

The Florida Senate

Local Funding Initiative Request Fiscal Year 2019-2020

LFIR#: 1946

1. Title of Project: Maternal Fetal Medicine

2. Senate Sponsor: Joe Gruters

3. Date of Submission: 02/04/2019

4. Project/Program Description:

Provide maternal fetal medicine services to low-income uninsured and under-insured in Manatee County. The program will include the services of a perinatologist and provide ultrasounds to the target population. In addition, care coordination will be provided for this high-risk patient population.

5. State Agency to receive requested funds: Department of Health

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	700,000
Fixed Capital Outlay	
Total State Funds Requested	700,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	700,000	46.67%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	800,000	53.33%
Total Project Costs for Fiscal Year 2019-2020	1,500,000	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	
(yyyy-yy)	Recurring	NonRecurring	Appropriation #	Vetoed
>5 years	500,000			No

- 9. Is future-year funding likely to be requested? Yes
 - a. If yes, indicate non-recurring amount per year. \$700,000
- 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		



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Executive Director/Project Head Salary and		
Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Support staff to include nurses, care coordinators, and receptionists.	240,000
Expense/Equipment/Travel/Supplies/Other	Medical supplies, data processing, and population health tools.	10,000
Consultants/Contracted Services/Study	Perinatologist and ultrasound technician.	450,000
Fixed Capital Construction/Major Re	novation:	
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must e	egual total from guestion #6)	700,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Improved health benefits will result from the expansion of service hours and availability. The OB/GYN provider will utilize the services of the perinatologist who will assist with the early identification and treatment of conditions which result in fetal infant deaths and poor birth outcomes such as low birth weight. Also impacting negative birth outcomes is the incident of neonatal abstinence syndrome and the special risks involved with this population.

- b. What are the activities and services that will be provided to meet the intended purpose of these funds?
 - Comprehensive Maternal Fetal Medicine services for patients referred by MCR Health obstetrical providers. Services include perinatologist, ultrasound technician, care coordination, and support staff.
- c. What are the direct services to be provided to citizens by the appropriations project?
 - Medical visits, care coordination, and ultrasounds.
- d. Who is the target population served by this project? How many individuals are expected to be served?
 - Low-income uninsured and underinsured in Manatee County. It is anticipated 450 pregnant woman will have at least one ultrasound and 1 follow-up visit with the perinatologist and/or perinatologist consult with the obstetrician.
- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The cost effectiveness and overall goals of the project will be measured by the outcomes data within the target population. Through analysis of the outcomes data, an improved health status will be realized with the perinatologist involvement in the care of the woman and fetus through better management of the pregnancy. The data collected will be entered into the computer system. Reports are generated monthly to address the progress made on the outcome measures.

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f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Funding adjustment based on deliverables not met

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. Name: Patrick Carnegie

b. Organization: MCR Health, Inc.

c. E-mail Address: pcarnegie@mcr.health

d. Phone Number: (941)776-4000

14. Recipient Contact Information:

a. Organization: MCR Health

b. County: Manateec. Organization Type:

O For Profit

O Non Profit 501(c) (4)

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Linda Snyder

e. E-mail Address: lsnyder@mcr.health

f. Phone Number: (828)247-6678

15. Lobbyist Contact Information

a. Name: Michelle McKay

b. Firm Name: T.B. Consultants, Inc.

c. E-mail Address: michelle@tbconsultants.net

d. Phone Number: (850)402-9577