



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Staff-Assisted Home Hemodialysis in Skilled Nursing Facilities

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Dialyze Direct provides point of care, staff-assisted home hemodialysis services that are designed to tackle the most costly segment of dialysis patients residing in skilled facilities. Dialyze Direct will provide staff-assisted hemodialysis services to Florida Medicaid patients residing in skilled-nursing facilities and patients which are frailer and of lower socio-economic status.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Health Care Administration

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

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
100,000		100,000

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):** 100,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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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?

Yes

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

\$100,000

11. Program Performance:

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

Dialyze Direct's model achieves improved medical outcomes, enhanced patient experience and quality of life, significantly lowers costs from the slashing of transportation fees and hospital readmissions, and lowers the burden on Florida state resources. The goal of this fund request is to increase the access of Dialyze Direct's staff-assisted home hemodialysis program to a frailer patient population that is of lower socio-economic status.

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

The Dialyze Direct will provide trained staff to perform our unique and patient-centric treatment model that combines direct oversight with proprietary protocols and procedures

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		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Caregiver Service costs for trained staff	100,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

Caregiver Services to Florida Medicaid patients for staff-assisted home hemodialysis in skilled nursing facilities.

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

Florida Medicaid patients that are diagnosed with End-Stage Renal Disease and are residing in skilled nursing facilities. 100 individuals.

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

The expected benefits of this project include improved medical outcomes resulting from a patient-centric treatment that is more frequent and gentler on the body, enhanced patient experience and quality of life, improved coordination of care between the dialysis provider and the skilled-nursing facility, and a significant decrease in costs from the removal of transportation fees and hospital readmissions.

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 current standard of penalties for noncompliance are adequate

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.

None

13. Requestor Contact Information:

- a. **Name:** Joshua Rothenberg
- b. **Organization:** Dialyze Direct
- c. **Email:** josh@dialyzedirect.com
- d. **Phone Number:** (732)806-9990



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14. Recipient Contact Information:

a. Organization: Dialyze Direct

b. County: Broward

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: Joshua Rothenberg

e. E-mail Address: josh@dialyzedirect.com

f. Phone Number: (732)806-9990

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

a. Name: Ralph Arza

b. Firm: Arza Consulting Group

c. Email: rarza@ralpharza.com

d. Phone Number: (305)615-1457