



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

Long term care services for uninsured Aged Adults and Seniors w/ a specialization in Dementia care.

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
515,095		515,095

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 515,095

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

Yes

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

\$515,095 yr 2, \$515,095yr 3

11. Program Performance:

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

Measurable outcome returns will reduce the expensive placements in nursing home and hospital settings. This measurement will be tracked and subsequently the data will be quantified within a ROI report to ascertain the benefits of improving Long-Term Care to low income recipients that have fallen through the cracks whom subsequently represent a high cost of service to tax payers.

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

The activities and services will be in conjunction with long term care plans developed by a licensed registered nurse and executed by licensed certified nursing assistants and/or Home Healthcare Aids. Other activities will be physical recreational activities and socialized interactions.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive Director is responsible for organizational leadership, as well as long range strategic plan development and implementation in concurrence with agency's	48,000



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	mission of quality services.	
<input checked="" type="checkbox"/> Other Salary and Benefits	Supervising Registered Nurse will provide direct supervision of direct service staff of LPN's & CNA's as well as review of client care plans in coordination with physicians and primary caregivers. Clerical support will perform office admin duties.	65,550
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for equipment, travel and supplies critical to accomplishing essential service delivery in the administration of ensuring quality care services are provided.	31,840
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Appropriation funding will be utilized in the administration and fidelity of contracted services as a cost effective vehicle to expending limited resources in administering the mandatory state and federal regulatory obligations.	11,900
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salary & Benefits of a combined total of 9 direct services fte's of licensed CNA's & LPN's that meet or exceed industry healthcare training credentials in the area of Dementia/Alzheimer's services and implementation of prescribed care plans.	274,025
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for expense	33,860



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	equipment, travel and supplies critical to accomplishing essential service delivery in the administration of providing quality care to clients and primary caregivers.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Specialized and ongoing direct services staff training in the area of Dementia/Alzheimer's, Client satisfaction evaluations, Other personal services (OPS) critical to continuity of caregiver support, community services integration coordination & respite services	49,920
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		515,095

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

The direct services that will be provided are core home healthcare services in the area of homemaker, personal, companion and respite services evaluated, reviewed and approved by a licensed registered nurse incorporated into the clients care plan facilitated by CNA's and HHA's.

e. 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 unduplicated aged adults/ seniors will be served annually.

f. 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 & 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.

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?



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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.**

Does Not Apply

- 13. Requestor Contact Information:**

- a. **Name:** Rod Love
- b. **Organization:** CSG Home Healthcare Services
- c. **Email:** comsg@coms.net
- d. **Phone Number:** (407)494-2406

- 14. Recipient Contact Information:**

- a. **Organization:** CSG Home Healthcare Services
- b. **County:** Seminole
- 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@coms.net
- f. **Phone Number:** (407)494-2406

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**