



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bitner Plante ALS Clinic Initiative of Florida

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**

The Bitner Plante ALS Clinic Initiative of Florida is a collaboration between The ALS Association Florida Chapter and the five ALS multidisciplinary clinics located throughout the state of Florida. The initiative increases a patient's access to the ALS clinics, since the clinics are able to increase the number of clinic days and see more patients each month.

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
1,000,000		1,000,000

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):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
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:		500,000	500,000

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

Yes

- a. If yes, indicate non-recurring amount per year.

Yes, \$1,000,000 per year

11. Program Performance:

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

Funding will provide access to people living with ALS to receive comprehensive, quality care at multi-disciplinary ALS clinics throughout the state of Florida. This multi-disciplinary care has proven to benefit patients by 1.]improving their quality of life; 2.]increasing life expectancy by almost one year; and 3.]provide access to more aids to manage activities of daily living.

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

People with ALS will be able to be seen by multiple disciplines at an ALS clinic all on one day during a multi-hour visit.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Two Contract Managers manage all contract tasks and deliverables, manage sub-contracts with ALS clinics, and direct staff in all tasks related	15,000



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	to the contract.	
<input checked="" type="checkbox"/> Other Salary and Benefits	Clinic liaison staff participate in the implementation of the multi-disciplinary care model, assuring each patient's needs are met. Marketing staff develop and host patient symposium. Finance and Admin staff manage bookkeeping and admin tasks.	20,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Contract management expenses: attorney services, printing, mailing, supplies, staff travel to ALS clinics and patient symposium. Expenses to develop and host patient symposium, venue fees, marketing, logistics and planning.	50,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Sub-contracts with ALS clinics: University of South Florida, University of Miami, Mayo Clinic in Florida and University of Florida Health-Jacksonville.	915,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000



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

People with ALS will be able to attend a multidisciplinary ALS clinic at one of the four subcontracted clinics.

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

Elderly, military veterans, people with poor physical/mental health. Approximately 700 people will be served.

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

1. Benefit: Early intervention and planning to prolong a patient's physical capabilities, safety, independence, and quality of life, e.g. use of durable medical equipment and interventions for feeding tube, trach tube, etc. Measurement: Evaluations use the ALS Functional Rating Scale to monitor a patient's functional status over time., i.e. change in activities of daily living, walking, breathing, eating, speech, etc. 2. Benefit: Early intervention and action plan to address cognitive and behavioral symptoms, i.e. depression, anxiety, caregiver burnout, FTD (frontotemporal dementia), etc. Measurement: Evaluations by mental health professionals use a variety of scales, i.e. depression rating scales, quality of life scales, etc., to monitor symptoms and prescribe medication, and/or counseling. 3. Benefit: Rise in medical tourism, which leads to an increase in revenue and employment for hotels, transportation companies, restaurants, hospitality, etc.; out-of-town patients spend ~\$1,000

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?

The penalty for each deliverable is a certain percentage of the contract amount; the percentage rate varies per each deliverable.

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:** Gabby Harrison
- b. Organization:** The ALS Association Florida Chapter, Inc.
- c. Email:** gharrison@alsafl.org
- d. Phone Number:** (813)637-9000 Ext. 101

14. Recipient Contact Information:

- a. Organization:** The ALS Association Florida Chapter, Inc.
- b. County:** Statewide
- c. Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity



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☐ University or College

☐ Other (Please specify)

d. Contact Name: Gabby Harrison

e. E-mail Address: gharrison@alsafll.org

f. Phone Number: (813)637-9000 Ext. 101

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

a. Name: Wendy Bitner

b. Firm: Bitner and Associates

c. Email: wendy@bitnerandassociates.com

d. Phone Number: (850)264-6270