

Appropriations Project Request - Fiscal Year 2018-19

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: 11/08/2017

3. House Member Sponsor: Scott Plakon

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. 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

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					515,095	515,095

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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.

revocation of the funds

6. Requester:

- a. Name: Rob 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: Rob 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, Osceola, 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 goal is to provide enhanced long-term community based care to individuals affected by Dementia/Alzheimer's with a specific focus on plan of care administered by certified nursing assistants. Dementia care services will employ "person and family centered" approaches of care, inclusive of respite support for primary caregivers.

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.	48,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Supervising Registered Nurse will provide direct supervision of direct service staff of LPN's & CNA's as well as review of client care plans in coordination with physicians and primary caregivers. Clerical support will perform office admin duties.	65,550
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for equipment, travel and supplies critical to accomplishing essential service delivery in the administration of ensuring quality care services are provided	31,840

<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Appropriation funding will be utilized in the administration and fidelity of contracted services as a cost effective vehicle to the expending limited resources in administering the mandatory state and federal regulatory obligations.	11,900
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary & Benefits of a combined total of 9 direct services fte's of licensed CNA's & LPN's that meet or exceed industry healthcare training credentials in the area of Dementia/Alzheimer's services and implementation of prescribed care plans.	274,025
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Appropriation resources will be utilized for expense equipment, travel and supplies critical to accomplishing essential service delivery in the administration of providing quality care to clients and primary caregivers.	33,860
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Specialized and ongoing direct services staff training in the area of Dementia/Alzheimer's, Client satisfaction evaluations, Other personal services (OPS) critical to continuity of caregiver support, community services integration coordination & respite services.	49,920

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		515,095

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)

N/A

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:

Community & ministerial alliance support and discussions of critically needed senior home healthcare services especially in the arena Dementia and Alzheimer's.

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:

The Department of Elder Affairs caregiver assistance program enunciates the evidence of financial hardship of individuals affected by Alzheimer's and their caregivers. Florida Tax Watch Briefing ~ "Florida's Looming Alzheimer's Crisis"

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?

assisting family and primary caregivers with the long term care for dementia patients. Regular home visits; respite care

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

provide enhanced long-term community based care to individuals affected by Dementia/Alzheimer's with a specific focus on plan of care administered by certified nursing assistants. Dementia care services will employ "person and family centered" approaches of care, inclusive of respite support for primary caregivers.

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): Aged and Disabled Adults with a focus on person's affected by Dementia / Alzheimer's.

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 checked="" type="checkbox"/> Improve physical health	The measurable outcome of this service will contribute to the stabilization of health/wellness for both primary client and caregiver.	Client survey methodology will be utilized to measure actual outcome benefits. Utilization of survey technology instruments in addition to an independent program evaluation.
<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 the local communities	Track the number of new jobs created as a direct result of this appropriations providing services in the identified 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	Quarterly reporting of individual staff documented demonstrations of self sufficiency. Establish specific

	underemployed individuals through coordination with Career Source.	benchmarks in attaining workforce 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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 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:	515,095	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	515,095	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

☐ <1M

☒ 1-3M

☐ >3-10M

☐ >10M

20b. How many additional years of state support do you expect to need for this project?

☐ 1 year

☒ 2 years

☐ 3 years

☐ 4 years

☐ >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

☐ Ongoing activity ? no total cost

☒ <1M

☐ 1-3M

☐ >3-10M

☐ >10M