

2012 – 2013 Low Income Pool (LIP) Tier-one Milestone (STC 61) Application

1. **Applicant:** Walton County Health Department (Walton CHD)
2. **Medicaid Provider Number:** 27976500
3. **Provider Type:** County Health Department
4. **Amount applying for:** \$429,510 = Match \$181,554 (42.27%) / Funding \$247,956 (57.73%)
5. **Program Type:** Enhanced (Low Income Pool Primary Care)
6. **Description of the delivery system and affiliations with other health care service providers.**

Primary Care Services - Historically, when funding is available Walton CHD can accommodate a robust Primary Care program.

- Beginning in late 2005, Walton CHD added full primary care services for adults and children at the DeFuniak Springs site to the traditional health department and clinical services already offered. These traditional health department services include family planning, limited women's health care, sexually transmitted disease prevention and treatment, tuberculosis prevention and treatment and immunizations. Eligibility for the program was based on 100% of the Federal Poverty Level (FPL) guidelines. Prenatal care services were also added during this same time frame. Staff providing primary care services included one part-time physician - 0.75 full-time equivalents (FTE) and one part-time advanced registered nurse practitioner (ARNP) - 0.60 FTE.
- Low Income Pool funding from 2006 to 2008 allowed us to expand our income eligibility for primary care services to 179% of the FPL and to create a Women's Health Project at both the DeFuniak Springs and Coastal Branch locations. The Women's Health Project provides breast and cervical cancer screening services to women age less than 50 who no longer qualify for family planning services and whose income is less than 200% of the FPL.
- Despite the loss of LIP funding in 2008, Walton CHD continued to provide limited access to primary care services, though no new patients were received when numbers of patients exceeded the numbers providers could adequately see. The cost of primary care services are supported by Walton County Board of County Commissioners contributions which are specific for primary care services; state categorical general revenue dollars; Medicaid and third-party reimbursement; and fee collections. These services are provided by one full-time physician; one full-time Family Practice Advanced Registered Nurse Practitioner; necessary support staff to see that patients are seen in a timely manner; an interpreter and referral services as needed. In addition, patients are assisted to obtain needed medication through pharmaceutical company medical assistance programs.
- In 2010 – 2012, Walton CHD received LIP funding to expand income eligibility to those individuals and families at 200% of the FPL. Primary Care Services are currently provided at the DeFuniak Springs facility. This funding allowed for the provision of a medical home for 951 new primary care patients (April 2012) and allowed for the development of an effective Emergency Room (ER) diversion process and system that can easily be applied to an additional site. As of June 30, 2012 Walton CHD provides primary care services to a total of 2,380 clients. Evening and Saturday clinic hours are provided to make it easier for patients to access care and thereby decrease unnecessary patient emergency room visits. Services are provided by two physicians (1.8 FTE); one ARNP (1.0 FTE); one social worker/case manager; one outreach and health educator / coordinator; and clinical and administrative support staff.
- On January 10, 2011, Walton CHD began providing dental services at a new dental clinic housed in the Walton CHD DeFuniak Springs facility. Initially, only Medicaid

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enrolled children through age 20 were eligible for dental care. Now, adult dental care is offered one day per week to LIP eligible clients most in need of dental treatment. Services are provided by one part-time dentist and existing dental clinic staff.

Traditional Public Health Services - In addition to Primary Care services, Walton CHD offers traditional public health services, i.e., personal and population-based services to the community. These services include Environmental Public Health Services, Disease Control and Prevention and Personal Health Services, Disaster Preparedness and Response and Vital Statistics. Environmental Health programs include Food and Water Safety, Control of Disease from Animals, and Safe and Healthy Places. Disease Control and Prevention programs include AIDS and HIV, Epidemiology, Immunizations, Sexually Transmitted Diseases, Tuberculosis, Health Promotion, and School Health Services. Personal Health Services include adult and child health care, breast and cervical cancer screening, dental health care, family planning, healthy start, prenatal care, and Women, Infants and Children (WIC) Services.

Emergency Room Diversion - Between September 2011 and June 2012, Walton CHD established contractual relationships with the two hospitals in the county for Hospital Navigators to provide services to stimulate development of the Walton CHD Primary Care Program and to encourage appropriate emergency room diversion. Navigator services are designed to reduce the use of emergency rooms as a source of primary care and include assisting clients with no insurance, low income or that are underinsured to find a medical home. Clients are referred to more appropriate care settings either as emergency room diversion cases or for follow-up care needed as a result of emergency room visits or post-hospital care.

Enabling and Case Management Services - Additional funds for provision of services will supplement and not displace current systems. Walton CHD will simply extend services to the Coastal Branch location and will provide primary and preventive services including walk-in lab services, case management, referrals, drug assistance and health and nutrition education. Patients who need procedures and imaging receive these services at a non-profit hospital in Walton County through an Uncompensated Care process. We will continue to use the services of Bay Cares to obtain volunteered specialty referrals in the Panama City area. (These services are limited and transportation to services in the Bay county area is a barrier.) West Florida AHEC provides regularly scheduled smoking cessation classes to our clients.

Drug Assistance Program - For fiscal years 2011 – 2012, 243 Walton CHD clients received medications valued at \$1,031,143 through pharmaceutical company medication assistance programs. Additional case management and drug assistance staff will allow us to continue established processes to obtain medications, to provide specialty referrals, and to provide referrals to existing community organizations for other types of needed assistance, i.e., housing and food assistance. Additional staff will be able to assist families who may qualify for Medicaid to complete the enrollment process.

Dental Services – Limited oral health services are available to primary care / LIP clients at Walton CHD, i.e., extractions for relief of pain; provision of antibiotics and pain medications for acute infections; and limited fillings for primary care adolescents under the age of 19 for preservation of viable teeth. Additional funding will support contractual agreements with local dental providers; this will increase access to dental care and thereby reduce avoidable emergency room visits for oral health needs.

7. Service Area: Walton County.

The target population of Walton CHD primary care services and low income pool services are the uninsured, underinsured and low income ($\leq 200\%$ of Federal Poverty Level) Florida residents. 25% of the Walton population less than age 65 do not have health insurance and 27% of Walton children less than age 18 live in poverty.

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8. Service Area Characteristics:

Walton County has a population of 55,043 with a nearly equal mix of male (51.3%) and female (48.7%) residents. 5.8% of the population is under 5 years; 20.2% under 18 years; and 17.0% 65 years and over. The racial and ethnic make-up of the county has changed some over the last ten years; in 2011, the white only population is 89.5% of the total county population while the black / African American population is 6.2%; 2.2% of persons report two or more races and 5.5% are persons of Hispanic or Latino origin. 14.6% of the total population is listed as persons below poverty level (percent, 2006 – 2010).¹

According to the Walton County Health Profile report located in www.floridacharts.com, 14.6% (8,036 people) of the total county population is below poverty level. The American Community Survey, 2006 – 2010 averages indicate that 10.1% of Walton families are below poverty level and 22.7% of the population under 18 is below poverty level. According to 2010 data reports, 19.3% of Walton adults could not see a doctor at least once in the past year due to cost; 19% of Walton adults do not have a personal doctor; and 19.3% of Walton adults do not have any type of health care insurance coverage. The Median Monthly Medicaid Enrollment for Walton County is 6,751 (2010).

People who have difficulty obtaining medical care due to lack of health insurance or low income are less likely to receive appropriate preventive care. Health insurance alone does not ensure access, though. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients and enough primary care providers in the community. There are additional barriers to access in some populations due to lack of transportation to providers' offices, lack of knowledge about preventive care, long waits to get an appointment, low health literacy, and inability to pay the high deductible of many insurance plans or co-pays for receiving treatment.

Oral health emergency room spending in Walton County is an avoidable health care cost. From 2008 to 2010, total dental health emergency room visits and charges increased from 425 visits to 582 visits and \$308,510 to \$440,637.² In 2010, 582 Walton County residents sought emergency room treatment for dental conditions typically considered avoidable with appropriate preventive and restorative care, incurring total charges of \$440,637. Of that total, \$139,128 was paid by Florida Medicaid. Because routine dental services are not covered under Medicaid, a lifetime of neglect may manifest as significant health issues. Better access for low-income patients to preventive and restorative services is a cost-effective solution to reducing hospital and overall healthcare spending. A significant proportion of county residents are unable to access routine dental care and the only dental care option for many is the hospital emergency room.

9. Organizational Chart and Point of Contact:

Attachment 1: Proposed Organizational Chart

Point of Contact: Holly B. Holt, Administrator
362 State Highway 83
DeFuniak Springs, FL 32433
850-892-8040 x1123
holly_holt@doh.state.fl.us

¹ Walton County, Florida Quick Facts from the US Census Bureau, <http://quickfacts.census.gov/qfd/states/12/12131.html>

² Florida Public Health Institute information from www.oralhealthflorida.com or http://cdn.trustedpartner.com/docs/library/FloridaOralHealth2011/WALTON_FINAL_11.pdf

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10. Proposed budget for funding detailing the request.

Attachment 2: Proposed Project Budget

Primary Care Services – A portion of current primary care / LIP staff and additional staff funded by this opportunity will be blended to provide Primary Care Services at the Walton CHD Coastal Branch facility. By placing the Primary Care physician and clinical support staff at the Coastal Branch, closer to the Sacred Heart Hospital of the Emerald Coast (SHHEC); access to care for clients living in South Walton will be increased. Additional staff funded by this proposal will help to assure program success, i.e., The Project Coordinator (CHN Supervisor) will report project findings and develop presentations for Florida Department of Health leaders, community partners and hospital administration linking project implementation and emergency room diversion savings supported by this project; the Sr. Community Health Nurse will provide on-site case management, provider support and nursing expertise.

Emergency Room Diversion – Contractual funding will support continuation of current program.

Enabling, Case Management and Drug Assistance Program Services – Primarily, case management services will be provided by existing staff, i.e., the RN Case Manager and the Social Worker / Case Manager. Additional funding will support the addition of one clerk to operate the Drug Assistance Program.

Dental Services – Contractual funding will support dental services for those most in need of services outside the scope of dental services available at Walton CHD.

Business Operations and Sustainability – Additional funding to support health care providers will require the addition of three clerks and a part-time housekeeping / maintenance position; all are essential to assure a fully functional stand-alone clinic site in South Walton. Administrative support on-site will include scheduling, client check-in or out and eligibility determination, medical records maintenance and front desk clinic operations. Business operations will be further supported by existing Walton CHD infrastructure, i.e., human resources, purchasing, accounting, billing, and information technology.

Efforts will begin early in project implementation to garner support from the local hospital systems for continuation of the established Emergency Room Diversion program. In addition, reinvestment of increased Medicaid revenue resulting from enrollment of previously unidentified Medicaid eligible clients will support project implementation.

The Proposed Project Budget provides estimated salary and fringe amounts; the expense category is estimated but must remain flexible enough to purchase goods or services needed when fully operational. A local match of \$181,554 (42.27%) of the total award will come from the Walton County Board of County Commissioners.

11. Provide a brief summary of your proposed project.

Walton CHD requests grant funding to expand Primary Care Services to the Walton CHD Coastal Branch facility located at 361 Green Way Trail in Santa Rosa Beach, Florida. If funded, the project will: provide primary care services to individuals in need of a medical home; expand primary care infrastructure and service hours at the Coastal Branch facility; increase availability of disease management services; and will support contract agreements for adult dental care and emergency room navigator.

Expansion to the South Walton location will not be possible without additional funding. Walton CHD will blend current primary care assets with an additional provider and support staff while maintaining the Florida Department of Health infrastructure for leadership and management, human resources, information technology and financial management.

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Primary Care Services – Walton CHD will provide primary, preventive, and enabling (case management, drug assistance, health education) health services as appropriate and necessary. The medical home model will be the foundation for all other service delivery and the manager of referrals to other health care services. Such coordination will not only improve access and health status, but will also decrease inappropriate utilization of services, such as presentation in the emergency room for non-urgent care.

Staffing for this project will augment existing Walton CHD healthcare providers and support staff to provide for individuals in need of primary care services. Additional funding will increase access to Primary Care by funding the addition of a part-time Advanced Registered Nurse Practitioner (ARNP); one full-time Project Coordinator/ Case Manager (Community Health Nurse Supervisor); a part-time Sr. Community Health Nurse.

Emergency Room Diversion - Continued implementation of the Emergency Room Diversion program and use of Hospital Navigators is contingent upon receipt of this funding. Walton CHD will partially support the program and attempt to garner additional support for the navigator positions from both hospitals and a local Community Health Center.

Enabling, Case Management and Drug Assistance Program Services - Addition of health care providers, however, is not the entire solution. Successful medical home practices will function to guide the patient through the health care system by providing preventive services, primary care case management, and coordinated patient care through enabling staff. Use of a Registered Nurse case manager and Health Educator will increase patient access to self-management and disease management services. An additional primary care provider along with administrative and support staff as well as extended clinic hours will reduce unnecessary emergency room visits and reduce potentially avoidable hospitalizations for ambulatory care sensitive conditions such as diabetes or hypertension. Further, additional funding will support interpreter services, referral assistance and drug assistance to obtain needed medication through pharmaceutical company medication assistance programs.

Dental Program Services - Those clients meeting LIP eligibility requirements and most in need of dental services outside the scope of dental services available at Walton CHD will be referred to local dental providers to receive services under contractual agreement. Upon receipt of funding, the Walton CHD dentist will develop a list of procedures and associated fee-for-service provision.

Business Operations – As with medical and clinic operations for this project, business operations will be provided by a blend of existing staff and staff hired with additional funding. Additional administrative staff that will be hired to function on-site will include one full-time equivalent (FTE) for each of the following: Senior Clerk, Interview Clerk, Indigent Drug Assistance Program Clerk as well as a part-time housekeeping (maintenance) staff member.

12. Describe plan for identification of participants for inclusion in the population to be served.

The Walton County ratio of primary care physicians to population is 1:1,685; a number well below the state rate and national benchmark. Having an adequate number of primary care physicians is essential for preventive and primary care and referrals to specialty care. Walton County is designated as a Health Professional Shortage Area and Medically Underserved Area or Population for low income families. There are not enough primary care providers, dental providers or mental health providers to meet the needs of the Walton County population. Expanded funding will afford Walton CHD the ability to provide additional services to residents in a patient-centered, primary care model.

Participants will be identified through referral from local hospital emergency rooms and agencies providing services to low-income, uninsured and underinsured populations. Walton CHD will utilize current staff to implement media, marketing and outreach activities that include locally effective media venues, community presentations, distribution of brochures and flyers,

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and targeted distribution of clinic services available. Potential clients will be reached through community outreach, i.e., newspaper and radio announcements, distribution of services available through a media campaign and flyers at local churches, and local employers. Eligibility will be determined by financial interview.

Both Walton County hospitals currently refer patients for primary care and urgent care follow-up. Non-emergency patients are referred to the clinic by hospital staff for an appointment, usually a same-day appointment. Routine Walton CHD policies and procedures related to patient scheduling are followed. One hospital uses a formal referral / follow-up form to provide feedback on Walton CHD patients seen in the Emergency room or hospitalized at that facility. Many patients seen at this facility are not able to travel to the DeFuniak Springs facility and would benefit from having a clinic location closer to them, i.e., the Walton CHD Coastal Branch facility. A designated outreach / health educator is currently on staff and available to educate hospital staff on use of the referral system and to encourage its use.

13. How will access to primary care access system services be enhanced by this project?

This project will enhance primary care services by expanding services to South Walton. We will continue to utilize income eligibility criteria at 200% of the FPL and will offer extended primary care clinic hours at the Coastal Branch facility.

Continued funding for the already successful Emergency Room Diversion / Hospital Navigator program in Walton County will increase utilization of the Walton CHD Primary Care program, thus improving care related to diabetes, hypertension and obesity. Monthly reports are submitted by each hospital and include acuity levels of emergency room patients, specifically those patients with conditions that could have been treated in an alternative setting; peak volume times for patients; payment sources; and navigation contacts resulting in a service referral.

According to the narrative report for the period ending June 30, 2012 for the Sacred Heart Hospital of the Emerald Coast (SHHEC) in South Walton, total program activities indicate that 1756 emergency room navigation contacts occurred; 327 primary and dental appointments were scheduled by a navigator, of which 178 new patient appointments were completed and 17 scheduled. With respect to Walton CHD, 108 primary care appointments have been scheduled. The May report notes that the primary reason cited by clients selecting other primary care alternatives other than Walton CHD is that their home location is in South Walton; while the June report indicates another factor affecting referrals was the closure of the Walton CHD primary care panel, which restricted new patient referrals. In summary, there is a need for primary care services, especially in South Walton.

14. Does the enhancement include hours of operation after 5:00 p.m. and / or on weekends at existing sites or the establishment of a new clinic site?

Receipt of additional low income pool funding will allow Walton CHD to provide primary care services at the Walton CHD Coastal Branch facility. This facility formerly housed a private primary care clinic and will easily allow for additional service providers and staff with minor modifications. Services will be provided Monday through Friday until 7:00 p.m. and Saturday clinic hours will be provided based on need. Walton CHD will have extended clinic hours to provide services at times that assure accessibility and meet the needs of the target population. By offering services during evening and possibly Saturday hours, patients will have options for routine health care other than the emergency room. Community forums validate ongoing messages that many working class, low income individuals choose the convenience of after hours emergency room care rather than lose income; and that while the family 'bread winner' may have insurance, other family members delay seeing providers until the situation is urgent.

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Services will be offered on sliding fee scale, will not be denied based on ability to pay, and will be offered during extended hours to better serve those in need.

15. Describe your capability to serve minority and culturally diverse populations.

Walton CHD works to assure that clients are able to understand and use information and services to take care of their health by providing patient-centered and equitable care to all clients. One of the Walton CHD core values is a commitment to service, i.e., to provide services unconditionally and without partiality. Walton CHD leadership ensures workforce competency in cultural diversity and health literacy by acknowledging cultural diversity and setting the expectation that staff will deal sensitively with cultural differences. This is done by addressing low health literacy and working to bridge gaps in knowledge that prevent patients from adhering to prevention and treatment protocols, and by accommodating low English proficiency with the effective use of staff and / or communication tools.

16. Describe how you will identify and address health care diversity issues as well as health care literacy barriers.

Walton CHD has employees who speak Spanish and who are trained interpreters to assist patients whose first language is Spanish. In addition, Walton CHD utilizes a telephone interpreter system to serve patients who speak other languages. The Walton CHD Medical Director spent four years as a missionary in Mexico and has that direct cultural experience. Additional diverse and /or trained staff members are available to assist patients who have difficulty reading and writing even though English is their first language. Individual health care providers verbally confirm understanding of prevention and treatment with clients and staff members at all levels reinforce health education, follow-up, and prevention messages. Skilled case managers facilitate scheduling appointments with other service providers and trained administrative staff members provide easy-to-understand descriptions of services available during eligibility interviews.

In addition, enhanced health education on the necessity and benefit of securing a medical home will be reinforced with each client. Health education and case management to help patients have better control and self-management of hypertension, diabetes and other chronic diseases should decrease the need for hospitalization; as will the ability to obtain specialty referrals and pharmaceutical assistance to obtain needed medication so that hospitalization is not necessary.

17. Describe measures and data sources that you will use to evaluate the effectiveness of each initiative comprising your project.

Coastal Branch Primary Care Services will function under the already established WCHD performance management system. The Project Coordinator will focus on initiatives to support a quality improvement and quality assurance program that leads to the provision of high quality patient care.

The Walton CHD performance management system includes provisions for a quality committee and quality improvement process which uses data to regularly monitor, evaluate and improve the delivery of public health services to our clients and the community. Within this system and associated policy, a performance management schedule is established, i.e., program listed, process to assure quality, data source, persons responsible and accountable listed, and outcome. Opportunities for improvement are identified and utilizing the Plan – Do – Check – Act Cycle, performance is improved. A cross-department Clinical Services Management team meets routinely to focus on high quality patient care; to discuss goals,

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processes, services and appropriate utilization of current staff to meet client needs, customer satisfaction and opportunities for improvement. Client satisfaction and customer complaint systems are in place.

Goals and measures for the proposed project include the following:

1. **Hospital Emergency Room (ER) and In-Patient (IP) Diversion Initiatives**– reduction of potentially avoidable emergency room visits and reduction of potentially avoidable hospitalizations for ambulatory care sensitive conditions such as diabetes, asthma, hypertension, COPD, high cholesterol and some oral health conditions.
 - Data will be collected through routine reports from the Emergency Room Diversion / Hospital Navigators program, extended hours patient surveys, and purpose of visit information obtained from patients. An “Extended Hours Survey” will be developed to determine the impact of the added services, i.e., quality, service and perceived impact on quality of life for patient.
 - Measures may include: number of patients diverted from ER to clinic prior to receipt of services; number of patients referred from ER for follow-up care after ER treatment; # of patients referred from ER to Primary Care provider; number and percentage of ER admissions without subsequent admission with follow-up appointment with a provider within 14 days of the ER event; and number of hospital inpatients referred for follow-up care or referred to primary care provider upon discharge from hospital.
2. **Clinic Services Expansion Initiatives** – expansion of primary care infrastructure to provide additional people with a medical home through expanded service hours and service location at the Walton CHD Coastal Branch facility.
 - Data will be collected from the Health Management System (HMS), patient surveys, determination of treatment choice if LIP not available, and case management data.
 - Measures may include: number of additional persons by payer source seen and visits as a result of the LIP grant; documentation of additional hours of operation funded; determination of treatment choice if LIP funded clinic or service not available; and number of ‘new’ patients choosing and maintaining a primary care medical home with Walton CHD.
3. **Disease Management (DM) Initiatives** – increase patient access to self-management and disease management services.
 - Data will be collected from Health Management System, case management data, Drug Assistance Program reports; and patient surveys.
 - Measures may include: utilization reports; number of clients receiving medication assistance and associated value of assistance.

Evaluation of the project will focus on process and outcome indicators and associated measures. A report will be generated that will include a summary of findings and recommendations for both.

- **Process evaluation** will look at whether the project was implemented as designed: Was the target group reached? Were the various components of outreach, primary care, disease management implemented as proposed? Was the proposed staff hired? The process evaluation will also look at barriers and enablers to implementation for each component. Evaluation will rely on data gathered from observation and interviews. Observations will be conducted on-site to determine if the proposed components are implemented. Either individual or group interviews will be conducted with project personnel to identify barriers and enablers to the implementation process as well as recommendations for future interventions. The program evaluator will design process evaluation forms upon notification of funding.

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- **Outcome evaluation** will look at whether the project met its goals and objectives: Was the intended number of individuals reached through various components? Was the intended outcome achieved, i.e., outreach, primary care, health education, smoking cessation, referrals, drug assistance, etc.? Were customers / clients satisfied? Specific data gathering tools such as sign-in sheets, logs, and diaries will be developed by the evaluator upon notification of funding. These instruments will be gathered regularly from project staff and analyzed within the Walton CHD performance management system.

Walton CHD will continue to provide quality personal and population based services and will utilize the following strategies for success to benefit expansion at the Coastal Branch facility:

- Extend clinic hours to provide services at times that assure accessibility and meet the needs of the target population.
- Conduct regularly scheduled clinic management team meetings to discuss goals, processes, services, customer satisfaction and opportunities for improvement.
- Provide primary and preventive services including walk-in lab services, case management, referrals, drug assistance and health and nutrition education.
- Implement extensive media, marketing and outreach plan including locally effective media venues, community presentations, distribution of brochures and flyers, and targeted distribution of clinic information.
- Contract Hospital Navigators at local hospitals to assure linkage to medical home and appropriate health services.
- Adopt CareScope Information Network to facilitate closed loop referral and tracking system.

18. Describe data collection and reporting capabilities including systems and staffing resources.

Attachment 3: Sample Reporting Template

Qualitative and quantitative data related to program reporting will include periodic reports that are both narrative and numerical. Narrative data will summarize the program, services provided, intended population, timeline of program implementation, program goals, and expenditures. Information will be gathered during regularly scheduled clinic management team meetings.

Emergency Room Diversion Initiatives - Both of the hospitals in Walton County provide monthly summary reports as specified in contractual agreements; patient surveys are collected from clients along with purpose of visit information during appointment interviews.

Clinic Services Expansion Initiatives – Service specific data is collected through the Florida Department of Health Management System.

Disease Management Initiatives - Care and follow-up will be documented in the patient's medical record. Walton CHD will begin using electronic health records in August 2012. The case management section of the health management system can be used for patient tracking and to assure follow-up is completed timely. Walton CHD will use the current medical record review process to monitor quality and to assure that providers follow accepted clinical practice guidelines.

Cardiovascular diseases, cancer, chronic lower respiratory diseases, and diabetes mellitus are the top four leading causes of preventable death in Walton County (2010). Our primary care practitioners have in place a diabetes care quality improvement plan. With increased funding for primary care, we will be able to offer health education to meet individual patient needs, case management services, and self-management instruction for patients

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diagnosed with hypertension or diabetes. As patients with chronic diseases are identified, they will be enrolled in specific disease management programs and we will monitor associated clinical outcomes, i.e., appropriate preventive services and labs, healthy weight management, improved nutrition, smoking cessation classes and other measures as needed. Follow-up will be as indicated by the patients condition and disease response and will be provided by the Registered Nurse / case manager as appropriate. The case management component of the Health Management System (HMS) will be used to track return appointments and other follow-up indicated. Follow-up will be documented in the patient's medical record.

19. Provide a letter of commitment from the local match fund source on that entity's letterhead.

Attachment 4: Letter of Commitment from local match fund source

The Walton County Board of County Commissioners will contribute a local match of \$181,554; 42.27% of the total funding.

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ATTACHMENTS

- Attachment 1: Proposed Organizational Chart**
- Attachment 2: Proposed Project Budget (Excel)**
- Attachment 3: Sample Primary Care Report Template**
- Attachment 4: Letter of Commitment**

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Attachment 1: Proposed Organizational Chart

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Florida Department of Health
Assistant Deputy Secretary of Health

CHD Administrator*

MEDICAL AND CLINICAL SERVICES		BUSINESS OPERATIONS
<i>Medical Director / CHD Family Practitioner*</i>	<i>CHD Director of Nursing*</i>	<i>CHD Administrative Services Manager*</i>
		<i>CHD Network and Computer System Administrator*</i>
NEW POSITIONS TO BE CREATED UPON RECEIPT OF GRANT FUNDING		
1. Advanced Registered Nurse Practitioner (ARNP) - 0.50 FTE	2. Project Coordinator, CHN Supervisor - 1.0 FTE 3. Sr. CHN - Registered Nurse (RN) - 0.50 FTE	4. Administrative Support (Senior Clerk, Front Desk) - 1.0 FTE 5. Administrative Support (Clerk, Front Desk) - 1.0 FTE 6. Administrative Support (Clerk, Drug Assistance Program) - 1.0 FTE 7. Housekeeping / Maintenance – Part Time FTE
CURRENT WCHD STAFF WHO WILL SUPPORT LIP EXPANSION TO COASTAL BRANCH		
<ul style="list-style-type: none"> Physician 1.0 FTE 	<ul style="list-style-type: none"> RN (Case Manager) 0.6 FTE Licensed Practical Nurse (LPN) 2.0 FTE Social Worker (Case Manager) 1.0 FTE Health Educator (Patient Education / Outreach) 	<ul style="list-style-type: none"> Accountant Administrative Support (Clerk, Billing)

* KEY MANAGEMENT POSITIONS FILLED BY WCHD STAFF

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Attachment 2: Proposed Project Budget (Excel)

WALTON COUNTY HEALTH DEPARTMENT**2012 - 2013 Low Income Pool (LIP) Tier-one Milestone (STC 61) Budget Proposal**

Salaries & Fringes	\$	177,974
Contracted Services	\$	38,600
Expense	\$	27,382
Operating Capital Outlay	\$	4,000
Total Programmatically	\$	247,956
*Board of County Commissioners Match		181,554
Total Project Budget	\$	429,510

***Board of County Commissioners funding will be used to meet match requirement, match funds are currently supporting the Primary Care program.**

Walton County Health Department
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Category	Object Code	Description	BUDGET
SALARIES AND BENEFITS	110010	ARNP, (.40 FTE)	\$ 32,000
SALARIES AND BENEFITS	151010	ARNP, fringe	\$ 520
SALARIES AND BENEFITS	110010	REGISTERED NURSE - SALARY ESTIMATE (.5 FTE)	\$ 20,000
SALARIES AND BENEFITS	151010	REGISTERED NURSE - FRINGE ESTIMATE	\$ 300
SALARIES AND BENEFITS	110010	FRONT DESK Sr. CLERK - SALARY ESTIMATE	\$ 24,000
SALARIES AND BENEFITS	151010	FRONT DESK SR. CLERK - FRINGE ESTIMATE	\$ 500
SALARIES AND BENEFITS	110010	Front Desk CLERK - SALARY ESTIMATE (.5 FTE)	\$ 22,800
SALARIES AND BENEFITS	151010	Front Desk CLERK - FRINGE ESTIMATE	\$ 332
SALARIES AND BENEFITS	110010	INDIGENT DRUG CLERK - SALARY EST	\$ 22,800
SALARIES AND BENEFITS	151010	INDIGENT DRUG CLERK - FRINGE EST	\$ 332
SALARIES AND BENEFITS	110010	CASE MANAGER/PROJECT COORDINATOR - SALARY	\$ 47,772
SALARIES AND BENEFITS	151010	CASE MANAGER/PROJECT COORDINATOR - FRINGE	\$ 750
SALARIES AND BENEFITS	110010	Maintenance worker	\$ 5,868
	TOTAL	SALARIES & FRINGES	\$ 177,974
EXPENSES	225000	COMM. & FRT-POSTAGE	\$ 500
EXPENSES	274001	BIOMEDICAL WASTE	\$ 200
EXPENSES	342000	MEDICAL SUPPLIES	\$ 10,000
EXPENSES	342024	LABORATORY SUPPLIES	\$ 500
EXPENSES	361000	JANITORIAL & HOUSEHOLD SUPPLIES	\$ 500
EXPENSES	380000	OFFICE SUPPLIES CONSUMABLE	\$ 1,500
EXPENSES	381000	OFFICE SUPPLIES NON-CONSUMABLE	\$ 250
EXPENSES	381007	PERIPHERALS,PRINTERS,SCANNERS	\$ 800
EXPENSES	391000	INFORMATION TECHNOLOGY SUPPLIES (T3)	\$ 1,532
EXPENSES	492000	computers - slates	\$ 4,000
	TOTAL	MEDICAL EQUIPMENT & SUPPLIES	\$ 19,782
EXPENSES	342021	EDUC/MED/AGRI/DRUGS/MEDICATION/VACCINES	\$ 7,000
	TOTAL	PHARMACEUTICALS	\$ 7,000
CONTRACTUAL SERVICES	131713	Dental contract	\$ 20,000
CONTRACTUAL SERVICES	131713	Navigator contract	\$ 10,000
CONTRACTUAL SERVICES	132240	EMPLOYMENT FEES	\$ 250
CONTRACTUAL SERVICES	134201	FEDEX	\$ 600
CONTRACTUAL SERVICES	134900	FINGERPRINTING & BACKGROUND CHECK SERVICES	\$ 250
CONTRACTUAL SERVICES	139937	INTERPRETER SERVICES	\$ 500
CONTRACTUAL SERVICES	251053	C&S HEALTH SERVICES XRAYS & LABORATORY	\$ 7,000
	TOTAL	CONTRACTUAL SERVICES	\$ 38,600
EXPENSES		Utilities	\$ 4,600
	TOTAL	EXPENSES	\$ 4,600
PROGRAM TOTAL			\$ 247,956
MATCH*			\$ 181,554
PROJECT TOTAL		Expenditures + Match	\$ 429,510

*Board of County Commissioners funding will be used to meet match requirement, match funds are currently supporting the Primary Care Program.

2012 – 2013 Low Income Pool (LIP) Tier-one Milestone (STC 61) Application

Attachment 3: Sample Primary Care Report Template

Projects will be required to report qualitative and quantitative data relating to the various initiatives. Initiatives may include any or all of the following:		
1	Introduction	
2	Purpose of Report	
3	Definitions: <ul style="list-style-type: none"> • Provider Access Systems • Medicaid • Medicare • Uninsured • Underinsured • Other... 	
4	Program Name	
5	Program Type	
6	Program Description	
7	Total LIP Funds	
8	Narrative – Report will contain a separate narrative section for the program that, at a minimum, will explain the following information:	
	<ul style="list-style-type: none"> • Explanation of the program • Services provided • Intended population • History and timeline of implementation • Goals of the program <ol style="list-style-type: none"> 1. Hospital Emergency Room (ER) and In Patient Diversion 2. Clinic services expansion 3. Disease management • Expenditures (historical and current) • Findings / Results 	Report may contain the following information: <ul style="list-style-type: none"> • Infrastructure enhancements • Functional enhancements • Hospital relationships • Accomplishments / Successes • Challenges • Process and Evaluation Outcomes
9	Statistics <ol style="list-style-type: none"> 1. Baseline Information 2. Recipients 3. Services 4. Recipients Served 5. Expenditures per recipient 6. Service provided 	<ol style="list-style-type: none"> 1. Hospital Emergency Room and In Patient Diversion Initiatives <ol style="list-style-type: none"> a. # diverted from ER to clinic prior to receipt of services b. # referred from ER for follow-up care after ER treatment c. # referred from ER to Primary Care provider d. # and % of ER admissions without subsequent admission with follow-up appointment with a provider within 14 days of the ER event e. # of hospital inpatients referred for follow-up care or referred to primary care provider upon discharge from hospital 2. Clinic Services Expansion Initiatives <ol style="list-style-type: none"> a. # of additional persons by payer source seen and visits as a result of the LIP grant b. Additional hours of operation funded c. Determination of treatment choice person would have made if the LIP funded clinic or service not available d. Summary of service rendered 3. Disease Management (DM) Initiatives <ol style="list-style-type: none"> a. # of persons participating by payer source in each DM program funded by the LIP project b. Data showing the relative adherence of DM program participants with established clinical practice guidelines c. Information showing impact on hospital inpatient and outpatient utilization by DM program participants

2012 – 2013 Low Income Pool (LIP) Tier-one Milestone (STC 61) Application

Attachment 4: Letter of Commitment

WALTON COUNTY, FLORIDA

Board of County Commissioners

Scott A. Brannon, District 1 *Chairman*

Kenneth Pridgen, District 2 *Vice-Chair*

Larry D. Jones, District 3

Sara Comander, District 4

Cecilia Jones, District 5



P.O. Box 1355
DeFuniak Springs, FL 32435

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(850) 892-8156
Fax: (850) 892-8454

July 18, 2012

Phil E. Williams
Assistant Deputy Secretary
for Medicaid Finance
2727 Mahan Drive
Building 3, Mail Stop #8
Tallahassee FL 32308

Dear Mr. Williams:

The Walton County Board of County Commissioners (Board) is writing this letter in support of the Walton County Health Department Low Income Pool (LIP) expansion proposal for the 2012-2013 Low Income Pool Tier-One Milestone (STC 61) application. In the past, the Board provided matching funds for the 2010-2011 LIP. We continue to support services that will increase access to primary health care and reduce unnecessary and costly emergency room visits and inpatient hospitalizations.

The purpose of this letter is to document the Walton County Board of County Commissioners' commitment to provide the matching funds necessary to permit the participation of the Walton County Health Department in the 2012-2013 STC 61 grant opportunity as reflected in the 115 Medicaid Reform Waiver approved by the Centers for Medicare and Medicaid Services on December 15, 2011.

The proposed 2012-2013 project and proposal will increase access to care at the Walton County Health Department Coastal Brach facility in Santa Rosa Beach, FL. Walton County Health Department is submitting a request for \$429,510 to expand access to primary care services in Walton County. The Board will meet this obligation by providing the required match amount of \$181,554 from current County allocations to the Walton County Health Department.

Williams
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We appreciate your consideration of our Walton County Health Department's application for the LIP expansion proposal for the 2012-2013 Low Income Pool Tier-One Milestone (STC 61)

Sincerely,

A handwritten signature in blue ink that reads "Scott A. Brannon". The signature is written in a cursive style with a large, sweeping initial "S".

Scott A. Brannon, Chairman
Board of County Commissioners
Walton County, FL