

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Assisted Living Information Hotline
2. Date of Submission: 01/15/2016
3. House Member Sponsor(s): Erik Fresen

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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

| FY: | Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.) | | | Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.) | | | |
|--------------------|--|-------------------------------|--|--|---|---|--|
| | Column: A | B | C | D | E | F | G |
| 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) | INCREASED or NEW Recurring Requested | TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year) | Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F) |
| Input Amounts: | | | | | 0 | 477,458 | 477,458 |

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Roxana Solano
- b. Organization: Florida Senior Housing Information Hotline (NFP)
- c. Email: Roxana_solano@yahoo.com
- d. Phone #: (305)206-5342

6. Organization or Name of Entity Receiving Funds:

- a. Name: Florida Senior Housing Information Hotline (NFP)
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

This single point of contact service center will permit choice counseling and referrals to the most appropriate ALF choices, to best align with each individual's needs. The program will assist in providing the consumer information contained in the AHCA website through a phone line, staffed by multilingual navigators. It will prevent inappropriate placement that causes disruption and continued relocation. Proper placement will result in decreased depression and transfer trauma, financial hardship and re-hospitalization. This service will also expedite the discharge process from hospitals and health care centers.

Those who will benefit include Florida's most vulnerable individuals and their families in search of ALF choices with limited access to web base services. Also, state agencies such as AHCA and DCF's Protective Services unit and the Department of Elder Affairs, law enforcement agencies and courts seeking placement for individuals, managed care organizations, long term care organizations, community centers, hospitals, nursing homes, rehabilitation centers, guardianship programs, and homeless shelters.

Specific measures that may be used to document performance data include the total number of calls processed and number of individuals placed in appropriate facilities, consumer satisfaction surveys, and community engagement activities.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes