



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2544

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

4. **Project/Program Description**

Includes Wolfson Children's Hospital in the Automatic Rate Enhancement. The AHCA/Navigant Report, which was presented to the Legislature as a result of proviso language in the 2019 GAA to review reimbursements to specialty children's hospitals, acknowledged that the 4 specialty children's hospitals are treated differently - Wolfson currently receives NO funding.

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 type="text" value="10,986,472"/>
Fixed Capital Outlay	<input type="text" value="000"/>
<b>Total State Funds Requested</b>	<input type="text" value="10,986,472"/>

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 type="text" value="10986472"/>	<input type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<input type="text" value="10,986,472"/>	<input type="text" value="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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other	The automatic rate enhancement will also be used to assist with equipment needed to provide services to children.	10,986,472
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		10,986,472



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#### 11. Program Performance

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

The goal is to provide high level of services to Medicaid children in NE Florida - as well as those children from other parts of the state that are referred to Wolfson.

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

Wolfson continues to monitor its outcomes for services provide to children - as well state and national accrediting bodies.

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

Medicaid inpatient and outpatient services.

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

Children Receiving Care FY19:  
Inpatient: 4,290  
Outpatient: 64,568  
Total: 68,858

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

Increase access to care as well as high quality of care for children.

- 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?

We will work with the appropriate regulatory bodies on this provision.



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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.**

None

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.