

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Wolfson Children's Hospital - Center for Medically Complex Children
2. Date of Submission: 10/15/2019
3. House Member Sponsor: Clay Yarborough
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:					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? 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.
We plan to work with the Department of Health to identify performance measures and penalties to ensure deliverables are met.

6. Requester:

- a. Name: Michael Aubin
- b. Organization: Wolfson Children's Hospital
- c. Email: michael.aubin@bmcjax.com
- d. Phone #: (904)202-8732

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

- a. Name: Jeff Stephenson
- b. Organization: Wolfson Children's Hospital
- c. Email: jeff.stephenson@bmcjax.com
- d. Phone #: (904)202-3662

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

- a. Name: Brian Jogerst
- b. Firm: BH and Associates
- c. Email: brian@bhandassociates.com
- d. Phone #: (850)220-0191

9. Organization or Name of entity receiving funds:

- a. Name: Wolfson Children's Hospital
- b. County (County where funds are to be expended): Duval
- c. Service Area (Counties being served by the service(s) provided with funding): Baker, Clay, Columbia, Duval, Flagler, Nassau, Putnam, St. Johns, Volusia

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?

Wolfson Children's Hospital (WCH) is the only full service tertiary children's hospital in northeast Florida, and home to the Center for Medically Complex Children (CMCC). MCC serves as a primary medical home for children with multiple life-threatening conditions. The family-centered environment provides wrap around services to meet the medical and social needs of over 650 patients, but the MCC is at capacity. Funding would allow additional children to receive the unique services they need.

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 checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for providers in the Center for Medically Complex Children to include wrap around support and care coordination. Positions include physicians, advanced registered nurse practitioners, medical assistants, nurse care coordinators, and social workers.	1,000,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<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)

- 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:

Letter

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:

In 2014, WCH participated in a Centers for Medicare and Medicaid Innovation grant. The CARE award showed a forty percent reduction in average emergency visit and fifty percent reduction in hospitalization per patient enrolled in the grant. These reductions come with the cost of providing wrap around services.

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?

The unique services provided by the Center for Medically Complex Children help reduce hospital utilization, ultimately reducing Medicaid cost. 68 % of the patients in the CMCC are covered by Medicaid. Increasing the number of patients served will help reduce additional hospital utilization for this high need patient population.

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

Funding will allow the CMCC to expand the patient volume and meet the needs of additional children with life-threatening medical conditions. Medically complex children that receive intra-disciplinary care and care coordination services have better health outcomes, improved quality of life, reduced hospital utilization and health care costs.

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	Improve clinical status therefore reduce hospitalization and emergency room visits for patients of the Center for Medically Complex Children. Increase number of patients served by the CMCC.	Analyze hospital admissions and utilization. Track new unique patients to the CMCC.
<input checked="" type="checkbox"/> Improve mental health	Increase access to behavioral and mental health services.	Track number of patients that receive mental health referral and treatment.
<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:	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
TOTAL	1,000,000	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