

## The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1217

| (уууу-уу)                                      | Recurring                                                                                      |                 | nrecurring       | Appropr              | iation # Vetoe     | d                         |
|------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------|------------------|----------------------|--------------------|---------------------------|
|                                                | most recent instance:                                                                          | state fundi     | ng? OY           | es • N               |                    | 1                         |
| Total Project Co                               | osts for Fiscal Year 2                                                                         | 020-2021        | 1,               | 000,000              | 100 %              |                           |
| Other                                          |                                                                                                |                 | 00               | 0 %                  |                    |                           |
| Local                                          |                                                                                                |                 | 00               | 0 %                  |                    |                           |
| State (excluding the amount of this request)   |                                                                                                |                 | 00               | 0 %                  | _                  |                           |
| Federal                                        |                                                                                                |                 |                  | 00                   | 0 %                | _                         |
| Matching Funds                                 | 5                                                                                              |                 |                  |                      |                    |                           |
| Total State Fund                               | s Requested (from que                                                                          | estion #6)      | 1                | 000000               | 100.0 %            |                           |
| Type of Funding                                | g                                                                                              |                 | Amou             | nt                   | Percentage         |                           |
| Total State Fun                                | ds Requested                                                                                   | 0-2021 (inc     |                  | 000,000<br>tching fu | nds available      | for this project)         |
| Fixed Capital Ou                               | utlay                                                                                          |                 | 000              |                      |                    |                           |
| Operations                                     | -                                                                                              |                 | 1,               | 000,000              |                    |                           |
| Type of Fundin                                 |                                                                                                | 101110001       | Amou             |                      |                    |                           |
|                                                | onrecurring Request                                                                            |                 | Year 2020-       | 2021                 |                    |                           |
| State Agency to State Agency con               | receive requested fur<br>tacted? O Yes •                                                       | Бера            | artment of H     | ealth                |                    |                           |
| hospital utilization and                       |                                                                                                | nde -           |                  |                      |                    |                           |
| admissions. 68% CM0<br>additional patients. Ac | utilization and reduced healt<br>CC patients are covered by I<br>Iditional support would allow | Medicaid. Wo    | lfson Children's | Hospital de          | oes not have the o | capacity to accept any    |
| wraparound support to                          | patients medical needs. Pa                                                                     | atients that re | ceive this mode  | el of care ha        | ve better health o | outcomes, improved qua    |
| Medically Complex (C                           | MCC) children serves as a purification with the MCC and the management of the MCC and the MCC. | oatient-center  | ed medical hor   | ne for childr        | en with conditions | s that involve multiple o |
| Project/Program Wolfson Children's Ho          | Description popular provides coordinated                                                       | care for the n  | nost medically t | ragile childr        | en in our region.  | The Bower Lyman Cen       |
| Date of Request                                | 11/04/2019                                                                                     |                 |                  |                      |                    |                           |
| Senate Sponsor                                 | Audrey Gibson                                                                                  |                 |                  |                      |                    |                           |
|                                                |                                                                                                |                 |                  |                      |                    |                           |

1,000,000

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                    |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Other Salary and Benefits                   |                                                                                                                                                                                                               |           |
| Other Salary and Benefits                   |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Expense/Equipment/<br>Travel/Supplies/Other |                                                                                                                                                                                                               |           |
| Travel/oupplies/Outlet                      |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Consultants/Contracted                      |                                                                                                                                                                                                               |           |
| Services/Study                              |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Operational Costs: Oth                      | er                                                                                                                                                                                                            |           |
| Salary and Benefits                         | Salaries and benefits for providers in the Center for Medically Complex Children to include wrap around support and care coordination. Positions include physicians, advanced registered nurse practitioners, | 1,000,000 |
|                                             | medical assistants, nurse care coordinators, and social workers.                                                                                                                                              |           |
|                                             |                                                                                                                                                                                                               |           |
| Expense/Equipment/                          |                                                                                                                                                                                                               |           |
| Travel/Supplies/Other                       |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Canaultanta/Cantrastad                      |                                                                                                                                                                                                               |           |
| Consultants/Contracted<br>Services/Study    |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Fixed Capital Construc                      |                                                                                                                                                                                                               |           |
| Construction/Renovation/<br>Land/Planning   |                                                                                                                                                                                                               |           |
| Engineering                                 |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
|                                             |                                                                                                                                                                                                               |           |
| Total State Funds Re                        | quested (must equal total from question #6)                                                                                                                                                                   | 1,000,000 |



d.

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#### 11. Program Performance

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

|    | · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Wolfson Children's Hospital's Center for Medically Complex Children is a system of care that responds to the needs of medically complex children (with conditions ranging from muscular dystrophy to certain heart malformations) from birth through age 26, and serves the purpose of assisting families in navigating the health system, resulting in a significant reduction in the cost of care. Unfortunately, the Center is no longer accepting new patients because of capacity and resource restraints. Requested funds will allow for additional provider capacity and ultimately additional patients served. |
| b. | What activities and services will be provided to meet the intended purpose of these funds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | Wolfson Children's Hospital Center for Medically Complex Children will achieve these results by providing preventative care, care coordination and enhanced access to ancillary services, such as special education programs for children, and counseling programs to additional medically complex children in Northeast Florida.                                                                                                                                                                                                                                                                                      |
| c. | What direct services will be provided to citizens by the appropriation project?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | New patients to Wolfson Children's Hospital Center for Medically Complex Children will receive diagnosis, referrals, assessment and treatment. Patients will also receive 24/7 care coordination to help reduce unnecessary utilization.                                                                                                                                                                                                                                                                                                                                                                               |
| d. | Who is the target population served by this project? How many individuals are expected to be served?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|    | Children with chronic and complex medical needs. These patients have conditions involving multiple organ systems, require technology to sustain life or have a diagnosable, enduring, life-threatening condition. There are 1,000 children Northeast Florida with medically complex conditions, and we anticipate providing medical care to an additional 100+ of those patients.                                                                                                                                                                                                                                      |
| e. | What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | With additional capacity to provide care coordination and direct patient care to medically complex children, there will be an overall reduction in healthcare cost for these children. Coordinated care will lead to a 20% reduction in hospital admissions and 20% reduction in emergency room utilization resulting in reduced cost.                                                                                                                                                                                                                                                                                 |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                 |

Wolfson Children's Hospital plans to work with the Department of Health to identify performance measures and penalties.



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| 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                                                                                                                                                                          |                                    |                 |  |  |  |  |
|                                                                                                                                                                              |                                    |                 |  |  |  |  |
| Requestor Contac                                                                                                                                                             | ct Information                     |                 |  |  |  |  |
| a. First Name                                                                                                                                                                | Michael                            | Last Name Aubin |  |  |  |  |
| b. Organization                                                                                                                                                              | Wolfson Children's Hospital        |                 |  |  |  |  |
| c. E-mail Address                                                                                                                                                            | michael.aubin@bmcjax.com           |                 |  |  |  |  |
| d. Phone Numbe                                                                                                                                                               | (904)202-8732                      | Ext.            |  |  |  |  |
| Recipient Contac                                                                                                                                                             | t Information                      |                 |  |  |  |  |
| a. Organization                                                                                                                                                              | Wolfson Children's Hospital        |                 |  |  |  |  |
| b. Municipality and                                                                                                                                                          | d County Duval                     |                 |  |  |  |  |
| c. Organization Ty                                                                                                                                                           | /pe                                |                 |  |  |  |  |
| O For-profit                                                                                                                                                                 | Entity                             |                 |  |  |  |  |
| O Non-Profit                                                                                                                                                                 | 501(c) (3)                         |                 |  |  |  |  |
| O Non-Profit                                                                                                                                                                 | 501(c) (4)                         |                 |  |  |  |  |
| O Local Enti                                                                                                                                                                 | ty                                 |                 |  |  |  |  |
| University                                                                                                                                                                   | or College                         |                 |  |  |  |  |
| <ul><li>Other (ple</li></ul>                                                                                                                                                 | ase specify) Non Profit 501(c) (3) |                 |  |  |  |  |
| d. First Name                                                                                                                                                                | Megan                              | Last Name Denk  |  |  |  |  |
| e. E-mail Address                                                                                                                                                            | megan.denk@bmcjax.com              |                 |  |  |  |  |
| f. Phone Number                                                                                                                                                              | (904)2024055                       |                 |  |  |  |  |
| Lobbyist Contact                                                                                                                                                             | Information                        |                 |  |  |  |  |
| a. Name                                                                                                                                                                      | Brian Jogerst                      |                 |  |  |  |  |
| b. Firm Name                                                                                                                                                                 | BH & Associates                    |                 |  |  |  |  |
| c. E-mail Address                                                                                                                                                            | brian@bhandassociates.com          |                 |  |  |  |  |
| d. Phone Number                                                                                                                                                              | (850)2220101                       | Ext.            |  |  |  |  |