

LFIR # 1973

Date of Request	12/10/2019						
Project/Program	· ·						
children's hospital; ma	needed to correct the inequity in the calcu lking it consistent with that received by the rida Medicaid Specialty Children's Hospita eral Appropriations Act, Specific Appropri	e other specialty children's al Reimbursement Review	hospitals. The inequity has been ide				
State Agency to	receive requested funds	f l l l l	desiminaturations				
State Agency conf	Agei	ncy for Health Care A	aministration				
	onrecurring Request for Fiscal	Year 2020-2021					
Type of Funding		Amount					
Operations		4,178,520					
Fixed Capital Outlay							
Fixed Capital Ou	ıtlay	000					
Fixed Capital Ou  Total State Fun	•	4,178,520					
Total State Fun	ds Requested et for Fiscal Year 2020-2021 (inc	4,178,520					
Total State Fun  Total Project Cos  Type of Funding	ds Requested et for Fiscal Year 2020-2021 (inc	4,178,520	nds available for this proje				
Total State Fun  Total Project Cos  Type of Funding	ds Requested  et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	4,178,520 cluding matching fu	Percentage				
Total State Fun  Total Project Cos  Type of Funding  Total State Fund	ds Requested  et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	4,178,520 cluding matching fu	Percentage				
Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal	ds Requested  et for Fiscal Year 2020-2021 (income g s Requested (from question #6)	4,178,520 cluding matching fu  Amount  4178520	Percentage 100.0 %				
Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal	ds Requested  et for Fiscal Year 2020-2021 (incomps g s Requested (from question #6)	4,178,520 cluding matching fu  Amount  4178520	Percentage 100.0 % 0 % 0 % 0 %				
Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal  State (excluding	ds Requested  et for Fiscal Year 2020-2021 (incomps g s Requested (from question #6)	4,178,520  cluding matching fu  Amount  4178520  00  00	Percentage 100.0 % 0 % 0 %				
Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal  State (excluding  Local  Other	ds Requested  et for Fiscal Year 2020-2021 (incomps g s Requested (from question #6)	4,178,520  cluding matching fu  Amount  4178520  00  00  00	Percentage 100.0 % 0 % 0 % 0 %				
Total State Fun  Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal  State (excluding  Local  Other  Total Project Co	ds Requested  et for Fiscal Year 2020-2021 (incompared to the second to	4,178,520  cluding matching fu  Amount  4178520  00  00  00  4,178,520	Percentage  100.0 %  0 %  0 %  0 %  100 %				

4,178,520

If yes, indicate nonrecurring amount per year.



LFIR # 1973

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits	The funds provided through the Medicaid inpatient and outpatient automatic rate enhancements, which will then be calculated in the same manner as other freestanding specialty children's hospitals, will be used to pay salaries and benefits to clinical and medical professionals who provided care and improve access to care to pediatric patients.	2,507,112
Expense/Equipment/ Travel/Supplies/Other	The funds provided through the Medicaid inpatient and outpatient automatic rate enhancements, which will then be calculated in the same manner as other freestanding specialty children's hospitals, will be used to pay for expenses, equipment and supplies needed to support these services provided by the clinical and medical professionals to pediatrics patients.	1,671,408
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	4,178,520



LFIR # 1973

### 11. Program Performance

contracts have goals to be reached.

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

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

Provides the funding needed to correct the inequity in the calculation of the inpatient and outpatient reimbursement rate for this specialty children's hospital; making it consistent with that received by the other specialty children's hospitals. The inequity has been identified by the findings of the Florida Medicaid Specialty Children's Hospital Reimbursement Review completed by Navigant which was directed by the SFY 2019/20 General Appropriations Act, Specific Appropriation 203.

	Hospital inpatient and outpatient services will be provided to children requiring pediatric/specialty care.
c.	What direct services will be provided to citizens by the appropriation project?
	<ol> <li>Improve physical health - Maintain or expand inpatient and outpatient hospital services to the underserved and Medicaid pediatric population in the immediate Central Florida and greater Statewide area including: improve access to pediatric care, increase preventative care, increase prenatal care, improve pediatric outcomes and safety, and decrease overall utilization of the emergency department.</li> <li>Improve mental health - Improve access to care; improve opportunities for early screening and intervention of mental health conditions; expanding family education programs and social services resources.</li> </ol>
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Over 800 individuals are expected to be served in the following target populations or groups: children in need of behavioral health, persons with poor physical health, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, drug users (in health services), preschool students, grade school students, high school students, university and college students, currently or formerly incarcerated persons, and victims of crime.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	1. Improve physical health - Implementation of strategies including but not limited to: expanding access to care; developing and expanding programs and initiatives to meet the unique needs of the Central Florida and Statewide pediatric community such as telemedicine, patient centered medicine, critical care transport, language/ interpretation services and family education programs, and social services programs.  2. Improve mental health - Implementation of strategies to measure: the expanded services which increase access to mental health care and programs: the improvements to meet the unique needs of the Central Florida and Statewide pediatric community such as telemedicine, school based programs and expanded family education programs, and social services resources.
f.	What are the suggested penalties that the contracting agency may consider in addition to its standard

The requested funding is to correct an inequity in services already provided. The AHCA and Medicaid managed care plans with which the hospital

penalties for failing to meet deliverables or performance measures provided for in the contract?



LFIR # 1973

N/A			
Requestor Contact	Information		
a. First Name	Robert	Last Name Bridges	
o. Organization	Nemours Children's Hospital		
c. E-mail Address	robert.bridges@nemours.org		
d. Phone Number	(904)697-4107	Ext.	
Recipient Contact			
a. Organization	Nemours Children's Hospital		
o. Municipality and	County Orange		
c. Organization Typ	pe		
For-profit E	ntity		
<ul><li>Non-Profit 5</li></ul>	501(c) (3)		
O Non-Profit 5	501(c) (4)		
<ul><li>Local Entity</li></ul>			
O University of	or College		
Other (pleas	se specify)		
d. First Name	Robert	Last Name Bridges	
e. E-mail Address	Nemours Children's Hospital		
f. Phone Number (			
Lobbyist Contact I			
a. Name	Elizabeth Dudek		
b. Firm Name	Greenberg Traurig		
c. E-mail Address	dudekl@gtlaw.com		