



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1933

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

In the post-hospital discharge period of generalized risks of adverse health events, replace the conditions that perturb recovery with conditions that facilitate return to or emergence of stamina, coordination, strength, and physiological reserve. Strategies to achieve this goal include 1) home environment assessment, medication reconciliation, and motivational interviewing medication adherence counseling.

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

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	50%
Total Project Costs for Fiscal Year 2022-2023	500,000	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.**

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.



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\$ 1,597,266 – Funds were used to setup and maintain COVID Testing and Vaccination Sites along with PPE.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	A team of four (4) paramedics (led by an EMS Supervisor will administer the program: preparing work plans and budgets, supervising program staff, maintaining records, coordinating data collections, facilitating continuous quality improvement in program performance improvements, monitoring overall program progress, submitting formal reports, and communicating with stakeholders	36,875
Other Salary and Benefits	Data Management Specialist (1 FTE), Community Health Workers (2 FTEs), Medical Case Manager (2 FTEs).	162,500
Expense/Equipment/Travel/Supplies/Other	Laptops	6,250
Consultants/Contracted Services/Study	Community Paramedicine Advisory Board	1,250
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Blue-tooth enabled devices, an FDA-approved Ideal Life Pod, a Bluetooth enabled wireless gateway, the Ideal Life Body Manager (weight scale), and the Ideal Life BP-Manager, a blood pressure/heart rate monitor integrated with a device that displays text questions and sends simple text responses.	18,125
Consultants/Contracted Services/Study	Health Information Technology Manager for health care data management, interoperability assessments and connectivity with patient's electronic health record.	25,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

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

In the post-hospital discharge period of generalized risks of adverse health events, replace the conditions that perturb recovery with conditions that facilitate return to or emergence of stamina, coordination, strength, and physiological reserve. Strategies to achieve this goal include 1) home environment assessment, medication reconciliation, and motivational interviewing medication adherence counseling.

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

1. Medication reconciliation - Complete the Medication Reconciliation Checklist, analyze, and interpret the data for decision-making.
2. Motivational Interviewing - Develop a collaborative partnership with patients that motivate behavior change that is in their self-interests.
3. Medication adherence counseling - Build rapport and understanding by empathy, collaboration, and mutual goal setting.

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

The direct services include assessments of cognitive impairment, activities of daily living, and food insufficiency; medical case management, health education for chronic disease self-management; implementation of recovery plan of care, and home visitations by Emergency Medical Services personnel.

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



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Elderly persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, chronically ill, medically underserved persons with or without disabilities after hospitalization. Individuals to be served: 100-200

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

Specific measure: Physical Health - 1) Recovery in self-care activities of daily living; 2) Reduction in the average number of hospital readmission risk factors. Mental Health - 1) Perceived wellness. Cultural experience - 1) Perceived adequacy of care/services in therapeutic EMS Transactions.

Describe the method: Physical Health - 1) Functional status assessments at 1,3,6,12 months post discharge; 2) Average hospital readmission risk factors at 1,3,6,12 months. Mental Health- 1) The SF-36 Vitality subscale. Cultural Experience- 1) Iowa Cultural Understanding Assessment Client form.

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?

1) Develop and submit a corrective action plan (CAP) within 10 business days of notification. 2) Implement all CAP activities within 180 days of approval. 3) Evaluate and quantify post-CAP impact on performance measures and report the results to stakeholders. 4) Complete a SWOT (Strengths, Weaknesses, Opportunities, & Threats) analysis that contextualizes failure to meet deliverable or performance measures and share with stakeholders. 5) Reimburse the funder if negligence is identified.

13. 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.

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number