Title of Project: Academic Health Center Support of Complex Care

Senate Sponsor: Gayle Harrell

Date of Submission: 03/18/2019

Project/Program Description:
In the State of Florida there are about 4,000,000 children, 10% of whom have medical conditions that require ongoing subspecialty care. These conditions include cancer, sickle cell disease, genetic and metabolic conditions, kidney failure, HIV, cardiac disease, and others. The care for many of these children takes place at the academic health centers in Florida, which provide unique subspecialty care services not found at many other hospitals and facilities in the state. The centers include the University of Florida in Gainesville, the University of Florida in Jacksonville, the University of Miami Miller School of Medicine, and the University of South Florida Morsani College of Medicine. This program provides essential support for these programs, whose costs are not covered either by commercial or Medicaid insurance plans.

State Agency to receive requested funds: Department of Health

State Agency Contacted? No

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>4,406,976</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td>Total State Funds Requested</td>
<td>4,406,976</td>
</tr>
</tbody>
</table>

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>4,406,976</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Project Costs for Fiscal Year 2019-2020</td>
<td>4,406,976</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Has this project previously received state funding? Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>5,000,000</td>
<td></td>
<td></td>
<td>524</td>
<td>No</td>
</tr>
</tbody>
</table>

Is future-year funding likely to be requested? Yes
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2587

a. If yes, indicate non-recurring amount per year. $4,406,976

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>Administrative Costs:</td>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td>Operational Costs:</td>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restore Academic Health Centers contracts to Fiscal Year 2017-18 amounts.</td>
<td>4,406,976</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
<tr>
<td>Total State Funds Requested (must equal total from question #6)</td>
<td></td>
<td>4,406,976</td>
</tr>
</tbody>
</table>

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   These funds will provide essential infrastructure support of Academic Health Centers for the care of Florida’s children with medically complex conditions.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Funding will support the care of children with cancer, sickle cell disease, genetic and metabolic conditions, kidney failure, HIV, cardiac disease, and others. Most of these 400,000 children have medical insurance through Florida Statewide Managed Medical Assistance Programs (MMAs) or commercial plans while some are covered by the Department of Health (DOH), Children’s Medical Services (CMS) Medicaid insurance.

c. What are the direct services to be provided to citizens by the appropriations project?
   These services will include physician care, social service support, dietary services, administrative support, nursing support, and complex care coordination.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Children throughout the state of Florida will benefit from care that takes place at the academic health centers in Florida, which provide unique subspecialty care services not found at many other hospitals and facilities in the state. The centers include the University of Florida in Gainesville, the University of Florida in Jacksonville, the University of Miami Miller School of Medicine, and the University of South Florida Morsani College of Medicine.
e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

   The benefit will be measured through the numbers of children who were seen with complex medical conditions. This will be tracked through CPT billing codes at each site.

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?**

   Reduction in contract amount for ensuing years.

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.**

   None

13. **Requestor Contact Information:**
   a. **Name:** Scott Rivkees
   b. **Organization:** Univ. of Florida, Univ. of South Florida, Univ. of Miami
   c. **E-mail Address:** srivkees@ufl.edu
   d. **Phone Number:** (352)273-9001

14. **Recipient Contact Information:**
   a. **Organization:** University of Florida, University of Miami, University of South Florida
   b. **County:** Statewide, Alachua, Duval, Hillsborough, 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:** Scott Rivkees
   e. **E-mail Address:** srivkees@ufl.edu
   f. **Phone Number:** (352)273-9001

15. **Lobbyist Contact Information**
   a. **Name:** Monica Rodriguez
   b. **Firm Name:** Ballard Partners
   c. **E-mail Address:** monica@ballardfl.com
   d. **Phone Number:** (850)766-6287