



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1791

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

4. **Project/Program Description**

St. Joseph's Children's Hospital Chronic-Complex Clinic is an NCQA recognized patient-centered medical home for pediatric patients with multiple medical complexities.

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 style="width: 80%;" type="text" value="1,125,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,125,000

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 style="width: 80%;" type="text" value="1125000"/>	<input style="width: 80%;" type="text" value="70.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="475,000"/>	<input style="width: 80%;" type="text" value="30"/> %
Total Project Costs for Fiscal Year 2020-2021	1,600,000	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 style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="1,000,000"/>	<input style="width: 80%;" type="text" value="523"/>	<input type="text" value="No"/>

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Funds requested will be used to support salary and benefits for administrative time for our nurse practitioner and department secretary.	50,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Funds will be used to support medical director and clinic physician administrative time	54,000
Operational Costs: Other		
Salary and Benefits	Funds requested will be used to support salaries and benefits for clinic staff in the following roles: RN, LPN, social work, mental health, child life, care coordination and transition coordination.	550,000
Expense/Equipment/Travel/Supplies/Other	Funds requested will be used to support operational expenses and supplies such as: printing, electronic health record maintenance, answering service, staff travel and education; office/medical supplies and supplies needed to support the psychosocial components of the program.	25,000
Consultants/Contracted Services/Study	Funds will be used to support Services for on-site neurodevelopmental pediatric sub-specialty services, continuation of Applied Behavioral Analyst (ABA) therapies for patients and adult primary care services for the clinic patients between 18-21 years of age who cannot transfer to an adult primary care office until 21 years old.	446,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,125,000



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11. Program Performance

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

St. Joseph's Children's Hospital (SJCH) is designed to meet the unique needs of children and their families by providing high-tech pediatric health care in a family-centered, child-friendly environment. SJCH houses the Chronic-Complex Clinic (CCC), the only medical home in the state for children with multiple life-threatening medical conditions. Through a comprehensive primary care approach, the CCC addresses the special health care needs of approximately 600 pediatric patients with complex medical conditions. The CCC manages the care coordination for multiple pediatric specialists, psychosocial needs, dietary needs, home care and durable medical equipment, and continuity of care in the case of hospitalization. This care coordination occurs in one physical space, steps away from St. Joseph's Children's emergency/trauma center and the Children's Hospital.

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

The Chronic-Complex Clinic (CCC) seeks to continue offering a wide range of services necessary to meet the varied needs of the patients served by our patient-centered medical home. By keeping this population healthy and out of the hospital (95% of the CCC children are covered by Medicaid due to their medical complexities) the CCC is significantly reducing state Medicaid costs. Specifically, the CCC has helped our patients avoid almost 400 ER visits in 2018, the financial benefit of which has accrued directly to the state. If not managed well, this population can be a large contributor to Medicaid expenditures. With the advancement of medicine and neonatal care, significantly more premature and medically complex newborns are surviving. These vulnerable children need the appropriate care to transition from neonatal and cardiac intensive care units to home with their families.

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

Financial support will allow the CCC to continue providing uninterrupted clinical and psychosocial services as well as the ability to continue adding new medically complex children into the practice. In addition the CCC will be allowed the opportunity to continue developmental/behavioral and mental health services to patients, which have shown further enhancements in the already comprehensive care medical home model. Our patients disproportionately suffer from autism and other behavioral conditions and often lack access to appropriate specialists and therapies to address these issues and concerns. This funding will allow us to continue helping these patients specifically by offering them direct access to these needed services directly in the Chronic-Complex Clinic and/or home setting.

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

Population served includes approximately 600 pediatric patients from across the state of Florida that have multiple chronic-complex medical conditions.

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

Continue to monitor/track patient satisfaction to maintain > 85% rating; increase the average number of emergency room saves; monitor the number of CCC patients transitioned to other medical home providers due to either improvement in medical condition or aging out of CCC; psychosocial services will be provided during clinic visit to an average of 100 patients monthly; developmental/behavioral and mental health services will be provided to an average of 30 patients monthly. Measurements Include: Patient/family satisfaction, Number of emergency room saves (a save is defined as a patient coming to the CCC for medical evaluation when they are sick or in medical crisis vs. going to the emergency room for care), Number of CCC patients over 21 years of age that must transition to adult care, Increase access to psychosocial care through quarterly parent support groups, Number of patients receiving developmental sub-specialty services, Number of hours patients receive ABA therapies.

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 have worked collaboratively with CMS in past years to ensure this project returned value to the state. We will continue to work with CMS on any penalties, including additional penalties if needed, to ensure deliverables are met.



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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.**

Not applicable

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.