



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1159

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Senior Cancer Support Services Program addresses gaps in access to Personal Care Assistance at Home for Seniors (aged 60+) actively receiving cancer treatments (Chemotherapy/Radiation Therapy/Surgery) and Not Enrolled in Medicaid. These seniors are working class individuals that are not on Medicaid; however, need assistance with Activities of Daily Living (ADL's) such as Bathing, Grooming, Meal Preparation, and other personal care services during their most vulnerable time in need while undergoing cancer treatments. Participating seniors will be referred by local cancer centers such as UM Sylvester Cancer, Miami Cancer Institute/Baptist Health, Mount Sinai and assistance would be provided during the average cancer treatment period of six (6) months. Participants and their families can also participate in monthly Caregiver Support Groups overseen by UHC's LCSW held via Teleconference.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	624,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>624,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	624,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>624,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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



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No

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

## 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    
  N/A

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	Clinical Social Counseling through Caregiver Support Groups hosted by United HomeCare's Licensed Clinical Social Worker (LCSW)- in person - and/or virtually) will be provided In-Kind to clients and families for their emotional well being and to help them cope during their most vulnerable time. (IN-KIND)	0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Personal Care Home Health Services 10 hours/week x 26 weeks x 100 clients x \$24 = \$624,000	624,000
<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>624,000</b>

### 14. Program Performance

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



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Senior Cancer Support Services Program aims to address the lack of access to Personal Care Assistance at Home for seniors undergoing cancer treatment to assist them with Activities of Daily Living during the average cancer treatment period of six (6) months. These seniors are not on Medicaid and therefore do not have access to these services that are much needed due to the physical and emotional debilitating fatigue and other clinically noted side effects caused by chemotherapy, radiation treatment and surgery. The goal would be to assist 100 qualified seniors during the average six-month cancer treatment period avoiding unnecessary hospitalization exacerbation of disease or worse patient discontinuance of treatment.

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

Qualified home health aides will provide Personal Care services such as bathing, grooming, meal preparation and light housekeeping/laundry to qualified seniors when they return home following their outpatient cancer treatment. A total of Ten (10) hours per week of Personal Care will be provided throughout the six (6) month cancer treatment episode. Program participants will also be afforded the opportunity to participate in a Caregiver Support Group via teleconference hosted by United HomeCare's Licensed Clinical Social Worker (LCSW). This in-kind support group is free of charge and the patient, and their caregiver/family members would be encouraged to participate.

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

Senior Cancer Support Services program will provide qualified seniors undergoing cancer treatment with Ten (10) hours of Personal Care Services (bathing, grooming, meal preparation and light homemaker) per week during the average six (6) month cancer treatment episode. Caregiver Support - Group would be extended as an in-kind service to interested participants and their family.

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

The Target Population is Non-Medicaid, older adults age 60+ undergoing cancer treatment such as chemotherapy, radiation treatments and/or surgery as an outpatient at a local cancer treatment center in South Florida with their principle place of residence in Miami-Dade County. A total of One Hundred (100) participants will be identified through community services agencies and Cancer treatment centers such as Sylvester Cancer Center/UM, Miami Cancer Institute/Baptist, Mount Sinai among others.

**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/outcome for Non-Medicaid Seniors (age 60+) receiving cancer treatment on an outpatient basis have access to Personal Care Services to address their needs with Activities of Daily Living (ADL) such as bathing, grooming, meal preparation and light housekeeping in order to live safely at home and address their ability to take care of themselves due to fatigue and other clinically identified side effects of chemotherapy, radiation treatments and/or surgery. This program will prevent or delay institutionalization (Nursing Home or Rehab placement), unnecessary ER visits or hospitalizations and even more important avoid or prevent delays in treatment or discontinuance of cancer treatment.

**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?**

The Program will only draw funds per Participant Enrollment into the Program with activation of service delivery. No funds will be drawn in advance.

**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**



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**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**