



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1853

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

4. Project/Program Description

Currently young adults who do not meet the criterion for Agency for Persons with Disabilities placement are hospitalized for life. Residing in a home environment enhances the quality of life and at a lower cost, by providing social, rehabilitative, recreational, and technological services as well as access to community resources through transportation. In the past year, hospitals referred a total of twenty-five such young adults who were trauma victims (vehicular accidents, water related incidents, motorcycle accidents, drug overdoses, football injuries, etc) to an existing facility with a capacity of five. We are requesting two additional placements.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	950,000
Fixed Capital Outlay	0
Total State Funds Requested	950,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	950,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	950,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.**
- It is possible for Medicaid to fund some of this if the state secures a Medicaid Waiver.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

Request is in the process

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	One Executive Director, one assistant to the director and administrative costs	85,000
Other Salary and Benefits	Medical related coverage 24/7. RN/LPN, CNA. Respiratory Technicians (three shifts) Physician consultant, Psychologist consultant, Activity therapist	647,000
Expense/Equipment/Travel/Supplies/Other	Consumables, medical supplies, ventilators (personal), medical drapes, diapers, trachs, pulsox monitoring system	218,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		950,000

12. Program Performance

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

Currently young adults who have complex medical conditions or suffer severe trauma, age out of skilled nursing facilities at age 21. They have the ability to live in group homes, however, there is no funding for these programs for this population. They are limited to living in a hospitalized setting for life. The goal is to provide care in the least restrictive environment and enhance the quality of life for these young adults.

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

Medical, social, rehabilitative, technological and community activities.

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

Same as above. Pressure will be relieved on the families of these young adults. Not many families can maintain medically complex family members in their own home.

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

Medically complex young adults from 21 years of age to 40 years of age.

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 is to enhance the quality of life for both medically complex individuals and for families of this population. This will be measured by documentation of the services provided and the expectation of improved functional capacity.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for the contract?

We do not force any penalties.
Contract will not be renewed.

13. 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.

No fixed Capital Outlay is requested. This is a 501(c)(3) agency.



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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