1. **Title of Project:** Tallahassee Memorial At-Risk Babies and Mothers

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 03/18/2019

4. **Project/Program Description:**
   
   The Tallahassee Memorial Healthcare Program for At-Risk Babies and Mothers will provide direct services that include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at-risk for difficulties with a future pregnancy.

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

6. **State Agency Contacted?** Yes

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

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

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>100.0%</strong></td>
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</tr>
</tbody>
</table>

9. **Has this project previously received state funding?** No

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

11. **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>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

Operational Costs:
Salary and Benefits
Medical personnel to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.

Expense/Equipment/Travel/Supplies/Other
Medical supplies to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.

Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning
Engineering

Total State Funds Requested (must equal total from question #6)

11. Program Performance:

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

Proviso is proposed: The Agency for Health Care Administration shall include a governmentally designated program for hospital services for at-risk mothers and babies pursuant to sections 383.15 - 383.19, F.S., as a tier for the Low-Income Pool. Pursuant to s. 383.19, F.S., Tallahassee Memorial Healthcare is authorized as a Regional Perinatal Intensive Care Center and shall be included in this tier for the 2019-2020 Low Income Pool Model.

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

Obstetrical Services to women who have a high-risk pregnancy and care for newborns with special health needs.

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

Direct services will include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at-risk for difficulties with a future pregnancy.

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

The target population are at-risk mothers and babies and mothers with poor physical health. We expect to serve between 401 - 800 individuals.

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

This project will reduce the risk of serious illness for pregnant women and newborns, and provide medical care to women with high-risk pregnancies and newborns who are sick or born too early. Comparison of the rate of
risk of serious illness for pregnant women with high-risk pregnancies participating in the program with those pregnant women not in the program.

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 is to be appropriated; therefore, no penalties are suggested.

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: Stephanie Derzypolski
   b. Organization: Tallahassee Memorial Healthcare
   c. E-mail Address: stephanie.derzypolski@tmh.org
   d. Phone Number: (850)431-5891

14. Recipient Contact Information:
   a. Organization: Tallahassee Memorial Healthcare
   b. County: Leon
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
      ○ Other (Please specify) No funds are requested
   d. Contact Name: Stephanie Derzypolski
   e. E-mail Address: stephanie.derzypolski@tmh.org
   f. Phone Number: (850)431-5891

15. Lobbyist Contact Information
   a. Name: Travis Blanton
   b. Firm Name: Johnson & Blanton
   c. E-mail Address: travis@teamjb.com
   d. Phone Number: (850)224-1900