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

LFIR # 1889

1. **Project Title** Health Central Disproportionate Share Funding

2. **Senate Sponsor** Kelli Stargel

3. **Date of Request** 12/17/2019

4. **Project/Program Description**

Provides disproportionate share hospital funds (DSH) for Health Central. Historically, this hospital received DSH funding as a public hospital. When the hospital lost its public status, it was not eligible for DSH, however, its level of charity care and uncompensated care did not decrease. These funds will assist the hospital in providing care to our most vulnerable. Local IGT funds may be available to cover the match requirement. This funding was provided in 2018 and this request does not increase total DSH funding for the state.

5. **State Agency to receive requested funds** Agency for Health Care Administration

State Agency contacted? ○ Yes ◉ No

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

Type of Funding	Amount
Operations	2,490,516
Fixed Capital Outlay	000
Total State Funds Requested	2,490,516

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)	2490516	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	2,490,516	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		
2018-19	00	2,490,516	200	No

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

If yes, indicate nonrecurring amount per year.

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		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other	Healthcare expenses and supplies to provide charity and uncompensated care for inpatient care and ER services.	2,490,516
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,490,516

11. **Program Performance**

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

State funding will be used to provide charity and uncompensated care for inpatient care and ER services.

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

Hospital and emergency services.

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

Hospital and emergency services.

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

Citizens in Lake, Orange, and Osceola Counties.

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

Improve physical and mental health as well as reduce substance abuse by provider outcomes.

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?

No funding in future years.

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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: Michelle Last Name: Strenth

b. Organization: Orlando Health

c. E-mail Address: michelle.strenth@orlandohealth.com

d. Phone Number: (407)694-9910 Ext.

14. **Recipient Contact Information**

a. Organization: Health Central Hospital

b. Municipality and County: Orange

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: Michael Last Name: Mueller

e. E-mail Address: michael.mueller@healthcentral.org

f. Phone Number: (407)2961802

15. **Lobbyist Contact Information**

a. Name: Eric Prutsman

b. Firm Name: Prutsman and Associates

c. E-mail Address: eric@prutsmanlaw.com

d. Phone Number: (850)2102525 Ext.