

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Nemours Children's Hospital - Specialty Children's Hospital Reimbursement Rate
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Rene Plasencia  
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>	<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:					4,178,520	4,178,520

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? Agency for Health Care Administration
  - 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.  
N/A

6. Requester:

- a. Name: Robert Bridges
- b. Organization: Nemours Children's Hospital
- c. Email: robert.bridges@nemours.org
- d. Phone #: (904)697-4107

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

- a. Name: Kelly Register
- b. Organization: Nemours Children's Hospital
- c. Email: kelly.register@nemours.org
- d. Phone #: (904)697-5170

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

- a. Name: Elizabeth Dudek
- b. Firm: greenbert Traurig
- c. Email: dudekl@gtlaw.com
- d. Phone #: (850)425-8517

9. Organization or Name of entity receiving funds:

- a. Name: Nemours Children's Hospital
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

Provides the funding needed to correct the inequity in the calculation of the inpatient and outpatient reimbursement rate for this specialty children's hospital; making it consistent with that received by the other specialty children's hospitals. The inequity has been identified by the findings of the Florida Medicaid Specialty Children's Hospital Reimbursement Review completed by Navigant which was directed by the SFY 2019/20 General Appropriations Act, Specific Appropriation 203.

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	The funds provided through the Medicaid inpatient and outpatient automatic rate enhancements, which will then be calculated in the same manner as other freestanding specialty children's hospitals, will be used to pay salaries and benefits to clinical and medical professionals who provided care and improve access to care to pediatric patients.	2,507,112
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The funds provided through the Medicaid inpatient and outpatient	1,671,408

	automatic rate enhancements, which will then be calculated in the same manner as other freestanding specialty children's hospitals, will be used to pay for expenses, equipment and supplies needed to support these services provided by the clinical and medical professionals to pediatrics patients.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>4,178,520</b>

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:

AHCA Secretary Mayhew, in an April 4, 2019 letter to Representative MaryLynnMagar stated that “Nemours continues to have a reimbursement for automatic rate enhancements that is not calculated in the same manner as that utilized in the original calculation for the other two specialty children’s hospitals.”

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:

This inequity has been identified by the findings of the Florida Medicaid Specialty Children’s Hospital Reimbursement Review completed by Navigant which was directed by the SFY 2019/20 General Appropriations Act, Specific Appropriation 203. The report was filed with the Governor, the President of the Senate and the Speaker of the House on October 31, 2019.

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?

Hospital inpatient and outpatient services will be provided to children requiring pediatric/ specialty care.

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

Hospital inpatient and outpatient services will be provided to children requiring pediatric/ specialty care.

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): Children in need of behavioral health

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	Maintain or expand inpatient and outpatient hospital services to the underserved and Medicaid pediatric population in the immediate Central Florida and greater Statewide area including: improve access to pediatric care, increase preventative care, increase prenatal care, improve pediatric outcomes and safety, and decrease overall utilization of the emergency department.	Implementation of strategies including but not limited to: expanding access to care; developing and expanding programs and initiatives to meet the unique needs of the Central Florida and Statewide pediatric community such as telemedicine, patient centered medicine, critical care transport, language/ interpretation services and family education programs, and social services programs.
<input checked="" type="checkbox"/> Improve mental health	Improve access to care; improve opportunities for early screening and intervention of mental health	Implementation of strategies to measure: the expanded services which increase access to mental

	conditions; expanding family education programs and social services resources.	health care and programs: the improvements to meet the unique needs of the Central Florida and Statewide pediatric community such as telemedicine, school based programs and expanded family education programs, and social services resources.
<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:	4,178,520	50.0%	N/A
2. Federal:	2,553,076	30.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	1,625,444	19.4%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>8,357,040</b>	<b>100%</b>	

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