



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1148

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

4. **Project/Program Description**

The Senior Community Health Program through the Area Agency on Aging of Pasco – Pinellas will continue to nurture public-private partnerships of medical & social safety net providers of older adults in Pinellas & Pasco to positively impact the physical health of older adults at risk for costly nursing home placement through complex care social service coordination. 32.2% of Pinellas residents are 60+, compared to 26.1% statewide, making it an ideal location for this program (FLDOEA, 2017). The funding requested will allow AAAPP to place a Community Health Coordinator on-site at partner medical facilities to participate in patient care planning. It will also allow AAAPP to receive referrals of elders and/or their caregivers from healthcare providers of under-served populations across Pinellas County. These referred individuals will be screened for all eligible services AAAPP offers and will be provided crisis services for the individuals referred where appropriate and necessary.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	678,231
Fixed Capital Outlay	000
Total State Funds Requested	678,231

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	678,231	86.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	110,000	14 %
Total Project Costs for Fiscal Year 2020-2021	788,231	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	100,000	398	No

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Funds will enable AAAPP to hire four full-time Community Health Specialists (at a rate of \$21.75 per hour = \$236,991 with benefits) who will provide telephone-based and in-home intervention services for elderly safety net provider patients and one full-time Community Health Coordinator who will oversee work of four Specialists (paid \$78,240 with benefits). Funds will also cover 10% of Aging & Disability Resource Center Director's time (\$11,843 with benefits).	327,074
Expense/Equipment/Travel/Supplies/Other	This request includes \$264,000 to meet crisis and short-term community health coordination needs of clients who are referred through the pilot project. The remaining funds requested covers all operational needs for the 5-person team including travel, equipment and other costs. The additional following items are spread to each program in the agency based on the total agency FTE's to the FTE's in each program or 10.2% of the total agency expense: for items such as lease space and equipment leases.	351,157
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		678,231



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11. Program Performance

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

The Senior Community Health Program through the Area Agency on Aging of Pasco – Pinellas will continue to nurture public-private partnerships of medical & social safety net providers of older adults in Pinellas & Pasco to positively impact the physical health of older adults at risk for costly nursing home placement through complex care social service coordination.

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

The activities and services that will be provided are as follows: . 1.) Referral by Pinellas and Pasco safety net health care providers to AAAPP for any patient who is in need of social services and supports. 2.) Screening by AAAPP to ensure all referred individuals are provided with all appropriate, available services. This may include: nutrition/meals, transportation, legal, counseling, Medicare education/counseling, caregiver respite services, health promotion/disease prevention education, homemaker services, Chore/industrial clean up services, crisis funds for other needs. 3.) Ongoing communication between Pinellas and Pasco safety net health care provider, AAAPP Community Health Coordinator, and client. 4.) Screening of the client by safety net health care provider and AAAAPP Community Health Coordinator or partner on the Thrive Index at baseline, 60 days, 6 months, and 1 year. 5) As needs arise from Thrive assessment, client is referred to ongoing available services/resources.

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

The funding will allow AAAPP to place a Community Health Coordinator onsite at partner medical facilities to participate in patient care planning. It will also allow AAAPP to receive referrals from healthcare providers across Pinellas & Pasco. These referred individuals will be screened for all eligible services AAAPP offers, including home-delivered/congregate meals, transportation, legal, counseling, victim assistance, Medicare counseling, etc. These individuals will also be provided with short-term wrap-around social services to meet their needs. Beyond the standard set of services AAAPP is able to offer, this funding will secure crisis services for the individuals referred, including various medical equipment not covered by insurance. These services will vary based on each individual's patient needs and will be provided for up to 60 days per client. The partnership between social and medical services will equip the partners to address individuals' needs as holistically as possible.

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

This project, if fully funded, will serve 250 elderly safety-net patients.

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

USF School of Aging Studies will be the lead evaluator of the project. Their evaluation aims to show improved individual health status in the areas of physical health, mental health, and various social determinants of health (transportation conditions, economic stability, food access, caregiver access, legal supports etc). Additionally, it will show cost avoidance through days of ER usage/nursing home care avoided through provision of community health coordination. These benefits will be measured through: 1) Each patient will be scored for individual health outcomes based on the Thrive Index at baseline and reassessed at 60 days, 6 months & 1 year whenever applicable. 2) Utilizing the difference in cost between AAAPP home/community based services vs. Medicaid nursing home placement/hospital utilization costs, AAAPP will be equipped to calculate a total amount of avoided cost to taxpayers & state Medicaid funds as well as number of days avoided in institutionalized care.

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?

Penalties could include requiring the grantee to return all or a portion of the provided funding.



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12. **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

13. **Requestor Contact Information**

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

14. **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

15. **Lobbyist Contact Information**

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