

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

State Agency contacted?

5. State Agency to receive requested funds

Program

Lauren Book

12/01/2021

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Encore Healthcare - Medicaid Respiratory Disease Management Pilot

The two-year pilot program would provide respiratory clinical services to individuals diagnosed with respiratory disease/COPD through in-home visits and telemedicine, with supporting behavioral health care pulmonary support services. The goals of the pilot project are to improve health outcomes, reduce emergency department visits and hospitalizations, and reduce cost to the Medicaid program.

Agency for Health Care Administration

LFIR # 2258

Type of Funding			Amou	unt	
Operations			6,416,667		
Fixed Capital Outla	У			0	
Total State Funds	Requested			6,416,667	
Total Project Cost	for Fiscal Year 202	2-2023 (including	matching funds avai	lable for this proj	
Type of Funding			Amount	Percentage	
Total State Funds F	Requested (from que	estion #6)	6,416,667	100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	uest)	0	0%	
Local			0	0%	
Other			0	0%	
Total Project Cost	s for Fiscal Year 2	022-2023	6,416,667	100%	
Has this project pr	eviously received		No	Votes d	
Fiscal Year	Amo	ount	Specific "	Vetoed	
Fiscal Year (уууу-уу)	Ame Recurring	Nonrecurring	Appropriation #	vetoea	
			Appropriation #	vetoed	
	Recurring	Nonrecurring	Appropriation #	vetoed	
(уууу-уу)	Recurring kely to be request	Nonrecurring ed?	Appropriation #	vetoed	
(yyyy-yy) Is future funding li a. If yes, indicate r	Recurring kely to be requeste	Nonrecurring ed? unt per year.	Appropriation # Yes	vetoed	
(yyyy-yy) Is future funding li a. If yes, indicate r b. Describe the so	Recurring kely to be requested to the confecurring amount of funding the confecuring the conf	ed? Int per year. at can be used in	Yes 7,000,000		
(yyyy-yy) Is future funding li a. If yes, indicate r b. Describe the so State funding woul serve individuals co	Recurring kely to be requested to a conrecurring amount of funding the content of the content o	ed? unt per year. at can be used in er to draw down the	Yes 7,000,000 lieu of state funding. e federal match for the	pilot which would	
(yyyy-yy) Is future funding li a. If yes, indicate r b. Describe the so State funding woul serve individuals co	Recurring kely to be requested to a conrecurring amount of funding the content of the content o	ed? unt per year. at can be used in er to draw down the	Yes 7,000,000 lieu of state funding.	pilot which would	



The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2258

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

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	Contractors to conduct advanced analytics, validate results into actuarial analysis, reporting and compliance audits	421,667	
Operational Costs: Other			
Salary and Benefits	Salaries and benefits for those providing the respiratory services	4,675,000	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study	For hospital pulmonary support services	1,320,000	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	ust equal total from question #6)	6,416,667	

12. Program Performance

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

Reduce utilization of hospital based services for respiratory admissions Improve access to respiratory care by implementing home care visits and telemed support services

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

Provision of in-home clinical visits for individuals diagnosed with respiratory disease/COPD

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

In-home clinical visits to individuals diagnosed with respiratory disease/COPD

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

1000 individuals diagnosed with respiratory disease/COPD living in the regions which include: Orange, Seminole, Brevard, Charlotte, Sarasota, DeSoto, Glades, Hendry, Lee and Collier counties and being served by the Medicaid program (either fee-for-service or managed care)

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

Reduction in the utilization of hospital based services (hospital admissions or emergency department visits) by individuals diagnosed with respiratory disease/COPD living in these counties by 30%. The review of hospital utilization data compiled by the Agency for Health Care Administration and advanced analytics.

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 Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2258

The Agency for Health Care Administration shall work with the managed care plans to identify the individuals diagnosed with respiratory disease/COPD who are candidates for the pilot project. With the receiving entity, goals shall be set for contacting candidates, beginning services, submission/analysis and reporting of data, and penalties for failure to meet these and related goals.

contacting candidates, beginning services, submission/analysis and reporting of data, and penalties for failure to meet these and related goals.
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.

_		-	-		
No					

Page	3	of	4



The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2258

14. Requestor Contact Information									
	a. First Name	Dan		Last Name	McClary				
	b. Organization	Encore Healthcare/Med South							
	c. E-mail Address	dmcclary	dmcclary@chscorp.net						
	d. Phone Number (251)233-3994 Ext.								
15.	Recipient Contact	Informatio	on						
	a. Organization Encore Helathcare								
	b. Municipality and County Statewide								
	c. Organization Ty	ре							
	☑For Profit Entity								
	□Non Profit 501(c)(3)							
	□Non Profit 501(c	□Non Profit 501(c)(4)							
	□Local Entity								
	□University or Co	llege							
	□Other (please sp	ecify)							
	d. First Name	Dan		Last Name	Easley				
	e. E-mail Address	deasley@	encorehc.com						
	f. Phone Number								
16.	16. Lobbyist Contact Information								
	a. Name	Elizabeth Dudek							
	b. Firm Name	Greenbe	rg Traurig PA						
	c. E-mail Address	dudekl@	gtlaw.com						
	d. Phone Number	(850)222-6891							