

LFIR # 1062

| 1. Project Title | Targeted Longterm Home Healthcare Services | | | | | |
|---|---|-----------------|-----------------------|-----------------------|-----------------|--|
| 2. Senate Sponsor | Jason Brodeur | | | | | |
| 3. Date of Request | 10/01/2021 | | | | | |
| 4. Project/Program D | escription | | | | | |
| Alzheimer affected access affordable q | ific objective is to fill the vicitizens residing in high-ruality healthcare services nergency room care. | isk, impoverísl | hed communities that | have very limited o | pportunities to | |
| 5. State Agency to re | ceive requested funds | Departm | ent of Elder Affairs | | | |
| State Agency cont | acted? No | | | | | |
| | | V 20 | 222 2022 | | | |
| 6. Amount of the Non | recurring Request for I | -iscai fear 20 | 722-2023 | | 1 | |
| Type of Funding | | | Amo | | | |
| Operations | | | | 611,200 | | |
| Fixed Capital Outlay | | | 0 | | | |
| Total State Funds | Requested | | | 611,200 | | |
| 7. Total Project Cost | for Fiscal Year 2022-20 | 23 (including | matching funds ava | ilable for this proje | ect) | |
| Type of Funding | | | Amount | Percentage | | |
| Total State Funds F | Total State Funds Requested (from question #6) | | 611,200 | 100% | | |
| Matching Funds | | | | | | |
| Federal | | | 0 | 0% | | |
| State (excluding the amount of this request) | | | 0 | 0% | | |
| Local | | | 0 | 0% | | |
| Other | | | 0 | 0% | | |
| Total Project Cost | s for Fiscal Year 2022-2 | 2023 | 611,200 | 100% | | |
| 8. Has this project pr | eviously received state | funding? | No | | | |
| Fiscal Year | Amount | | Specific | Vetoed | | |
| (уууу-уу) | Recurring N | onrecurring | Appropriation # | | | |
| | | | | | | |
| 9. Is future funding li | kely to be requested? | | Yes | | | |
| a. If yes, indicate nonrecurring amount per year. | | | 611,200 | | | |
| b. Describe the so | urce of funding that ca | n be used in l | ieu of state funding | | | |
| Local county senio | r support services fundir | ng. | | | | |
| 10. Has the entity rec | uesting this project re | ceived any fe | deral assistance rela | ated to the COVID- | 19 pandemic? | |
| Voc | | | | | | |

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



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This entity received \$10k which was used to retain staff by way of increasing wages.

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

| Spending Category | Description | Amount | | | |
|---|---|---------|--|--|--|
| Administrative Costs: | | | | | |
| 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 mission of quality services. | 75,000 | | | |
| Other Salary and Benefits | Funds will be utilized for administrative activities that support programs, projects and other activities including, but not limited to general administrative, accounting and budget, development activities, as well as costs associated with rent communications, office supplies, maintenance, postage and other expenses. | 37,500 | | | |
| Expense/Equipment/Travel/Supplies/ Other Program services, staff travel mileage, staff specialization training mission critical office supplies, lease, technology and liability expenses essential to impacting measurable outcomes. | | 6,000 | | | |
| Consultants/Contracted Services/Study | | 0 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | Salary & Benefits of 1 Registered Nurse, 1 Licensed Practical Nurse & 12 direct services fte's of licensed CNA's/HHA's that meet and/or exceed industry healthcare standards/credentials in the area of home healthcare services w/ specialization in development of Dementia/Alzheimer's home healthcare services. | 438,100 | | | |
| Expense/Equipment/Travel/Supplies/ Other | Staff essential supplies i.e., disposable gloves, gait belt, stethoscope, uniform (scrubs), sanitizers, etc., staff travel mileage, staff specialization training and supplies critical to accomplishing essential service delivery in the administration of achieving measurable outcomes. Real-time electronic service delivery documentation information technology. | 36,600 | | | |
| Consultants/Contracted Services/Study | Appropriation funding will be utilized to ensure fiscal accountability, caregiver training, i.e., Dementia / Alzheimer's member support services & education fidelity. | 18,000 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | |

12. Program Performance

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

The specific purpose and goal to be achieved is providing home healthcare services for elderly and disabled adults especially for those with inherent healthcare modalities that make them highly susceptible to the Coronavirus. This long term home care service also serves as an alternative cost effective quality service for individuals and their family affected by this disease.

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

The activities & services to meet the purposed requested funds will be to partner with local community networks such as faith and community based organizations to identify the populations in dire need of services due to non-diagnosis of Alzheimer's and dementia based on socio-economical factors. Services will be provided by certified nursing assistants, supervised by registered nurses — all who will have undergone extensive training to prepare for the specific challenges and needs facing Alzheimer's and/or Dementia clients as well as those in need of long term care.

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



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The direct services that will be provided to citizens with appropriations will be the daily activities of personal care, homemaker, companion and respite care, exclusively provided by staff trained with a specialty in Alzheimer & Dementia care services.

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

Target population is low income elderly and disabled adults residing in high-risk communities inclusive of those with Dementia / Alzheimer diagnosis, living independent or residing with low income caregivers. This initiative will serve forty (40) individuals annually as an alternative to high cost settings, i.e, emergency room service, hospitalization & nursing home.

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

The expected outcome will be the reduced utilization of expensive hospitalization/emergency room & admissions to nursing home placements. The methodology to measure outcomes will be the number of retention of home health services rendered over 12 months versus nursing and emergency room placements.

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?

Graduated prorated contract reduction amount based on factors directly related to provider deliverables performance, graduated sanctions.

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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| 14. | Requestor Contact | Informati | on | | | | |
|----------------------------------|-------------------------------------|--------------------------------|----|-----------|------|--|--|
| | a. First Name | Roderick | | Last Name | Love | | |
| | b. Organization | CSG Home Healthcare Services | | | | | |
| | c. E-mail Address | comsg@comsg.net | | | | | |
| | d. Phone Number | (407)925-1077 Ext. | | | | | |
| 15. | Recipient Contact | Informatio | on | | | | |
| | a. Organization | n CSG Home Healthcare Services | | | | | |
| | b. Municipality and County Seminole | | | | | | |
| | c. Organization Type | | | | | | |
| | ☑For Profit Entity | | | | | | |
| | □Non Profit 501(c | □Non Profit 501(c)(3) | | | | | |
| | □Non Profit 501(c | □Non Profit 501(c)(4) | | | | | |
| | □Local Entity | | | | | | |
| | □University or College | | | | | | |
| | □Other (please specify) | | | | | | |
| | d. First Name | Roderick | | Last Name | Love | | |
| | e. E-mail Address | comsg@comsg.net | | | | | |
| | f. Phone Number | (407)925-1077 | | | | | |
| 16. Lobbyist Contact Information | | | | | | | |
| | a. Name | None | | | | | |
| | b. Firm Name | None | | | | | |
| | c. E-mail Address | is | | | | | |
| | d. Phone Number | r | | | | | |