



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1135

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

**4. Project/Program Description**

Broward Senior Support Services (BSSS) is a program of United HomeCare/Nurse Care that addresses gaps in access to care at home for homebound seniors that are Not Enrolled In Medicaid. These seniors are hometown 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. Homebound older adults benefit from BSSS by having access to a Basic Plan of Home Health services including Case Management and Personal Care. BSSS currently serves 51 older adults and has amassed a wait list in the first three months of implementation--a testament to the great need for these services. This program has proven to prevent unnecessary ER visits, hospitalizations, and institutional placement. Our 50-years expertise delivering efficient home health with 98% nursing home diversion rate, saves taxpayers \$3.3M annually.

- 5. State Agency to receive requested funds
- State Agency contacted?  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	657,288
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>657,288</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	657,288	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>657,288</b>	<b>100%</b>

- 8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	375,000	404	No

- 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.



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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    
  N/A

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Case Management Services: 1 hour/month x 12 months (1 year) x 51 older adults x \$34 (rate) = \$20,808	20,808
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Personal Care Home Health Services: 10 hrs/month x 52 weeks (1 year) x 51 older adults x \$24 (rate) = \$636,480	636,480
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>657,288</b>

14. Program Performance

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



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Broward Senior Support Services (BSSS) aims to, at minimum, continue serving approximately 51 older adults currently receiving services. BSSS successfully met its goal exceeding outcomes since its implementation three months ago. The need for this program is demonstrated by an amassed wait list for services of approximately 12 seniors in its first 3 months. This program serves 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 ER visits, hospitalizations and institutional placement for older adults needing assistance to live independently at home. .

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

Qualified home health aides deliver the highest quality of home health services to program participants and AHCA Level II Background Screenings are conducted to ensure their safety. A Case Manager (CM) is assigned to each older adult to assess their home health needs and activate services. The CM also assists seniors to navigate the aging network and provides information about community resources that are available. UHC conducts community outreach to educate the public about the program. Referrals come from the community-at-large including The Police Benevolent Association, the VA, YMCA/YWCA, teachers unions, district commissioners, churches and hospitals to name a few. Letters of support are available upon request.

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

Senior 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 as well as assistance with light housekeeping, meal preparation, 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. Continuation of funding will allow us to serve the existing 40 seniors benefiting from this program and increase their Personal Care Services from 5 hours to 10 hours per week due to the great need for this service.

**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/outcome is that Non-Medicaid eligible disabled older adults 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. The Program has proven to help prevent unnecessary ER visits, hospitalizations and institutional placement. Approximately 51 disabled older adults are currently benefiting from the level of care they are receiving monthly. The methodology used to assess the outcomes includes # of seniors served, duration of seniors in the Program and # of seniors we were able to prevent unnecessary hospitalizations and institutional placement.

**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**



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**a. Organization**

**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**