



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2464

**1. Title of Project:** Tallahassee Memorial At-Risk Babies and Mothers

**2. Senate Sponsor:** Bill Montford

**3. Date of Submission:** 03/18/2019

**4. Project/Program Description:**

The Tallahassee Memorial Healthcare Program for At-Risk Babies and Mothers will provide direct services that include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at-risk for difficulties with a future pregnancy.

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

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	

**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)	0	%
Federal	0	%
State (excluding the amount of this request)	0	%
Local	0	%
Other	0	%
<b>Total Project Costs for Fiscal Year 2019-2020</b>		<b>100.0%</b>

**8. Has this project previously received state funding?** No

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

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

**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		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Medical personnel to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.	0
Expense/Equipment/Travel/Supplies/Other	Medical supplies to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.	0
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		

**11. Program Performance:**

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

Proviso is proposed: The Agency for Health Care Administration shall include a governmentally designated program for hospital services for at-risk mothers and babies pursuant to sections 383.15 - 383.19, F.S., as a tier for the Low-Income Pool. Pursuant to s. 383.19, F.S., Tallahassee Memorial Healthcare is authorized as a Regional Perinatal Intensive Care Center and shall be included in this tier for the 2019-2020 Low Income Pool Model.

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

Obstetrical Services to women who have a high-risk pregnancy and care for newborns with special health needs.

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

Direct services will include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at-risk for difficulties with a future pregnancy.

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

The target population are at-risk mothers and babies and mothers with poor physical health. We expect to serve between 401 - 800 individuals.

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

This project will reduce the risk of serious illness for pregnant women and newborns, and provide medical care to women with high-risk pregnancies and newborns who are sick or born too early. Comparison of the rate of



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risk of serious illness for pregnant women with high-risk pregnancies participating in the program with those pregnant women not in the program.

- 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 is to be appropriated; therefore, no penalties are suggested.

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:** Stephanie Derzypolski
- b. **Organization:** Tallahassee Memorial Healthcare
- c. **E-mail Address:** stephanie.derzypolski@tmh.org
- d. **Phone Number:** (850)431-5891

14. **Recipient Contact Information:**

- a. **Organization:** Tallahassee Memorial Healthcare
- b. **County:** Leon
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) No funds are requested
- d. **Contact Name:** Stephanie Derzypolski
- e. **E-mail Address:** stephanie.derzypolski@tmh.org
- f. **Phone Number:** (850)431-5891

15. **Lobbyist Contact Information**

- a. **Name:** Travis Blanton
- b. **Firm Name:** Johnson & Blanton
- c. **E-mail Address:** travis@teamjb.com
- d. **Phone Number:** (850)224-1900