



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1942

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

4. **Project/Program Description**

This project's specific objective is to fulfill the void of elderly/disabled adult home healthcare services inclusive of Dementia / Alzheimer affected citizens residing in at-risk, impoverished communities that have limited opportunities to access affordable quality healthcare services.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="850,071"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	850,071

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="850071"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	850,071	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



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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	Executive Director is responsible for organizational leadership, as well as long range strategic plan development and implementation in concurrence with agency's mission of quality services.	78,000
Other Salary and Benefits	Clerical and office support, claims, member services, staff scheduling, filing.	26,000
Expense/Equipment/Travel/Supplies/Other	Program services, staff travel mileage, staff specialization training and mission critical office supplies, lease, technology and liability expenses essential to impacting measurable outcomes.	7,500
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Salary & Benefits for 1 Registered Nurse, 1 Licensed Practical Nurse & 12 direct services FTEs of licensed CNAs/HHAs that meet and/or exceed industry healthcare standards/credentials in the area of home healthcare services w/ specialization in development of Dementia/Alzheimer's home healthcare services.	659,040
Expense/Equipment/Travel/Supplies/Other	Staff essential supplies i.e., disposable gloves, gait belt, stethoscope, uniform (scrubs), sanitizers, etc., staff travel mileage, staff specialization training and supplies critical to accomplishing essential service delivery in the administration of achieving measurable outcomes. Real-time electronic service delivery documentation information technology.	41,240
Consultants/Contracted Services/Study	Appropriation funding will be utilized to ensure fiscal accountability, caregiver training, i.e., Dementia / Alzheimer's member support services & education fidelity.	38,291
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		850,071



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11. Program Performance

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

The specific purpose is to provide quality long-term home healthcare services to indigent/low-income elderly and disabled adults in at-risk communities to include, but not limited to those suffering from Dementia / Alzheimer's as an effective alternative to high-cost hospitalization or a nursing home setting, thus minimizing the impact on the state low income pool (LIP) funding for hospitalization.

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

The activities & services administered include: is respite, personal care, companion, homemaker services and medication administration with a specialization of quality care services to Dementia / Alzheimer's diagnosed indigent populations residing in at-risk communities.

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

The direct services that will be provided to citizens will be the support and assistance of independent living home healthcare activities. Trained staff will provide caregiver skills building services support, communicating effectively with health care professionals and family members, dealing with the care recipients' aggressive behaviors, increasing safety and developing strategies for reducing wandering episodes, medication administration, managing the stresses and worries of caregiving & increasing self-care, rest and relaxation.

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

Target population is low-income elderly and disabled adults residing in at-risk communities inclusive of those with Dementia / Alzheimer diagnosis, living independent or residing with low-income caregivers. This initiative will serve eighty (80) individuals annually as an alternative to high-cost settings, i.e, emergency room service, hospitalization & nursing homes.

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

The expected outcome will be the reduced utilization of more expensive hospitalization/emergency room & admissions to nursing home placements. The methodology to measure outcomes will be the retention number of home health services over 12 months.

- 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?

Graduated prorated contract reduction amount based on factors directly related to provider deliverables performance, graduated sanctions.



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12. **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.**

Not Applicable, provider does not own facility.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.