



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Expanded Primary Care Access Sarasota Manatee DeSoto

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 11/27/2017

4. **Project/Program Description:**

The program provides expanded primary care to improve the health status and reduce health spending for the uninsured and underinsured residents of Sarasota, Manatee and DeSoto Counties.

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
1,200,000		1,200,000

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):** 1,200,000

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. 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:		1,000,000	1,000,000

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

Yes

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

\$1,200,000

11. Program Performance:

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

Provide expanded primary care access to improve health status and reduce health care spending for the uninsured and underinsured.

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

Provide preventative and sick visits to uninsured and underinsured.

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		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Physicians, ARNP, Nursing	1,137,336



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	support, Receptionist, Medical Records, Billing	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Medical Supplies, Data Processing	62,664
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,200,000

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

Primary Care preventative and sick visits in less costly healthcare setting.

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

Uninsured and underinsured

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

The state will benefit from reduced health spending and the communities will benefit from improved health status of the uninsured and underinsured. Meeting required contract deliverables – required number of patients served and visits provided. Service delivery sites are operational and open to the target population. Savings to the State can be measured by a comparison between contract/project encounter rates and costlier health settings.

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?

Percent reduction in funding related to the 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.

NA

13. Requestor Contact Information:

- a. **Name:** Walter Presha
- b. **Organization:** MCR Health Services
- c. **Email:** lsnyder@mcrhs.org
- d. **Phone Number:** (941)776-4000



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14. Recipient Contact Information:

- a. Organization:** MCR Health Services
- b. County:** DeSoto, Manatee, Sarasota
- 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:** Walter Presha
- e. E-mail Address:** lsnyder@mcrhs.org
- f. Phone Number:** (941)776-4000

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

- a. Name:** Michelle McKay
- b. Firm:** TB Consultants, Inc.
- c. Email:** michelle@tbconsultants.net
- d. Phone Number:** (941)750-0110