

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2648

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	ato Agonov to so	ceive requested funds Agen	cy for Health Care Admir	_		
Med	edicaid nursing ho sources. Some nu	121 the Legislative Budget Commissiones due to occupancy declines and rsing homes throughout the state was experiencing the same financial	d a tight labor market with ill not receive any assista	h increasing wages ance from the rate i	and a shortage of staff ncrease, even though	
	oject/Program D	•				
3. Date	te of Request	01/24/2022				
2. Sen	nate Sponsor	Joe Gruters				
1. Proj	Project Title Temporary Medicaid Nursing Home Funding					



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

Nursing homes received additional federal support to address COVID related funding issues.

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs: Other			
Salary and Benefits	This funding will help assist with the challenges nursing homes are facing related to a tight labor market with increasing wages and a shortage of staff resources.	1,827,154	
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 (m	ust equal total from question #6)	1,827,154	

12. Program Performance

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

On November 4, 2021 the Legislative Budget Commission authorized a temporary, nonrecurring rate increase to Florida Medicaid nursing homes due to occupancy declines and a tight labor market with increasing wages and a shortage of staff resources. Some nursing homes throughout the state will not receive any assistance from the rate increase, even though these facilities are also experiencing the same financial challenges. This request provides additional funding to those nursing homes.

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

The funding will be used to support nursing homes who provide Medicaid services.

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

Nursing home services

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

Elderly persons, economically disadvantaged persons, persons with poor physical health, physically disabled; approximately 401-800 individuals will be served.

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



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Benefit: Improve physical health

Methodology: Continued access to nursing homes services by Medicaid recipients

Specific measure of the benefit: The backbone of long-term care are nursing staff that provide direct care and assist with activities of daily living. Because of the inadequacies of Medicaid reimbursement, providers are having difficulties hiring and retaining the necessary staff. Funding drives staffing and staffing leads to quality. Without it, there will be a threat to access of care in Florida.

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?

All nursing homes who will be eligible for the funding are licensed by the Agency for Health Care Administration. The Agency completes on site surveys and may impose penalties for noncompliance with state licensure and federal certification requirements.

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.

N/A	
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IN/A	



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14.	14. Requestor Contact Information					
	a. First Name	Steve Last Name Bahmer			Bahmer	
	b. Organization	LeadingAge Florida				
	c. E-mail Address	sbahmer@leadingageflorida.org				
	d. Phone Number	(850)702	-0312	Ext.		
15.	15. Recipient Contact Information					
	a. Organization	. Organization Twenty Medicaid Nursing Home Providers				
	b. Municipality and	l County	Statewide			
	c. Organization Ty	pe				
	□For Profit Entity					
	□Non Profit 501(c	s)(3)				
	□Non Profit 501(d					
	□Local Entity					
	□University or College					
	☑Other (please specify) Both for profit and not for profit nursing					
	d. First Name	Lisa		Last Name	Smith	
	e. E-mail Address	s Ismith@leadingageflorida.org				
	f. Phone Number					
16	16. Lobbyist Contact Information					
10.	a. Name	Hayden R. Dempsey Greenberg Traurig PA dempseyh@gtlaw.com				
	b. Firm Name					
	c. E-mail Address					
	d. Phone Number					