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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>000</td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

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

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

8. Has this project previously received state funding?  
☐ Yes  ☐ No
If yes, provide the most recent instance:

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Is future-year funding likely to be requested?  
☐ Yes  ☐ No
If yes, indicate nonrecurring amount per year.
The Florida Senate  
Local Funding Initiative Request  
Fiscal Year 2020-2021  

LFIR # 1331

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head</td>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>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</td>
<td>480,480</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>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</td>
<td>519,520</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total State Funds Requested (must equal total from question #6)**  
1,000,000
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.

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

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.

Restitution of amount awarded.

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.
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  Aurelio  Last Name  Fernandez, III, FACHE
   b. Organization  South Broward Hospital District d/b/a Memorial Healthcare System
   c. E-mail Address  afernandez@mhs.net
   d. Phone Number  (954)265-5805  Ext.

14. **Recipient Contact Information**
   a. Organization  South Broward Hospital District d/b/a Memorial Healthcare System
   b. Municipality and County  Broward
   c. Organization Type
      - [ ] For-profit Entity
      - [ ] Non-Profit 501(c) (3)
      - [ ] Non-Profit 501(c) (4)
      - [ ] Local Entity
      - [ ] University or College
      - [x] Other (please specify) Special Taxing District
   d. First Name  Lubby  Last Name  Navarro
   e. E-mail Address  lubbynavaro@mhs.net
   f. Phone Number  (954)2659912

15. **Lobbyist Contact Information**
   a. Name  Kelly Mallette
   b. Firm Name  Ronald L Book, PA
   c. E-mail Address  kelly@rlbookpa.com
   d. Phone Number  (786)2951199  Ext.