



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2279

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Big Bend Hospice, Inc., a nonprofit healthcare provider in the Big Bend Region since 1983, is respectfully requesting a 2024 legislative appropriation of \$650,000, for the acquisition of 1 Mobile Medical Unit to provide quality rural healthcare access to the citizens of Taylor, Madison, Jefferson, Wakulla, Gadsden, Liberty, Franklin and Leon counties. This mobile clinic will deliver a range of health services, staffed by a combination of physicians, nurses, community health workers and other health professionals, helping underserved communities overcome common barriers to accessing health care. Mobile units also reduce operational healthcare costs.

For forty-one years, Big Bend Hospice has been providing quality care to residents in its eight-county catchment area. Seven of these counties are state and federally designated as rural, and has recently expanded its services beyond end-of-life care while continuing to establish strategic healthcare partners within the counties it serves.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	650,000
Fixed Capital Outlay	0
Total State Funds Requested	650,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	650,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	650,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

\$1,908,070 in CARES Act funding - used primarily for staff shortages (traveling nurses, providers, social workers), personal protective equipment (i.e., medical supplies), remote work capabilities.
\$2,726,500 in Paycheck Protection Program funds (fully forgiven) used for maintaining

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Big Bend Hospice

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	One (1) mobile medical unit at \$650,000	650,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		650,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Provide quality rural healthcare access, primarily in the form of primary and palliative care, to the citizens of Taylor, Madison, Jefferson, Wakulla, Gadsden, Liberty, Franklin and Leon counties, through 1 mobile medical unit, which will deliver a range of health services, staffed by a combination of physicians/nurse practitioners, nurses, community health workers and other health professionals.

b. What activities and services will be provided to meet the intended purpose of these funds?

Primary and palliative care services for predominantly chronically ill senior citizens who are at risk for not accessing other healthcare services due to socio-economic factors, or who utilize more expensive forms of care, such as emergency rooms services.

c. What direct services will be provided to citizens by the appropriation project?

Direct care by physicians/nurse practitioners - assessments and treatment of chronic conditions with the goal of patients remaining in their residences.

d. Who is the target population served by this project? How many individuals are expected to be served?

The initial target population will be the 157,331 rural county residents comprising of Taylor, Madison, Jefferson, Gadsden, Liberty, Wakulla and Franklin counties of Florida. Of this population, according to the Florida Department of Elder Affairs 2022 assessment, 41,379 are age 60 years and older, of which 9,478 live alone. These services will target elderly patients who have chronic conditions with one or more co-morbidities.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Reduced unnecessary hospitalizations, emergency room visits, EMS transport. This will predominantly be measured using claims data (Medicare, Medicaid, commercial) from a twenty-four month period prior to using the mobile units, to the twelve-month period after. Success will be measured in total average cost of care for the targeted demographic.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

As with current value-based reimbursement models, penalties can include being partially at risk for not achieving expected savings, and fully at risk for costs greater than the baseline average cost per patient (initial 24 month term baseline)

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number