

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Low Income Pool - Tallahassee Memorial Healthcare At-Risk Mothers and Babies Program

2. Date of Submission: 11/08/2019

3. House Member Sponsor: Jason Shoaf

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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	Column: B	Column: C	Column: D	Column: E	Column: 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:					100,000	100,000

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? 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.

Return of funds to administering agency

6. Requester:

- a. Name: Stephanie Derzypolski
- b. Organization: Tallahassee Memorial Healthcare
- c. Email: stephanie.derzypolski@tmh.org
- d. Phone #: (850)431-5891

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

- a. Name: Stephanie Derzypolski
- b. Organization: Tallahassee Memorial Healthcare
- c. Email: stephanie.derzypolski@tmh.org
- d. Phone #: (850)431-5891

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Tallahassee Memorial Healthcare
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Lafayette, Leon, Liberty, Madison, Taylor, Wakulla, Washington

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?

Proviso is proposed: The Agency for Health Care Administration shall include a governmentally designated program for hospital services for at-risk mothers and babies pursuant to sections 383.15 - 383.19, F.S., as a tier for the Low-Income Pool. Pursuant to s. 383.19, F.S., Tallahassee Memorial Healthcare is authorized as a Regional Perinatal Intensive Care Center and shall be included in this tier for the 2019-2020 Low Income Pool Model.

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	Medical personnel to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.	90,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical supplies to provide obstetrical care to women who have a high-risk pregnancy and care for newborns with special health needs.	10,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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?

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?

Obstetrical Services to women who have high-risk pregnancy and care for newborns with special health needs.

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

Direct services will include obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs, such as critical illness or low birth weight. Medical specialists will evaluate women who are currently pregnant with a high-risk pregnancy or at risk for difficulties with a future pregnancy.

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): at-risk mothers and babies

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
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<input checked="" type="checkbox"/> Improve physical health	Reduce the risk of serious illness for pregnant women and newborns. Provide medical care to women with high-risk pregnancies and newborns who are sick or born too early.	Comparison of the rate of risk of serious illness for pregnant women with high-risk pregnancies participating in the program with those pregnant women not in the program.
<input type="checkbox"/> Improve mental health		
<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:	100,000	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	100,000	100%	

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

No