



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1038

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

**4. Project/Program Description**

All of the \$750,000 requested funds will be dedicated to critical dementia-specific care delivered in Specialized Alzheimer's Adult Day Care Centers licensed pursuant to FS 429.918. Those served are of low income, suffering with Alzheimer's disease and/or related disorder. Each patient has an individualized plan of care, now incorporating COVID-19 precautions, essential for this most fragile, vulnerable population. Patients and caregivers are served across twelve (12) AHCA-licensed, Joint Commission accredited Specialized Centers (10 in churches). Virtually, all participants are nursing home eligible but remain in the community with their families. Average day center enrollment is three (3) years, versus that of non-specialized centers whose enrollment averages 18 months.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	8%
<b>Matching Funds</b>		
Federal	1,248,922	15%
State (excluding the amount of this request)	2,852,606	33%
Local	732,968	9%
Other	2,953,308	35%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>8,537,804</b>	<b>100%</b>

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	1,500,000	750,000	395	No

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.**

Each \$1.00 the state allocates for direct care services is locally matched by \$3.00 (non-COVID19). Personal incomes have been marginalized by unemployment or because of COVID-19's CDC precautionary measures, thus, without state funding our life impacting services would be critically diminished. This nonprofit Organization never cut or stopped services throughout the pandemic.



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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.

\$5,178 - PPE (masks, sanitizer, etc.)  
 \$23,826 - Halo UV Filters in Day Centers in St. Lucie and Martin County, automatic sanitizer, soap and paper towel dispensers in day centers  
 \$20,559 - Halo UV Filters for 8 Day Centers in PBC  
 \$22,491 - PPE (gloves, masks, sanitizer), Halo UV filters at Day Centers  
 \$945,722 - PPP: Payroll, rent and utilities  
 TOTAL: \$1,017,776

## 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

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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Reimbursement per unit rate of \$12.50 and will provide 60,000 patient hours of care.	750,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>



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#### 14. Program Performance

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

All requested funds will be dedicated to critical dementia-specific care delivered in the twelve (12) Specialized Alzheimer's Day Care Service (SDS) Centers. Approximately 50% of those served are Black/African American and Hispanic/Latino. The average age of day center participants is 80.5, and 75% of participants score as severely cognitively impaired. Virtually, all are eligible for nursing home placement. The purpose and goal of this funding is to provide a safe, therapeutic environment within a five (5) days per week, ten (10) hour per day SDS Center program and to remain in the home and community as he/she is safe.

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

All 12 of the Organization's SDS Centers are licensed pursuant to the Specialized Alzheimer's Day Care Act (FS 429.918). This statute has raised the standard of care for Alzheimer's patients and related neurocognitive disorders. To meet this higher standard of care, each patient must have an individualized plan of care that is updated quarterly, their cognition must be regularly evaluated, at least annually, and each center must provide therapeutic activities at least 70% of its daily operations including physical, spiritual, emotional, stimulating, socialization, and cognitive exercises. The license also is explicit in that a licensed nurse must be on site at least 75% of the time to provide medical monitoring, a five to one staff ratio, and that direct care staff is highly trained, completing at least 8 hours of DOEA approved dementia training. The result is disease stabilization and slowing of the decline typical of Alzheimer's disease and related disorders.

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

The Organization's Specialized Day Service (SDS) Center patients and caregivers are assigned licensed Family Nurse Consultants and Case Managers; these professionals are navigators for maneuvering through a disjointed health care system and establishing individualized care plans aligned with the needs of the family, regardless of language, cultural needs, and stage of the neurocognitive disorder. The Family Nurse Consultants advocate for medical evaluations and interventions appropriate to maintaining safe medication regimens, minimizing risk for falls, preventing undue morbidity from preexisting conditions such as diabetes and heart disease, preventing inappropriate Baker Act placement, etc.

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

The target population that is served are persons (patients) with a primary diagnosis of Alzheimer's disease and/or related neurocognitive disorder, and over the age of eighteen (18). Patients and their caregivers of all cultures, races, ethnicities, nationalities, religions, financial statuses, and sexual orientations are eligible for services. The projection is that these funds will enable the Organization to provide 60,000 hours of patient care for approximately 200 to 220 families. These services will stabilize the disease process, allowing patients to stay with their families in the community for an extended period. Our caregivers want to keep their loved ones in the home and avoid institutionalization. The average caregiver age is 58, indicating that adult children are taking care of one or both parents while still working and raising their children or paying for school/college.

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

Alzheimer's caregivers want to preserve the right to keep their diagnosed love ones in their care throughout the duration of the disease process once those fatal words are said, "you have Alzheimer's disease." The Organization's prevailing goals are to maintain the welfare and well being as well as their safety and security, preserving their dignity, integrity and quality of life throughout the disease process. Memory care units within long term care facilities, and skilled nursing facilities may cost in excess of \$12,000 per month. At Medicaid reimbursement rates, the costs of a skilled nursing facility reach more than \$100,000 per year per resident. This funding of \$750,000 for specialized, therapeutic day center services for 200 patients compares quite favorably to residential care of 200 patients that conservatively exceeds \$20 million.

##### 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?



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All 12 Specialized Alzheimer Adult Service (SDS) Centers are under F.S. 429.918; if those standards are not met, it would lose its licenses executed by Florida Agency of Health Care Administration. If the Standards of care are not met clinically, it could lose its accreditation issued by the National Joint Commission. If its governance and financial management practices are not met, it could lose its certification under the auspices of Non-Profit First (local non-profit that monitors, evaluates, and approves non-profit practices annually) and be exposed to defunding from four local United Ways and the Palm Beach, Martin and St. Lucie County Commissioners. Also, that loss of funding would affect financial status support from the Palm Beach County/Treasure Coast Area Agency on Aging/ARC, the United Ways of Martin County.

#### 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)
- 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