



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Cornerstone PACE, LLC Central Florida

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/29/2017

4. **Project/Program Description:**

In 2016, the legislature authorized a Program of All-Inclusive Care for the Elderly (PACE) organization with up to 150 initial enrollees in Orange, Osceola, Lake and Sumter counties. The organization is required to be a private not-for-profit hospice organization located in Lake County which operates health care organizations licensed in Hospice Areas 7B and 3E and which provides comprehensive services, including hospice and palliative care, to elders who reside in these service areas. This funding seeks to provide Medicaid funding for PACE services for those enrollees during 2018-2019. During FY 2016-2017, the organization invested \$1.7 million in local funds to acquire and renovate a location for the program. Based on historical data in other PACE programs, it is anticipated that an average of 8.9 new participants will enroll each month, for a total of 80 participants by the end of FY 2018-2019.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Elder Affairs

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
933,137		933,137

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	1,498,173	36.3%
State (excluding the amount of this request)	0	0.0%
Local	1,700,000	41.1%
Other	0	0.0%
TOTAL	3,198,173	77.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,131,310

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

Yes, amount unknown at this time.

### 11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

This funding request seeks to provide Medicaid funding for PACE services for those enrollees during FY 2018-2019 with services slated to begin on October 1, 2018.

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

The funding will provide for a PACE in Central Florida, an all-inclusive health care management program that will provide a comprehensive array of health care services for high-risk and frail elderly adults who meet Federal and State eligibility requirements for entry into the program.

- How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	State share of monthly capitation paid to the program. The payment covers all health services for the participant.	933,137
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		933,137

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

PACE eligible patients will benefit from a comprehensive care model tailored to individual needs. PACE covers participants' medical and long-term care needs managed through a single provider. All health care services are covered by PACE, including Medicare-funded services for those participants eligible for both Medicare and Medicaid.

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

Medicaid only and dual-eligible elderly patients who are both frail and at high-risk. A total of 80 patients are expected to be served in the 2018-2019 FY, which is the first year of start-up. The program anticipates a total of 150 patients in out years, consistent with 2016 legislation.

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

Taxpayers will benefit because the PACE provider assumes all of the risk associated with service delivery. PACE also results in savings to taxpayers as the monthly capitation rate for PACE is lower than the cost that would otherwise be paid under Statewide Medicaid Managed Care, saving the taxpayer money for each individual enrolled in PACE rather than a nursing home.



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- g. 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?

PACE program dissolution.

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: Charles Lee
- b. Organization: Cornerstone Hospice and Palliative Care
- c. Email: clee@cshospice.org
- d. Phone Number: (352)742-6812

14. Recipient Contact Information:

- a. Organization: Cornerstone Hospice and Palliative Care
- b. County: Lake
- 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: Charles Lee
- e. E-mail Address: clee@cshospice.org
- f. Phone Number: (352)742-6812

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Rheb Harbison
- b. Firm: Gray Robinson, PA
- c. Email: rheb.harbison@gray-robinson.com
- d. Phone Number: (850)577-9090