The Florida Senate
Local Funding Initiative Request
Fiscal Year 2021-2022

LFIR # 2046

1. Project Title Disproportionate Share Hospital Fund - Tallahassee Memorial Hospital

2. Senate Sponsor Jennifer Bradley

3. Date of Request 03/11/2021

4. Project/Program Description

To provide Disproportionate Share Hospital (DSH) funds for Tallahassee Memorial Healthcare (TMH). TMH provides a high volume of Medicaid and charity uncompensated care. These funds will assist the hospital in caring for our most vulnerable patients.

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

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	950,000
Fixed Capital Outlay	0
Total State Funds Requested	**950,000**

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)	950,000	38%
Matching Funds		
Federal	1,550,000	62%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	**2,500,000**	**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.

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

Yes

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

TMH has received a total of $20,586,180 in stimulus payments from the CARES Act. The money has been used for the purposes enumerated in the Act related to COVID-19 patient care such as payment of increased costs of clinical and non-clinical staffing.

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		0
Expense/Equipment/Travel/Supplies/ Other	DSH funds will be used to provide charity and uncompensated care to residents in North Florida.	950,000
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)		**950,000**

12. Program Performance

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

To provide Disproportionate Share Hospital (DSH) funds for Tallahassee Memorial Healthcare (TMH). TMH provides a high volume of Medicaid and charity uncompensated care. These funds will assist the hospital in caring for our most vulnerable patients.

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

Health care services, including within the hospital, clinics and affiliated entities.

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

Health care services related to charity and uncompensated care.

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

All members of the population will be served. Approximately 800-plus members of the community will be served.

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

Improve the overall physical and mental health status of the community; ED visits, inpatient visits, readmission data and outpatient visit data.

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?

No funding is to be appropriated

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 Stephanie **Last Name** Derzypolski

b. Organization Tallahassee Memorial Healthcare

c. E-mail Address stephanie.derzypolski@tmh.org

d. Phone Number (850)431-5891 **Ext.**

15. Recipient Contact Information

a. Organization Tallahassee Memorial Healthcare

b. Municipality and County Leon

c. Organization Type

❑For Profit Entity

❑Non Profit 501(c)(3)

❑Non Profit 501(c)(4)

❑Local Entity

❑University or College

☑Other (please specify) Hospital

d. First Name Stephanie **Last Name** Derzypolski

e. E-mail Address stephanie.derzypolski@tmh.org

f. Phone Number (850)431-5891

16. Lobbyist Contact Information

a. Name Travis Blanton

b. Firm Name Johnson & Blanton

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d. Phone Number (850)224-1900