



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1829

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The two-year pilot program would provide respiratory clinical services to individuals diagnosed with respiratory disease/COPD through in-home visits and telemedicine, with supporting behavioral health care pulmonary support services. The goals of the pilot project are to reduce hospitalizations and emergency department usage by 30%, and increase cost savings to the Medicaid program for persons diagnosed with respiratory disease/COPD.

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

State Agency contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	2,487,500
Fixed Capital Outlay	0
Total State Funds Requested	2,487,500

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,487,500	39%
Matching Funds		
Federal	3,860,000	61%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	6,347,500	100%

8. **Has this project previously received state funding?** Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	2,518,892	189	Yes

9. **Is future-year funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

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

State funding would be needed in order to draw down the federal match for the pilot which would serve individuals covered by Medicaid.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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	To conduct advanced analytics, validate results into actuarial analysis, reporting and compliance audits. State share: \$78,377; Federal Match: \$121,623 Total: \$200,000	200,000
Operational Costs		
Salary and Benefits	Salaries and benefits for those providing the respiratory therapy services. State Share: \$799,449; Federal Match: \$1,240,551 Total: \$2,040,000	2,040,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Hospital pulmonary support services. State share: \$96,992; Federal Match: \$150,508; Total: \$247,500	247,500
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,487,500

13. Program Performance

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



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Reduce hospitalizations and emergency department usage by 30%, and increase cost savings to the Medicaid program for persons diagnosed with respiratory disease/COPD.
 Enhanced Access to Specialized Care Coordination: Maximizing HCBS for the Aging Population
 New Services and Enhanced Programs: Chronic Disease Management in SMMC 3.0 Managed Medical Assistance Program

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

Provision of in-home clinical visits for individuals diagnosed with respiratory disease/COPD.

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

In-home clinical visits to individuals diagnosed with respiratory disease/COPD.

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

1000 individuals diagnosed with respiratory disease/COPD living in the regions which include: Polk, Hendry, Collier, DeSoto, Charlotte, Orange, and Seminole counties and being served by the Medicaid program (either fee-for-service or managed care).

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

1. Reduce utilization of hospital based services for respiratory admissions by 30% 2. Improve access to respiratory care by implementing home care visits and accessing Telemed support services.; Reduce the isolation for persons diagnosed with respiratory disease/COPD; allowing their health to improve so that they can return to a more normal/active life.;
 Measurement: 1. Review hospitalization utilization data compiled by AHCA and advanced analytics 2. Measure # of home visits and documented Telemed interventions; validated by third party audit and program records.; Review of the level of self management by persons participating in the pilot project

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?

The Agency for Health Care Administration shall work with the managed care plans to identify the individuals diagnosed with respiratory disease/COPD who are candidates for the pilot project. With the receiving entity, goals shall be set for contacting candidates, beginning services, submission/analysis and reporting of data, and penalties for failure to meet these and related goals.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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 Ext.



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19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.