



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2106

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

When your child has chronic complex medical conditions that require ongoing care by several pediatric specialists and possibly specialized medical equipment, the Bower Lyman Center for Medically Complex Children can serve as your child's primary care medical home. Bower Lyman provides a coordinated family-focused and team-based medical home for children ages 0-21 with complex medical conditions. The Center's mission is to ensure children with complex medical conditions achieve the highest possible quality of life and health outcomes, and to promote family well-being. A team of physicians, APRNs, nurses, care coordinators and social workers provide holistic care to children and families.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	900,997
Fixed Capital Outlay	0
Total State Funds Requested	900,997

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	900,997	52%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	829,554	48%
Total Project Costs for Fiscal Year 2024-2025	1,730,551	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Future enhanced reimbursement via ACE Kids Act implementation (State Plan Amendment) to cover program costs. Current Program Costs: \$1,730,551 | Current Program Reimbursement: \$525,295.



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

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Funds requested will be used to support UF Jacksonville Physicians, Inc.; Pediatrician and staff (A team of physicians, APRNs, nurses, care coordinators and social workers) expenditures.	900,997
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		900,997

14. Program Performance

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



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One of two medical homes in Florida, Bower Lyman is cost effective by providing ongoing care in one location, keeping medically complex children out of the emergency department, and reducing length of stays. 69.8 percent of Bower Lyman's patients are Medicaid beneficiaries.

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

By keeping this population healthy and out of the emergency department / inpatient status, the Bower Lyman Center is significantly reducing Medicaid costs. Advances in medicine have resulted in more premature and medically complex patients surviving and demonstrating a growing need for complex care. (Please see below.)

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

Financial support will allow the center to continue providing uninterrupted clinical services to existing and new medically complex patients. Medically complex conditions include: Chronic lung disease, cerebral palsy, chronic respiratory failure requiring ventilator support, complex congenital heart defects, genetic disorders, severe epilepsy, TBI, sickle cell, etc. Including services for caretakers.
[\[https://www.wolfsonchildrens.com/supporting-services/medically-complex\]](https://www.wolfsonchildrens.com/supporting-services/medically-complex)

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

Bower Lyman serves >900 medically complex children annually. 69.8 percent Bower Lyman's patients are Medicaid beneficiaries due to their medical complexities. Eligibility - Children 0-21 years of age who:
 1. Have conditions involving multiple organ systems; 2. Require the use of technology to sustain life; 3. Use a wheelchair, braces, lifts or other special equipment; 4. Use more medical services than the average child, such as medical day care, private duty nursing and rehabilitative therapy; or 5. Receive care in a Medical Foster Home.

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

- 1) Decrease emergency department visits and inpatient hospital days.
- 2) Improve health status of pediatric patients to be managed by community pediatricians.
- 3) Increase access to primary care for medically complex patients that require care coordination and wrap around services.

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?

Failing to cover our share of the \$829,554 in expenses for drugs, labs, medical supplies, lease expenses, etc. would require the return of the state appropriation. Failing to meet minimum performance measures and expected outcomes would include the return of portion of funds.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number