



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** At-Risk Registry Software Solution

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Brings compliance with Federal CMS standards, real-time active listing of vulnerable patients in hospitals, nursing homes, at home care and hospices, pre and during hurricane and other disaster events. Weekly updates to emergency managers. Also provides Patient Locator tool. This is a HIPAA compliant solution that assists family members locate loved ones post evacuation.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,500,000		1,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Provide visibility to emergency managers to safely evacuate vulnerable patients from hurricane and other disaster event areas.

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

Critical, relevant, real-time information on location and needs of vulnerable patients in hospitals, nursing homes, at home care and hospices will be provided on a daily or weekly basis as needed to emergency managers to aid in their safe and timely evacuations from hurricanes and other disaster events.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	At Risk Registry Solution	1,500,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

d. What are the direct services to be provided to citizens by the appropriations project?

The safe evacuation of vulnerable patients from hospitals, nursing homes, at home care and hospices from hurricane and other disaster event areas. Additionally a Patient Locator tool will be provided to assist in reconnecting families post evacuation.

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

Vulnerable at risk patients housed in hospitals, nursing homes, at home care and hospices.

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

Greatly increased efficiencies in safe evacuation of vulnerable, at risk patients. This will result in decreased injuries and deaths for this group due to hurricanes and other disaster events. This will be measured by comparison of injuries and deaths pre/post implementation of solution.

g. 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?

Liquidated damages negotiated in contract with awarded vendor.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Sally Heyman
- b. **Organization:** Miami Dade Board of County Commissioners
- c. **Email:** district4@miamidade.gov
- d. **Phone Number:** (305)375-5128

14. Recipient Contact Information:

- a. **Organization:** Miami Dade County and Broward County



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b. County: Broward, Miami-Dade

c. Organization Type:

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Saly Heyman

e. E-mail Address: district4@miamidade.gov

f. Phone Number: (305)375-5128

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Edgar Castro

b. Firm: Southern Strategy Group

c. Email: castro@sostrategy.com

d. Phone Number: (305)421-6304