

1 ministering to sick, afflicted, and suffering people. He commented that he heard their fears,
2 listened to their cries, and wiped their tears, and that when he had urged others to go to the
3 hospital to seek healthcare, he was told that they could not go because they did not have
4 insurance. He related that he solicited funds and conducted fundraising events for their
5 care, and that he had served the 5th Judicial Circuit Court as guardian ad litem for many
6 years, working to hold families together and protect children. He remarked that he knew
7 what happened to foster children when they reached 18 years old, opining that they may
8 have no job, no health insurance, and not much of a future. He relayed that there were
9 many people in his congregation who, in the previous three years, had lost their jobs due
10 to the downturn in the economy, and that many of them were currently working in jobs that
11 provided much lower wages and no health insurance; furthermore, some of them had their
12 high school aged children working jobs to help pay the bills. He mentioned that his church
13 ran a free food pantry where they served hundreds of people on a daily basis, and opined
14 that even though there may be some people who would take advantage of the system, there
15 were many honest hardworking people in this county who would run out of funds at the
16 end of the month. He opined that they deserved quality healthcare as did all of the
17 residents, and he asked that those in attendance would all stay focused on the purpose of
18 this Board and on the business there. He remarked that they were not there to ensure that
19 the hospitals turned a profit, to criticize the salaries of their Chief Executive Officers
20 (CEOs), or to advise the hospitals and clinics about building new facilities, and that the
21 NLCHD was to make sure that the poor and disadvantaged people with no health insurance
22 could receive the same quality healthcare other residents received, which was the purpose
23 for being at the current meeting.

24
25 Mr. Rick Harper commented that in the special meeting on May 16, 2024, the Board was
26 asked to come to the meeting to hear about an opportunity to reduce the millage rate. He
27 relayed his understanding that if the Board had reduced the millage rate as it was proposed,
28 the NLCHD would have to mail every homeowner any higher millage rate and override
29 the Florida Statute to set the millage rate at 1.00 mills, noting that with 408,000 people in
30 Lake County, the cost would have been about \$30,000 just in postage. He remarked that
31 at the time of this proposal, the Board did not have the data to see what the need was for
32 the community, and that some members of the Board wanted to set a tentative millage rate
33 without any data. He opined that this was the cause of the false posts on social media
34 attacking several Board members who did not want to set a millage rate with no data and
35 possibly cost the taxpayers another \$30,000 to send out letters. He mentioned that in the
36 May 16, 2024 minutes, Mr. Tim Westgate, Audit Partner with Purvis Gray, had said that
37 their opinion was an unmodified and clean opinion, which was the highest level of
38 assurance they could have for an audit; additionally, Mr. Farlen Halikman, Certified Public
39 Accountant (CPA) with Moore Stephens Lovelace (MSL), P.A., had indicated that the cost
40 of caring for the indigent would be paid for, and that University of Florida (UF) Health in
41 the City of Leesburg had taken a loss in the prior year. He opined that this was because
42 the Board members had cut the budget and had reduced their funding by \$750,000 in the
43 prior year to reimburse funds that were already spent, and that residents had seen a low
44 number on their tax bills at that time because the Board had under-supplied reimbursement
45 funds for the hospitals and other healthcare facilities, noting that the higher number on tax
46 bills in the current year was a number set by Florida Statute, and not by the NLCHD who
47 was just following the law. He quoted Mr. Halikman from the May 16, 2024 meeting who

1 said, "Of the six hospitals he audited in the State of Florida, none of them made a profit in
2 the prior year, noting that two of them were very close to declaring bankruptcy." He
3 mentioned that in the Sarasota Herald Tribune from June 2, 2024, it stated that Manatee
4 Memorial Hospital was cutting care to the indigent because they could no longer afford to
5 provide it. He relayed that the NLCHD was not the only taxing district that provided extra
6 funds to support indigent care, and that there were about 30 other hospitals receiving \$419
7 million in Pell Grant funds to support indigent care, noting that this Board was trying to
8 manage funds to best support the local community.

9
10 Mr. Hurley opined that nobody on this Board wanted to raise taxes 666 percent, and that
11 they had no intentions of doing that; additionally, what residents had seen and been told
12 was not accurate as this was not their goal. He explained that the amount of 1.00 mills was
13 set for the Truth in Millage (TRIM) notice, and opined that if this had been set at a low
14 rate, such as 0.15 mills, then it would have to stay there or go lower when the final millage
15 was set; however, if it was set at the maximum amount, then that number could come down
16 in subsequent meetings and still meet the needs. He mentioned that he did not want to be
17 locked in to a low number that was not sufficient to do what the NLCHD had been tasked
18 to do, and that the Board had set it at a high rate so that it could come down to what was
19 reasonable and fair.

20
21 Mr. Harper commented that the Board would now have the data to make that decision.

22
23 Mr. Hurley related that Ms. Meredith Kirste, NLCHD Attorney, received a letter from Ms.
24 Barbara Price, Chairman, and that the letter was in the packet.

25
26 APPROVAL OF MINUTES

27 Mr. Mark Jordan remarked that even though the Board could not approve the May 16, 2024
28 minutes for lack of a quorum, there was a clerical issue, and that there were several
29 comments attributed to him that were made by Mr. Mark Dickerson on pages 15 and 16.
30 He asked if this could be reviewed, noting that it was a conversation about federal funding
31 and the Low Income Pool (LIP) program.

32
33 PRESENTATION OF QUARTERLY AUDITS

34 Mr. Matt White, with Crippen and Co., stated that he was a partner for one of three CPA
35 firms that worked for the NLCHD, and that they were tasked with the ongoing daily
36 accounting and administrative functions of the organization. He commented that another
37 CPA firm, Purvis Gray, which was previously mentioned, did the year end financial
38 statement audit, and that the third CPA firm, MSL, whose information he would report on
39 at the current meeting, provided quarterly audits of the hospitals' and clinics' indigent care
40 submissions to verify with 95 percent accuracy that the submissions being funded by this
41 district were for citizens in this jurisdiction who met the poverty guidelines and received
42 the requisite medical care. He mentioned that included in the packet to the Trustees on Tab
43 5 was the MSL report, and that their partner and team were unable to attend and asked that
44 he would provide some information on the filings. He relayed that the summation of that
45 report was approved by virtue of 95 percent sample rating testing, and that the approved
46 submissions for this quarter from the organizations included the following: UF Health had
47 \$171,892, which would cap their whole year's budget; AdventHealth Waterman did not

1 submit any as they had already hit their maximum in previous periods; and the balance of
2 the requests and approvals through the MSL audit for the rest of them would be paid within
3 the budget once approved. He remarked that once there was a quorum, the funding
4 amounts listed could be approved in accordance with the budget.

5
6 PRESENTATIONS FROM PROVIDERS

7
8 UF Health Leesburg Hospital

9 Mr. Phil Braun, Vice President and General Counsel for UF Health Central Florida,
10 clarified that the Board was not present to set a millage rate, and he opined that the proposed
11 tentative millage rate, which was not a tax, occurred because certain members of the Board
12 had determined that they wanted to have a meeting in May 2024. He elaborated that having
13 a meeting in May 2024 meant that they did not have the Lake County Property Appraiser's
14 tax assessment or value of the taxes on ad valorem property; therefore, they did not have
15 one of the most critical pieces of information that they needed to make decisions on a
16 millage rate. He added that the providers who provided the indigent care and who the
17 Board reimbursed at cost had not been able to provide any information to the Board. He
18 opined that at that meeting, the individuals who wanted to zero fund the providers could
19 not agree with those who wanted information. He pointed out that now that the Board had
20 some information, it was clear that the providers did not expect the Board to set a 1.00
21 millage rate or a 0.80 millage rate; furthermore, he relayed his understanding that the
22 information said that the community need was around 0.53 mills, and that they would
23 appreciate if this was the millage that the Board set. He remarked that many counties and
24 municipalities funded indigent care differently because in the State of Florida, if the
25 indigent population left the community and received healthcare outside of the county, then
26 it came back in a bill to the county. He mentioned that the State Legislature did not want
27 indigent people going to other counties to receive care, and opined that they provided this
28 method to discourage it. He said that the reason these types of districts existed and why
29 they had public hospitals was because the other municipalities and counties had to find a
30 way to take care of their own indigent individuals so they could receive care in their own
31 towns. He recalled that in 1977, the legislature found that certain hospitals provided a
32 disproportionate share of charity care for persons who were indigent and who were not
33 eligible for government-funded programs. He elaborated that the burden of absorbing these
34 uncompensated charity cares was borne on the hospitals, the private pay patients, and many
35 times by the taxpayers in the county where the hospital was subsidized by tax rates and
36 revenues. He further elaborated that the Legislature supported that it was inequitable for
37 hospitals and taxpayers of one county to be expected to subsidize the care of out of county
38 indigents, and that the Legislature declared that the State and the Counties must share the
39 responsibility of assuring that adequate and affordable healthcare was available to all
40 Floridians; therefore, it was the intent of the Legislature to place the ultimate financial
41 obligation of out of county hospital care on qualified patients on the county in which the
42 indigent patient resides. He opined that the clear message was that the county and the states
43 had always been under somewhat of a public mandate to take care of the indigent people,
44 and he stated that many places did not own hospitals, opining that most governments should
45 not own hospitals. He mentioned that they created ways for the indigent care to be paid
46 for, which was what this district did, clarifying that the district paid for cost and did not
47 pay for profit. He then explained that UF Health Leesburg was a 330-bed hospital and had

1 41,665 emergency room (ER) visits, and that there was a difference between what they
2 submitted and what they provided in care, noting that they did not submit more claims than
3 what the budget was. He stated that they provided about \$5 million in uncompensated care
4 to North Lake residents, and that they always provided \$20 million to \$25 million of
5 uncompensated care in the form of unreimbursed care to Medicare, Medicaid, and other
6 services. He opined that it was a good public partnership, and said that he found it unique
7 that there was so much angst on a less than 1.00 mills tax rate which did so much good and
8 returned so much more funding to the community in the form of economic development.
9 He said that he would not want to be in a community that did not have good healthcare,
10 and he opined that what became lost in the discussion was that by having this partnership,
11 the district ensured that the hospital and these providers could provide better care to
12 everyone because they now had the funding to reinvest in the healthcare. He clarified that
13 they were not for profits and that they reinvested in the healthcare of the community, as
14 well as the buildings, equipment and employees who also spent their money at the county's
15 businesses. He opined that it was a great economic deal for this county to have the public
16 partnership, and that the reason why his children could be born at UF Health Leesburg and
17 the reason why they had the third highest heart program was because this district was
18 formed years prior by smart people, noting that they were all Republicans. He relayed that
19 places such as Tampa General Hospital and Orlando Health received significantly more
20 funding from their governments than his organization requested because those cities were
21 thriving with economic development. He mentioned that his organization's operating
22 margins had been negative for the last three years, and that this meant that they had less
23 funding to reinvest. He opined that they needed about a three to five percent margin
24 because it was used to reinvest into the system, noting that healthcare was expensive. He
25 reiterated that the millage rate was not one mill, and said that that providers would never
26 request more than what they spent on care; furthermore, he opined that in the last few years
27 they had taken much less than what they spent on care. He indicated that they would be
28 glad to keep doing this because they were a public partner and that they were a public entity
29 in some ways as a not for profit, and that all their assets belonged to the community. He
30 indicated that their mission and purpose was to be part of the community.

31
32 Mr. Jordan expressed appreciation for Mr. Braun pointing out the importance of a healthy
33 healthcare system in a community, noting that to people who knew economic growth, they
34 wanted to bring people in and people wanted to stay there. He mentioned that public safety
35 was one side of the triangle, along with a good educational system and a good healthcare
36 system, opining that these items all worked together and that economic growth did not
37 occur if they did not have those three items. He then asked to clarify if UF Health Leesburg
38 spent about \$5 million in the previous year.

39
40 Mr. Braun replied that this was the cost to provide the care to the indigent residents of
41 North Lake who they believed would qualify, and that this did not include the other charity
42 care that they did. He added that there was a rigorous application and claims submission
43 process, and that it was not just funding handed over. He mentioned that it went through
44 auditors and that it was no different than getting paid by Medicare.

45
46 Mr. Jordan inquired if the \$5 million had no profit in it, and Mr. Braun confirmed this and
47 said that it had been provided.

1 Mr. Harper asked if the funding being requested had already been spent.

2
3 Mr. Braun confirmed this and added that they submitted claims after they provided the
4 services.

5
6 Mr. Harper relayed his understanding that all these people who were uninsured had already
7 been provided services, that they had already been qualified, and that they would go
8 through an audit which would review what providers had done. He also indicated his
9 understanding that the City of Leesburg and Lake County pay demographics were not like
10 the City of Orlando's where they had people making \$80,000 to \$150,000; rather, they
11 were more like a \$20,000 to \$60,000 pay scale. He opined that there would be more
12 uninsured individuals because they would not be able to get to work, and that this was an
13 area where the district was trying to help from what this line item was set up to do.

14
15 Mr. Braun mentioned that indigent care was just one of the challenges they faced,
16 especially in Lake County, and that this was another reason why they fought for the funding
17 that they were appreciative of. He indicated that they were about 80 percent government
18 pay, which meant that they billed Medicare and Medicaid for around 80 percent of their
19 services; however, neither of those government entities, with the exception of a few things
20 that Medicare did, paid the cost. He elaborated that they had 15 to 19 percent commercial
21 depending on the services, and that this was their profit. He was unsure of any business
22 that could run off 19 percent of their business making money and the rest not making
23 money, and then having no say in how they were paid. He relayed his understanding that
24 the City of Orlando's commercial was likely closer to 30 or 40 percent, though they were
25 still funded by the county government.

26
27 Mr. Harper said that if they lost the opportunity to have this line item as a tax assessment
28 for the uninsured, then eventually Lake County would have to address this at another level
29 where it would be funded from another source to support the indigent care, noting that it
30 was a State mandate to do this. He opined that it had been done well from looking at the
31 audit trail.

32
33 Mr. Braun relayed that in Manatee County, the hospital system had said that because they
34 kept getting cut by the county, then they were only going to provide emergency care to the
35 indigent, opining that this would eventually mean that the indigent would go outside the
36 county. He elaborated that when they went to another county to receive care, then the other
37 hospital had the right to bill that county. He opined that the district wanted to incentivize
38 local hospitals to take care of them because they would get a better deal than if another
39 county did it.

40
41 Mr. Harper asked if the administration costs to do paperwork and data entry were captured
42 as a cost.

43
44 Mr. Braun replied that the costs were spread out among all the payers, and that they were
45 likely missing some costs.

46
47

1 AdventHealth Waterman

2 Ms. Anita Young, Vice President and Chief Operating Officer (COO) for AdventHealth
3 Waterman, commented that both hospitals in North Lake collaborated to care for the
4 indigent, noting that there were also partnerships with the clinics and for mental health.
5 She explained that AdventHealth Waterman was a 310-bed hospital and that they had
6 served over 60,000 ER visits in the last year. She said that they continued to grow because
7 it was important that healthcare was strong within their county, and opined that UF Health
8 Leesburg and AdventHealth Waterman were both strong systems that wanted to continue
9 to provide great care to everyone, including indigent patients. She expressed her thanks
10 for taxpayer support that had passed through the Board for years, commenting that this
11 played a critical role in enabling AdventHealth Waterman to be a medical safety net for the
12 community and to provide essential care to their most valuable and vulnerable members.
13 She relayed that at AdventHealth Waterman their mission was rooted in the belief that
14 every individual deserved access to quality healthcare regardless of their circumstances
15 and ability to pay; furthermore, over the past 12 months they had submitted claims totaling
16 roughly \$3.4 million. She asked for this comparable funding for the coming year, and she
17 hoped that the Board extended the reimbursement support to ensure that every qualified
18 patient within their district felt supported on their journey back to healing. She opined that
19 it was vital to ensure that all had access to care, and that the Board's support was vital to
20 upholding this belief. She commented that the taxpayers of Lake County had empowered
21 the Board to be there for those who did not qualify for any private or government health
22 insurance, and she thanked them for their dedication and continued partnership.

23
24 Mr. Jordan asked if it was a reasonable estimation that the request for \$3.4 million would
25 be more.

26
27 Ms. Young replied that they believed that it would be more, but because they could verify
28 that these were their submissions in the prior year, they decided as an organization to
29 request the same amount.

30
31 Mr. Jordan inquired if they would still provide that care whether they received funding
32 from the Board or not.

33
34 Ms. Young confirmed this, noting that they believed it was important that everyone had
35 access to care.

36
37 LifeStream Behavioral Center, Inc.

38 Mr. Jacob Temple, Vice President of Acute Care Services for LifeStream Behavioral
39 Center, explained that LifeStream was a psychiatric hospital for Circuit 5 in the State of
40 Florida for Lake County and other Counties. He said that they continued to serve over
41 24,000 clients in the previous year, and that over 4,400 of those individuals were cared for
42 at their hospital. He relayed that for North Lake individuals, they served 428 in the
43 previous year and that gross expenses were slightly over \$1.2 million, noting that they were
44 continuing to request the same \$1.2 million even though costs would increase. He
45 remarked that the patients spent 898 days at their facility, and that they had to ensure that
46 they had a safe discharge plan, noting that they partnered with police departments. He
47 commented that there were mental health patients suffering with substance use and

1 addiction, and that they ended up in hospital ERs; furthermore, the ERs needed
2 LifeStream's services to help get them out of the ER so that the ER could help other
3 individuals. He then remarked that 47 percent of their patients were indigent.

4
5 Mr. Jordan recalled Mr. Temple's comments referencing their relationship with the police
6 departments and the care provided for those people who would not otherwise receive it.
7 He relayed his understanding that there would be less burden on the police department and
8 the Lake County Sheriff's Office (LCSO).

9
10 Mr. Temple confirmed this.

11
12 Community Health Centers, Inc.

13 Mr. Mark Dickerson, Vice President and Chief Financial Officer (CFO) for Community
14 Health Centers, relayed that his organization had 16 primary care centers throughout
15 Orange and Lake Counties, and that they had five in Lake County. He added that they saw
16 almost 70,000 patients per year, of which almost 22,000 were indigent. He mentioned that
17 they were a federally qualified health center organization, which meant that they received
18 some federal funding. He commented that in this district in the previous year, they saw
19 about 1,200 patients between their clinics in the Cities of Leesburg and Tavares, with 3,300
20 visits for indigents. He remarked that one of their goals was to keep patients out of the ER
21 and hospitals where the cost of care was much higher than at one of their Community
22 Health Centers. He relayed that they also provided pharmacy care, behavioral health
23 services, dental services and optometry services, and that just in North Lake they provided
24 about \$1.8 million of uncompensated charity care which did not count contractual
25 allowances from what they did not receive from Medicare, Medicaid and private insurance.
26 He said that they had requested about \$300,000 in the previous year, though there was a
27 rollback of Medicaid funding, noting that Medicaid enrollments increased significantly
28 during the coronavirus disease 2019 (COVID-19) pandemic. He stated that they ran out of
29 funding halfway through the third quarter of the previous year because their patient volume
30 for the uninsured increased so much over what it had been in the prior years. He mentioned
31 that they measured indigent patients at 200 percent of the federal poverty level and below,
32 and that likely 70 percent of their indigent patients were at 100 percent of poverty level
33 and below. He clarified that they were not a free clinic and that outcomes were better when
34 everyone had some contributions, and that they had a nominal fee, as well as a sliding fee
35 for people above 100 percent of the federal poverty level. He said that their corporation
36 did not turn anyone away due to inability to pay, and that the funding that they received
37 from this district helped them provide good care to the residents of North Lake. He relayed
38 that his request was \$440,000 for the year, which was less than what they likely would
39 have been paid for the year that just ended.

40
41 Mr. Jordan inquired if the amount of the \$300,000 utilized was how they determined the
42 \$440,000 and that if they continued on, then they would be exhausting the funds.

43
44 Mr. Dickinson replied that they would have likely reached \$460,000 or \$470,000, opining
45 that things were not going to get better as far as the uninsured.

46
47

1 Community Medical Care Center

2 Ms. Tamara Youngren, Ministry Director for Community Medical Care Center, thanked
3 the Board for their support over the years. She said that for the past 28 years Community
4 Medical Care Center had provided medical care to the neediest residents of Lake County,
5 and that their clinic was able to provide indigent care visits due to their large number of
6 volunteer physicians. She relayed that they currently enjoyed a volunteer partnership of
7 40 licensed primary and specialty healthcare professionals, and that at each clinic session
8 they had a family practice nurse practitioner working alongside their volunteer family
9 practice and internal medicine physicians providing quality medical care. She relayed that
10 they also provided their patients with numerous areas of specialty care, and that these
11 licensed healthcare professionals and 24 volunteer office and intake professionals made
12 their clinic a one stop medical home for their patients in primary and specialty care. She
13 mentioned that also had a state-of-the-art dental wing where volunteer dentists offered their
14 time and expertise to ensure that small dental issues did not become large medical issues.
15 She recalled that in 1990, the community recognized the critical need for indigent care, and
16 that the NLCHD was formed. She remarked that this had helped thousands of residents
17 during their time of medical need, and that the district made it possible for free clinics to
18 reach out with services that many in the community could not receive any other way. She
19 relayed that this critical funding provided about 80 percent of their overall budget needs,
20 and that their services would be greatly impacted without it. She requested to allow them
21 to continue this work by providing \$195,300 in funding to meet the needs of an estimated
22 1,260 patient visits during the upcoming year at a rate of \$155 per visit. She said it was
23 their passion to press on in this mission by ensuring that the most basic needs of the
24 medically underserved in the community would be met by a local free volunteer clinic and
25 a caring, professional and personal environment providing individuals and their family
26 with help and hope for the future.

27
28 Mr. Jordan asked about the relationships that they had with the hospitals for any services.

29
30 Ms. Youngren replied that they had a great relationship with UF Health Leesburg and that
31 this had been the key to her clinic's success over the year. She elaborated that UF Health
32 Leesburg positioned three employees at the clinic and that when they had patients approved
33 for charity care at the hospital, they could get labs, diagnostics, and surgeries done for free.

34
35 Mr. Harper inquired where the rest of their volunteer staff was coming from.

36
37 Ms. Youngren responded that they came from all over the community and that they had
38 many retirees from The Villages, along with many active practice physicians. She clarified
39 that all of the physicians and dentists who worked with them were volunteers and received
40 no compensation for their services.

41
42 Mr. Harper asked how many hours they had per week with these professionals.

43
44 Ms. Youngren replied that they averaged about 500 volunteer hours per month.

45
46
47

1 AdventHealth Waterman Community Primary Health Clinic

2 Ms. Edlyn Fernandez, Manager for AdventHealth Waterman Community Primary Health
3 Clinic, said that the support of the NLCHD continued to be instrumental in their success
4 and their ability to provide medical services in the community to qualified uninsured
5 residents of Northeast Lake County. She opined that the need for access to free primary
6 care continued to exist and that the NLCHD's support played an important role in
7 improving the wellbeing of the community. She stated that the community they served had
8 an uninsured rate as high as 20.5 percent and a poverty rate as high as 18.5 percent, which
9 were well above the State of Florida and the United States rates. She mentioned that their
10 clinic team, volunteer providers, and providers who served in their clinic continued to
11 develop care models that met the needs of their patient population through a caring
12 environment with open communication. She opined that the community could not thrive
13 without their patients, and she said that her clinic continued to adjust workflow and
14 processes to increase visit availability for patients as they provided a medical home for the
15 uninsured in the community which included primary care, social service navigation,
16 working with community partners for issues with people needing homes, and working with
17 AdventHealth Waterman for patients who needed cancer care, surgeries, labs and imaging.
18 She remarked that this was essential and efficient care that kept patients out of the hospital,
19 and noted that as of the current day she received 857 referrals to the clinic; furthermore,
20 they still had four months to go. She relayed that they only had 906 referrals for the
21 previous year, and that year over year they saw a 74 percent increase in overall patient
22 visits and a 127 percent increase in new patient volume. She commented that they provided
23 close to \$1.5 million in medication assistance through their prescription assistance
24 program, and that in this cycle they submitted 1,409 patients which was well over the 1,100
25 patients previously budgeted at the last meeting for funding requests. She asked that the
26 Board fund the additional 309 patients that they cared for, and said that they expected the
27 increase to continue as the federal poverty level was recently increased by the State of
28 Florida to 300 percent; additionally, 92 percent of their patients were at or below 100
29 percent of the federal poverty level. She mentioned that they were still feeling the effects
30 of Medicaid unwinding, and that they currently had seven pending Medicaid denials,
31 noting that their team and their clinic went through rigorous accounting. She elaborated
32 that no patient was seen at their clinic unless they had gone through the eligibility process,
33 and that for the 2024-2025 fiscal year they requested an allocation of \$297,600. She
34 clarified that this request was based on the value of \$155 per patient as they expected 1,920
35 patient visits.

36
37 Mr. Jordan asked about Medicaid denial and what the payments would and would not do
38 if they were not denied.

39
40 Ms. Fernandez explained that they saw 100 percent uninsured patients who did not qualify
41 for primary care insurance, and that one of the processes that they went through was that
42 all of the patients had to go through a Medicaid denial process. She elaborated that
43 Medicaid unwinding had strained the system and that this started late in the previous year.
44 She said that the State created a different website and that all of the individuals who were
45 under Medicaid or had gone through a Medicaid process had to sign up to a new system
46 and have an email account with two-factor authentication. She mentioned that after all
47 this, they had to complete the forms correctly, which could be lengthy and confusing to

1 many. She also indicated that part of the service that her clinic provided was access to
2 pharmaceutical donations, which was up to a 90-day supply for a year as long as one was
3 certified through their clinic, noting that they required this documentation proving that her
4 clinic had gone through extensive vetting that the individual was uninsured.

5
6 Mr. Jordan indicated his understanding that they had to be denied and that they would then
7 be eligible for these funds.

8
9 Ms. Fernandez confirmed this and said that through the Medicaid unwinding process, it
10 had taken up to 90 days. She commented that it was crucial for patients to be seen and to
11 keep them out of the ER, and that they worked to see how they could expedite this process;
12 however, she reiterated that they currently had seven patients pending.

13
14 LifeStream Primary Care Clinic

15 Mr. Temple commented that LifeStream Behavioral Center also offered a primary care
16 clinic called the Wellness Integrated Network (WIN) Clinic with locations in the Cities of
17 Eustis and Leesburg. He remarked that for North Lake they had served 313 individuals
18 and spent slightly over \$53,000 on the office visit claims. He said that they were trying to
19 look at recruiting another provider so that they could offer more services to indigent
20 residents who had a mental health diagnosis, and he requested \$100,000, which was the
21 same as in previous years.

22
23 St. Luke's Free Medical and Dental Clinic

24 Ms. Erin Burley, Director of Clinics for Catholic Charities of Central Florida, thanked the
25 Board for their previous support of their clinic. She indicated that her organization
26 embraced all those in need with compassion regardless of their faith background, and that
27 they had five clinics in Central Florida with two being in North Lake, including Lazarus
28 Free Dental Clinic in the City of Leesburg and St. Luke's Free Medical and Dental Clinic
29 in the City of Eustis. She commented that St. Luke's had been serving the community for
30 over 15 years, and that it was started by a local physician and priest who saw the need in
31 the community for affordable medical care. She remarked that all of their medical and
32 dental providers were volunteers, along with some administrative volunteers. She said that
33 they currently had five primary care doctors, a cardiologist, a podiatrist, and one nurse
34 practitioner. She added that they also had three volunteer nurses, and that between the two
35 clinics they had 11 dentists and three hygienists. She stated that the majority of their
36 patients came to them for management of chronic conditions such as diabetes, high
37 cholesterol, asthma and hypertension. She related that not only was her clinic keeping
38 these patients healthy and out of the hospital ERs, but they were also keeping the workplace
39 healthier; additionally, people were able to work and maintain their families, providing a
40 better life for their children and less stress for the entire family. She relayed information
41 about a patient who had been diagnosed with breast cancer, commenting that by working
42 with other agencies, they were able to receive chemotherapy and had surgery in the
43 previous week; furthermore, they had a good prognosis due to the early intervention. She
44 clarified that her clinic did not receive reimbursement for the majority of the dental part of
45 their services, though there was a direct correlation between oral health and medical health.
46 She commented that many people suffering from dental infections turned to the ER for
47 care, where they would receive an antibiotic and possibly something for the pain; however,

1 they often needed to return more than once. She opined that by these patients being able
2 to receive the necessary dental care, they were diverting many visits from the ER, and she
3 relayed that they currently had 150 dental patients on their wait list. She related that they
4 also offered nighttime clinic hours, and that they did not rely solely on the funding from
5 the NLCHD, noting that they also had the support of three local parishes, private donors,
6 and multiple grants each year that they applied for. She asked that the Board consider their
7 request for continued funding.

8
9 DISCUSSION OF THE BUDGET SCENARIO WORKSHEET

10 Mr. Hurley inquired if the Board had any questions about the worksheets included in the
11 packet.

12
13 Mr. White explained that included in the packet was a budget scenario worksheet, which
14 included the following: the administrative costs; the carryover from the prior year; the
15 surplus funds; the current requests as presented by the hospitals and clinics; potential
16 millage rates to cover a wide range of possibilities the Trustees may decide upon in the
17 following couple of meetings; and a funding request worksheet, which detailed the requests
18 being made by the hospitals and clinics.

19
20 PUBLIC COMMENT

21 Ms. Sue Parent, a resident of the City of Mount Dora, expressed appreciation to the
22 representatives from AdventHealth Waterman, and said that they took good care of her
23 brother-in-law who was homeless, noting that he had passed away shortly after he was
24 discharged. She inquired if the millage rate could go higher than 1.00 mills, and
25 commented that this rate would give her and her husband, who were retired, a \$397.22
26 additional tax, opining that this was very high. She remarked that she knew many other
27 senior citizens on fixed incomes, such as the widow two doors down from her whose house
28 was larger than hers, and opined that she could not afford that. She opined that there were
29 many people who lived in trailer parks in North Lake that could not afford to pay \$125 per
30 month extra and who could become some of their indigent patients.

31
32 Mr. Harper relayed his understanding that the reason they saw such a large increase was
33 because some Board members decided to underfund the providers by about \$750,000 in
34 the previous year, and that there was a large gap that was not in the previous budget.

35
36 Ms. Parent commented that the amount of 0.50 mills was mentioned, which she opined
37 would be more amenable than 1.00 mills.

38
39 Mr. Harper opined that it would be in a lower range, and that it would not be 1.00 mills.

40
41 Mr. Jordan related that in prior years, such as 2021 through 2023, the amount varied from
42 0.89 mills to 0.50 mills to 0.15 mills, and that in some of those years there was an excess,
43 which carried over into the following year.

44
45 Mr. Harper added that this excess allowed the Board to reduce the amount the following
46 year.

47

1 Mr. Jordan commented that 1.00 mills was used for the TRIM notice because Florida
2 Statutes stated that it could not go over that amount even if the need was there, and that the
3 Board now had the actual evaluations of the properties that were going to be assessed and
4 the needs through documentation and the requests of the healthcare providers. He relayed
5 his understanding that to meet the full amount, it would be about 0.50 mills, and Mr. White
6 indicated that this was correct.

7
8 Mr. Hurley questioned how Ms. Parent calculated the additional \$300 tax for her 1,800
9 square foot home.

10
11 Ms. Parent answered that this was based on her tax from the previous year, which was
12 \$63.75, opining that it would go up to \$460.97.

13
14 Mr. Hurley relayed his understanding that 1.00 mills would be \$1 per \$1,000 assessed
15 value, and he inquired what her home was assessed.

16
17 Ms. Parent replied that it was assessed at \$460,000.

18
19 Mr. Gary Winheim, a resident of Lake County, stated that he and his wife were
20 homeowners, noting that he had retired from law enforcement after 26 years with the City
21 of Eustis Police Department and that his wife was a retired nurse with 20 years in nursing
22 and 10 years at AdventHealth Waterman. He mentioned that when he received the current
23 year's proposed tax sheet, he saw a considerable increase for the NLCHD tax, and that
24 after reviewing what it was for, speaking with several people, and watching the prior
25 NLCHD meeting, he had some questions. He asked who reviewed the claims to determine
26 if a person was unable to provide for themselves or just unwilling to when a hospital came
27 to the Board to request an amount based on the number of indigent people the hospital had
28 provided care for. He opined that a person who had not filled out the paperwork for
29 Medicare, Medicaid, or insurance under the Affordable Care Act (ACA) may be eligible
30 for insurance but had not attempted to apply, and that the responsibility fell on the provider
31 to ensure all avenues of payment had been exhausted prior to requesting taxpayer funds.
32 He questioned if there was any oversight to determine whether or not the indigent people
33 being provided for were not eligible for any other type of assistance. He remarked that the
34 medical care of migrant workers was mentioned in the previous meeting, which he opined
35 was not the responsibility of the taxpayer. He opined that this was the responsibility of the
36 company that employed that migrant worker and benefited from the lower employee cost
37 associated with migrant workers, and that they should be providing healthcare or workers
38 compensation. He opined that this Board acted as a quasi-insurance company, and he
39 wondered if there was a review process in place to determine if care provided fell within
40 parameters that would be acceptable for a large insurance company, such as not covering
41 readmission within 30 days for a certain diagnosis. He asked if the same standard was
42 being applied in the NLCHD, or if the hospitals were treating and being reimbursed for
43 repeat care to the same people over and over. He inquired about the diagnoses, the average
44 length of stay, and readmission rates, and he wondered if these questions were being asked
45 of the corporations that this funding was going to. He stated that the current requests for
46 FY 2025 was about \$10.8 million, which included the following: LifeStream Behavioral
47 Center asking for a three percent increase; AdventHealth Waterman asking for the same;

1 and UF Health Leesburg asking for a considerable increase, opining that it was to make up
2 for the prior year's shortfall. He opined that if all provider requests were considered with
3 UF Health Leesburg receiving the prior year's request, this could be funded by a millage
4 rate of 0.384 mills, which was well under what several Board members were willing to do
5 and lower than the default rate. He mentioned that in the previous meeting, Mr. Hurley
6 had stated that it was merely \$100 per person; however, going to the grocery store and the
7 gas station had increased in cost as well as homeowners' insurance, auto insurance, and his
8 own health insurance, which had increased by \$1,200. He opined that they were in tough
9 and unstable economic times, and that this extra burden on the taxpayer was not fiscally
10 responsible.

11
12 Mr. Jordan commented that the auditing of every patient was done by MSL, and that they
13 evaluated the submissions and each individual case, which had to meet the criteria. He
14 remarked that the facilities were responsible for obtaining all that information before they
15 received any funding from the NLCHD, and that the care had already been provided, noting
16 they may or may not be reimbursed and may possibly be waiting months for that
17 information. He relayed that making up for a previous year was not a possibility as the
18 funding was presented in that year based on the request and what was granted, and that
19 after it was used there were not continued requests. He related that the request for
20 AdventHealth Waterman of \$3.4 million that was granted to them was used halfway
21 through the year meeting these strict criteria and being evaluated by the auditor.

22
23 Mr. Winheim relayed his understanding that they had a shortfall in the previous year, and
24 opined that they had increased their request substantially in the current year to avoid the
25 shortfall from the previous year.

26
27 Mr. Jordan stated that those services had to be provided meeting these criteria by the
28 auditor.

29
30 Ms. Christie Folker, a resident of Lake County, indicated appreciation for the explanation
31 of how the tax went from 0.15 to 1.00 mills, opining that this was why many of the residents
32 were in attendance. She commented that her previous year's NLCHD contribution was
33 \$92.50, and that if the millage rate was 1.00 mills, her tax bill would go to \$506.53, noting
34 that she was not at the poverty level and could possibly afford to assume this. She related
35 that the NLCHD received funds that had appreciated from the substantial appreciation of
36 all the residents' homes, and that the NLCHD, the Board of County Commissioners (BCC),
37 and the Lake County School Board had all benefited from increased house values. She
38 expressed appreciation to Mr. Braun for his explanation, and said that she would like to
39 meet with him to ask some questions. She commented that she came from a background
40 of over 25 years in healthcare, including a multimillion-dollar healthcare agency in this
41 county that was funded 100 percent by Medicare funds, and opined that she understood
42 both sides, such as how Medicare funds were received and spent; additionally, she
43 understood how they were manipulated. She opined that with considerable constraints,
44 such as higher gas prices, if this tax remained as high as it was, then those who were already
45 close to being indigent would be. She stated that when she was in healthcare, she was
46 taking care of people who were making decisions on whether or not they were going to eat
47 or obtain their medications, and that she helped them with social services and referred them

1 to agencies that were asking for funds. She remarked that she did not want to be considered
2 fiscally irresponsible or heartless; however, she opined that those at the county level could
3 not ask for hundreds of dollars more based on the taxable assessed values of their homes.
4 She commented that she wanted to ensure that the people receiving these funds were
5 qualified, and noted that she was self-employed and used ACA as did her children who
6 also qualified for subsidies. She assumed that the people asking for this care had exhausted
7 all other options for care so that the taxpayers were not subsidizing them. She relayed that
8 she understood the need for this tax when the hospitals were community based with no
9 recourse other than the funding and donations they received; however, since the inception
10 of this Board in 2016, both of the local hospitals were currently owned and managed by
11 multi-million-dollar companies that had access to funds they did not have before, which
12 she opined should be a consideration. She opined that if the requested funding could be
13 accomplished with 0.53 mills, then it would be irresponsible for the Board to ask for more
14 from the taxpayers.

15
16 Mr. Richard Vilissov, a resident of Lake County, commented that he learned about this tax
17 on the previous day, and that he had been surprised because many people, such as he and
18 his wife, were on a fixed income and struggled to pay bills. He opined that having recently
19 had surgery at AdventHealth Waterman for his hip, it was difficult to understand all the
20 charges on the medical bill, and he wondered what they were doing with all this funding.
21 He opined that the United States (U.S.) was supposed to be the greatest country in the world
22 and was handing out billions of dollars to other countries so they could go to war with each
23 other; however, he opined that the County was having issues providing medical care to
24 people who could not afford it. He opined that he could almost not afford it either, noting
25 that even though he was on Social Security and had Medicare, his wife was too young to
26 be on Medicare, and he had to pay for her insurance. He opined that it was expensive to
27 go to the ER, and that it was not right that he had to spend more funding on something that
28 he would not obtain a profit from and had to contribute to; furthermore, he opined that the
29 County should obtain funding from the federal government.

30
31 Mr. Ray Powers, a resident of Lake County, recalled that there was a letter submitted by
32 the chairman, Ms. Barbara Price, and that he wanted to read it. He related that it said,
33 “Dear Board of Trustees: Please accept my sincere apologies for not being able to be with
34 you tonight. I have concerns about our last meeting in May. As chair of this District, I was
35 surprised when I was called by the Property Appraiser’s office and asked why our proposed
36 millage was submitted at 1.00 mills. It was much higher than last year. I explained that we
37 were in a deadlock over submitting a millage rate lower than 1.00 mills and nothing passed.
38 I called Crippen and was told we could take it up at our next meeting and what they did
39 was correct and if it changed it will cost the District funds. This is wrong and should reflect
40 the 0.15 or roll back rate. The accounting firm does not have voting rights, and this is
41 unacceptable. However, they submitted the proposed millage rate without our approval.
42 This error has significant implications, and we must ensure proper procedures are followed
43 to prevent such issues in the future. Transparency and accountability in our financial
44 decisions is paramount to maintaining community trust in our governance. We must
45 demonstrate that we are acting in the highest interests of our residents and are committed
46 to preventing similar mistakes. A high millage rate could lead to increased taxes for
47 property owners within the District, which might cause financial strain for residents.

1 Additionally, it could result in public dissatisfaction and potential backlash against the
2 Board. To maintain community trust and support, we must address these concerns
3 promptly. I was told it was submitted at 1.00 mills by our accounting service. We did not
4 vote on this, and it was submitted as such. The accounting service is responsible for
5 accurately reporting financial decisions made by the Board. If you look at your TRIM
6 notices, you will see that most taxing authorities' proposed tax rate stayed the same as last
7 year, except for the one that went up other than NLCHD. Additionally, we should notify
8 the Property Appraiser's Office of our intention to amend the submission as soon as
9 possible. This will demonstrate our commitment to transparency and responsiveness to
10 community needs. The Property Appraiser's Office may appreciate our initiative-taking
11 approach to addressing the error and our commitment to correcting it promptly. Barbara
12 Price, Chair, North Lake Hospital Trustee.”

13
14 Mr. Hurley opined that there were some items in the letter that were incorrect, and noted
15 that the Board did vote on it. He explained that because the vote was split evenly 3-3, then
16 it automatically went to 1.00 mills per Florida Statute, and noted that Mr. Powers did not
17 read the response, which he asked Mr. White to read.

18
19 Mr. White clarified that this statement predated Ms. Price's letter, and that it said, “Prior
20 to the May 16, 2024 special meeting of the NLCHD, legal and finance counsel reviewed
21 Florida Statute Chapter 200, entitled *Determination of a Millage* and the State of Florida
22 Department of Revenue (FDOR) TRIM regulations for the purpose of providing an
23 overview of the laws and regulations to the Trustees at the May 16, 2024 special meeting.
24 Minutes from the May 16, 2024 special meeting reflect finance council providing an
25 overview of the statutes and regulations to the Trustees, which were also confirmed by
26 legal counsel during the meeting. The overview also included the process to certify Form
27 DR-420 (the tentative millage form). In summary, if the Trustees were successful in
28 passing a proposed millage, a successfully passed proposed millage would be certified on
29 that form; however, if a stalemate was reached a proposed millage of 1.00 would be
30 certified on the form to preserve the Trustees' power in setting a tentative millage at later
31 meetings without incurring unnecessary expense. This process is in compliance with the
32 Florida Statutes and TRIM regulations, and the overview went without objection by the six
33 Trustees present at the special meeting. During the May 16, 2024 special meeting, the
34 NLCHD Trustees admirably carried out their duties and responsibilities in an attempt to
35 set a proposed millage rate to be certified on the form. A few proposed millage rates fell
36 short of the necessary votes to pass, a stalemate was reached, and the meeting was
37 adjourned. The form deadline for the certification was July 31, 2024, and that Trustees did
38 not have another meeting scheduled until August 2024. Since there were no objections
39 made to certify the 1.00 millage discussed during the overview, the DR-420 was certified
40 at 1.00 proposed millage. The filing of the DR-420 was timely and in compliance with all
41 other TRIM regulations. On August 6, 2024, legal and finance counsel for the NLCHD
42 were separately contacted by Trustees of the NLCHD regarding potential violations of the
43 Florida Statutes and/or FDOR TRIM regulations. Specifically concerned was the 1.00
44 proposed millage included on the certified form. As a result of the August 6, 2024
45 inquiries, legal and finance counsel further researched the respective Florida Statutes and
46 contacted senior management with TRIM at the FDOR for the State of Florida. Based on
47 the research for form and the consultations with senior management at the FDOR, the

1 certified DR-420 was completed in compliance with Florida Statute and the TRIM
2 regulations. As noted above, the intent of certifying 1.00 as a proposed millage was done
3 to preserve the Trustees power to vote on a tentative millage and final millage without
4 incurring unnecessary expense. If a proposed millage other than 1.00 was certified in the
5 DR-420, it would have been an act of finance and counsel, and not the Trustees' majority
6 will, which would have violated Florida Statute and TRIM regulations. Further, certifying
7 anything less than 1.00 could have resulted in unnecessary expense to the NLCHD to re-
8 advertise the millage. The process discussed at the May 16, 2024 special meeting and
9 carried out timely by the NLCHD's finance counsel preserved the Trustees power in setting
10 a tentative millage at the August 29 and September 12, 2024 NLCHD meetings or the final
11 millage at the September 26, 2024 meeting without incurring any unnecessary expense."

12
13 Mr. Harper commented that running an ad in the newspaper would cost \$25; however, with
14 this kind of advertising, there would have to be a \$.73 stamped letter to every one of the
15 residents' homes with 408,000 residents in Lake County. He mentioned that since the
16 Board did not know what the NLCHD would have or what the expenses were going to be,
17 there would have to be a budget line item for that expense to do a special budget. He
18 pointed out that Mr. Dickerson had said that his costs had increased by 15 to 20 percent
19 more than what he had budgeted, and that the Board was trying to be diligent with the
20 information they had. He reiterated that there was no information at the special meeting,
21 and that this was why the millage rate was left at 1.00 mills.

22
23 Ms. Denise Beyer, a resident of the City of Mount Dora, remarked that she had opened her
24 TRIM notice mailing to compare the proposed budget with the prior year, and opined that
25 residents always had to pay what was on the TRIM notice, which was why they were in
26 attendance at the current meeting. She stated that in the 25 years that she had been paying
27 Lake County property tax, she never remembered her TRIM notice having a line item that
28 was raised by 666 percent from the final tax rate paid the year before; otherwise, she would
29 have attended more meetings. She commented that Governor Ron DeSantis had chided
30 the taxing authorities when visiting Counties around the State of Florida, and she quoted
31 him as saying, "This is no time to be raising taxes." She opined that it seemed wrong to
32 raise the rates; additionally, she opined that the rates could be lowered. She related that in
33 a conversation on social media with one of the Board members, she learned that it was the
34 taxpayers' responsibility to subsidize this by a confiscation as opposed to charitable giving;
35 however, she opined that the taxpayers' contribution did not need to be raised by 666
36 percent. She mentioned that she understood that this was not going to happen, and opined
37 that this was good. She questioned why the previous rate was not sufficient, and why could
38 the rate not be less than the previous year's rate. She stated that the increased property
39 values automatically resulted in a greater contribution from the taxpayer even at the same
40 rate, and she asked the Board to stop raising taxes.

41
42 Mr. Harper opined that the Board was not raising taxes, and that the Board was following
43 the letter of the law to help indigent people. He reiterated that the tax rate would not be at
44 660 percent if the Board in the previous year would have allowed adequate funding of the
45 hospitals. He commented that the Board was managing the budget that had been allowed
46 to the NLCHD through the Florida Statute, and that the line item was voted on by the
47 residents.

1 Ms. Beyer opined that the Board had the ability to set the millage.

2
3 Mr. Harper clarified that the Board set the millage against the budget request.

4
5 Ms. Carolyn Maimone, a resident of the City of Eustis, expressed appreciation to the Board
6 for their attendance to hear all of the presentations, which she opined were very important;
7 additionally, she had watched the previous meeting. She said that she was thankful to have
8 a home, and that if the millage rate had stayed where it was the previous year, it would be
9 \$10. She commented that she lived in a modest 1,000 square foot house, and that if her
10 rate went up to \$100, it would not be difficult for her. She opined that it was difficult to
11 think that there were homeless and indigent people that needed healthcare, and that some
12 people who had homes, food, and cars had an issue with helping out the indigent and the
13 uninsured. She opined that the clinics were doing all they could to keep the costs down by
14 bringing in volunteer doctors and dentists to cover the medical needs, and that she had met
15 with many of them in the past few months since deciding to run for the NLCHD Board.
16 She relayed that they were seeing an increase every year of 75 to 80 percent of need because
17 there were many people moving into this area, and that there were many homeless people.
18 She thanked the Board, and said that she looked forward to serving with the Board in the
19 following year.

20
21 Mr. Robert St. Germaine, a resident of Lake County, pointed out that there was always
22 change, and that over the past 10 years, he had seen much growth in Lake County, opining
23 that there was much wealth coming to the county. He said that he loved the U.S. and
24 success, noting that he saw many expensive cars owned by people who lived in Lake
25 County. He opined that the NLCHD acted as if the funding was coming from the same
26 amount of people, which was not the truth, and that since there were many more taxpayers,
27 the NLCHD did not have to raise taxes. He also opined that instead of reevaluating their
28 programs and their efficiency, hospitals were always looking for a handout without fixing
29 the systems that were in place; additionally, he opined that if a hospital was in trouble, it
30 would just ask for more money from the taxpayers. He opined that even though there were
31 more people, those who had lived here a long time may not have all the funds that people
32 coming to live in this county had, and that they were the ones who were suffering. He
33 inquired how to classify indigency, and opined that it could be an illegal immigrant who
34 was not properly screened. He said that he would not begrudge the indigent people
35 healthcare that were already residents; however, he opined that the system was breaking
36 down because it was being overwhelmed. He opined that the NLCHD did not need to raise
37 taxes, and that he would like to see a comparison of the population from the prior year to
38 the current year and the difference in tax revenue, opining that there was a large influx of
39 wealth in Lake County for the tax base. He opined that the Board could say no to the
40 hospitals and to find the funding somewhere else. He opined that the indigent would not
41 go without care.

42
43 Mr. Harper commented that Manatee Memorial Hospital tried to do that, and that they were
44 now cutting care for the indigent and uninsured. He opined that even though it may take
45 years to happen, it would eventually affect the outcome.

46

1 Mr. Terry Hurley, a resident of Lake County, indicated appreciation to the Board for
2 attending the meeting, and opined that even though there were more funds in the
3 community, there was also much more need in the community than there had been before.
4 He relayed his understanding that at the meeting in May 2024, the Board had to choose a
5 millage rate, and that there were some suggestions that were too low, noting that if the rate
6 was small and the need turned out to be larger, the Board could not ask for more. He
7 relayed his understanding that the Board asked for the highest rate, and that when the
8 numbers came out in August 2024, the Board could come back in September 2024 and
9 lower the amount to match the need. He opined that the NLCHD may not need 1.00 mills
10 and could use much less, and that he did not understand what the issue was. He reiterated
11 that the NLCHD asked for what the Florida Statute required, which was 1.00 mills, and
12 that it would be adjusted in September 2024, noting that the millage rate was not even
13 known yet. He mentioned that some Board members went on social media to voice their
14 dissent and then did not attend the meeting, and he thanked the Board for coming and
15 addressing the community.

16
17 Mr. White mentioned that at the May 2024 meeting, there was a presentation of the final
18 audit of the financial statements of the organization, and that those were delivered in paper
19 form to the Board subsequent to that meeting, noting that he had given each Trustee a
20 bound copy for their own records.

21
22 Ms. Folker opined that many people were in attendance because they saw a large increase,
23 and that they had never paid attention to what the NLCHD did; therefore, this was the time
24 to educate the public on what was happening. She opined that if the residents were
25 reasonable and asking good questions, then they could help support the NLCHD or at least
26 educate the community on the what the difference was. She inquired if there was ever a
27 surplus, and where that funding would go. She wondered if the funding stayed with the
28 NLCHD to be used in other years, or if it went to other county entities, opining that taxes
29 for indigent care should only be used for indigent care.

30
31 Mr. White replied that this would be addressed at large at the following meeting; however,
32 in summary, the surplus stayed with the NLCHD and was used to offset future year
33 requests. He projected that there would be a surplus carryforward of about \$800,000 from
34 the Fiscal Year (FY) 2024, which could change until September 2024.

35
36 Ms. Folker opined that if there was a \$750,000 shortfall from the previous year and an
37 \$800,000 surplus from the current year, then she could see why the public did not
38 understand why their millage rate increased. She said that if the NLCHD was benefiting
39 from an increased tax base because the values of their homes had gone up every year, then
40 the public would not understand why their millage rate would go from 0.15 mills to
41 potentially 0.53 mills or as high as 0.75 mills. She opined that the NLCHD was asking the
42 public to give funding that would give a surplus, and she asked for some clarification.

43
44 Mr. White replied that the funding requests happened every year at this time, and that the
45 funding requests from the previous year were much larger than what was approved, noting
46 that the funding requests totaled \$8.7 million, which was approved at \$3.3 million. He
47 stated that the approval process in the setting of a millage was based on variable factors

1 such as the expenses of the NLCHD to run administratively as well as the intent to fund
2 the organizations up to the approved and audited balance, noting that not all of the clinics
3 or hospitals always met that threshold, which created a surplus. He commented that the
4 Trustees had the ability to reallocate that to other organizations that had requested in excess
5 of their budget or to carry it forward to offset the next fiscal year.

6
7 Ms. Folker questioned if the surplus could go to UF Health Leesburg if LifeStream
8 Behavioral Center only used \$600,000 and had a \$200,000 surplus.

9
10 Mr. White answered that this was at the will of the Trustees, and that if submissions were
11 received and approved through the rigorous audit process in excess of their individual
12 budget and someone else had a surplus, then the Trustees had the ability to reallocate those
13 funds to compensate those who went over.

14
15 Ms. Folker indicated appreciation for allowing her to come back up to ask this question,
16 opining that it was helpful. She asked that the Board would keep in mind that the NLCHD
17 had already benefited from an increased tax base and from home values going up when
18 setting the millage rate.

19
20 Mr. Braun commented that he understood the concern about property taxes, and noted that
21 there had been years when the millage had decreased. He elaborated that when conditions
22 were stable, and they knew what the needs were and what the millage needed to be, then
23 the millage was based on the needs. He remarked that in more recent years, not only had
24 the needs been harder to quantify because of COVID-19 and labor shortages, it also became
25 more difficult to administer their healthcare system perfectly so they did not lose funds,
26 noting that there were payers that did not pay what it cost to provide care. He remarked
27 that in recent years, the NLCHD had not funded the need, and that his organization had
28 stopped submitting more than they had been budgeted as was shown in his presentation
29 even though they spent more. He explained that they did not submit more because it was
30 a process, and that they had not received their request in any of the prior few years;
31 additionally, they did not request what they really needed because they did not think they
32 would receive it. He commented that they supported fully funding the clinics, and that they
33 agreed to take what the hospitals were given and split it with AdventHealth Waterman as
34 the other acute care provider to make it work. He related that they did not know exactly
35 what they needed until the following year, and that this was why there was a budget
36 shortfall. He remarked that in the past, if they had submitted more than they were budgeted,
37 then it was reallocated to pay the actual claims of care that had already been provided.

38
39 Mr. Harper asked what the real shortfall was against what was proposed and what was
40 actually accepted for evaluation for the previous year.

41
42 Mr. White replied that the request was for \$8.7 million, and what was budgeted if they met
43 the requirements was \$3.3 million.

44
45 Mr. Harper pointed out that there was a large shortfall, and that the NLCHD did not fulfill
46 the need for the community hospitals, opining that this was why their line item showed a
47 low number. He opined that some of the Board members with voting influence tried to

1 suppress the line item way below the funding that was needed so that the NLCHD could
2 reimburse the hospitals for the services they had already paid for.

3 Mr. Hurley announced that the next meeting was September 12, 2024 at 5:30 p.m., and that
4 if those in attendance wanted to come back on September 12, 2024, they were welcome to
5 do that.

6

7 ADJOURNMENT

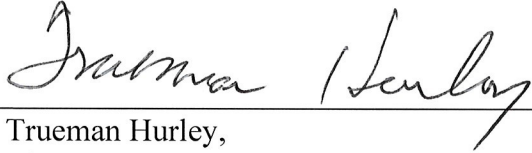
8 The meeting adjourned at 7:44 p.m.

9

10

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12

A handwritten signature in cursive script, reading "Trueman Hurley", written over a horizontal line.

Trueman Hurley,
Vice Chairman