OF THE

The Florida Senate

Local Funding Initiative Request Fiscal Year 2019-2020

LFIR#: 1606

1. Title of Project: United HomeCare Assisted Living Facility Care

Senate Sponsor: Anitere Flores
 Date of Submission: 02/12/2019

4. Project/Program Description:

To cover operating cost gap incurred by clinical care for frail seniors residing at United HomeCare's licensed Assisted Living Facility with the goal to facilitate access to frail seniors, most of whom have been on the State wait list for some time without services and who require a higher level of care in a non-institutional, home like environment. The importance of this project is historical as it addresses an imperative community need to address fundamental inadequacies within the assisted living sector of services. Approximately 70 individuals are projected to benefit as a result of this project. The project also has the backing of United HomeCare having made a significant investment exceeding \$5M in land, operating costs, and human resources. Various marketing and project studies conducted reveal a significant gap in quality senior living facilities in West Kendall.

5. State Agency to receive requested funds : Department of Elder Affairs

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 528,896 |
| Fixed Capital Outlay | |
| Total State Funds Requested | 528,896 |

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

| Type of Funding | Amount | Percent |
|--|---------|---------|
| Total State Funds Requested (from question #6) | 528,896 | 100.00% |
| Federal | 0 | 0.00% |
| State (excluding the amount of this request) | 0 | 0.00% |
| Local | 0 | 0.00% |
| Other | 0 | 0.00% |
| Total Project Costs for Fiscal Year 2019-2020 | 528,896 | 100.0% |

8. Has this project previously received state funding? Yes

| Fiscal Year | Amo | ount | Specific | |
|-------------|-----------|--------------|-----------------|--------|
| (yyyy-yy) | Recurring | NonRecurring | Appropriation # | Vetoed |
| 2018-19 | | 500,000 | 397 | No |

9. Is future-year funding likely to be requested? No



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

| Spending Category | Description | Amount |
|--|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and | | |
| Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: | | |
| Salary and Benefits | Due to the higher frailty levels of individuals served, maintaining an operational staffing ratio is necessary to address the higher levels of need of this population and necessitates skilled clinical care. Total of \$1,175,326 includes salaries (\$940,261Registered Nurses \$119,683; LPNs \$103,876; CNAs \$532,521, Med Techs \$184,180); plus payroll taxes and benefitshealth insurance, and Workers Compensation Insurance (\$235,065). | 528,896 |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Re | novation: | |
| Construction/Renovation/Land/Planning | | |
| Engineering | | |
| Total State Funds Requested (must e | equal total from question #6) | 528,896 |

11. Program Performance:

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

To cover operating cost gap incurred by clinical care for frail seniors residing at UHC's licensed Assisted Living Facility with the goal to facilitate access to those who require a higher level of care in a non-institutional, home like environment. Most of these individuals have been on the State Medicaid wait list for some time without services, becoming frailer, and requiring a level of care equivalent to a nursing home. By virtue of this program Florida tax payers would save \$2.5M annually.

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

Residents will receive on-site care and services under one roof with 24/7 access to licensed and trained healthcare professionals vetted by UHC. Services include RN, Certified Nursing Assistant (CNA), Med Tech, and LPN as part of clinical care. Activities are based on an individualized and tailored plan of care comprised of UHC's all-inclusive service model which includes three meals per day; therapeutic social, leisure, and recreational activities; transportation to necessary medical, dental, nursing or mental health services; telephone, cable, and Wi-Fi access; nurse call system; and facilitation of personal goals within a home-like environment.

c. What are the direct services to be provided to citizens by the appropriations project?

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Direct services include the day-to-day care of patients including monitoring vital signs, administering medication, and accuracy of medication administration records by a team of Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, and Medical Technicians who render an individualized plan of care to ensure continuity and quality of residents' care. Other direct services include Emergency/Nurse Call in each room and bathroom, three (3) meals per day; housekeeping; laundry services; planned social activities and outings; complimentary transportation up to a 10 mile radius; personal care supervision and assistance with Activities of Daily Living (bathing, dressing, grooming, and toileting); supervision and assistance with medications; and assistance with coordination of medical, dental, and other appointments.

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

 Elderly persons, economically disadvantaged persons, and "Other" High Frailty Level. A total of 70 frail elderly are expected to benefit annually.
- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Elderly persons' physical health will improve with an exercise program led by a Trainer at the on-site Health and Wellness Center; three nutritious and healthy meals prepared fresh daily; assistance with medication supervised by a Nurse and certified clinical care professionals. Mental health and self-esteem will improve with access to socialization with other individuals, activities and cultural experiences and outings, visits from a psychologist and access to in-house Social Workers available to counsel and assess residents' needs. Creates opportunities for skilled clinical care specializing in direct services for frail elders and increases economic activity by contributing to workforce development with operational staffing of 80 jobs responsible for the care of frail individuals. Performance measures to detect changes in a resident's condition include direct observation and daily supervision monitoring by certified and trained clinical professionals using tools and instruments.

- 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 in the contract?

 Penalty is the forfeiture of unused portion of funds.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A.

13. Requestor Contact Information:

a. Name: Carlos Martinez

b. Organization: United Home Care Services, Inc.c. E-mail Address: cmartinez@unitedhomecare.com

d. Phone Number: (305)716-0825

14. Recipient Contact Information:

a. Organization: United Home Care Services, Inc.

b. County: Miami-Dadec. Organization Type:



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- O For Profit
- Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Carlos Martinez
- e. E-mail Address: cmartinez@unitedhomecare.com
- f. Phone Number: (305)716-0825

15. Lobbyist Contact Information

a. Name: Miguel Abad

b. Firm Name: New Century Partnership

c. E-mail Address: Miguel@nchdevelopment.com

d. Phone Number: (786)527-0084