1. **Title of Project:** Dementia Alzheimer's Home Based Long Term Care

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 01/16/2019

4. **Project/Program Description:**
   Indigent Dementia/Alzheimer community home-based Long-Term Care. Home care services will provide the services and assistance individuals and primary care givers will utilize while remaining at home as safely and comfortably as possible. This service is tailored to meet the needs of individual needs. Respite, Personal, Homemaker, and Companion services will be provided by certified trained nurse assistants supervised by registered nurses with a specialization of service delivery exclusive to individuals diagnosed with dementia/Alzheimer's disease.

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

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>739,358</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>739,358</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>739,358</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>739,358</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $739,358

10. **Details on how the requested state funds will be expended**
### Local Funding Initiative Request

**Fiscal Year 2019-2020**

**LFIR#: 2171**

#### The Florida Senate

**Spending Category**

<table>
<thead>
<tr>
<th>Administrative Costs</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>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.</td>
<td>75,000</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>Supervising Registered Nurse will provide direct supervision of direct service staff of LPN's &amp; CNA's as well as review of client care plans in coordination with physicians and primary caregivers. Clerical support will perform office admin duties.</td>
<td>124,800</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Appropriation resources will be utilized for expense equipment, travel and supplies critical to accomplishing essential service delivery in the administration of achieving measurable outcomes.</td>
<td>7,750</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Appropriation funding will be utilized in the administration of, and fidelity of, contracted services as a cost effective alternative to the expending limited resources in administering the mandatory state regulatory obligations.</td>
<td>15,000</td>
</tr>
</tbody>
</table>

#### Operational Costs:

| Salary and Benefits                           | Salary & Benefits of a combined total of 9 direct services FTE's of licensed CNA's & LPN's that meet of exceed industry healthcare training credentials in the area of Dementia/Alzheimer's services and implementation of prescribed care plans. | 427,036 |
| Expense/Equipment/Travel/Supplies/Other       | Appropriation resources will be utilized for expense equipment, travel, and supplies critical to accomplishing essential service delivery in the administration of providing quality care to clients and primary caregivers. | 39,852 |
| Consultants/Contracted Services/Study         | Specialized and ongoing direct services staff training in the area of Dementia/Alzheimer's, Client service evaluations, Other personal services (OPS) critical to continuity of caregiver support, community services integration coordination, and respite services. | 49,920 |

### Fixed Capital Construction/Major Renovation:

| Construction/Renovation/Land/Planning Engineering |                                                                                      |        |

### Total State Funds Requested (must equal total from question #6)

**739,358**

#### 11. Program Performance:

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

The specific purpose and goal to be achieved is the home care long-term services provided to a population of individuals and their caregivers primarily affected by the onset of Dementia/Alzheimer's disease. This long-
term home care service also serves as an alternative cost-effective quality service for individuals and their family affected by this disease.

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

   The activities & services to meet the purpose of the requested funds will be to partner with local community networks such as faith and community-based organizations to identify the populations in dire need of services due to non-diagnosis of Alzheimer’s and dementia based on socio-economical factors. Services will be provided by certified nursing assistants, supervised by Registered Nurses — all who have undergone extensive training to prepare for the specific challenges and needs facing Alzheimer’s or dementia clients.

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

   The direct services that will be provided to citizens through this funding will be everyday functional in-home care of activities of daily living, personal care, homemaker, companion, and respite care, exclusively provided by staff trained with a specialty in Alzheimer & Dementia care services.

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

   The target population to be served are uninsured and underinsured aged adults and seniors, with those diagnosed with dementia/Alzheimer’s given priority services. It is anticipated that 60 un-duplicated aged adults/seniors will be served annually.

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

   The expected benefit will be the cost avoidance of more expensive placement settings and cost avoidance impacting the state’s Medicaid budget as well as emergency room hospital visits due to improved in home health care services and maintenance.

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.

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:** Rod Love
   b. **Organization:** Community Synergy Group, Inc.
   c. **E-mail Address:** comsg@comsg.net
   d. **Phone Number:** (407)925-1077

14. **Recipient Contact Information:**

   a. **Organization:** Community Synergy Group, Inc.
   b. **County:** Orange
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:** Rod Love

e. **E-mail Address:** comsg@comsg.net

f. **Phone Number:** (407)925-1077

15. **Lobbyist Contact Information**
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**