

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: BayCare Health System Ambulatory Telemonitoring Program
2. Date of Submission: 09/25/2019
3. House Member Sponsor: Nick DiCeglie
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 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					300,000	300,000

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.
Work directly with the Department of Health on penalties

6. Requester:

- a. Name: Jason Rodriguez
- b. Organization: BayCare Health System
- c. Email: Jason.Rodriguez@BayCare.org
- d. Phone #: (727)519-1885

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

- a. Name: Kathryn McGuire
- b. Organization: BayCare Health System
- c. Email: Kathryn.McGuire@BayCare.org
- d. Phone #: (727)395-2047

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

- a. Name: Eric Prutsman
- b. Firm: Johnson & Blanton
- c. Email: eric@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: BayCare Health System
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

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?

Prompt early detection of changes in health indicators suggesting the potential for decline among medically frail older adults can reduce healthcare utilization and therefore cost to the patient, the payor and the healthcare delivery system. This project will allow BayCare HomeCare to pilot a first-of-its-kind-in-Florida Telemonitoring pilot to effectively evaluate the use of new technology in preventing unnecessary healthcare resource utilization for 130 Medicare dual eligible or uninsured.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	5% of direct administrative salary/benefits for the telemonitoring program will be allocated to this expansion pilot. Though we expect this project to represent approximately 20% of the patients in overall telemonitoring program of BCHC. We will provide this in kind contribution in effort to forward the pilot and research.	10,000
<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 checked="" type="checkbox"/> e. Salaries and Benefits	Full time tele-monitor RN and part time tele-monitor installer.	125,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	(100 units at \$1000 per unit); Monthly licensing and support fees for tele-monitoring equipment and software (\$60K), mileage for installation and maintenance, cell phones, and supplies (\$5K)	165,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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:

est Central Florida who have family members who are or are themselves medically frail and battling serious chronic health conditions. Letters of support can be provided upon request.

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:

Health System's Clinical Outcomes team has identified over 1300 patients discharged from 15 area hospitals in 2017 meeting the inclusions criteria for the project. Countless studies, indicate that 50% of all health care expenditures are utilized by only 5% of all 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?

Over the course of the project period, the BCBH team will work with the BayCare Health System Accountable Care Organization (ACO) to develop a process for identifying and enrolling the target population into virtual monitoring services for a specified duration of time based on individual patient needs no less than 30 days. A multi-disciplinary care team including a social worker, registered nurse, and APRN leverage telemonitoring equipment to check on the patient daily and provide education, soc

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

Remote patient monitoring, communication with a primary care provider, patient education (individual and group), and patient engagement in self-care and group environments to address social isolation will be provided for a specified duration of time based on individual patient needs, but no less than 30 days. Prior to discharge, patients undergo an assessment by the social worker to identify socio-economic barriers to successful adherence their providers care plan and make appropriate referrals

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	1) improved patient health outcomes 2) decreased healthcare utilization 3) decreased cost of care	Collect 1) #of emergency department visits, 2) # of hospitalization readmissions, 3) length of stay of hospitalizations, and 4) associated costs of services provided. A statistician will use the data to compare against a historical comparator to evaluate success
<input checked="" type="checkbox"/> Improve mental health	Increase access to behavioral/mental health services and therapies	1) # of patients participating in tele support groups, 2) # of patients identified as having a need for behavioral health services, 3) # of patients referred to behavioral health

		services, 4) # of patients participating in behavioral health services
<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 type="checkbox"/> 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 Project Request:	300,000	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
TOTAL	300,000	100%	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M