Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Memorial Healthcare System TAP (Telehealth Access for Patients) Program
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Shevrin Jones
   Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No
   If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
b. What is the most recent fiscal year the project was funded?
c. Were the funds provided in the most recent fiscal year subsequently vetoed?
d. Complete the following Project Request Worksheet to develop your request:

FY:	**Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)**			**Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)**		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	**Additional Nonrecurring Request**	**TOTAL Nonrecurring plus Recurring Base Funds** (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Restitution of amount awarded

6. Requester:
   a. Name: Aurelio Fernandez
   b. Organization: South Broward Hospital District d/b/a Memorial Healthcare System
   c. Email: afernandez@mbs.net
   d. Phone #: (954)265-5805

7. Contact for questions about specific technical or financial details about the project:
   a. Name: Lubby Navarro
   b. Organization: South Broward Hospital District d/b/a Memorial Healthcare System
   c. Email: lubbynavaro@mhs.net
   d. Phone #: (954)265-9912

8. Is there a registered lobbyist working to secure funding for this project?
   a. Name: Kelly Mallette
   b. Firm: Ronald L. Book, PA
   c. Email: kelly@rlbookpa.com
   d. Phone #: (786)295-1199

9. Organization or Name of entity receiving funds:
   a. Name: South Broward Hospital District
   b. County (County where funds are to be expended): Broward
   c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)
   ○ For Profit
   ○ Non Profit 501(c) (3)
   ○ Non Profit 501(c) (4)
   ○ Local Government
   ○ University or College
   ⦿ Other (Please describe) Special Taxing District

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Memorial's TAP (Telehealth Access for Patients) Program will expand telemedicine services to address the complex health and social needs of Broward County's homeless population and those with chronic conditions who routinely present in the emergency rooms. The goal is to provide more effective, quality care for individuals in community settings to alleviate inappropriate resource utilization, reduce costly emergency services, and avoid ER overcrowding and long hospital stays.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
☐b. Other Salary and Benefits		
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Team Leader (MSW) (1.0 FTE): Provides outreach, maintains caseload of patients, oversees MAs; $92,352 Medical Assistant (MA) (5.0 FTE): Supports patients through community-based telemedicine visits; $249,600 Medical Provider (APRN) (1.2 FTE): Connected via telehealth to MAs from clinical care setting. $138,528	480,480
☑f. Expenses/Equipment/Travel/Supplies/Other	Community-based Patient Beds $185,000 Telemedicine Equipment	519,520

	$120,000 Telehealth Services $90,000 Telemonitoring Equipment $47,010 Transportation $23,700 Consumable Program Supplies $53,810	
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

○For Profit
○Non Profit 501(c) (3)
○Non Profit 501(c) (4)
○Local Government (e.g., police, fire or local government buildings, local roads, etc.)
○State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
○Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Salvation Army of Broward, Broward Homeless Initiative Partnership

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:
Florida's Council on Homelessness 2019 Annual Report, Economic Roundtable Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients

17. Will the requested funds be used directly for services to citizens?
Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?
A team of Medical Assistants will use telehealth equipment to conduct clinical exams, medical tests, physical and mental health screenings, and social need audits during patient visits in community-based settings as follow up upon hospital discharge for patients with chronic conditions that are experiencing homelessness or other barriers to healthcare due to social determinants to prevent emergency department overcrowding and reduce avoidable ED visits and extended hospital stays.

17b. Describe the direct services to be provided to the citizens by the funding requested.
Medical examinations with connection to a medical provider via telehealth technology and equipment, Provision of community-based beds for patients experiencing homelessness complete with shelter, food, clinical care, and wraparound case management

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").
Select all that apply to the target population:

- ☐Elderly persons
- ☐Persons with poor mental health
- ☑Persons with poor physical health
- ☐Jobless persons
- ☐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/college students
- ☐Currently or formerly incarcerated persons

☐Drug offenders (in criminal Justice)
☐Victims of crime
☐General (The majority of the funds will benefit no specific group)
☐Other (Please describe)

17d. How many in the target population are expected to be served?
○< 25
○25-50
○51-100
○101-200
◉201-400
○401-800
○>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
☑Improve physical health	- 70% of participating patients will replace episodic care with cost-effective, high quality, patient-centered care coordination that improves individual health outcomes for chronic conditions and reduces avoidable Emergency Room visits / hospital	- HEDIS measures for improved clinical health outcomes in Electronic Medical Records (EMRs) - # Referrals for social services recorded - # of ER revisits / hospital readmissions from program participants
☐Improve mental health		
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and		

wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		
☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual's economic self sufficiency		
☐Reduce recidivism		
☐Reduce substance abuse		
☐Divert from Criminal/Juvenile justice system		
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☐Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	1,000,000	79.9%	N/A

Project Request:			
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	250,809	20.1%	Yes
5. Other:	0	0.0%	No
TOTAL	1,250,809	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
No