

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2985

	1. Project Title	Big Bend Hospice	Access to Rural	Healthcare - Mobile M	edical Units		
4. Project/Program Description Big Bend Hospice, Inc., a nonprofit healthcare provider in the Big Bend Region since 1983, is respectfully requesting a 2023 legislative appropriation of \$850,000, for the acquisition of \$2 Mobile Medical Units to provide quality rural healthcare access to the citizens of Taylor, Madison, Jefferson, Wakulla, Gadden, Liberty, Franklin and Locounties. These mobile clinics wil deliver a range of health services, staffed by a combination of physicians, nurses, community health workers and other health professionals, helping ununderserved communities overcome common barriers to accessing health care. Mobile units also reduce operational healthcare costs. For forty years, Big Bend Hospice has been providing quality care to residents in its eight-county catchment area. Seven of these counties are state and federally designated as rural, and has recently expanded its services beyond end-of-life care while continuing to establish strategic healthcare partners within the counties it serves. 5. State Agency to receive requested funds State Agency contacted? No 6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024 Type of Funding Operations Fixed Capital Outlay Operations Fixed Capital Outlay Total State Funds Requested 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project) Type of Funding Total State Funds Requested (from question #6) 850,000 7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project) Type of Funding O 0% State (excluding the amount of this request) O 0% State (excluding the amount of this request) O 0% Total Project Costs for Fiscal Year 2023-2024 850,000 100% 8. Has this project previously received state funding? No Is future funding likely to be requested? a. If yes, indicate nonrecurring amount per year.	2. Senate Sponsor	Corey Simon					
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14. Program Performance

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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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Yes			
If yes, indicate the amount of fun	nds received and what the t	unds were used for.	
\$1,908,070 in CARES Act funding social workers), personal protective \$2,726,500 in Paycheck Protection employment and benefits during 20	e equipment (i.e., medical su Program funds (fully forgive	oplies), remote work ca	apabilities.
Complete questions 11 an	nd 12 for Fixed Cap	ital Outlay Proj	ects
11. Status of Construction			
a. What is the current phase of th	ne project?		
OPlanning ODesign	Construction		
b. Is the project "shovel ready" (i	.e permitted)?	No	
c. What is the estimated start date	e of construction?	n/a	
d. What is the estimated completi	ion date of construction?	n/a	
13. Details on how the requested sta	ate 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	Two mobile medical units at	\$425,000 per unit	850,000
Consultants/Contracted Services/Study			(
Fixed Capital Construction/Major	Renovation:		•
Construction/Renovation/Land/ Planning Engineering			(
Total State Funds Requested (mu	ust equal total from questic	on #6)	850,000
			,

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



15.

16.

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Provide quality rural healthcare access, primarily in the form of primary and palliative care, to the citizens of Taylor, Madison, Jefferson, Wakulla, Gadsden, Liberty, Franklin and Leon counties, through 2 mobile medical units, which will deliver a range of health services, staffed by a combination of physicians/nurse practitioners, nurses, community health workers and other health professionals.

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

Primary and palliative care services for predominantly chronically ill senior citizens who are at risk for not accessing other healthcare services due to socio-economic factors, or who utilize more expensive forms of care, such as emergency rooms services.

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

Direct care by physicians/nurse practitioners - assessments and treatment of chronic conditions with the goal of patients remaining in their residences.

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

The initial target population will be the 157,331 rural county residents comprising of Taylor, Madison, Jefferson, Gadsden, Liberty, Wakulla and Franklin counties of Florida. Of this population, according to the Florida Department of Elder Affairs 2022 assessment, 41,379 are age 60 years and older, of which 9,478 live alone. These services will target elderly patients who have chronic conditions with one or more co-morbidities.

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

Reduced unnecessary hospitalizations, emergency room visits, EMS transport. This will predominantly be measured using claims data (Medicare, Medicaid, commercial) from a twenty-four month period prior to using the mobile units, to the twelve-month period after. Success will be measured in total average cost of care for the targeted demographic.

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 the contract?

As with current value-based reimbursement models, penalties can include being partially at risk for not achieving expected savings, and fully at risk for costs greater than the baseline average cost per patient (initial 24 month term baseline)

Requester Contact	Information		
a. First Name	Michael	Last Name	Eurich
b. Organization	Big Bend Hospice, Inc.		
c. E-mail Address	maeurich@bigbendhospic	e.org	
d. Phone Number	(850)408-0791	Ext.	
Recipient Contact	Information		
a. Organization	Big Bend Hospice, Inc.		
b. Municipality and	d County Leon		
c. Organization Ty	ре		
□For Profit Entity			
☑Non Profit 501(c	2)(3)		
□Non Profit 501(c	3)(4)		



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□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	William	Last Name	Wertman	
e. E-mail Address	wewertman@bigbendhos	pice.org		
f. Phone Number	(850)878-5310			
17. Lobbyist Contact I	nformation			
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d Phone Number				