



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1945

1. **Title of Project:** Hospital Readmission Reduction/Diversion

2. **Senate Sponsor:** Joe Gruters

3. **Date of Submission:** 02/04/2019

4. **Project/Program Description:**

The program provides expanded primary care to improve the health status and reduce health spending for the uninsured and under-insured residents of Sarasota, Manatee, and DeSoto counties by implementing a care coordination model of care with the goal of reducing inpatient hospital stays, re-admissions, and high cost utilization.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

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

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	2,000,000	28.57%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	5,000,000	71.43%
Total Project Costs for Fiscal Year 2019-2020	7,000,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		1,000,000	447	Yes

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$2,000,000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
-------------------	-------------	--------



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1945

Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Physicians, ARNP, Nursing support, Receptionist, Medical Records, Billing, and Care Coordinators.	1,820,000
Expense/Equipment/Travel/Supplies/Other	Medical Supplies and Data Processing.	180,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,000,000

11. Program Performance:

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

Provide expanded primary care access to improve health status and reduce health care spending for the uninsured and underinsured residents of Manatee, Sarasota, and DeSoto counties. The services will include comprehensive care coordination to reduce hospital re-admissions as well as reduce inappropriate use of the emergency room and patient adherence to care.

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

Provide preventative and sick visits to uninsured and under-insured while reducing inpatient re-admissions through effective care coordination.

c. What are the direct services to be provided to citizens by the appropriations project?

Citizens will be provided access to medical services to provide preventative services, manage chronic conditions, and provide the support of care coordinators to control escalating health care costs and reduce hospital re-admission rates.

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

Uninsured and underinsured to include Medicaid recipients. It is anticipated in excess of 800 patients will be served.

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

The state will benefit from reduced health spending and the communities will benefit from improved health status of the uninsured and under-insured. Meeting required contract deliverables – required number of patients served and visits provided. Service delivery sites are operational and open to the target population.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1945

Savings to the State can be measured by establishing a baseline related to hospital re-admissions and documenting reductions in the re-admissions.

- 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?**

Funding adjustment based on deliverables not met.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A.

13. **Requestor Contact Information:**

- a. **Name:** Patrick Carnegie
- b. **Organization:** MCR Health
- c. **E-mail Address:** pcarnegie@mcr.health
- d. **Phone Number:** (941)776-4000

14. **Recipient Contact Information:**

- a. **Organization:** MCR Health
- b. **County:** Manatee
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify) Federally Qualified Health Center
- d. **Contact Name:** Linda Snyder
- e. **E-mail Address:** lsnyder@mcr.health
- f. **Phone Number:** (828)247-6678

15. **Lobbyist Contact Information**

- a. **Name:** Michelle McKay
- b. **Firm Name:** T.B. Consultants, Inc.
- c. **E-mail Address:** michelle@tbconsultants.net
- d. **Phone Number:** (850)402-9577