



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1189

- 1. Project Title**
- 2. Senate Sponsor**
- 3. Date of Request**

4. Project/Program Description

Children with craniofacial conditions such as cleft lip and palate (1 in 700 individuals) require specialized orthodontic treatment to facilitate surgical repair. These children should lead normal lives, but without treatment they are left with difficulties breathing and eating, poor speech, dental pain, and low self-esteem. With changes to medicaid, orthodontists in the Tampa Bay region are no longer providing this care. Patients are often unable to access orthodontic treatment for covered benefits. Patients either do not undergo necessary treatment, or have delays which compromise outcomes. We propose to recruit a craniofacial orthodontist to JHACH to service our craniofacial population and to serve as a safety net for children in the Tampa Bay region with medical need for orthodontic care, but inability to access care. Requested funds will fund start-up costs for the clinic and salary support to bridge the gap resulting from low reimbursement for these challenging cases.

- 5. State Agency to receive requested funds**
- State Agency contacted?** No

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	550,000
Fixed Capital Outlay	0
Total State Funds Requested	550,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	550,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	550,000	100%

- 8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

- 9. Is future funding likely to be requested?** No
- a. If yes, indicate nonrecurring amount per year.**
- b. Describe the source of funding that can be used in lieu of state funding.**



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Children's hospitals have received a disproportionately low amount of funding. Care for children requires highly specialized experts, and they serve a large Medicaid population. Despite receiving \$66 million, many children's hospitals have had to resort to furloughs / lay-offs, while preparing for COVID patients or more complex cases from deferred care.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Orthodontist, Dental Assistant	352,532
Expense/Equipment/Travel/Supplies/Other	Supplies, Travel, Professional education, software license, marketing, malpractice	197,468
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		550,000

12. Program Performance

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

Children with craniofacial conditions such as cleft lip and palate (1 in 700 individuals) require specialized orthodontic treatment to facilitate surgical repair. These children should lead normal lives, but without treatment they are left with difficulties breathing and eating, poor speech, dental pain, and low self-esteem. With changes to medicaid, orthodontists in the Tampa Bay region are no longer providing this care. We seek to fill this gap with an academic orthodontic practice.

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

JHACH will recruit a fellowship trained craniofacial orthodontist. This will facilitate state-of-the-art orthodontic and surgical care for individuals in the Tampa Bay region with craniofacial conditions. It will also serve as a safety net for children who qualify for medically necessary orthodontic treatment but who cannot access care due to a lack of providers who accept Medicaid funding.

c. What direct services will be provided to citizens by the appropriation project?



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This program will close a gap for orthodontic care for medically necessary treatments. This will facilitate surgical correction of cleft lip and palate and corrective jaw surgery for conditions that impact breathing, eating, and speech. These services included under Medicaid dental programs, but since the privatization in 2019, few orthodontist participate or have the necessary skills.

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

This project will service patients born with cleft and craniofacial conditions in the Tampa Bay region as well as complex orthodontic patients in need of services for medical indications who cannot otherwise access care because of a paucity of community providers currently accepting their funding resources.

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

This will help remedy a deficiency in care provided in the Tampa Bay region due to decreasing Medicaid reimbursement and increasing administrative requirements for payment. The JHACH craniofacial team coordinator will track these metrics to quantify the program's success: 1) track annual number of patient's provided care within the orthodontic clinic
2) track number and percent of cleft patients adequately prepared for alveolar graft
3) track number and percent of patients adequately prepared for corrective jaw surgery
4) Documentation of geographic areas served by 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 the contract?

The goal of the proposal is recruitment of a fellowship-trained craniofacial orthodontist for the Tampa Bay region. Failure to secure such as provider would prompt return of appropriate funds.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

n/a



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number