



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1180

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Telemonitoring to reduce avoidable hospital and emergency department utilizations.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding | Amount |
|------------------------------------|--|
| Operations | <input style="width: 80%;" type="text" value="300,000"/> |
| Fixed Capital Outlay | <input style="width: 80%;" type="text" value="000"/> |
| Total State Funds Requested | 300,000 |

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|---|--|
| Total State Funds Requested (from question #6) | <input style="width: 80%;" type="text" value="300000"/> | <input style="width: 80%;" type="text" value="100.0"/> % |
| Matching Funds | | |
| Federal | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| State (excluding the amount of this request) | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Local | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Other | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Total Project Costs for Fiscal Year 2020-2021 | 300,000 | 100 % |

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--|--|--|--|--|
| | Recurring | Nonrecurring | | |
| <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

| Spending Category | Description | Amount |
|--|--|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | 5% of direct administrative salary/benefits for the telemonitoring program will be allocated to this expansion pilot. Though we expect this project to represent approximately 20% of the patients in the overall telemonitoring program of BCHC, we will provide this in kind contribution in effort to forward the pilot and research. | 10,000 |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: Other | | |
| Salary and Benefits | Full time tele-monitor RN and part time tele-monitor installer. | 125,000 |
| Expense/Equipment/Travel/Supplies/Other | Additional tele-monitoring equipment to allow expansion of pilot (100 units at \$1000 per unit); Monthly licensing and support fees for tele-monitoring equipment and software (\$60K), mileage for installation and maintenance, cell phones, and supplies (\$5K) | 165,000 |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 300,000 |



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11. Program Performance

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

Prompt early detection of changes in health indicators suggesting a decline in health among medically frail older adults can reduce hospital utilization and therefore cost to the patient, the payer and the healthcare delivery system. This project will allow BayCare HomeCare to expand a Telemonitoring pilot to effectively evaluate the use of new technology in reducing preventable hospital and ED utilization for 130 Medicare dual eligible or uninsured.

b. What activities and services will be provided to meet the intended purpose of these funds?

Over the course of the project period, the BayCare Home Care team will work with the Physicians and Accountable Care Organizations (ACO) to develop a process for identifying and enrolling the target population into tele-monitoring services for a specified duration of time based on individual patient needs no less than 30 days. A multi-disciplinary care team including a social worker, registered nurse, and APRN leverage telemonitoring equipment to check on the patient daily and provide education, social support and health monitoring. The BayCare HomeCare project team will follow these patients' healthcare utilization and resulting cost, and hospital admissions - comparing these patients' outcomes to a historical comparator of patients meeting the same inclusion criteria to determine the effectiveness of the care model.

c. What direct services will be provided to citizens by the appropriation project?

Remote patient monitoring, communication with a primary care provider, patient education (individual and group), and patient engagement in self-care and group environments to address social isolation will be provided for a specified duration of time based on individual patient needs, but no less than 30 days. Patients undergo an assessment by the social worker to identify socio-economic barriers to successful adherence to care plan and make appropriate referrals to social services and behavioral health providers. Once discharged from the hospital, a Homecare nurse and/or technician visits patient to install and educate the patient on the telemonitoring tools within 24-48 hours to enroll in the program. The patient uses the connected devices to send vitals daily, reviewed by team of 4 remote nurses and a licensed clinical social worker. Abnormal results prompt video call between patient and a telemonitoring nurse to determine plan of action within current Plan of Care.

d. Who is the target population served by this project? How many individuals are expected to be served?

Elderly persons, persons with poor mental and physical health, jobless persons, physically disabled persons, and economically disadvantaged persons, will be served by this project. Approximately 150-200 persons will be served by this project.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

This project will improve patient health outcomes, decrease healthcare utilization, and decreased cost of care. We will collect the number of emergency department visits; the number of hospitalizations readmissions; length of stay of hospitalizations; and associated costs of services provided. A statistician will use the data to compare against historical metrics to evaluate success.

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?

10% reduction of funding



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.