



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1159

1. Title of Project: Health Central Disproportionate Share Funding

2. Senate Sponsor: Kelli Stargel

3. Date of Submission: 01/28/2019

4. Project/Program Description:

Provides disproportionate share hospital funds (DSH) for Health Central. Historically, this hospital received DSH funding as a public hospital. When the hospital lost its public status, it was not eligible for DSH, however, its level of charity care and uncompensated care did not decrease. These funds will assist the hospital in providing care to our most vulnerable. Local IGT funds may be available to cover the match requirement. This funding was provided in 2018 and this request does not increase total DSH funding for the state.

5. State Agency to receive requested funds : Agency for Health Care Administration

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	2,490,516
Fixed Capital Outlay	
Total State Funds Requested	2,490,516

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	2,490,516	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	2,490,516	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		2,490,516	200	No

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and		



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Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Healthcare expenses and supplies to provide charity and uncompensated care for inpatient care and ER services.	2,490,516
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,490,516

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
State funding will be used to provide charity and uncompensated care for inpatient care and ER services.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Hospital and emergency services.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Hospital and emergency services.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
Citizens in Lake, Orange and Osceola Counties.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Improve physical and mental health as well as reduce substance abuse by provider outcomes.
- 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?**
No funding in future years.

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:** Michelle Strenth
- b. **Organization:** Orlando Health



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c. **E-mail Address:** michelle.strenth@orlandohealth.com

d. **Phone Number:** (407)694-9910

14. Recipient Contact Information:

a. **Organization:** Health Central Hospital

b. **County:** Orange

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:** Michael Mueller

e. **E-mail Address:** michael.mueller@healthcentral.org

f. **Phone Number:** (407)296-1802

15. Lobbyist Contact Information

a. **Name:** Eric Prutsman

b. **Firm Name:** Prutsman and Associates

c. **E-mail Address:** eric@prutsmanlaw.com

d. **Phone Number:** (850)210-2525