

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: WCRx Pharmacy Central - The REACH OUT Study Initiative
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Ramon Alexander
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:					2,500,000	2,500,000

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.
Loss of funding due to CMS standards and the department deliverables/contract.

6. Requester:

- a. Name: Dr. Emmanuel Patrick Inwang
- b. Organization: WCTx Pharmacy Central Inc.
- c. Email: emmanuel.inwang@wcrxhealth.com
- d. Phone #: (850)459-6747

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

- a. Name: Dr. Emmanuel Patrick Inwang
- b. Organization: WCTx Pharmacy Central Inc.
- c. Email: emmanuel.inwang@wcrxhealth.com
- d. Phone #: (850)459-6747

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: WCRx Pharmacy Central Inc.
- b. County (County where funds are to be expended): Statewide
- 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) Medical & Therapeutic Research Consultants Agency

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

Goal & purpose is to eradicate CKD/ESRD (Chronic Kidney disease/End stage renal disease). Manage underlying causes i.e. diabetes, obesity, cardio, mental health, etc. and initiate preventable and reoccurring cultures, healthy lifestyle habits in our 67 counties. Starting with Leon county kidney failure population. Of these, 468,000 individuals are on dialysis. Each year, kidney disease kills more people than breast or prostate cancer. In 2013, more than 47,000 Americans died from kidney disease.

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	Executive director position is to monitor, execute and deploy teams from grass roots all the way to the healthcare, research and outcomes driven results.	145,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	This will cover State services within all 67 counties. Amounts consist of salaries for salaried Medical research consultants fellow student researchers. Every month they will document, collaborate and execute initiative goals outcomes with reports signed by state licensed officials.	737,500
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	City of Tallahassee building offered with contingencies of construction and long term outcome goals. Address is 710 West Orange Ave Tallahassee, FL 32310.	225,000

<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Developers to handle the large influx of phone calls once announce and media coverage starts ramping up.	5,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Urban and Health Ministry Coordinator consultant	12,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Large commercial campaign geared towards the communities in need of this medication, i.e. comcast, local tv and radio ads newspaper, etc.	75,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Medical Doctor consultant manager to oversee healthcare section scaled	30,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	4 strategic city donated buildings within the States major cities and demographics with CKD/ESRd. Along with funding	1,270,000
TOTAL		2,500,000

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?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

Yes

14b. What is the total cost (all years) to design and build the project?

250,000

14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

4,750

14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?

Yes

14e. What are the specific business objectives or needs the IT project is intended to address?

Handling the large influx onboarding the inbound and outbound calls come in. Based on the sheer volume of clientele IT will be needed.

14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

In the state of Florida Preventable Hospital stays, ER visits and EMT services cost our City and State tax payers for existing measurable services available. Consideration to our elderly, minority and financially inept populations will only save our city and state tremendous healthcare dollars. In addition, our clinical research services having measurable data to follow gives a platform and template to measure daily, weekly, monthly and annually. Success is solely based on patient health outcomes.

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:

WCRx Pharmacy Central Inc. can give a sample medical summary note to show as sample of end results for monitored client.

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:

WCRx its affiliates such as HBCU's, Universities and its professors in research, OPKO Renal Pharmaceutical corporations, Bioreference laboratories have a synergistic similar ongoing relationship as mentioned above.

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?

Health Fairs and Health Ministry Networks, Entertainment, Art concerts for the local community, Workshops and conferences for the city involving the entertainment industry, Sponsorship of local free community events etc.

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

Biological markers such as finger sticks, mouth cheek swabs, wellness visits, teledoc services for rural communities and laboratory draws. This determines and documents eligibility criterias for clients to enroll in Meidcare funded preventative therapies.

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): And all patients on dialysis or CKD diagnosis

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	Once entered into our WCRx program a measurable CCM is established based on conditions. WCRx caters and provides measured results based on ICD10 code documented illness. A mandatory monthly review on the monitored diagnosis & report is signed of by Physician team.	CCM (Chronic care management) is completed and mandatory monthly monitoring by state board licensed clinician is initiated. Physician signs off on recommended therapies based on lab data and other outcomes.
<input checked="" type="checkbox"/> Improve mental health	WCRx has a BHI (Behavior health integration) measured by CMS. It is measurable and based on patients medical data, labs and history.	BHI and depending on mental health diagnosis. Once patient is enrolled in the program monthly monitoring by state board licensed clinician is initiated.
<input checked="" type="checkbox"/> Enrich cultural experience	WCRx and affiliates such as our local health ministry churches i.e. Tabernacle Missionary Baptist and Bethel A.M.E participate in our local city health fairs. At health fairs we provide Cardiometabolic screenings.	Are one of many visitors targeted for a cultural and community enrichment cultural experience.

	Such as Glucose, LDL, HDL, TC , Triglycerides, Diabetic foot screenings etc. And all documented for local and statewide stats on preventable related outcomes will be reported.	
<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 checked="" type="checkbox"/> Increase or improve economic activity	WCRx Prevention care program benefits the local healthcare communities. This is done by locally partnering with healthcare business affiliates. The CMS funded services helps stimulate services of several kind to this community.	Financial stats from the years prior are contracted, measured and compared for results.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	WCRx Prevention care program benefits the local healthcare communities. Jobs are offered and available to the local patrons. Once hired locally the synergistic healthcare outcomes start showing benefit immediately and locally.	All patients are measured and monitored by a lab draw of "ETOH" monthly Alcohol substance blood review.

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Partner with Holistic Plan of Care to provide counseling and education	Pre and Post Aftercare Services
<input checked="" type="checkbox"/> Reduce substance abuse	WCRx program provides an Alcohol withdrawal protocol for alcoholics. Due to medication treatments losing effectiveness with alcohol as a main culprit. These clients are eligible for monthly monitoring	All patients are measured and monitored by a lab draw of "ETOH" monthly Alcohol substance blood reviews.
<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:	2,500,000	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	2,500,000	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