The Florida Senate
Local Funding Initiative Request
Fiscal Year 2023-2024

LFIR # 1191

1. Project Title Senior Care Patient Home Monitoring Post Hospitalization

2. Senate Sponsor Dennis Baxley

3. Date of Request 02/06/2023

4. Project/Program Description

This would be a pilot project and therefore start with 10 patients per week at each of our Hospital Campuses. The goal of this project is to ensure timely intervention and appropriate care post acute for our most vulnerable population. With 70% of our patient population base being Medicare, the post acute plan of care would be to Discharge CHF/COPD patients to home with Home Care CHF/COPD Pathway as appropriate with at least 3 visits to drive improvement to wellness and reduce returns to the hospital.

The impact of not meeting this need is a continued cost of care for the Medicare/Senior population, particularly those in the Villages, who meet the core measure (CHF/COPD) criteria due to a lack of follow up care support such as timely access to PCP or specialist, resulting in continued returns to the ED and re-hospitalizations. The majority of our readmissions are for those patients DCd with no home care, and CFH & COPD make up the highest % age of our core measure readmissions.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	725,000
Fixed Capital Outlay	0
Total State Funds Requested	**725,000**

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	725,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	**725,000**	**100%**

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 725,000

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

Qualified Hospital payments.

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

No

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

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		0
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	Contract with Home Care agency providing Core measure specific pathways to wellness for our population, requiring at least 3 visits. The goal would be to see a reduction in 30 day readmission rate within this population.	725,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**725,000**

14. Program Performance

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

The goal of this project is to ensure timely intervention and appropriate care post acute for our most vulnerable population. With 70% of our patient population base being Medicare, the post acute plan of care would be to DC the CHR/COPD patients to home with Home Care CHF/COPD Pathway as appropriate with at least 3 visits to drive improvement to wellness and reduce returns to the hospital.

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

Contract services with local Home Care agency to provide the appropriate follow up care for this population who doesn't currently receive home care services with discharge from the hospital. The funds would subsidize the home care agency to be able to provide for this population.

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

3 in-home visits based on their need to ensure timeliness and access to the appropriate care, medications, therapy, etc...to achieve a better state forward in their health. The visits could consist of Nursing, SW, Therapy (OT or PT).

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

Over 1,000 residents a year in Lake, Marion, and Sumter counties, who are elderly, may have poor mental health, economically disadvantaged, and disabled.

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

Reduced Re-admissions. The impact of not meeting this need is a continued cost of care for the Medicare/Senior population who meet the core measure (CHF, COPD) criteria due to a lack of follow up care support such as timely access to PCP or specialist, resulting in continued returns to the ED and re-hospitalizations. The majority of our re-admissions are for those patients DC'd with no home care and CFH & COPD make up the highest % age of our core measure 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 the contract?

Return of funds for failure to meet the deliverables.

15. Requester Contact Information

a. First Name Philip **Last Name** Braun

b. Organization UF Health Central Florida/UF Health The Villages Hospital

c. E-mail Address pbra0001@shands.ufl.edu

d. Phone Number (352)323-5924 **Ext.**

16. Recipient Contact Information

a. Organization UF Health Central Florida/UF Health The Villages Hospital

b. Municipality and County Sumter

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 Philip **Last Name** Braun

e. E-mail Address pbra0001@shands.ufl.edu

f. Phone Number (352)323-5924

17. Lobbyist Contact Information

a. Name Jason L. Unger

b. Firm Name GrayRobinson PA

c. E-mail Address jason.unger@gray-robinson.com

d. Phone Number (850)577-9090