



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/11/2018

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 market and project studies conducted reveal a significant gap in quality senior living facilities in West Kendall.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
528,896		528,896

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	5,000,000	90.4%
TOTAL	5,000,000	90.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,528,896

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 2
- What is the most recent fiscal year the project was funded? 2016-17
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

\$528,896

### 11. Program Performance:

- 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.

- 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.

- How will the funds be expended?



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Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> 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 (\$940,261)--Registered Nurses \$119,683; LPNs \$103,876; CNAs \$532,521, Med Techs \$184,180); plus payroll taxes and benefits--health insurance, and Workers Compensation Insurance (\$235,065).	528,896
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		528,896



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

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; assistance with coordination of medical, dental, and other appointments.

**e. 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.

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

1) Improve physical health: 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. Methodology/ Measure: 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 as well as a scorecard. Residents are assessed daily by the ALF Administrator, Director of Nursing, and CNAs to determine their overall physical health and mental well-being. Measures for physical fitness include mobility and focus on residents' ambulation and independence. 2) Improve mental health: Seniors' self-esteem and socialization will improve with access and interaction with other individuals, weekly visits from Baptist Hospital Health Psychologist.

**g. 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?**

None

**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.**

United HomeCare a not-for-profit 501(c)(3) corporation.

**13. Requestor Contact Information:**

- a. **Name:** Carlos Martinez
- b. **Organization:** United Home Care Services, Inc. d/b/a United HomeCare
- c. **Email:** cmartinez@unitedhomecare.com
- d. **Phone Number:** (305)716-0825

**14. Recipient Contact Information:**



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

**a. Organization:** United Home Care Services, Inc. d/b/a United HomeCare

**b. County:** Miami-Dade

**c. Organization Type:**

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Roger Lopez

**e. E-mail Address:** rlopez@unitedhomecare.com

**f. Phone Number:** (305)716-0717

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**