



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1192

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide care coordination for uninsured patients high risk/high utilizers of acute care services including emergency department, observation and/or inpatient admissions with the goal of reducing unnecessary hospital utilization, by linking patients to community services and close care gaps related to social determinants of health.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

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)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>200,000</b>	<b>100%</b>

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.

Public/Private Donations

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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### 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Medical Director	9,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	RN, LCSW/ Salary and Benefits	180,000
Expense/Equipment/Travel/Supplies/Other	Equipment, Supplies, Travel, and Phone	11,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

**14. Program Performance**

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

To provide care coordination for uninsured patients high risk/high utilizers of acute care services including emergency department, observation and/or inpatient admissions with the goal of reducing unnecessary hospital utilization, by linking patients to community services and close care gaps related to social determinants of health.

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

Uninsured population seen will be provided with care coordination services by an RN and LCSW. The goal for this project is to find patients appropriate medical provider home care and reduce unnecessary hospital utilization, while linking patients to community services. This will allow closing care gaps related to social determinants of health.



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

Outreach will be provided by an RN and LCSW to uninsured population of Lake County seen at AdventHealth Waterman to encourage admission to a community care program that best meets their needs. The program would connect patients with appropriate resources, support, and follow up to ensure patients continue to receive appropriate care.

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

Less than 800. Targeting the uninsured populations.

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

Increase in patients establishing themselves at a community clinic, or other community program that meets their care needs.  
 Decrease in ER utilization due to healthcare needs being met at primary care office. Improve patient awareness through education by care coordination team.  
 Methodology will be measured by volume of patients served and Emergency Department volume reduction.

**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?**

Funds will be returned.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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**



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#### 17. Lobbyist Contact Information

a. Name	<input type="text" value="Jon E. Johnson"/>
b. Firm Name	<input type="text" value="Johnson &amp; Blanton"/>
c. E-mail Address	<input type="text" value="cheryl@johnsonblanton.com"/>
d. Phone Number	<input type="text" value="(850)224-1900"/>