



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1272

1. **Title of Project:** Suncoast PACE
2. **Senate Sponsor:** Ed Hooper
3. **Date of Submission:** 01/29/2019
4. **Project/Program Description:**

The Suncoast PACE program is a non-profit Medicare/Medicaid approved health plan and medical program. Suncoast PACE (Program of All-inclusive Care for the Elderly) is a member of Empath Health. This is a Medicaid line item entitlement allocation in general revenue appropriations statutes. Suncoast PACE is a comprehensive, capitated medical home model of care for frail elders over the age of 55 and clinically qualified by DOEA/CARES for nursing home placement. The program provides all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically-necessary care and services not traditionally covered by Medicare and Medicaid. PACE provides coverage for all medical needs of participants such as primary care, transportation, home care, checkups, hospital visits, and dental care as well as therapy to maintain and restore function and mobility to participants.

5. **State Agency to receive requested funds :** Department of Elder Affairs
State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	2,919,567
Fixed Capital Outlay	
Total State Funds Requested	2,919,567

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	2,919,567	38.68%
Federal	4,628,435	61.32%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	7,548,002	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2016-17	1,538,856		419	No

9. **Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. 2,919,567

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Hiring of additional staff: CNAs, RN, LPN, SW	1,664,153
Expense/Equipment/Travel/Supplies/Other	State share of monthly capitation paid to the program. The payment covers all health services for the participant.	1,255,414
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,919,567

11. Program Performance:

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

Funding 200 slots with recurring funding will allow Suncoast PACE to maintain services for participants in the program, allowing a greater number of Pinellas County frail elders to remain at home/age at home instead of residing in a nursing home, experience a reduced amount of hospitalizations, and have fewer visits to the Emergency Room.

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

The Suncoast PACE program provides all medical care and related services to PACE participants including hospitalizations, physician/nurse practitioner services, Specialty visits, Physical/Occupational/Speech therapies, and Adult Day Care services. Additionally, Suncoast PACE provides Home Care services, including: nurses, aides, homemakers, and case management. Other support services include: transportation to/from medical appointments and the day center, recreational and therapeutic activities, medications, dental care, eye care, medical equipment, respite care, skilled nursing stays, consumable medical supplies, and other services as deemed necessary by the interdisciplinary team to maintain the participant in their home environment for as long as possible. The funding provides for these services and administrative costs to operate the program.

c. **What are the direct services to be provided to citizens by the appropriations project?**



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Medical care, dental care, socialization, mental health counseling, pharmacy services, transportation, meals, adult day care, recreational activities, nursing care, in-home visits, private duty care, medical equipment, and medical supplies.

d. Who is the target population served by this project? How many individuals are expected to be served?

The frail elderly population of Pinellas County. An additional 200 members of the frail elderly population will be served, in addition to the 325 already enrolled.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

To maintain frail elders in their homes as long as possible by offering complete medical, social, emotional, and supportive services utilization of nursing homes by the frail elders enrolled in PACE is less than 10% of the PACE population in Pinellas County. This is accomplished by the multitude of resources provided by Suncoast PACE designed to keep frail elders in their homes. Currently, only 6% of Suncoast PACE participants reside in a nursing home.

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 in the contract?

Termination of the contract between the contracting agency and Suncoast PACE.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Jennifer Kaminsky
- b. **Organization:** Suncoast PACE
- c. **E-mail Address:** JenniferKaminsky@EmpathHealth.org
- d. **Phone Number:** (727)324-1840

14. Recipient Contact Information:

- a. **Organization:** Suncoast PACE
- b. **County:** Pinellas
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Jennifer Kaminsky



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e. **E-mail Address:** JenniferKaminsky@EmapthHealth.org

f. **Phone Number:** (727)324-1849

15. Lobbyist Contact Information

a. **Name:** Patrick Bell

b. **Firm Name:** Capitol Solutions

c. **E-mail Address:** PBell@CapitolSolutions.biz

d. **Phone Number:** (850)544-0784