

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Dementia Alzheimer's Community Based Long Term Care Services - CSG Home Healthcare Services

2. Date of Submission: 10/23/2019

3. House Member Sponsor: Scott Plakon

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					850,071	850,071

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Elder Affairs

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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

6. Requester:

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

7. Contact for questions about specific technical or financial details about the project:

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

8. Is there a registered lobbyist working to secure funding for this project?

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

9. Organization or Name of entity receiving funds:

- a. Name: CSG Home Healthcare Services
- b. County (County where funds are to be expended): Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Seminole

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The specific purpose and goal to be achieved is to provide quality home healthcare long term care services to a disproportionate adversely affected minority population of low income, impoverished elderly and disabled adult Florida citizens/caregivers primarily affected by the onset of Dementia / Alzheimer's disease. This long-term home health care service also serves as an alternative to nursing home or memory care cost restrictive settings.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. 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.	78,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Clerical and office support, claims, member services, staff scheduling, filing.	26,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Program services, staff travel mileage, staff specialization training and mission critical office supplies, lease, technology and liability expenses essential to impacting measurable outcomes.	7,500
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary & Benefits of 1 Registered Nurse, 1, Licensed Practical Nurse &	659,040

	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.	
<input checked="" type="checkbox"/> f. Expenses/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.	41,240
<input checked="" type="checkbox"/> g. 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.	38,291
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		850,071

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

African American Network Against Alzheimer's Key Findings, African Americans make up 13.6 of the U.S. population, they bear 1/3 of the nations total cost of Alzheimer and other Dementia. Alzheimer's disease is an under-appreciated disparities issue. Neither Alzheimer's disease nor Dementia is listed among targeted conditions in the national plan to reduce racial & ethnic health disparities, however, the prevalence of this disease for AA is disproportionate emotionally & economically.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Florida ranked 5th among the United States in use of cost long term care payments by African Americans which may be attributable to later-stage diagnosis, which may lead to higher levels of disability while receiving care; delays in accessing timely primary care; lack of care coordination; and/or inequities in the access to care. Published by, 2019 Alzheimer's Disease Facts & Figures.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The activities & services administered is respite, personal care, companion, homemaker services and medication administration with a specialization of quality care services to Dementia / Alzheimer's diagnosed indigent minority populations residing in at-risk communities.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The direct services that will be provided to citizens will be the support and assistance of independent living AHCA licensed home healthcare services of personal, respite and companion care services. Trained staff will provide caregiver skills building services support, communicating effectively with health care professionals and family members addressing the care of recipient's aggressive behaviors, increasing safety and developing strategies for reducing wandering episodes, medication administ

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400

○401-800

○>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Healthcare services employment data monthly as a means to monitor job creation impact to local minority urban communities.	Track the number of new jobs created as a direct result of this appropriations providing services in the identified high-risk minority urban communities.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	This appropriations specifically targets the creation of economic self sufficiency of unemployed or underemployed individuals that	Mandated quarterly reporting of individuals documented demonstrations of self sufficiency goals and objectives. Specific

	reside in high-risk minority urban communities.	benchmarks in attaining self sufficiency.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improve Quality Dementia Home Care Services	Improved quality of life/services to elderly/disabled adults & caregivers affected by Dementia/Alzheimer's.	Administering caregiver satisfaction surveys and client services evaluation.

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	850,071	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No

5. Other:	0	0.0%	No
TOTAL	850,071	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No