

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: AtRisk Registry - CMS Compliant Solution for Hurricane Evacuation of Medical Patients
2. Date of Submission: 11/10/2017
3. House Member Sponsor: Nicholas Duran  
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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
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 2018-19? 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? Executive Office of the Governor
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 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.  
N/A

6. Requester:

- a. Name: Sally Heyman
- b. Organization: Miami-Dade Board of County Commissioners
- c. Email: district4@miamidade.gov
- d. Phone #: (305)375-5128

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Sally Heyman
- b. Organization: Miami-Dade Board of County Commissioners
- c. Email: district4@miamidade.gov
- d. Phone #: (305)375-5128

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Greg Parks
- b. Firm: Parks Advocacy Group
- c. Email: greg.parks@theparksgroup.net
- d. Phone #: (913)575-2912

9. Organization or Name of entity receiving funds:

- a. Name: Miami-Dade County and Broward County
- b. County (County where funds are to be expended): Broward, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade

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)

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

Improve safety and save lives of Miami-Dade and Broward vulnerable patients in hospitals, nursing homes, at home care and hospices during hurricanes and other disaster events. Provide valuable visibility to federal, state and local emergency managers as to location and special needs of patients to assist during evacuations. Funding will provide solution to respective emergency managers as well as all enable all 17 CMS provider types to meet new federal mandates for emergency preparedness

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	AtRisk Registry Software Solution. Brings compliance with Federal CMS standards, real-time active listing of vulnerable patients, weekly updates to emergency managers. Also provides Patient Locator tool. This is a HIPAA compliant solution that assists family members locate loved ones post evacuation	1,000,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> 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)

N/A

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?

No

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

No

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?

Critical ,relevant, real-time information on location and needs of vulnerable patients in hospitals, nursing homes, at home care and hospices will be provided on a daily or weekly basis as needed to emergency managers to aid in their safe and timely evacuations from hurricanes and other disaster evetns

17b. Describe the direct services to be provided to the citizens by the funding requested.

AtRisk Registry Software Solution. Brings compliance with Federal CMS standards, real-time active listing of vulnerable patients, weekly updates to emergency managers. Also provides Patient Locator tool. This is a HIPAA compliant solution that assists family members locate loved ones post evacuation. Additionally a HIPAA compliant Patient Locator solution will be provided for family members to locate their ones loves post evacuation

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
<input checked="" type="checkbox"/> Improve physical health	AtRisk patients that are safely evacuated from hurricane and other	Percentage increase in number of value patients safely evacuated

	disaster areas	compared to previous events
<input checked="" type="checkbox"/> Improve mental health	Mental health and overall sense of well being will be improved as vulnerable at risk patients are safely evacuated from hurricane and other disaster event areas. Additionally mental health and overall sense of well being will improve as they are successfully located and contacted by their loved ones	Survey of health care providers in hospitals, nursing homes, at home health care and hospices and to mental health of at risk patients prior to and post safe evacuation and connection with their loved ones
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		

<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): The safe evacuation and prevention of deaths due to increased visibility and efficiency leading to s	Number of at risk patients successfully evacuated compared with prior events. Reduction in injuries and deaths due to not being safely evacuated	Comparison of number safely evacuated, reduction in injuries and loss of life due to hurricane and other disaster events

19. Provide the total cost of the project for FY 2018-19 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 Project Request:	1,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No