

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alzheimer's Community Care Association - Critical Support Initiative
2. Date of Submission: 09/20/2019
3. House Member Sponsor: Mike Caruso
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. 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:	1,500,000	500,000	2,000,000	1,500,000	1,500,000	3,000,000

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.

To ensure continuous quality improvement, ACC also gathers qualitative feedback through annual caregiver satisfaction surveys and exit surveys completed by caregivers when patients leave the program. If there are areas where the program is not meeting intended outcomes, corrective action plans are developed and implemented which is evaluated and monitored by the local AAA. These corrective action reports with timelines are then sent up to the appropriate evaluators at DOEA.

6. Requester:

- a. Name: Mary M. Barnes, President and CEO
- b. Organization: Alzheimer's Community Care, Inc.
- c. Email: mbarnes@alzcare.org
- d. Phone #: (561)683-2700

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

- a. Name: Michael "Mike" Valdes
- b. Organization: Alzheimer's Community Cares, Inc.
- c. Email: mvaldes@alzcare.org
- d. Phone #: (561)683-2700

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

- a. Name: Ken Pruitt
- b. Firm: P5 Group
- c. Email: Ken@theP5Group.com
- d. Phone #: (772)971-5760

9. Organization or Name of entity receiving funds:

- a. Name: Alzheimer's Community Care, Inc.
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Martin, Palm Beach, St. Lucie

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?

\$1,500,000 of the requested funds will be used for critical support in Specialized Adult Day Care services to low-income patients suffering with Alzheimer's or related disorders. Patients will be serviced across the eleven (11) Specialized Alzheimer's Day Care Centers (9 in churches) operated by Alzheimer's Community Care on a reimbursement basis. Standards are met under FS 429.918 and 88% are not placed in a nursing home which 96% of caregivers want that outcome.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Reimbursement per unit rate \$11.50 and will provide 130,434.78 hours of patient care	1,500,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

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:

Have spoken at the Legislative Delegations' meetings and gained support of both St, Lucie, Martin and Palm Beach Counties, first hearing is held on September 12, 2019 and Palm Beach is December 3, 2019, The membership of both legislative hearings are comprised of legislators that fully represent the Organization's service areas which are Palm Beach, Martin and St. Lucie Counties. The Organizational's commitment for each state appropriation \$1.00 is matched by \$3.00. (donations, etc.).

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

No

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?

All eleven (11) Specialized Alzheimer's Day Care and Service Centers (SDS) are licensed FS429.90-429.931. This act goes above the standard relicensed Adult Day Care (ADC) requirements. SDS provides 75% of an operating day must have a license nurse in the center,

70% of the operational center's day must provide and document therapeutic activities (physical, spiritual, emotional, stimulating, socialization, and cognitive exercises). The SDS license also is explicit 1:5 staff/patient ratio 100%

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

The target population is patients who suffer with Alzheimer's disease or other neurocognitive disorders. The Organization's Specialized Alzheimer's Day Care and Servicer Centers (SDS) is assigned a licensed Family Nurse Consultant (FNC) to both the patient and caregiver to develop individualized care plans. The FNC uses the Brief Interview for Mental Status (BIMS) as a standard tool to measure cognitive functions and administers the Zarit Burden Scale to caregivers to assess their stress. Pr

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): All persons have a medical diagnosis of Alzheimer's disease and/or neurocognitive disorder and carer

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 type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic 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): Preserving the ability for Alzheimer's disease families to live in their community.	Families have access to dementia specific services no matter their religion, race, economic status or language barriers. The average time a person attends Adult Health Day care is 1 to 18 mos. and the Alzheimer's Community Care's Specialized Care Centers is 2 to 4 yrs. A patient in Pahokee has been attending day care for 17 years and has a cognition score of 2 (normal BIMS being from 13 to 15). Families served by Org. have a high percentage of caregivers that outlive their patients.	Annual evaluation patients' stabilization using the Brief Interview for Mental Status (BIMS) testing tool which rate the mental & physical acuity impairment. These scores dictate the level of intervention needed medically, physically and emotionally to the patient for either plateauing and/or stabilizing the disease process. 88% of patients who were discharged from the Specialized Alzheimer's Day Services never went into a nursing home.

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:	1,500,000	20.7%	N/A

2. Federal:	2,352,468	32.4%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	108,156	1.5%	No
4. Local:	755,714	10.4%	Yes
5. Other:	2,539,203	35.0%	No
TOTAL	7,255,541	100%	

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

No