



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida International University - Neuroscience Centers of Florida Foundation, Inc.

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Accessible Neurology for All - clinical neurology services coordinated with primary care bolstered by social services and patient education.

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? Board of Governors

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
1,500,000		1,500,000

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	7,500,000	83.3%
Other	0	0.0%
TOTAL	7,500,000	83.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 9,000,000

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) 3

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? No

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:	1,300,000		1,300,000

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

Yes

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

1,300,000

11. Program Performance:

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

To provide comprehensive neurology services to the underserved in Florida with social support services.

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

Clinical neurology, coordination of care, case management, individual & family counseling, education

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Salary, benefits, continuing educations (Admin Staff)	225,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Research Manager, Grant Writer	100,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel to medical conferences, supplies, and equipment	25,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Legal, accounting, regulatory consultants	150,000
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Clinical staff (neurologists, nurse care coordinator, nurse practitioner, social workers) Technical (HIT)	800,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Health information technology (HIT) Insurance, equipment, supplies, rent	150,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultants for HIT infrastructure, NCQA reporting, compliance	50,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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

Increased access to neurological care, care coordination, patient & caregiver education, case management, individual and family counseling. Better management of chronic neurological disease.

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

Patients with Alzheimer's, Parkinson's, Multiple Sclerosis, and Stroke survivors. Their families and caregivers are also served.

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

Study conducted by outside third party (Avalere Health) concluded savings to healthcare system of 25% for each disease group (Alzheimer's, Parkinson's, Multiple Sclerosis). Better patient outcomes due to coordination of care. Patient surveys for quality control and patient satisfaction will be provided.

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?

Non payment of invoices

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.

Neuroscience Centers of Florida Foundation, Inc.

13. Requestor Contact Information:

a. Name: Jeffrey Horstmyer



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- b. **Organization:** Neuroscience Centers of Florida Foundation, Inc.
- c. **Email:** Jlhmd.ceo@braincenter.org
- d. **Phone Number:** (305)348-2101

14. Recipient Contact Information:

- a. **Organization:** Florida International University
- b. **County:** Miami-Dade
- 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:** Kenneth Jessell
- e. **E-mail Address:** kenneth.jessell@fiu.edu
- f. **Phone Number:** (305)348-2101

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

- a. **Name:** Esther Nuhfer
- b. **Firm:** Communication Solutions, Inc.
- c. **Email:** esther@commsol.biz
- d. **Phone Number:** (786)402-4822