

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Bitner Plante ALS Clinic Initiative of Florida
2. Date of Submission: 02/06/2017
3. House Member Sponsor: Holly Raschein
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- 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 (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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i> | | |
|--------------------|---|-------------------------------|---|--|--|--|
| | Column: | A | B | C | D | E |
| 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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i> |
| Input Amounts: | | 500,000 | 500,000 | | 1,000,000 | 1,000,000 |

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: Kim Hanna
- b. Organization: The ALS Association Florida Chapter, Inc.
- c. Email: khanna@alsafl.org
- d. Phone #: (813)637-9000

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Kim Hanna
- b. Organization: The ALS Association Florida Chapter, Inc.
- c. Email: khanna@alsafl.org
- d. Phone #: (813)637-9000

8. If there is a registered lobbyist, fill out the lobbyist information below.

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

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: The ALS Association Florida Chapter, 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)

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

Funding will provide access for patients to receive comprehensive quality care through Telehealth in rural areas and ALS Multidisciplinary Clinics in Florida. This multidisciplinary approach is proven to benefit patients by 1) improving quality of life; 2) increasing life expectancy by almost one year; 3) providing access to more aids to manage activities of daily living. The impact to the State is a reduction in costs in community-based/home-based care, Medicaid, and hospitalizations.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category | Description | Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category |
|--|--|---|
| Administrative Costs: | | |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | President/CEO and Contract manager manage all contract tasks and deliverables, manage sub-contracts with ALS clinics, direct staff in all tasks related to the contract. | 15,000 |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits | Clinic liaison staff participate in the implementation of the multidisciplinary care model, assuring each patient's needs are met. Marketing staff develop and host Patient Symposium. Finance and administrative staff manage bookkeeping and other administrative tasks. | 20,000 |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study | | |

| | | |
|---|--|------------------|
| Operational Costs: | | |
| <input type="checkbox"/> e. Salaries and Benefits | | |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Contract management expenses; attorney services, printing, mailing, supplies, staff travel to ALS Clinics and Patient Symposium. Expenses to develop and host Patient Symposium: venue fees, marketing, logistics, and planning. | 50,000 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Subcontracts with ALS Clinics: University of South Florida, Mayo Clinic in Florida, University of Florida, University of Miami (\$750,000). Subcontract for Telehealth with Mayo Clinic in Florida (\$160,000). | 915,000 |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 1,000,000 |

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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 from subcontracts including Mayo Clinic, University of South Florida, University of Miami, and the University of Florida. Letters highlight the benefits to patients and the impact funding can make in increasing access to specialized care and how this improves a patient's quality of life.

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:

Peer reviewed articles on patient survival rate and costs: Traynor, BJ. "Effect of Multidisciplinary ALS Clinic on ALS Survival: A Population Study 1996-2000", and Boylan, K. "Prospective Study of Cost of Care at Multidisciplinary ALS Centers Adhering to American Academy of Neurology ALS Practice Parameters".

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Military Veterans (who are twice as likely to be diagnosed with ALS as those who have not served).

17b. 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 all 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 | Early intervention and planning to prolong patient's physical capabilities, safety, independence, and quality of life., e.g. use of Durable Medical Equipment, interventions for feeding tube, trach tube. | Evaluations use the ALS Functional Rating Scale?it monitors patient's functional status of patient over time., i.e. change in activities of daily living, walking, breathing, speech, etc. |
| <input checked="" type="checkbox"/> Improve mental health | Early intervention and action plan to address cognitive and behavioral symptoms i.e. depression, anxiety, caregiver burnout, FTD (frontotemporal dementia), etc. | Evaluations by mental health professionals use a variety of scales i.e. depression scales, quality of life scales, etc., to monitor symptoms and prescribe medication and/or counseling. |
| <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 checked="" type="checkbox"/> Increase tourism | Rise in medical tourism in Florida. This leads to increase in revenue and employment for hotels, transportation companies, restaurants, hospitality - out-of-town patients spend ~\$1000 per clinic visit. | Increase in tourism is measured by patient intake survey at clinics, e.g. Mayo Clinic reports ~30% of patients are from out-of-state and international. |
| <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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding | Amount | Percent of Total (Automatically Calculates) | Are the other sources of funds guaranteed in |
|-----------------|--------|---|--|
|-----------------|--------|---|--|

| | | | writing? |
|--|-----------|--------|----------|
| 1. Amount Requested from the State in this Appropriations Project Request: | 1,000,000 | 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 | 1,000,000 | 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 2017-18 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
- 1-2M

- >2-3M
- >3-10M
- >10M