

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Flagler Hospital Sole Community Medicaid Rate Enhancement

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Cyndi Stevenson

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? 2015-16

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 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (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 .)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (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.)
Input Amounts:					2,852,022	2,852,022

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. Agency for Health Care Administration

6. Requester:

- a. Name: Joseph Gordy
- b. Organization: Flagler Hospital (St. Augustine)
- c. Email: president@flaglerhospital.org
- d. Phone #: (904)819-4400

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

- a. Name: Jason Barrett
- b. Organization: Flagler Hospital (St. Augustine)
- c. Email: jason.barrett@flaglerhospital.org
- d. Phone #: (904)484-4993

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

- a. Name: Mark Pinto
- b. Firm: The Fiorentino Group
- c. Email: mpinto@thefiorentinogroup.com
- d. Phone #: (904)358-5727

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

- a. Name: Flagler Hospital
- b. County (County where funds are to be expended): Saint Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, Putnam, Saint Johns

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?

Today, Flagler Hospital is the only sole community hospital excluded from this Medicaid enhancement. 80% of the current payor mix reimburses at/below cost, if at all. Currently care for nearly all of the indigent patients is in 50 mile radius. Flagler is the anchor for healthcare services in St. Johns County. Offers Mental Health and NICU services despite the significant losses due to Medicaid and indigent population. Funding would allow for continued care for these populations.

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 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	The funds provided in the Medicaid enhancement will be used to pay salaries and benefits to clinical and medical professionals who provide care to patients. During fiscal year 2016, it is estimated that Flagler Hospital's costs are approximately \$9 million over current Medicaid reimbursement. Flagler Hospital will subsidize more than \$7million in	2,852,022

	costs for care provided to indigent patients who do not qualify for Medicaid and truly cannot afford to pay for the necessary care received.	
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,852,022

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 the region

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:

2016 3rd party audit demonstrated a \$3 million loss for the hospital. As a sole community hospital (only hospital in Saint Johns County), Flagler today is not afforded the Medicaid enhancement that Florida's six other sole community hospitals currently receive.

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): Neonatal Intensive Care Unit (NICU) serving newborns

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
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<input checked="" type="checkbox"/> Improve physical health	Ability to continue to serve more patients and/or maintain the current programs and abilities of the hospital to serve the population including the indigent.	Current patient care met at the hospital compared to services once they receive sole community dollars. Workforce additions and program expansions due to the added dollars.
<input checked="" type="checkbox"/> Improve mental health	Continued growth in mental health programs. The impact of not losing money will allow for increased workforce and the ability to meet the growing needs in the serving population including the indigent. Subsidizing outpatient/inpatient mental health.	Number of Medicaid and indigent patients served.
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Enhanced funding through these dollars will help with hiring of employees in needed health care programs to serve the population.	Current funding employment numbers to employee numbers (including retention) with new funding amounts.

<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Meeting the needs of the workforce for the state that will assist both the employer and employee; The ability for patients to receive needed healthcare and services that will allow for them to return to a productive life outside of a health facility.	Comparison of the median income for an area and the salary opportunities in the programs throughout the hospital. Also, comparison of health needs met by the patients and their ability to return to work in a faster manner.
<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:	2,852,022	38.4%	N/A
2. Federal:	4,578,990	61.6%	Yes
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	7,431,012	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