



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1331

1. **Project Title** Memorial's TAP (Telehealth Access for Patients) Program

2. **Senate Sponsor** Lauren Book

3. **Date of Request** 11/13/2019

4. **Project/Program Description**

Memorial's TAP (Telehealth Access for Patients) Program will expand telemedicine services to address the complex health and social needs of Broward County's homeless population and those with chronic conditions who routinely present in the emergency rooms. The goal is to provide more effective, quality care for individuals in community settings to alleviate inappropriate resource utilization, reduce costly emergency services, and avoid ER overcrowding and long hospital stays.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1000000	80.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	250,809	20 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,250,809	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits	Team Leader (MSW) (1.0 FTE): Provides outreach, maintains caseload of patients, oversees MAs; \$92,352 Medical Assistant (MA) (5.0 FTE): Supports patients through community-based telemedicine visits; \$249,600 Medical Provider (APRN) (1.2 FTE): Connected via telehealth to MAs from clinical care setting. \$138,528	480,480
Expense/Equipment/Travel/Supplies/Other	Community-based Patient Beds \$10,000 Community-based Patient Bed Stays \$175,000 Telemedicine Equipment \$120,000 Telehealth Services \$90,000 Telemonitoring Equipment \$47,010 Transportation \$23,700	519,520
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

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

Improve access to high-quality care through an evidence-based telehealth approach for 201-400 high-risk patients (ages 18+) with chronic / comorbid conditions and/or experiencing homelessness in community-based settings.

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

A team of Medical Assistants will use telehealth equipment to conduct clinical exams, medical tests, physical and mental health screenings, and social need audits during patient visits in community-based settings as follow up on hospital discharge for patients with chronic conditions that are experiencing homelessness or other barriers to healthcare due to social determinants to prevent emergency department overcrowding and reduce avoidable ED visits and extended hospital stays.

- c. What direct services will be provided to citizens by the appropriation project?

- Medical examinations with connection to a medical provider via telehealth technology and equipment.
- Provision of community-based beds for patients experiencing homelessness complete with shelter, food, clinical care, and case management.
- Transportation and specialty care for high acuity, at-risk patients in community-based settings outside the hospital.

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

201-400 individuals with poor physical health due to chronic conditions and/or experiencing homelessness.

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

70% of participating patients will replace episodic care with cost-effective, high quality, patient-centered care coordination that improves individual health outcomes for chronic conditions and reduces avoidable Emergency Room visits / hospital readmissions. Outcomes will be measured by:

- HEDIS measures for improved clinical health outcomes in Electronic Medical Records (EMRs);
- # of referrals for social services recorded; and
- # of ER revisits / hospital readmissions from program participants.

- 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?

Restitution of amount awarded.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.