



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1995

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Ongoing pilot project enrolling up to 10 patients per week at each of our Hospital Campuses. Goal: Ensure timely intervention and appropriate care post-acute for our most vulnerable population, adding in 55+ years of age for early intervention. With 70% of our patient population base being Medicare the post-acute plan of care would be to discharged CHF/COPD/PNA patients to home with Home Care Pathway 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/PNA) 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.

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

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	765,980
Fixed Capital Outlay	0
Total State Funds Requested	765,980

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	765,980	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 2024-2025	765,980	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	725,000	458	No

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.**



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1995

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

Yes

If yes, indicate the amount of funds received and what the funds were used for.

Both hospitals were the recipients of \$18.5 million and the money was used to cover losses due to Covid-19.

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
 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?

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	Administrative Assistant (Grant Program)	31,664
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Transitions Coach (4) and Patient Navigators (2) Salaries	282,832
Expense/Equipment/Travel/Supplies/Other	Staff Mileage, Transports cost for patients, DME coverage, and medication coverage.	211,484
Consultants/Contracted Services/Study	Home Health with Concierge (RPM), and EMMI Phone calls	240,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		765,980

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1995

Ongoing pilot project enrolling up to 10 patients per week at each of our Hospital Campuses. Goal: Ensure timely intervention and appropriate care post-acute for our most vulnerable population, adding in 55+ years of age for early intervention. With 70% of our patient population base being Medicare the post-acute plan of care would be to discharged CHF/COPD/PNA patients to home with Home Care Pathway 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 discharged 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 home health, or UF Transitions team 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. Home health and transitions team from UF can be a combination of visits if needed. Ex. 2 home health visits and 1 transition visit.

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

Elderly persons, persons with poor health, economically disadvantaged persons, expected to help over 800 people.

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

Reduced 30-day return visits to the ED for CHF/COPD/PNA patients Reduced 30-day re-hospitalizations for CFH/COPD/PNA patients. Currently, we use Vizient and CMS data to report, the data is about a 3-month lag, so we leverage internal reports as well to operationalize daily work efforts. This includes daily tracking done by our TCC/PN team.

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?

Repayment of the funds.

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)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1995

- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number