

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida International University - Neuroscience Centers of Florida Foundation, Inc.

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Bryan Avila

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
*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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:		1,300,000	1,300,000		1,500,000	1,500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

N/A

6. Requester:

- a. Name: Jeffrey Horstmyer, MD, FAAN
- b. Organization: Neuroscience Centers of Florida Foundation, Inc.
- c. Email: jlhmd.ceo@braincenter.org
- d. Phone #: (305)856-8940

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

- a. Name: Jeffrey Horstmyer, MD, FAAN
- b. Organization: Neuroscience Centers of Florida Foundation, Inc.
- c. Email: jlhmd.ceo@braincenter.org
- d. Phone #: (305)856-8940

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

- a. Name: Esther Nuhfer
- b. Firm: Communication Solutions
- c. Email: esther@commsol.biz
- d. Phone #: (305)444-8655

9. Organization or Name of entity receiving funds:

- a. Name: Neuroscience Centers of Florida FOundation, Inc
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Monroe

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?

Continue to deliver comprehensive and coordinated healthcare to the under served populations at FQHCs and other locations (Medicare, Medicaid, Obamacare) with a focus on chronic neurological conditions such as Alzheimer's, Multiple Sclerosis, Parkinson's and Stroke to improve quality of life and patient outcomes. Deploying robust EHR system to improve patient outcomes, and report to NCQA for Specialty Practice Recognition.

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	Salary, benefits, continuing education (administrative staff)	225,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salaries and benefits for Research Manager, Grant Writing	100,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	For travel to medical conferences; supplies and equipment	25,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Legal, accounting, regulatory consultants	150,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Clinical staff (neurologists, nurse care coordinator, nurse practitioner, social workers) technical (HIT), salaries and benefits	800,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Health information technology insurance, equipment, supplies, rent	150,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Consultants for HIT infrastructure, NCQA reporting, compliance	50,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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)

N/A

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:

Letters of support have been received from other healthcare organizations as well as community leaders and national non-profits such as the Alzheimer's Association, National Parkinson Foundation, Alliance for Aging, etc.

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:

An economic impact study was performed by Tripp Umbach outlining quality healthcare job creation, direct and indirect economic impact to our area as well as the State of Florida. Avalere Health LLC has analyzed data and provided a report showing savings produced by our healthcare model to State and Federal agencies.

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?

Clinical neurology services provided to high cost, high risk individuals with a view towards better coordination of care, efficient utilization of services, adherence to a plan of care and education to the patient, their family and caregivers so as to avoid ER visits and hospitalization.

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

Additional to medical services, direct services provided are social supportive services by way of case management for patients, individual and family counseling, resources and referrals for patients, their families and caregivers, monthly support groups, exercise and wellness workshops.

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): Also serving the families and caregivers of chronically ill patients (Alzheimer's, Multiple Sclerose

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800

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	Improved quality of life for persons with chronic neurological conditions, falls prevention, decreased ER visits and hospitalizations	Outcomes measures embedded in proprietary EMR
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Patient and caregiver education; improved quality of life, decreased ER visits and hospitalizations	Outcomes measures embedded in proprietary EMR. Patient and caregiver surveys
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Creation of highly skilled healthcare jobs	Employment roster
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Mission to keep patients at home, at work, and out of the hospital.	Patient surveys

<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 2018-19 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:	1,500,000	15.3%	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:	7,500,000	76.5%	No
5. Other:	800,000	8.2%	No
<b>TOTAL</b>	<b>9,800,000</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 2018-19 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