



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1386

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

4. Project/Program Description

Broward Senior Support Services (BSSS), a program of United Home Care/Nurse Care, addresses gaps in access to care at home for home bound seniors that are not enrolled in Medicaid. These seniors are home town heroes who are retired school teachers, fire fighters, policemen and veterans that need home health services, but do not qualify for Medicaid. They are making difficult decisions to pay for medicine, housing or food and many have outlived their savings. Home bound older adults will benefit from BSSS by having access to Case Management Services and a Basic Plan of Home Health services including Personal Care and Homemaker Services. This Program will serve (82 to 175) older adults and help to prevent unnecessary hospitalizations and institutional placement. Our expertise delivering efficient home health for 50 years has been proven to be effective with a 98.3% nursing home diversion effective rate, saving taxpayers approximately \$5.6 million dollars.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	750,000	100%

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?** Yes
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
- State funds will be leveraged to draw community foundation matching funds.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1386

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

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

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
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	Case Management Services for: 1 hour / month x 12 months. x 82 older adults x \$34 = \$33,456.00	33,456
Expense/Equipment/Travel/Supplies/Other	Office Supplies	192
Consultants/Contracted Services/Study	Home Health Aide Services: Personal Care Assistance (PCA): 5 hrs/wk x 52 wks x 82 older adults x \$24 = \$511,680 Home Maker (HMK): 2 hrs/wk x 52 wks x 82 older adults x \$24 = \$204,672	716,352
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1386

Broward Senior Support Services (BSSS) will serve (82 to175) Non-Medicaid eligible, disabled older adults ages 60+ from all areas of Broward County, and aims to provide a safety-net plan of home health services designed to improve quality of life, and prevent unnecessary hospitalizations and institutional placement. This Program will also reach seniors who are our home town heroes, including retired school teachers, fire fighters, policeman and veterans needing assistance to live independently at home.

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

Broward Senior Support Services (BSSS) will provide qualified home health aides to deliver the highest quality of home health services to Program participants. This Program conducts ACHA Level II Background Screenings to ensure the safety of our senior participants. A Case Manager is assigned to each older adult to assess their home health needs and to activate services. Additionally, the Case Manager also assists seniors to navigate the aging network, and provides information about community resources that are available through the local non-profit provider network. Referrals to these Programs are accepted from the community-at-large. Through community outreach and education activities the public will learn about this Program.

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

Citizens who are Non-Medicaid eligible, disabled older adults age 60+ will have access to a safety-net plan of home health services that will improve their quality of life, helping to prevent unnecessary hospitalizations and institutional placement through the provision of personal care for assistance with bathing, dressing, grooming and ambulating. Another direct service is homemaker services for assistance with cleaning, grocery shopping and laundry. Each senior will be assigned a Case Manager to assess their care needs, coordinate the activation of services and to help them navigate the aging network.

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

The Target Population is Non-Medicaid, disabled older adults age 60+ and include our home town heroes that are retired school teachers, fire fighters, policemen and veterans residing in Broward County. Referrals will be accepted from the community-at-large. These are home bound seniors needing home health support to live independently at home. They are making tough decisions to pay for medicine, housing or food because many have outlived their savings.

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 for Non-Medicaid eligible disabled older adults that seniors will experience improved quality of life through the provision of a safety net plan of home health services that provides assistance with activities of daily living that they are no longer able to easily do on their own. This Program will help prevent unnecessary hospitalizations and institutional placement. Approximately, 82 to 175 disabled older adults will benefit, and the methodology used to assess the outcomes will include the # of seniors served, duration of seniors in the Program, and the # of seniors that were able to prevent unnecessary hospitalizations and institutional placement with the safety-net services provided by this Program.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1386

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