

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: All Children's Hospital Neonatal Abstinence Syndrome Demonstration Project
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): Cary Pigman

**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*
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
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>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b> <i>(Nonrecurring is one time funding &amp; must be re-requested every year)</i>	<b>Total Funds Requested Over Base Funding</b> <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:	0	350,000	350,000		350,000	0	350,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: Amy Maguire
- b. Organization: All Children's Hospital Johns Hopkins Medicine
- c. Email: amymaguire@jhmi.edu
- d. Phone #: (727)767-2394

6. Organization or Name of Entity Receiving Funds:

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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

All Children's Hospital's (ACH) Level III neonatal intensive care unit (NICU) is dedicated to the outcomes of infants encompassing all types of illnesses from prematurity, neurological issues, surgical and medical needs, and neonatal abstinence syndrome (NAS). Between July 1, 2013 and September 30, 2014, 300 infants with NAS were cared for in the ACH NICU with an average length of stay of 30 days.

ACH would like to partner with Florida on a pilot project for an improved model of care for infants with NAS. We propose a treatment methodology whereby we would wean the infants to methadone treatment within 10-14 days of admission and then to home, with a daily visit from an ACH home health nurse to assess the infant and administer methadone until the infant is fully withdrawn. Current research supports effective management of NAS in a home-based setting, with numerous studies noting decreased length of stay, no increase in total duration of treatment, and increased rates of breast feeding.

These infants would also receive regular developmental care through our multidisciplinary NICU follow-up clinic. Infants with NAS are prone to developmental issues and recent research demonstrates they have problems upon entering the school system at age 4 and 5. ACH currently operates follow-up clinics at our main hospital and at Sarasota Memorial Hospital.

We believe this program could reduce hospital length of stay for these infants to 14 days. This pilot could save Medicaid 3mil.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes