respiratory Neoplasms w CC	B998
4	African American	Shelbyville	US State	12345	Smith, Jane	$1,000.00	$350.00	181	Respiratory Neoplasms w CC	F1110
5	African American	Shelbyville	US State	12345	Doe, John	$500.00	$125.00			G459
6	African American	Shelbyville	US State	12345	Doe, John	$500.00	$125.00			A419
7	African American	Shelbyville	US State	12345	Doe, John	$600.00	$125.00	795	Normal Newborn	L22
8	Caucasian	Shelbyville	US State	12345	Smith, Jane	$2,000.00	$725.00	603	Cellulitis w/o MCC	Z431
9	Caucasian	Shelbyville	US State	12345	Smith, Jane	$2,000.00	$725.00	603	Cellulitis w/o MCC	T148
10	African American	Springfield	US State	12367	Smith, Jane	$5,000.00	$1,500.00	539	Osteomyelitis w MCC	E861
11	African American	Springfield	US State	12367	Smith, Jane	$5,000.00	$1,500.00	539	Osteomyelitis w MCC	J209
12	African American	Springfield	US State	12367	Smith, Jane	$5,000.00	$1,500.00	539	Osteomyelitis w MCC	Z041
13	African American	Springfield	US State	12367	Smith, Jane	$5,000.00	$1,500.00	539	Osteomyelitis w MCC	T1491
14	African American	Springfield	US State	12367	Smith, Jane	$5,000.00	$1,500.00	539	Osteomyelitis w MCC	N179
15	African American	Springfield	US State	12367	Doe, John	$1,000.00	$200.00			F1199
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There is only one column for ICD Code. Therefore, each patient stay must be replicated as many times as necessary to provide all of the ICD Codes associated with the stay. For example, a patient stay with five ICD Codes would be listed in five rows (e.g., the 12/10/2016 stay of patient 103).

Data Request Example
EXHIBIT A

	AD	AE	AF	AG
1	**ICD Diagnosis Code Description**	**ICD Diagnosis Code Priority**	**Mom's Medical Record #**	**Baby's Medical Record #**
2	Respiratory syncytial virus as the cause of diseases classified elsewhere	1		999
3	Other infectious disease	3		999
4	Opioid Abuse - Uncomplicated	2		999
5	Transient Cerebral Ischemic Attack - Unspecified	2		999
6	Sepsis - Unspecified Organism	1		999
7	Diaper Dermatitis	1	101	
8	Encounter For Attention To Gastrostomy	1		
9	Other Injury Of Unspecified Body Region	2		
10	Hypovolemia	1		
11	Acute Bronchitis - Unspecified	2		
12	Encounter for examination and observation following transport accident	3		
13	Suicide attempt	4		
14	Acute Kidney Failure - Unspecified	5		
15	Opioid Use - Unspecified With Unspecified Opioid-Induced Disorder	1		
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WEST VOLUSIA HOSPITAL AUTHORITY

FINANCIAL STATEMENTS

AUGUST 31, 2026

JAMESMOORE

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 August 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.

James Moore & Co., P.L.

DeLand, Florida
September 17, 2026

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

ASSETS

Ameris Bank - operating	$ 1,470,384
Ameris Bank - MM	7,258,671
Ameris Bank - payroll	35,618
Mainstreet Community Bank - EBMS operational escrow	200,000
Mainstreet Community Bank - MM	8,136,730
Surety Bank - MM	1,671,873
Prepaid items and deposits	2,000
Total Assets	$ 18,775,276

FUND BALANCE

Total Fund Balance	$ 18,775,276

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND ELEVEN MONTHS ENDED AUGUST 31, 2026

	One Month Period Actual	Year to Date Actual	Annual Budget	Amount Remaining Budget Balance	Percent Budget Used
Revenues					
Ad valorem taxes	$ -	$ 19,478,608	$ 19,200,000	$ (278,608)	101%
Interest income	38,867	562,011	400,000	(162,011)	141%
Other income	49,929	275,641	34,333	(241,308)	803%
Total revenues	88,796	20,316,260	19,634,333	(681,927)	103%
Expenditures					
Healthcare expenditures					
Statutorily Mandated Expenditures					
County Medicaid Tax	338,505	3,723,555	4,062,060	338,505	92%
H C R A - In County	-	27,766	400,000	372,234	7%
H C R A - Outside County	-	2,546	400,000	397,454	1%
Total Statutorily Mandated Expenditures	338,505	3,753,867	4,862,060	1,108,193	77%
All Other Healthcare Expenditures					
Specialty Care Services					
Specialty Care - ER	10,108	71,721			0%
Specialty Care - Non-ER	380,732	3,768,926			0%
Total Specialty Care Services	390,840	3,840,647	4,500,000	659,353	85%
Hospitals					
Halifax Hospital	69,121	1,105,176			0%
AdventHealth	223,172	2,094,824			0%
Total hospitals	292,293	3,200,000	3,200,000	-	100%
Primary Care	290,600	2,484,333	2,500,000	15,667	99%
Emergency Room Care	103,574	949,044	1,000,000	50,956	95%
Pharmacy	39,113	484,364	700,000	215,636	69%
SMA - Residential Treatment	-	550,000	550,000	-	100%
Rising Against All Odds	20,825	211,800	249,801	38,001	85%
Florida Dept of Health Dental Svcs	17,719	152,904	165,000	12,096	93%
SMA - Baker Act - Match	-	150,000	150,000	-	100%
The Neighborhood Center	1,475	91,594	125,000	33,406	73%
Hispanic Health Initiatives	8,950	70,850	100,000	29,150	71%
SMA - Psychiatric Outpatient	7,565	75,465	90,000	14,535	84%
Community Legal Services	7,365	70,895	88,500	17,605	80%
Life-Spire Community Services, Inc.	1,966	3,099	74,500	71,401	4%
True Health	7,500	12,240	55,000	42,760	22%
The House Next Door	3,530	33,472	45,000	11,528	74%
Easterseals Northeast Central FL	-	-	15,000	15,000	0%
Other Healthcare Expenditures	-	-	218,607	218,607	0%
Total healthcare expenditures	1,531,820	16,134,574	18,688,468	2,553,894	86%
Personnel services					
Regular salaries and wages	5,963	65,421	71,564	6,143	91%
FICA	456	5,067	5,475	408	93%
Retirement	810	8,361	10,756	2,395	78%
Life and Health Insurance	1,000	10,876	12,000	1,124	91%
Workers Compensation Claims	2,193	6,752	25,000	18,248	27%
Total personnel services	10,422	96,477	124,795	28,318	77%

See accountants' compilation report.

WEST VOLUSIA HOSPITAL AUTHORITY
STATEMENT OF REVENUES AND EXPENDITURES BUDGET AND ACTUAL - MODIFIED CASH BASIS
FOR THE ONE MONTH AND ELEVEN MONTHS ENDED AUGUST 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	64,985	700,590	650,000	(50,590)	108%
City of DeLand Tax Increment District	-	184,837	165,000	(19,837)	112%
Total Locally Mandated Fees	64,985	885,427	815,000	(70,427)	109%
TPA Services (EBMS)	39,936	398,538	500,000	101,462	80%
Application Screening - THND	37,099	369,415	445,008	75,593	83%
General Accounting - Recurring	10,000	90,000	119,658	29,658	75%
Building Repairs	11,679	83,324	100,000	16,676	83%
Application Screening - RAAO	5,184	68,736	97,742	29,006	70%
Legal Counsel	6,630	72,930	79,560	6,630	92%
Healthy Communities Kid Care Outreach	7,659	59,654	72,202	12,548	83%
Advertising	138	22,283	50,000	27,717	45%
Audit	-	22,500	22,500	-	100%
General Accounting - Nonrecurring	-	-	15,000	15,000	0%
Other Operating Expenditures	8,852	57,446	59,400	1,954	97%
Total other expenditures	192,162	2,130,253	2,376,070	245,817	90%
Total expenditures	1,734,404	18,361,304	21,189,333	2,828,029	87%
Excess (deficiency) of revenues over expenditures	$ (1,645,608)	$ 1,954,956	$ (1,555,000)	$ (3,509,956)	-126%

See accountants' compilation report.